THE HEALTH & SOCIAL CARE WE WANT

January 2026

Accessible formats

This document is also available in Welsh.

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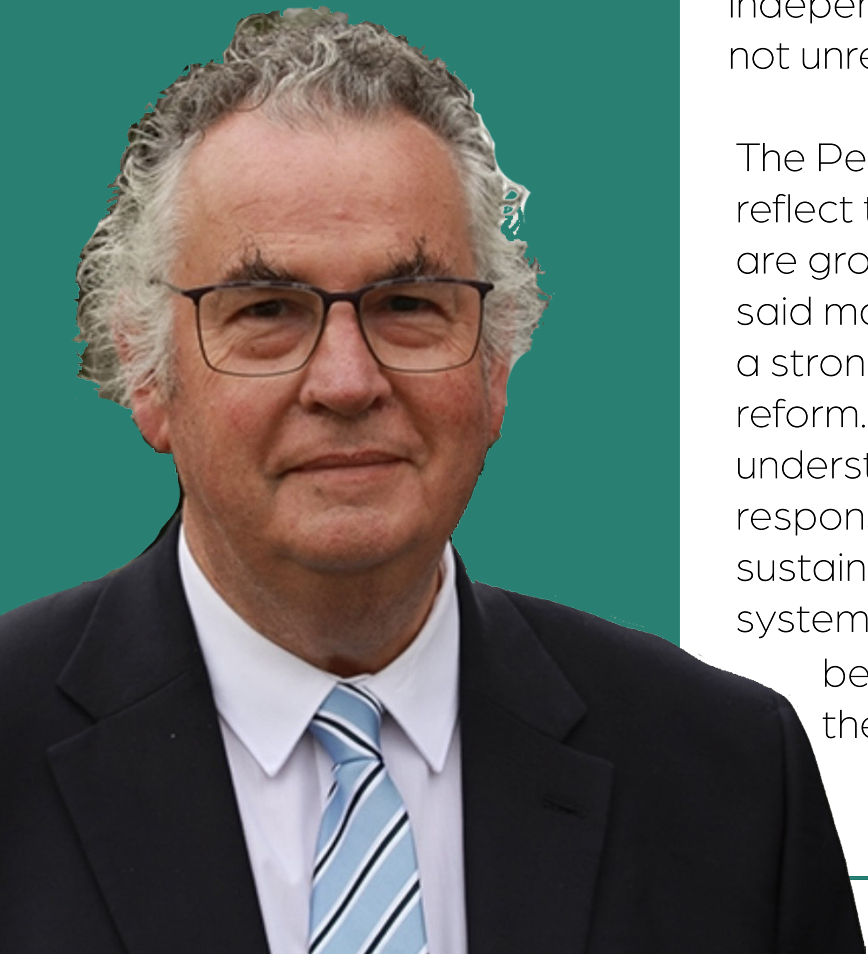
A statement from our Chair

Professor Medwin Hughes CBE DL

Chair of Llais



Health and social care touches every life in Wales. When they work well, they offer reassurance, dignity and support at moments that matter most. When they fall short, the impact is deeply personal. Llais has taken time to listen to the views of the people of Wales about the health and social care system they want to see for the future. They are clear in their views that restoring confidence in health and social care must begin with listening to people's lived experience – and acting on what is heard.

Over recent years, people across Wales have been clear about what they value when they access care. They want services that are accessible and joined up, communication that is honest and clear, and care and support that treats them as whole people, with dignity and respect. They want fairness, inclusion and support that enables independence. These expectations are not unreasonable; they are fundamental.

The People's Principles set out by Llais reflect those shared priorities. They are grounded in what people have said matters most and they provide a strong, values-led foundation for reform. Alongside them, the common understanding of shared rights and responsibilities recognises that a sustainable health and social care system depends on partnership between people and communities, the workforce, and government.

In preparing for a new Government to serve Wales, Llais, as a national independent body created to represent the people of Wales, calls upon a new Government to continue the process of system change and build upon the People's Priorities and Principles.

We are under no illusion about the scale of the challenge. Demand is rising, the workforce is under pressure, and the system must adapt to changing needs. There are no simple solutions. But we are equally clear that reform must be guided not only by financial and operational realities, but by the experience of the people who rely on services every day.

I believe that these principles can shape and support how a Government can plan, deliver and evaluate change. They will inform decisions locally, regionally and nationally about access, integration, communication, inclusion and support for unpaid carers. They will guide how to measure success – placing people's experience alongside outcomes and performance.

People living in Wales are asking for clarity — clear and timely information about the pressures facing health and social care, and transparent information about the choices ahead. They want to see a new Government continue to work in partnership with all parts of the health and social care system. They also want a Government to continue to listen – through national bodies such as Llais and through direct engagement with communities – so that lived experience remains at the heart of reform.

This marks an important step in a longer journey. It sets out clear views shared by thousands of Welsh voices about how to build a system that is effective, compassionate, fair and trusted. A system that supports independence, values carers, and works around people rather than organisational boundaries.

The People's request is simple but demanding: to lead change in a way that reflects what people in Wales have said that matters most – and to be accountable for turning those priorities into lasting improvement.

THE HEALTH & SOCIAL CARE

WE WANT

An All–Wales conversation about people's experiences and expectations.

From July to November 2025 Llais engaged in an all-Wales conversation with thousands of people through national and community events, one to one conversations and through health and social care networks and associations. This was an opportunity to share experiences of health and social care as part of the Health and Social Care We Want project.

We spoke with people juggling impossible waits, carers stretched to breaking point, and people who told us what keeps them going, what gets in the way, and what they want to be different.

A core message that ran through everything people shared with us was that; people want a health and social care system that treats them like human beings, not numbers.

They want to be listened to, to receive joined up care, to have honest communication, to be supported before things reach crisis and they want decisions that are person-centred.

They also shared a deep sense of pride in the dedication of front-line staff, who so often make the difference between fear and reassurance. Many told us:

"The staff are doing their best, the system just makes it hard."

This report is based on what thousands of people told us during this project about what matters most for the future of health and social care in Wales. The eight principles we share here come directly from their experiences.

It's important to note that these themes aren't new – they match what we've been hearing since Llais became operational in 2023. This shows that people's priorities have stayed the same across Wales.

What this report covers

- Why we asked what matters now.
- How we listened and who we heard from.
- The 8 principles shaped directly by people's experiences.
- Real stories and quotes behind each principle.
- Practical ideas for change, simple, human ways of improving experiences now and in the long term.

Thank you to everyone who shared their stories with us.

Your honesty, your insight, and your willingness to speak about what works — and what doesn't — are the foundation of this report.

Our role is to carry your voices forward, clearly and confidently, so that health and social care in Wales can become fairer, kinder, and more responsive.

These principles reflect what people across Wales told us they want to see. We offer them as a guide for decision-makers locally, regionally and nationally – and as a reminder that meaningful change begins by listening.

Alyson Thomas
Chief Executive

At a glance: the strongest messages we heard

People told us they want:

Care that starts with what matters to them, not just what's clinically wrong.

Easier access, without long waits or confusing processes.

Clear, honest communication, including timely test results and regular updates.

Respect and dignity, especially when they feel vulnerable or unheard.

Support that joins up, so they don't have to repeat their story again and again.

A fair system, with action on inequalities that shape people's health and care experiences.

Stronger support for carers, children, and young people, who often fall through the gaps.

Digital systems that work for people, not against them.

These insights shaped the **8 principles** in this report. Together they reflect what people across Wales told us matters most about their experiences of health and social care. These are the People's Principles and underpin our Senedd 2026 Manifesto for Change, showing how lived experience can shape clear priorities and actions for the future.

1. Access that works for everyone

Care should be accessible whenever it is needed – online, by phone, or in person – without barriers caused by geography, language, or digital exclusion.

2. Dignity and respect, every time

People want to be listened to, believed, and treated with kindness at every stage of care.

3. Clear and honest communication

No one should be left out. People want timely updates, plain language, and honesty about delays.

4. Joined-up care that feels seamless

Services should work together around the person, so people don't have to repeat their story or find their way through services alone.

5. Timely care, and support while waiting

Care where and when people need it is essential for safety, well-being, and trust. When waiting is unavoidable, support and clear communication should ensure people never feel forgotten.

6. Care should recognise and respond to the whole person

People want services that understand their unique circumstances, treat them with compassion, and consider all aspects of their health and life, not just a condition.

7. Care and support that enables independence

Care and support should help people live with dignity, connection, and choice. Meaningful support for unpaid carers is needed, including respite, advice, and emotional support.

8. Inclusive, accessible and fair services for all

Care should reflect rights and identities, and remove barriers related to language, culture, disability, and digital access.

This is the foundation for a better system. Let's build it together.

About the project:
Why we asked, how we listened

Our All Wales project aimed to help build a fairer and more balanced relationship between people and the health and social care services they use.

Too few people know their rights, what they can reasonably expect from services, or how they can play their own part in staying well. That is why Llais led a national conversation about creating clearer, fairer and more person-centred services.

It is clear that more needs to be done in this area to build a better understanding of rights, responsibilities and expectations.

Our aim

We want to make it easier for people to:

> **Know and understand their rights**
>
> **Know what to expect from health and social care services**
>
> **Know the part they have to play in their own health and care**

At the same time, we want to support services to better meet people's needs by listening to real experiences and using what they hear to make things better. It's about building trust, reducing confusion and creating services that work for everyone.

Health and social care touches everyone. Whether it's getting a GP appointment, finding support for an ageing parent, navigating mental health services, or trying to get answers during a worrying time, people's experiences shape their trust in the system. We knew that to understand what really matters, we needed to listen widely, deeply, and in ways that met people where they were.

How we listened

We designed this project so that no single method dominated. Instead, we brought together many ways of hearing from people, meeting them where they are and providing choices in how to take part.

We listened through:

> Conversations at national and regional events, from the Royal Welsh Show and the National Eisteddfod to local community events.
>
> Surveys and online engagement, reaching people who prefer to share their views in writing or from home.
>
> Interviews and group discussions, including in-depth conversations with people.
>
> Visits to community groups, charities, day centres, and lived-experience networks.
>
> Engaging with a wide range of organisations involved in health and social care, taking note of their views and recommendations for change.

What we heard

Across all these methods, the same themes echoed repeatedly: people struggling to access care, feeling unheard or dismissed, facing long delays, dealing with poor communication, and falling through the cracks between services. Alongside these frustrations, many also described moments where care felt human, respectful, and personal, and said they wanted more of that.

This report does not attempt to solve every challenge in health and social care. Instead, it does something equally important, it sets out what people across Wales say they want in their own words.

These eight principles form a strong foundation. They reflect the priorities we heard most often from people and show what matters most. They have been shaped by lived experience and can be used by decision-makers to guide and inform their choices for the future of health and social care in Wales.

Who we heard from

To understand the health and social care people want for the future, we needed to hear from as many different people, communities, and experiences as possible. In addition to the views expressed through the various national organisations more than 3000 people took part in conversations with us.

We gathered views from all over Wales with responses broadly reflecting the population spread of the country.

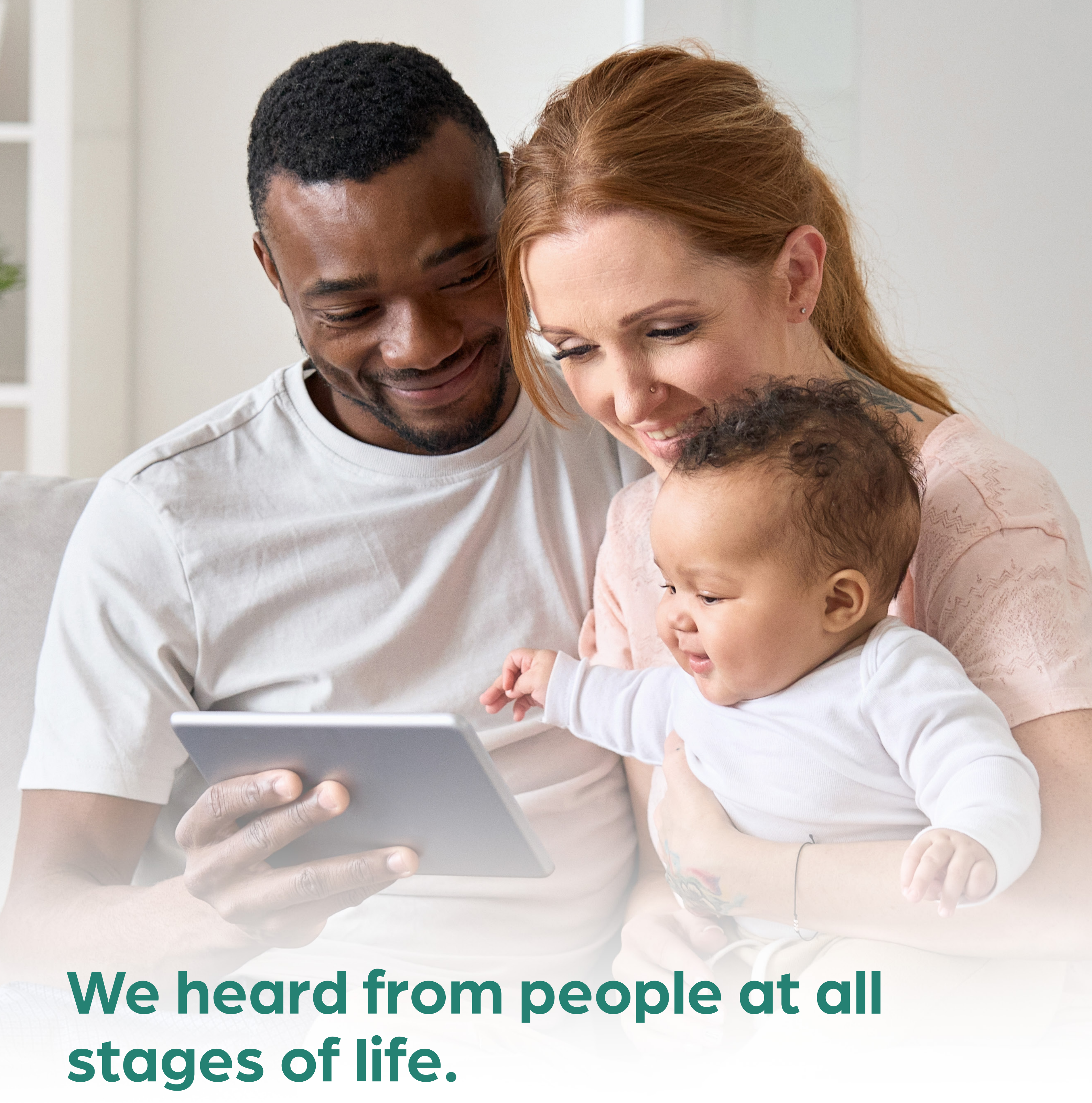
Across our local, regional and national activities, we engaged with:

people through surveys

people at national events (Royal Welsh Show, Urdd and National Eisteddfod, and more)

people at regional events

people through interviews and 1–2–1 conversations



We heard from people at all stages of life.

Among those who took part:

1%
were aged 0–15

43%
were aged 25–64

3%
were aged 16–24

24%
were aged 65+

We also heard from

34%

disabled people or people with long-term conditions

5%

Welsh speakers

38%

unpaid carers

People from over

12

ethnic backgrounds

The spread shows a mix of lived experiences, from people using GP and hospital services to families navigating complex social care journeys.

What people chose to talk about

Even though we asked broad, open questions, certain themes came through strongly and repeatedly. These included:

- Waiting times and access
- Lack of clear communication or updates
- Fragmented journeys between services
- The impact of staff shortages
- The importance of dignity and being treated as a person
- Inequalities in health outcomes and access
- Difficulties faced by carers
- Gaps in support for children and young people
- Barriers relating to digital access

These are not abstract issues; they are day-to-day realities affecting thousands of people across Wales.

1. Access that works for everyone

For many people across Wales, the first barrier in getting support is simply being able to reach the service at all. We heard from people who spent hours trying to get through on the phone, families travelling long distances for basic care, and people who felt shut out because systems assume everyone is online, confident, and able to navigate complex processes.

Access isn't just about opening hours or appointment numbers. It's about designing services that recognise how people live their lives, factoring in rural transport, caring responsibilities, fluctuating health conditions, language needs, and different comfort levels with technology. When access doesn't work, frustration grows, conditions worsen, and the whole system becomes harder to use.

> ***"We want health and social care that we can access when we need it, in ways that work for us, whether online, by phone, or in person, and without barriers caused by geography, digital exclusion, language, or circumstance."***

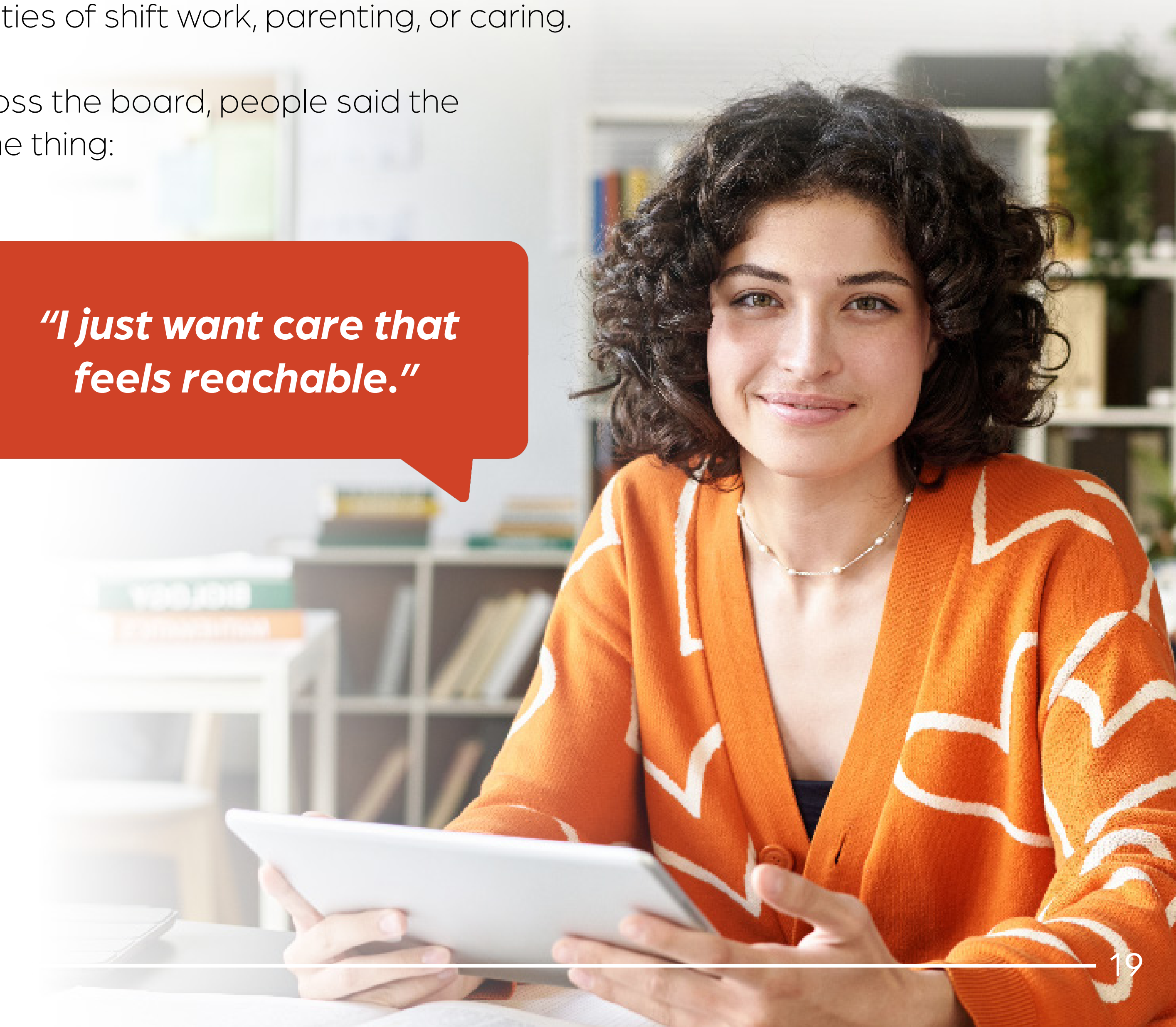
What people told us

People shared stories of struggling to get GP appointments, facing long waits for dental care, and feeling that *"everything has moved online"* without alternatives that work for them. For some, digital options are helpful, quick, convenient, and empowering. For others, they are a barrier, especially where poor internet connection, low confidence, or lack of equipment makes digital access impossible.

Rural communities described the pressure of travelling for routine appointments, especially when public transport is limited or unreliable. Disabled people told us how inaccessible buildings, heavy doors, lack of seating, or poorly designed waiting rooms often made attending appointments stressful or painful.

Welsh speakers said they often had to *"fight"* to receive care in their language. And many people felt that inflexible systems didn't recognise the realities of shift work, parenting, or caring.

Across the board, people said the same thing:



"I just want care that feels reachable."

Voices from the community

"I tried for three days to get through to my GP. When I finally got an appointment, it was weeks away. By then the problem was worse."

"In rural areas, if you miss the one bus, that's it, you can't get to the appointment."

"My mum can't use the online system, and the phone lines are always busy. She ends up going without."

These stories came up in every region, across all ages and backgrounds.

Ideas for change

If access truly worked for everyone, people told us it would look like this:

- **Multiple doorways in:** phone, online, and in-person routes that all work equally well.
- **Real people available when needed:** especially for those with complex needs – or who face barriers to accessing services digitally – whether due to low digital confidence, lack of connectivity, or not having the right equipment.
- **Flexible options:** appointments outside school hours, home visits where appropriate, and support that adapts to people's situations.
- **Services designed with the community:** involving people who know the barriers first-hand.
- **No one left behind by digital changes:** guaranteed non-digital alternatives, clear information, and help for those who want to learn.

Access is more than the first step in a care journey.

It is the doorway to everything that follows and people want that doorway to be open, visible, and welcoming to all.

2. Dignity and respect, every time

“We want to be treated with dignity, kindness and respect at every stage of our care. We want to be listened to, believed, and valued as people, not problems to solve. “

Across Wales people told us how they are treated matters just as much as what treatment they receive. When people feel respected, believed, and recognised as human beings, their confidence in the system grows. When they feel dismissed or ignored, trust erodes quickly.

For some, a single moment of kindness transformed an overwhelming experience into one they could cope with. For others, a rushed encounter, a tone of voice, or not being taken seriously left them feeling small, anxious, or simply not worth the system’s time.

These emotional experiences are not *“soft issues”* they shape health outcomes, willingness to seek help, and how safe people feel in moments when they are most vulnerable.

What people told us

People repeatedly described times when they didn't feel listened to or believed, especially those living with chronic illness, women seeking diagnoses for conditions like endometriosis, people with learning disabilities or autism, and older people navigating complex care pathways.

Many said they felt spoken about rather than spoken to. Others described language that was clinical but cold, or moments where assumptions were made before they had even finished explaining their situation.

Yet people also shared moments of outstanding dignity and kindness: a nurse who took extra time to explain something clearly, a receptionist who noticed someone's distress and offered reassurance, a doctor who listened without judgment and a care worker who went the extra mile to make someone feel safe and valued at home. These examples show that the principles apply equally across health and social care.

Across all ages, backgrounds, and regions, the message was the same:

"See me as a person."

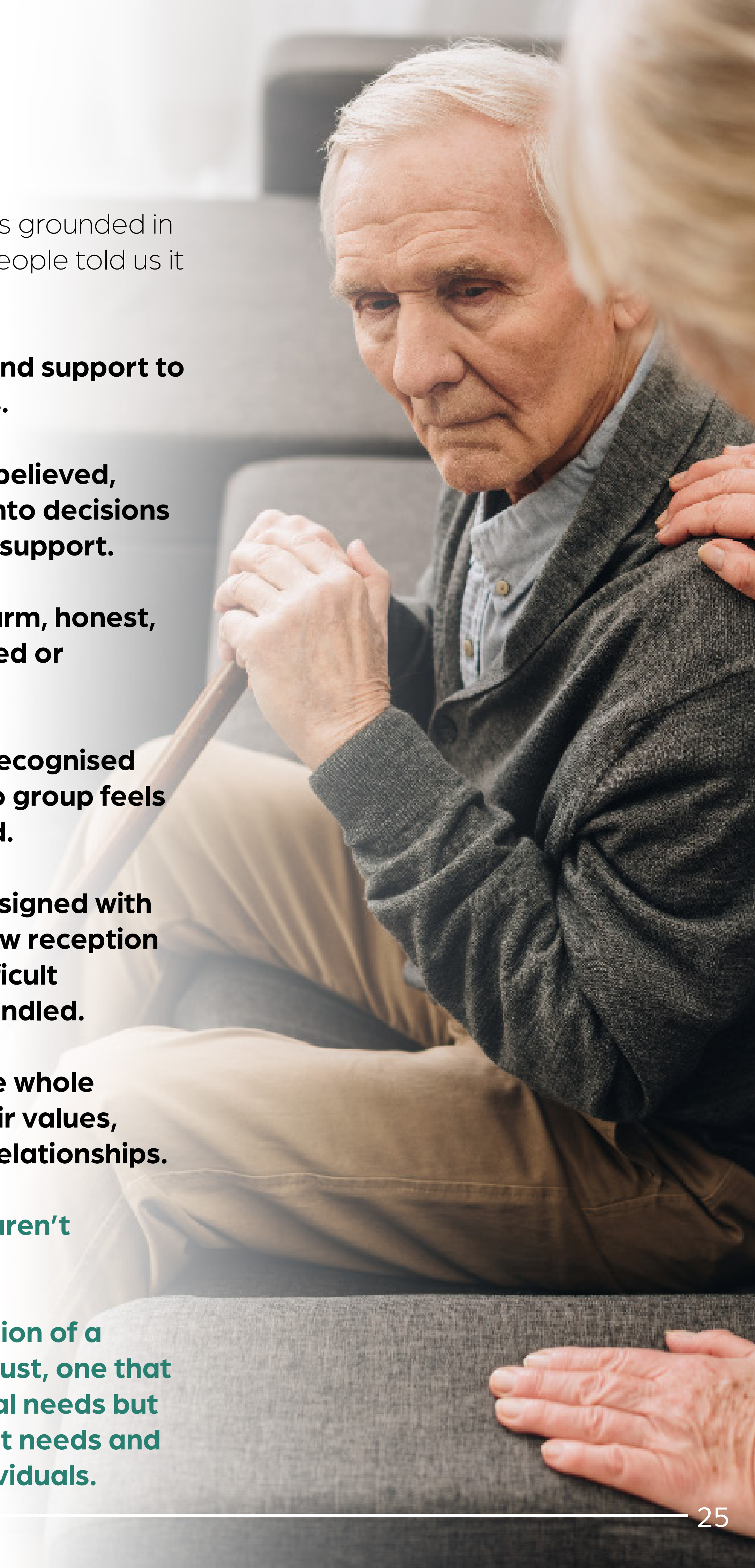
Voices from the community

> *“I just want to be treated like a human being, not a number on a screen.”*

> *“They made me feel like I was exaggerating. I almost stopped going back.”*

> *“One doctor really listened, properly listened, and it changed everything for me.”*

These experiences highlight how dignity and respect are not abstract ideals but day-to-day realities that shape every interaction.



Ideas for change

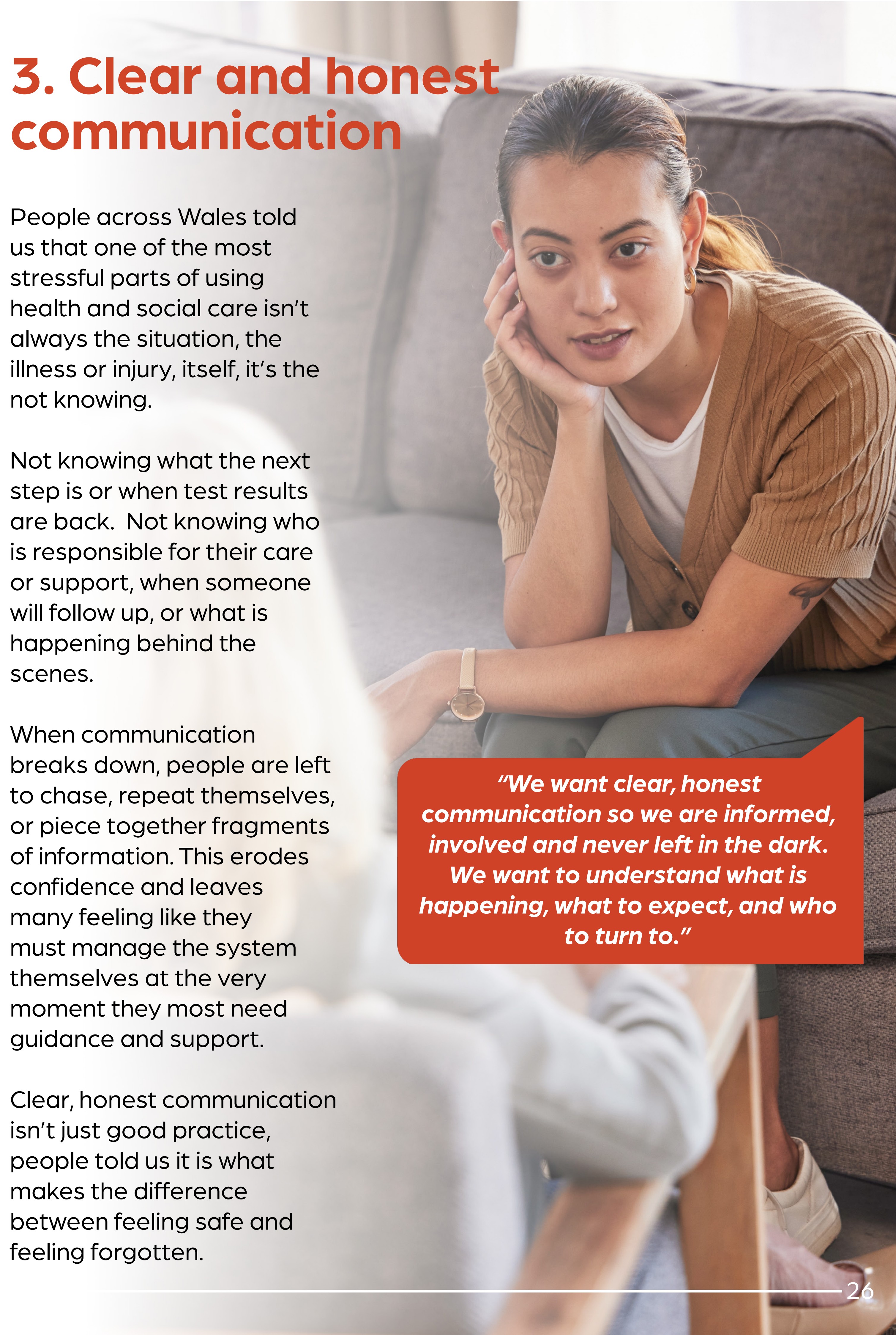
If care everywhere was grounded in dignity and respect, people told us it would feel like this:

- **Staff have the time and support to listen, not just assess.**
- **People's stories are believed, validated, and built into decisions about their care and support.**
- **Communication is warm, honest, and human, not rushed or dismissive.**
- **Unconscious bias is recognised and addressed, so no group feels overlooked or judged.**
- **Environments are designed with compassion, from how reception areas feel to how difficult conversations are handled.**
- **Care plans reflect the whole person, including their values, circumstances, and relationships.**

Dignity and respect aren't "extras."

They are the foundation of a system people can trust, one that meets not only clinical needs but also care and support needs and treats people as individuals.

3. Clear and honest communication



People across Wales told us that one of the most stressful parts of using health and social care isn’t always the situation, the illness or injury, itself, it’s the not knowing.

Not knowing what the next step is or when test results are back. Not knowing who is responsible for their care or support, when someone will follow up, or what is happening behind the scenes.

When communication breaks down, people are left to chase, repeat themselves, or piece together fragments of information. This erodes confidence and leaves many feeling like they must manage the system themselves at the very moment they most need guidance and support.

Clear, honest communication isn’t just good practice, people told us it is what makes the difference between feeling safe and feeling forgotten.

> ***“We want clear, honest communication so we are informed, involved and never left in the dark. We want to understand what is happening, what to expect, and who to turn to.”***

What people told us

Across surveys, interviews, and event conversations, communication came up again and again as one of the most frequent and important themes.

People shared experiences of:

> - waiting weeks or months for test results with no update,
> - being unsure whether referrals were made,
> - receiving conflicting information from different staff,
> - being discharged without clear instructions,
> - not understanding who to call if something changed,
> - documents or letters written in complex language they couldn't easily understand.

Parents of children with additional needs told us how exhausting it is to repeat the same information to multiple professionals. Older people spoke about letters that didn't explain what an appointment was for.

Welsh speakers said they often received paperwork they couldn't fully understand in their first language. Many said they simply wanted honesty even if the answer was, *"We don't know yet."*

Again and again, people said the same thing:

"Just keep me informed."

Voices from the community

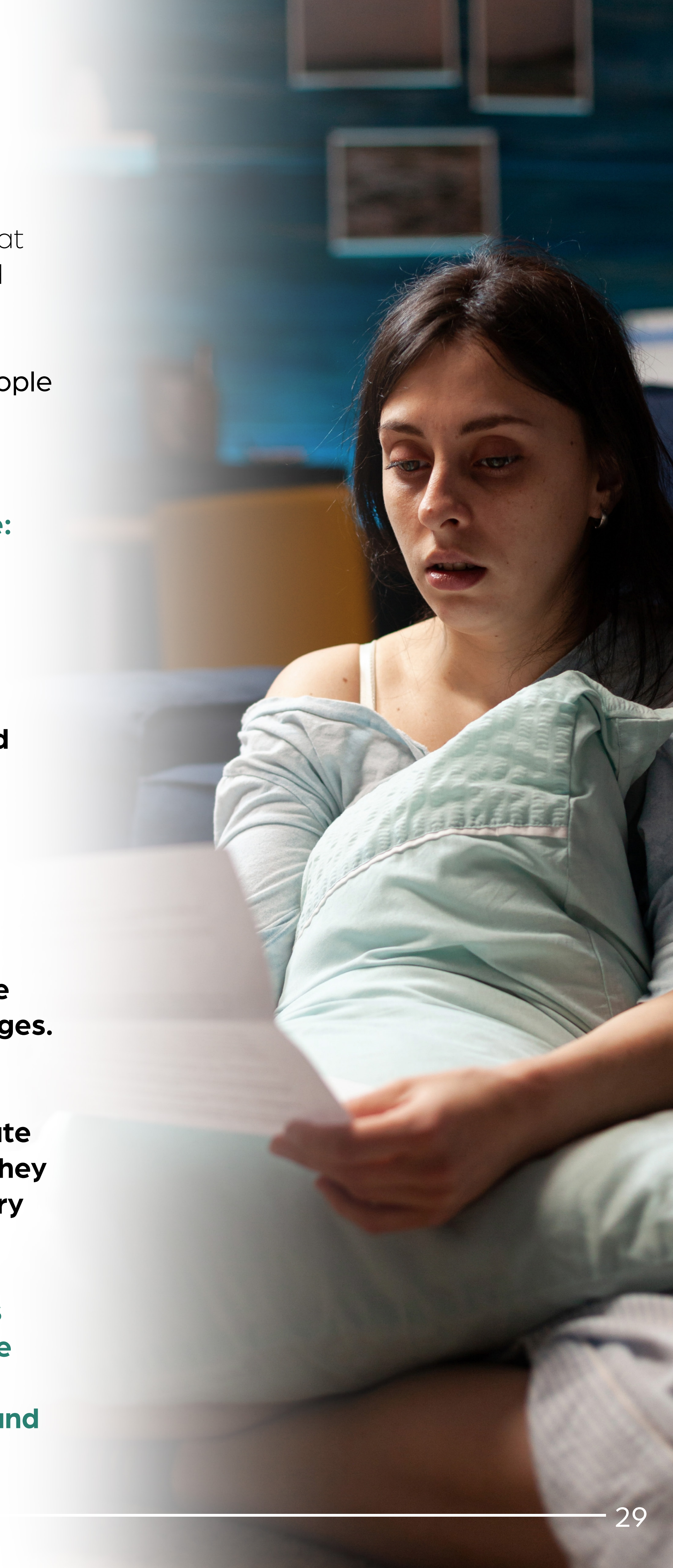
These stories show how communication shapes people's emotional experience as much as the practical care, whether in health or social care settings.

Ideas for change

People were clear about what good communication should feel like:

- **Proactive, not reactive:** people shouldn't have to chase for information.
- **Clear next steps every time:** what will happen, when, and who to contact.
- **Plain-language letters and updates, with accessible formats for those who need them.**
- **Honesty about delays or uncertainty, not silence.**
- **Joined-up communication between services so people don't receive mixed messages.**
- **Respect for the language people need to communicate effectively – not just what they prefer, but what is necessary for them.**

Good communication turns a confusing system into one people can navigate with confidence. It builds trust and reduces anxiety.



4. Joined-up care that feels seamless

People told us about repeating the same story to multiple professionals, carrying paperwork from one service to another, acting as mediators between teams that don't speak to each other, and navigating complicated pathways with no clear guide.

For families supporting older relatives, children with complex needs, or loved ones with long-term conditions, this work is exhausting and invisible.

> ***"We want joined-up care, so the system works together around us. We shouldn't have to repeat our stories or navigate services alone."***

When care and support is joined up, however, people described feeling relieved, safe, and seen. We heard positive stories about when handovers work or when a discharge includes a clear plan. These moments showed what the system can feel like when it works as a whole rather than a collection of separate parts.

What people told us

Across every region, the call for joined-up care and support was one of the loudest and most consistent messages we heard.

People spoke about:

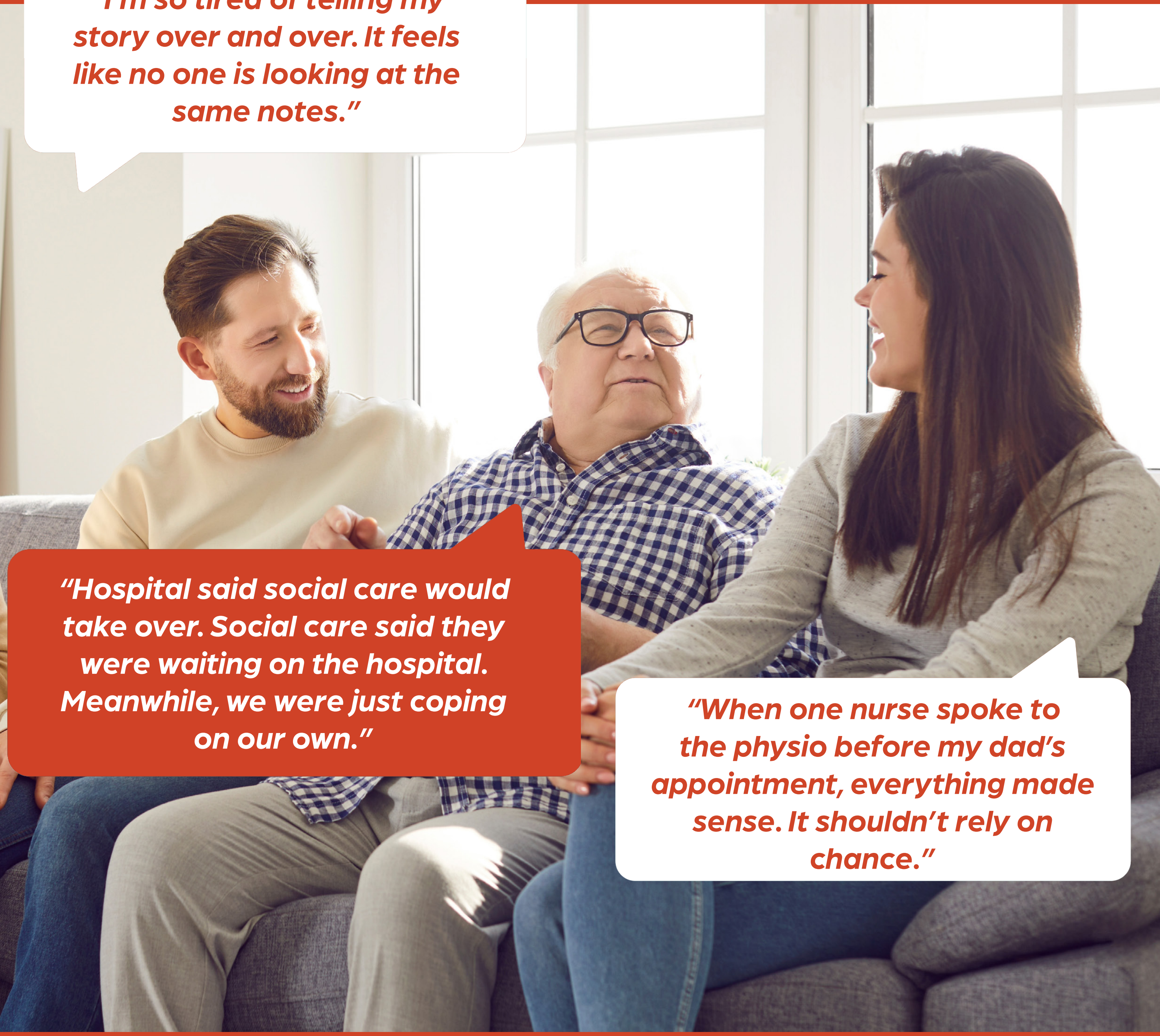
- health teams not speaking to social care, leaving gaps in support;
- poor communication between hospitals and community services;
- multiple assessments that ask the same questions;
- lost referrals, or referrals made without explanation;
- delayed discharges because equipment or home support wasn't ready;
- professionals unable to see basic information needed for continuity;
- families being left to coordinate care and support on their own, often at crisis point.

For many, it wasn't one severe failure that caused distress, it was the cumulative impact of dozens of small disconnects.

People were clear:

Joined-up care should be the norm, not the exception you're lucky to experience.

Voices from the community



“I’m so tired of telling my story over and over. It feels like no one is looking at the same notes.”

“Hospital said social care would take over. Social care said they were waiting on the hospital. Meanwhile, we were just coping on our own.”

“When one nurse spoke to the physio before my dad’s appointment, everything made sense. It shouldn’t rely on chance.”

These reflections show how much smoother people’s journeys could be with the right communication and joined up shared systems behind the scenes.

Ideas for change

People were clear about what joined-up care and support should look and feel like:

- **1 conversation, not 5:** information shared appropriately so people don't have to repeat themselves.
- **Smooth transitions:** between hospital and home, between child and adult services, between health and social care.
- **Clear coordination:** one person or team making sure the pieces fit together.
- **Shared digital systems:** allowing professionals to see the information they need.
- **Consistent communication:** so families aren't left guessing who is doing what.
- **Care planned around the person, not around organisational boundaries.**

Joined-up care doesn't just improve experiences, it makes the whole system safer, kinder, and more efficient.

5. Timely care and support while you wait

Across Wales, people told us that waiting, and especially waiting without information or support, is one of the most difficult parts of their experience. Whether it's waiting for a diagnostic test, a mental health assessment, a hospital procedure, or social care support, long waits can turn manageable issues into crises.

People understand that services are under pressure. What they struggle with is waiting with no reassurance, no updates, and no help to cope in the meantime.

Timely care is not only about reducing the length of the wait, it's also about the quality of support during that wait, being kept informed and having somewhere to turn with questions.

"We want timely care and meaningful support while we wait. Waiting times shouldn't leave us feeling forgotten, especially for mental health and specialist services."

What people told us

People shared experiences of:

- Life on hold while waiting for surgery or diagnostics, everyday tasks becoming difficult, pain increasing, work affected.
- Mental health and neurodevelopmental waits stretching into years, leaving families in distress with nowhere to turn.
- Children missing school or opportunities because support isn't available.
- Deteriorating conditions due to long gaps in care, leading to more complex interventions later.
- Lack of interim support, with no advice about how to manage symptoms or where to seek help while waiting.

Many told us that the hardest part wasn't the wait itself, it was feeling like they had disappeared from the system.

People were clear:

"If you can't see me yet, at least support me while I wait."

Voices from the community

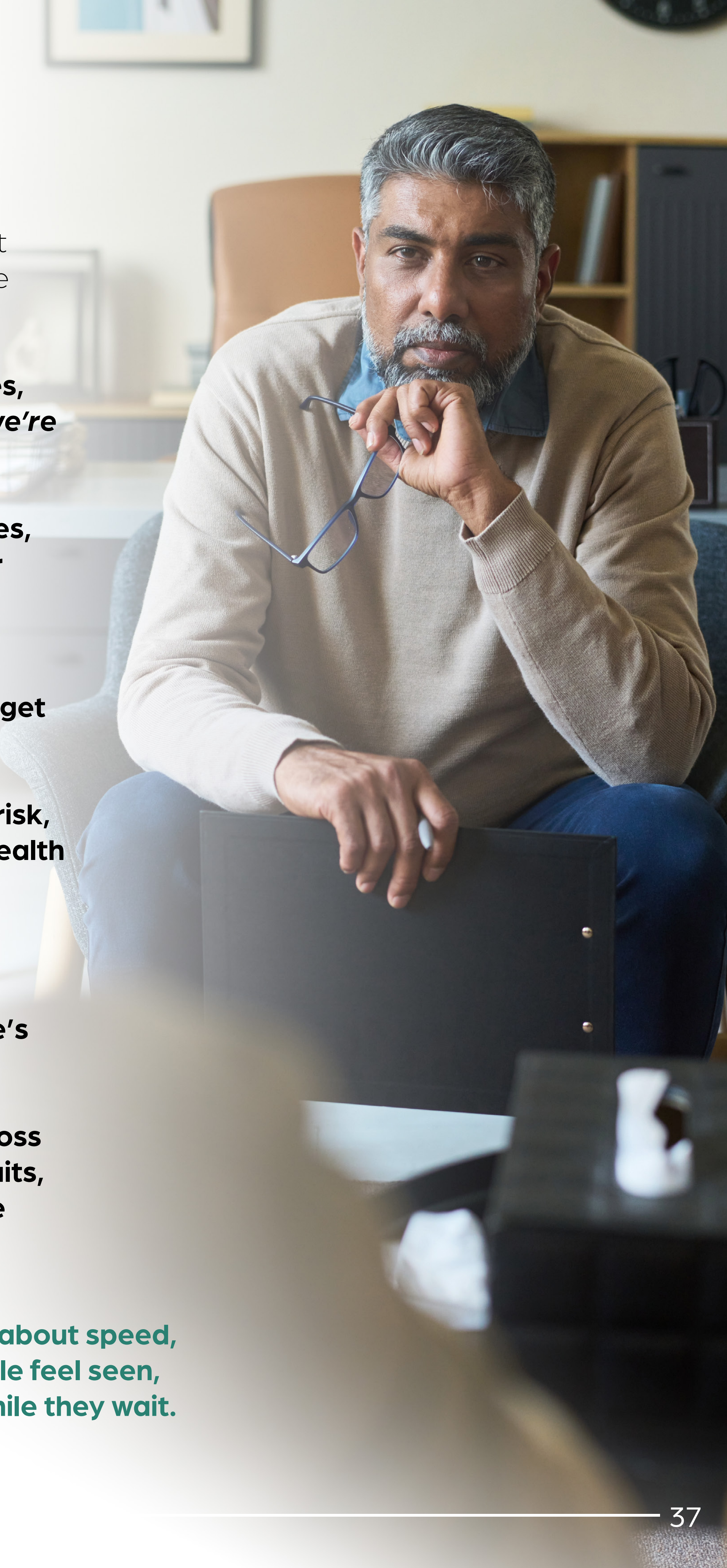
> *"If someone had checked in or given advice, it wouldn't have felt so hopeless."*

> *"I've been waiting five years for surgery. Every day is pain. I just want honesty about when it will happen."*

> *"We waited over two years for an autism assessment. In that time, school broke down and our family was exhausted."*

These stories show how waiting without information or support undermines trust and leaves many feeling powerless.

Ideas for change



People were clear about what good support while waiting should feel like:

- **Honest, regular updates, even if the update is *"we're still working on it."***
- **Clear expected timelines, not vague estimates or silence.**
- **Advice on managing symptoms or where to get help if things worsen.**
- **Check-ins for those at risk, especially for mental health and vulnerable groups.**
- **Information that is accessible, in plain language and in people's preferred languages.**
- **Joined-up support across services during long waits, so gaps do not become crises.**

Timely care is not only about speed, it's about helping people feel seen, supported, and safe while they wait.

6. Care should recognise and respond to the whole person

This is particularly important within mental health and neurodevelopment pathways, where people told us the systems often struggles to see the full picture of their needs, experiences and lives.

When people talked about mental health support and neurodiversity pathways, the emotion in their voices was unmistakable. Families described years of uncertainty, young people spoke about feeling dismissed or not believed, and adults told us how hard it was to reach help when they were already struggling. Many felt the system simply wasn't designed for the realities of their lives.

People told us that when care does not recognise the whole person they are more likely to fall through gaps, be passed between services, or only receive help once they reach crisis.

"We want care that sees us as a whole person, understanding our mental and physical health, our neurodiversity, not just one part of us at a time."

"We want clearer pathways, shorter waits, and understanding responses when we reach out."

What people told us

People shared experiences of:

- Long waits for assessments, often stretching into years for neurodevelopmental or children's mental health services.
- Being bounced between services, each saying another team was responsible.
- Staffing pressures, meaning limited continuity and repeated explanations of their situation.
- Feelings of dismissal, particularly for women, young people, and those with overlapping needs (e.g., mental health + neurodiversity).
- Lack of crisis support, or unclear routes into help when things reached breaking point.
- Parents and carers carrying the load, managing school, behaviour, and emotional distress without formal support.

We also heard from autistic adults, neurodivergent young people, and families navigating complex pathways. Many said they felt judged or misunderstood, that their needs weren't taken seriously or that professionals lacked the time or training to offer the right kind of support.

Children and young people were particularly clear:

"I want someone to listen and understand me."

Voices from the community

"My daughter waited years for an assessment. In that time, school fell apart and her confidence disappeared."

"We kept being told to come back when things got worse. By then we were in crisis."

"I'm autistic and every interaction feels like the system expects me to act 'neurotypical'. It's exhausting."

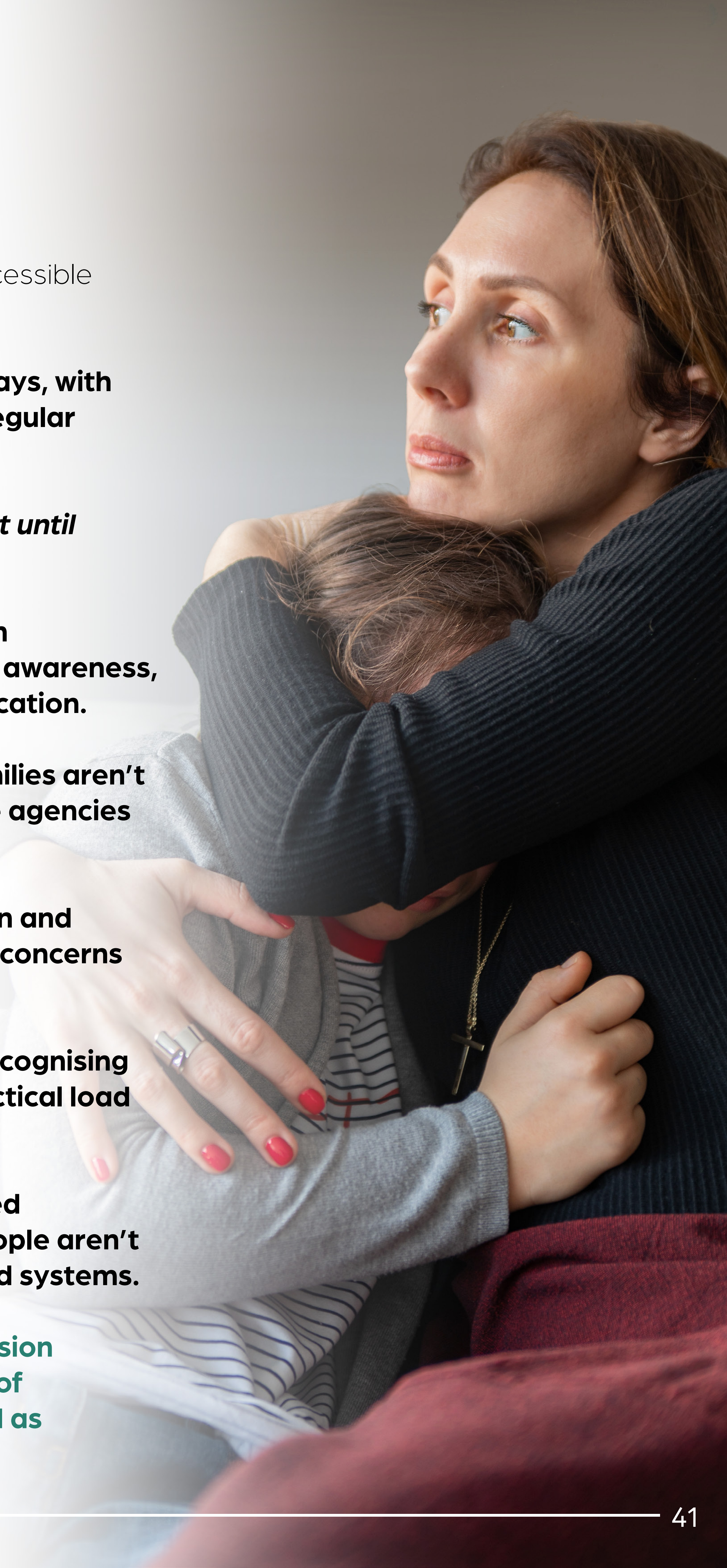
These experiences show that delays and misunderstandings in mental health and neurodiversity pathways have real emotional, educational, and family impacts.

Ideas for change

People described what compassionate and accessible support should look like:

- **Shorter, clearer pathways, with honest timelines and regular updates.**
- **Early support, not "*wait until crisis*" responses.**
- **Professionals trained in neurodiversity, trauma awareness, and inclusive communication.**
- **Joined-up care, so families aren't left navigating multiple agencies alone.**
- **Safe spaces for children and young people to share concerns confidentially.**
- **Support for families, recognising the emotional and practical load they carry.**
- **Flexible, person-centred approaches, where people aren't expected to fit into rigid systems.**

People told us compassion should be at the heart of everything, not treated as an add on.



7. Care and support that enables independence

Across Wales, people told us that good care is about much more than services, it's about having the chance to live a meaningful life. For older people, disabled people, families, and unpaid carers, the aim is not simply to "manage needs" but to stay connected, active, safe, and part of their communities.

Too often, though, people described feeling that care and support came too late, was too limited, or didn't reflect the realities of their daily lives. Many told us they felt lost in a system shaped by pressure and short-term decisions, one that reacts to crisis rather than helping people thrive.

"We want care and support that help us live our lives with dignity, independence and connection. We want social care and carer support that recognise the whole person, not just their needs."

What people told us

People shared experiences of:

- Unpaid carers feeling exhausted and invisible, often balancing jobs, family responsibilities, and round-the-clock care.
- Waiting months to secure a care package, with families stepping in as unpaid carers without support.
- Inconsistent care, with frequent changes in staff meaning people had to rebuild trust time and time again.
- Support that focused only on tasks, rather than what mattered to them, relationships, hobbies, routines, dignity.
- Feeling isolated, especially when day centres, community groups, and preventative services had been cut.
- Financial strain, where the cost of private care or travel to appointments became a barrier to independence.

Among disabled people and those living with long-term conditions, independence meant having the right equipment, accessible environments, responsive support, and a system that understands fluctuating needs rather than offering a *"one-size-fits-all"* approach.

Voices from the community

"I searched for over a year to find a care package for my mother. There just wasn't anything."

"I don't want to lose my independence, I just need a bit of help to keep going."

"I'm a full-time carer for my partner. I love them, but I'm exhausted and there's no break."

"My carer changes every week. I spend most of my time explaining what I need."

These experiences show that independence is deeply connected to dignity, well-being, and the right support at the right time.

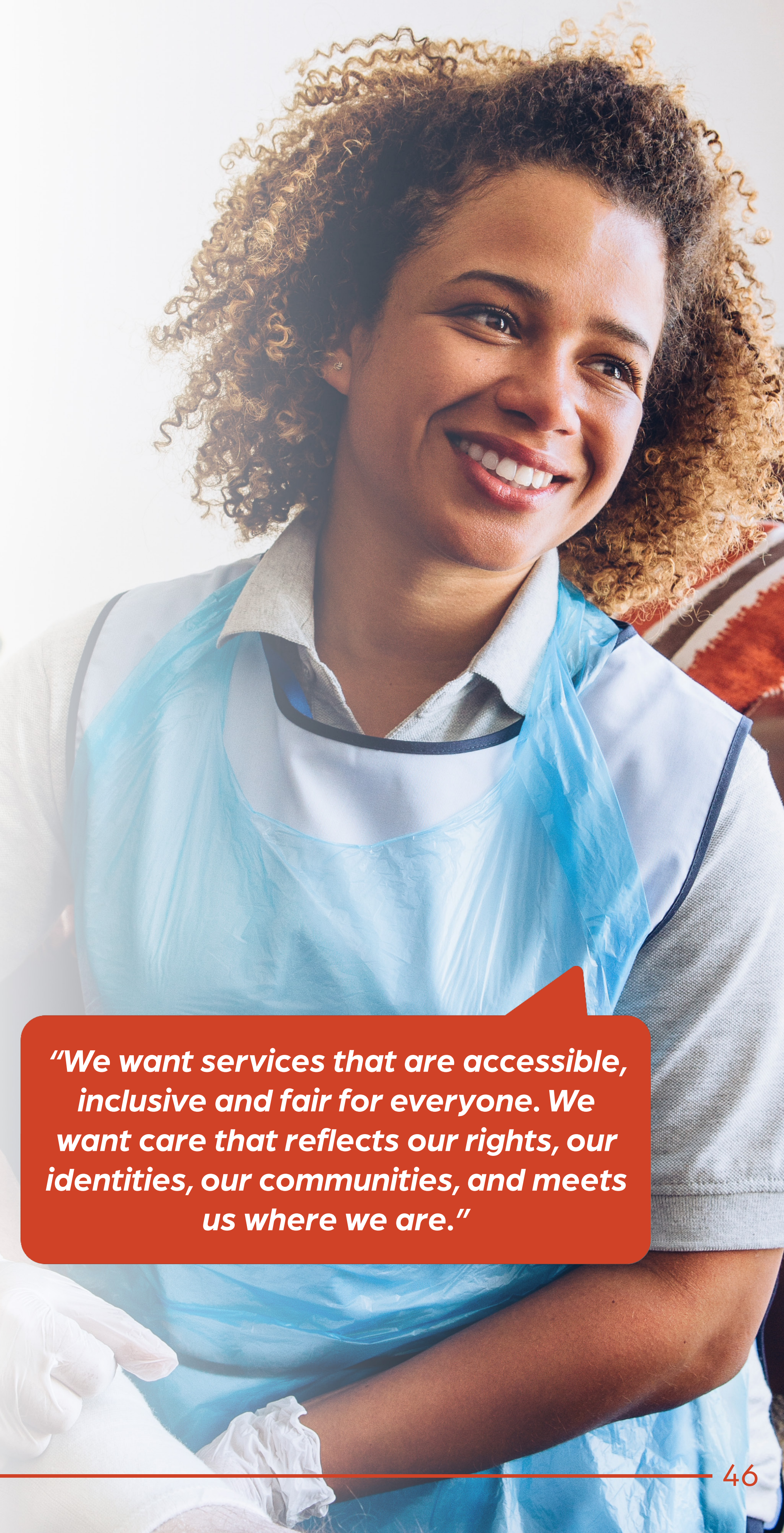
Ideas for change

People described what good care and support for independence, and a good life should look like:

- **Sustainable, reliable care and support, with consistent staff and person –centred approaches.**
- **Support that sees the whole person, not just the practical tasks they need help with.**
- **Investing in preventative services, like day centres, community groups, and befriending, lifelines that keep people connected.**
- **Flexible care packages, able to adapt as needs change.**
- **Accessible homes, transport, and environments, enabling people to participate fully in their communities.**
- **Meaningful support for unpaid carers, including respite, advice, and emotional support.**
- **Recognition of strengths, not just needs, supporting people to continue the activities, relationships, and routines that give life meaning.**

People told us that independence is not about doing everything alone, it's about having the right support to live well.

8. Inclusive, accessible and fair services for all



Across Wales, people told us that fair, inclusive care and support isn't something that should depend on where you live, the language you speak, your background, your health condition, or your circumstances. Yet many described a system where experiences varied significantly, not only between regions, but between services, teams, and even individual practitioners.

For those already facing barriers the system often felt harder to navigate, less responsive, and less respectful of their rights.

People weren't asking for special treatment. They were asking for equity and care that adapts to people's needs so everyone can access the same high-quality support.

> ***"We want services that are accessible, inclusive and fair for everyone. We want care that reflects our rights, our identities, our communities, and meets us where we are."***

What people told us

Experiences of unfairness or exclusion came through in many ways:

- Language barriers, particularly for Welsh speakers or for other people whose first language isn't English.
- Stigma and assumptions, especially for people with mental health conditions, chronic pain, learning disabilities, addiction, or experiences of homelessness.
- Cultural misunderstandings, where people felt their identity, family structure, or beliefs weren't recognised.
- Physical accessibility issues, from steep ramps and heavy doors to inaccessible toilets or waiting rooms.
- Digital exclusion, leaving some unable to book appointments, receive updates, or access records.
- Financial barriers, where travel costs, private dental fees, or unpaid caring responsibilities made access difficult.
- Fear of being judged, which stopped some people seeking help at all.

We also heard from young people who said they needed services to understand their identities, listen without assumptions, and offer options that felt safe and welcoming.

Across all groups, the message was consistent:

"Care and support should work for everyone not just the people who find the system easiest to use."

Voices from the community

"There isn't enough Welsh language support. I feel like I lose half my voice when I try to explain myself in English."

"My disability isn't always visible. I wish people wouldn't assume I'm being difficult."

"We need services that understand different cultures. I shouldn't have to keep explaining why certain things matter to my family."

These reflections show how inclusion isn't a side issue it is central to people's ability to access care safely and confidently.

Ideas for change

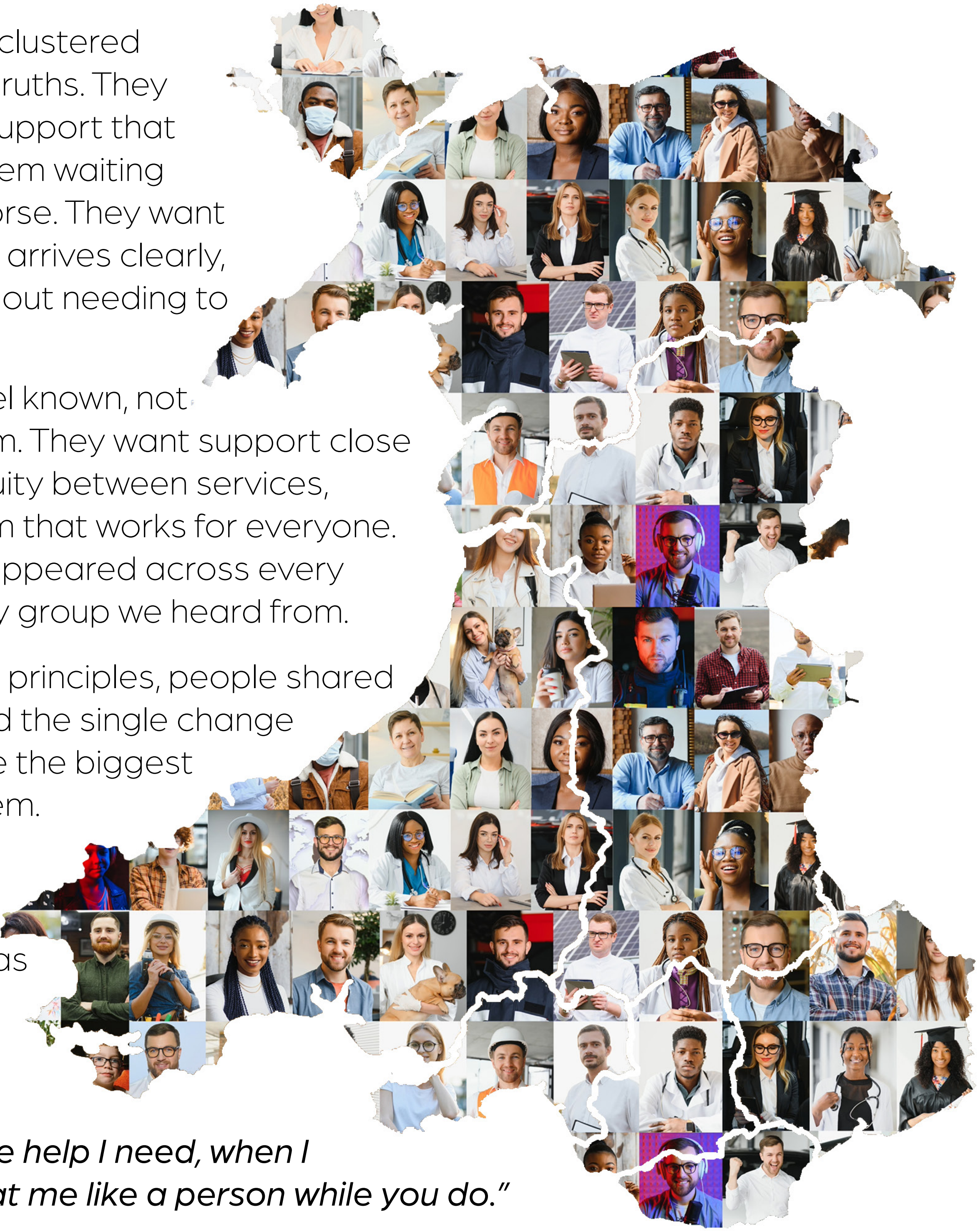
People described what fair, inclusive, accessible services should look like:

- **Language choice respected, with Welsh available without asking and effective translation when needed.**
- **Services designed with communities, including those most likely to face barriers.**
- **Accessibility embedded, not added as an afterthought, from buildings to communication to digital tools.**
- **Proactive approaches to inequality, using data to identify gaps and take action.**
- **Staff trained in cultural humility, trauma awareness, and inclusive communication.**
- **Non-digital options protected, so everyone can access care in ways that suit them.**
- **A focus on rights, ensuring people feel valued, safe, and respected, whatever their background or identity.**

People across Wales made it clear that a fair system is one that actively includes, not one that quietly assumes people are all the same.

Conclusion:
Where we go from here

Across Wales, people told us what good health and social care feels like: accessible when you need it, delivered with dignity and kindness, joined-up rather than fragmented, and shaped around what matters to you as a person. The 8 principles in this report reflect a clear, collective vision drawn from thousands of lived experiences, stories, frustrations, hopes, and ideas for change.



People's voices clustered around familiar truths. They want care and support that doesn't leave them waiting until they feel worse. They want information that arrives clearly, reliably, and without needing to chase.

They want to feel known, not lost in the system. They want support close to home, continuity between services, and a fair system that works for everyone. These threads appeared across every region and every group we heard from.

Alongside these principles, people shared the single shared the single change that would make the biggest difference to them.

Although the wording varied, the heart of it was remarkably consistent:

"Make it easier for me to get the help I need, when I need it, and treat me like a person while you do."

Our Ideas for Change offer a practical bridge from listening to doing. Designed as simple, adaptable guides, they reflect what people told us works well, what needs to improve, and the kinds of everyday practices that help create trust, clarity, and better experiences across health and social care. These ideas can support teams, organisations, and local services to start making meaningful improvements now.

In the months ahead, we will work with partners and communities to explore solutions and keep listening, so that future actions remain rooted in what matters most to people.

We will share what we learn, highlight examples of good practice, and keep creating spaces where people can speak openly about the health and social care they want.

Most of all, we want to acknowledge the generosity of everyone who shared their experiences with us. Your honesty, your stories, and your ideas have shaped this work.

This report is just the beginning, a foundation for ongoing listening, learning, and action. Our commitment is to keep that conversation open, accessible, and centred on the people of Wales.

Join the conversation

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If you would like to give us feedback on this publication or wish to receive this information in an alternative format or language, please contact us on the details below.

We welcome telephone calls in Welsh. If you write to us in Welsh, we will answer in Welsh.

This will not lead to a delay in responding to your correspondence.

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