



HEALTHY AGEING SURVEY REPORT

Author: Rosie Smith

Date published: September 2023

Report produced by Business Intelligence, Enabling Services

BACKGROUND

As part of developing a Healthy Ageing Joint Strategic Needs Assessment (JSNA), Warwickshire County Council undertook engagement to hear from residents about their experience of growing older in Warwickshire. Part of that engagement included a survey aimed at those living in Warwickshire aged 60+ with the aim of seeking to understand:

- What is important to people as they age
- What people thought about their local area as a place to grow older
- Experiences of access to health and care services
- Experiences of attitudes to ageing / older people

The survey took place between 4th August and 17th September 2023.

METHODOLOGY

The survey was made available through the following channels;

- Through the council's online survey platform Ask Warwickshire.
- A paper-based version of the standard online survey could be requested by telephone or email. Alternative formats and languages could also be requested.
- Paper copies were also distributed by the Communities and Partnerships team to community hubs/events/local groups.

This report presents an analysis of data from completed online and paper survey responses. The survey was part of a wider engagement programme to support the compilation of the Healthy Ageing Joint Strategic Needs Assessment which also included several story circles; analysis of these is available separately.

KEY MESSAGES

- The top three highest scoring items for staying 'healthier and happier' were spending time with friends or family, staying physically active and being able to do things independently. The priority of respondents to stay connected and keep active coincide with much of the guidance and advice on ageing well.
- Just over half of respondents rated their local area as either 'excellent' or 'good' as a place to live. Around a third were neutral and the remainder thought their local area 'poor' or 'very poor'. There was some variation around the county with areas in the south of the county tending to report higher 'excellent' or 'good' ratings for their local area.
- Respondents were most likely to agree that their local area met their needs for social participation (for example having local groups to join or activities to engage with). They were least likely to agree that their needs were met by the local area in relation to local infrastructure; design of outdoor spaces, transport, and housing. These areas scored least well for meeting people's needs locally.
- When asked to expand on their views of their local area, comments relating to transport (primarily the reliability of public transport) and its implications for access to services and leisure, healthcare, local amenities, and the importance of access to information were frequently cited issues. Comments relating to respondents' enjoyment of their local



area like local greenspace, social and leisure opportunities, and the sense of community they experienced when it met their needs were also evident.

- Most respondents agreed that they knew which health service to access and how to get in touch with them. However, they were least likely to agree that appointments were easy to travel to, could afford the cost of, or that services were 'joined up'.
- While there was evident praise for the healthcare services received by some respondents, many expressed concerns about the process of making appointments, getting to them and communication between different parts of the health and care system.
- Fewer respondents had experienced care services. Overall, agreement scores were lower when compared to people's experience of health services. Use of technology to access services featured as one of the lower scoring items. Being able to comfortably meet the cost of care service was the least agreed with item indicating the concern people may have in meeting the cost of social care.
- When asked about the services older people would like to see respondents were positive about opportunities to engage in community groups/activities including ways to stay active in older age. Accessible GP and wider healthcare (including dentists and pharmacies) services were noted as well as transport services to access these. Support services for an ageing population including carers were identified as well as comments about local infrastructure improvements that could be better designed with older people in mind. The shift to more digital methods of finding out about, accessing and delivering services was highlighted as sometimes difficult for people and there was recognition that this could lead to exclusion.
- Overall, respondents were more likely to view the ageing process positively than negatively but a substantial proportion (just over 40%) were neither positive or negative about it. There was some variation across the county with respondents from Rugby borough most likely to report a positive view of ageing and those from Warwick District least likely.
- Asked about the different views of older people by age group, respondents were most likely to think other older people held positive views about them. This was followed by middle aged people while young people were thought to have the least positive views of older people.
- Faith/community groups were seen by respondents to hold the most positive views of older people when compared to other groups. Employers and the media were perceived to hold the least positive views. Around 2 in 5 respondents felt that health and care services were negative towards older people. However, a substantial proportion of respondents indicated they either didn't know how other groups viewed older people or thought they were neither positive or negative.
- Respondents had mixed views on the ageing process when asked to comment. Positive remarks were made about feeling part of a local community and having the time and desire to join in activities (where available) including volunteering. Many people wanted to take part, feel connected and stay active. However, concern was expressed about how older people were treated generally; that services and the built environment including housing and local spaces were not designed for an ageing population. In turn this made access and participation difficult in many parts of society from walking safely down the street to accessing healthcare and leisure/social activities. The experience of ageism was noted by some participants.



- A notable feature of some open text responses in this survey was a tendency for respondents to comment with either their older self in mind (how things might be for them when they were older, say 10 years on) or with other people in mind, especially those who they perceived less able to navigate older age; mostly this included those less able to travel (no car access) and/or deal with the digital world.
- Cross cutting themes were evident from survey responses whether participants were being asked about their local area, experiences of health and care, services people would like to see, or their views on ageing in a healthier and happier way. Transport and travel, access to health and social care, and wider support (including for carers) featured frequently. Additionally, issues relating to the design of local areas and infrastructure (including housing) with older people in mind were evident. While some welcomed new technology, others raised concerns about the risk of digital exclusion as more services and activities shift online. In short, there was a sense that older people had much of the knowledge to enable them to live healthier lives and many were enjoying this time of their lives but there were also some common barriers to more fully achieving healthy ageing.



RESULTS – ENGAGEMENT ANALYSIS

ABOUT RESPONDENTS

The survey was completed by 440 people. The following section provides information about respondents. Percentages used in the report relate to the number of people who answered individual questions.

Warwickshire district/borough

Figure 1 Where respondents lived.

Area	Number of respondents	% Respondents
North Warwickshire Borough	35	8.0%
Nuneaton & Bedworth Borough	73	17.0%
Rugby Borough	64	15.0%
Stratford-on-Avon District	154	35.0%
Warwick District	109	24.8%
Out of county	5	1.1%

The figures in the above table suggest there was a slight over-representation of respondents from the south of the county, but the distribution of respondents still followed the pattern of population distribution from most to least populated districts/boroughs across the county.

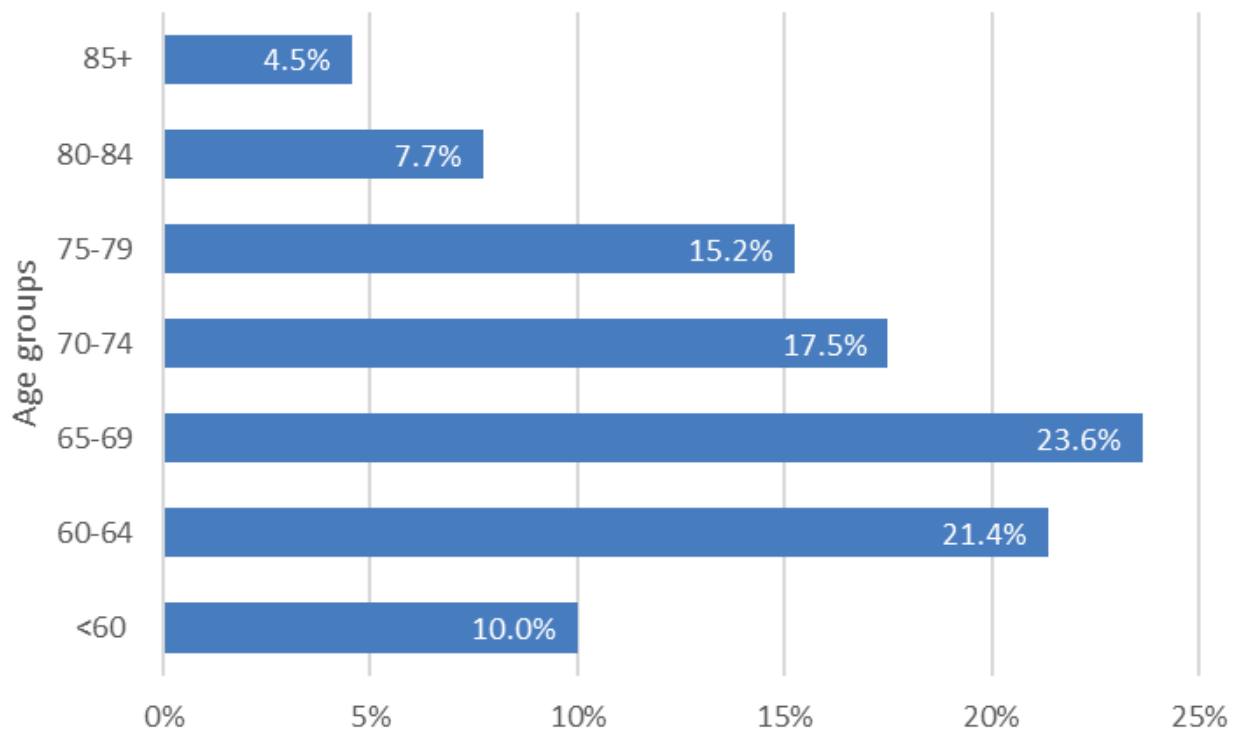
Urban or rural respondent locations

Respondents were also asked if they thought where they lived was 'urban (in a town or suburb)' or 'rural (in a village or in the countryside)' in character; 63.1% (n=275) of those answering this question (n=436) felt they lived in an urban area while 36.9% (n=161) felt they lived in a rural area. This broadly reflects the urban-rural breakdown of the 60+ population in Warwickshire (62.0% urban and 38.0% rural) as estimated in the 2011 Census.

Age of respondents

Almost three quarters (72.5%/n=319) of respondents were under the age of 75 years

Figure 2 Age distribution of respondents



Comparison with recent population estimates for the county suggest the respondent age profile (60-85+) is slightly younger than Warwickshire as a whole.

Living arrangements

Most respondents reported that they lived in a household with at least one other person (69.5%/n=306). Those who lived alone accounted for 28.6%/n=126. The remainder were either in communal establishments or reported 'other' arrangements. The latter included those with a carer/s, or relatives who they lived with.

Car ownership

Most respondents reported that they owned a car (84.0%/n=370) compared with 15%/n=66 reporting no access to a car.

Employment status

Just over two thirds (68.3%/n=303) described themselves as retired while around a quarter (24%/n=105) were employed either full or part-time.

Figure 3 Employment status of respondents

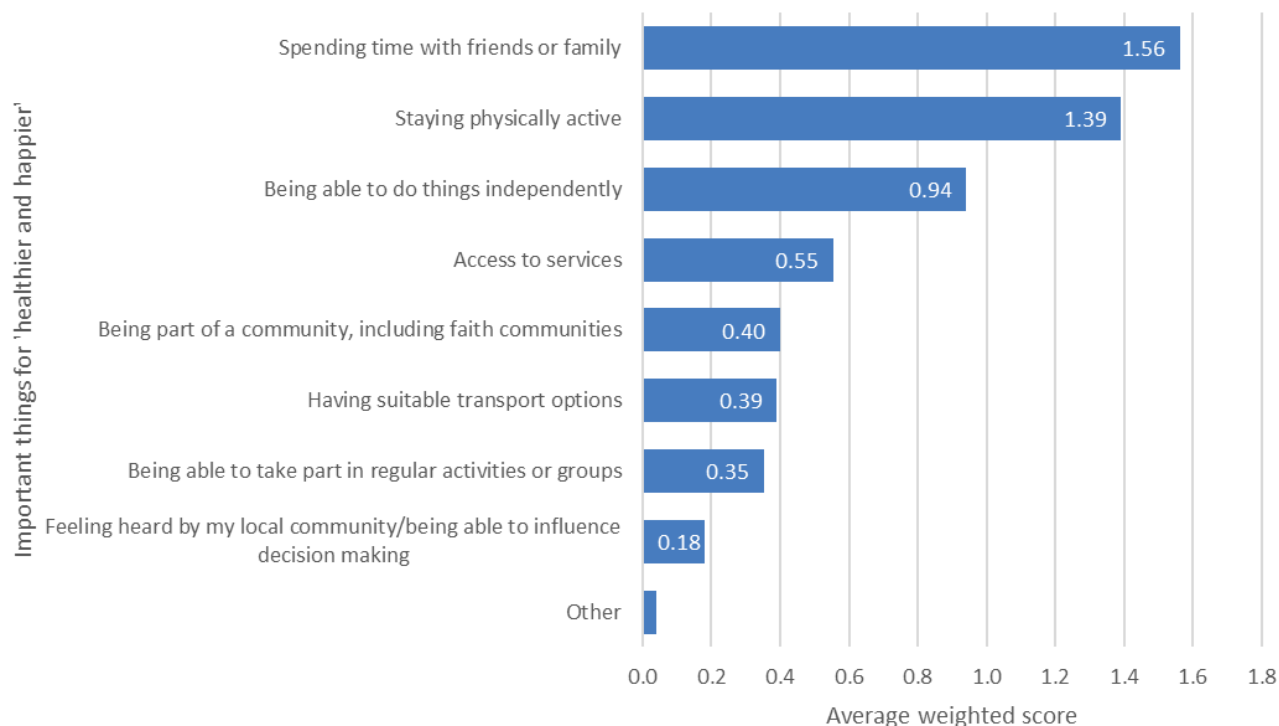
Area	Number of respondents	% Respondents
Retired	303	68.3%
Employed part-time	55	12.6%
Employed full-time	50	11.4%
Unemployed/other	25	5.7%

Responses to 'other' included those who volunteered, those with caring responsibilities, long term sick and those who clarified their employment status as self-employed.

HEALTHY AGEING IN WARWICKSHIRE

Respondents were asked to rank which three things from a supplied list were most important to help with living a healthier and happier life as they grew older. The top three highest scoring options were spending time with friends and family, staying physically active and being able to do things independently. Interestingly, respondents' priorities correspond with the sorts of things often recommended to keep people well, including staying connected socially and maintaining physical activity.

Figure 4 Ranking of 3 important things for 'healthier and happier'.



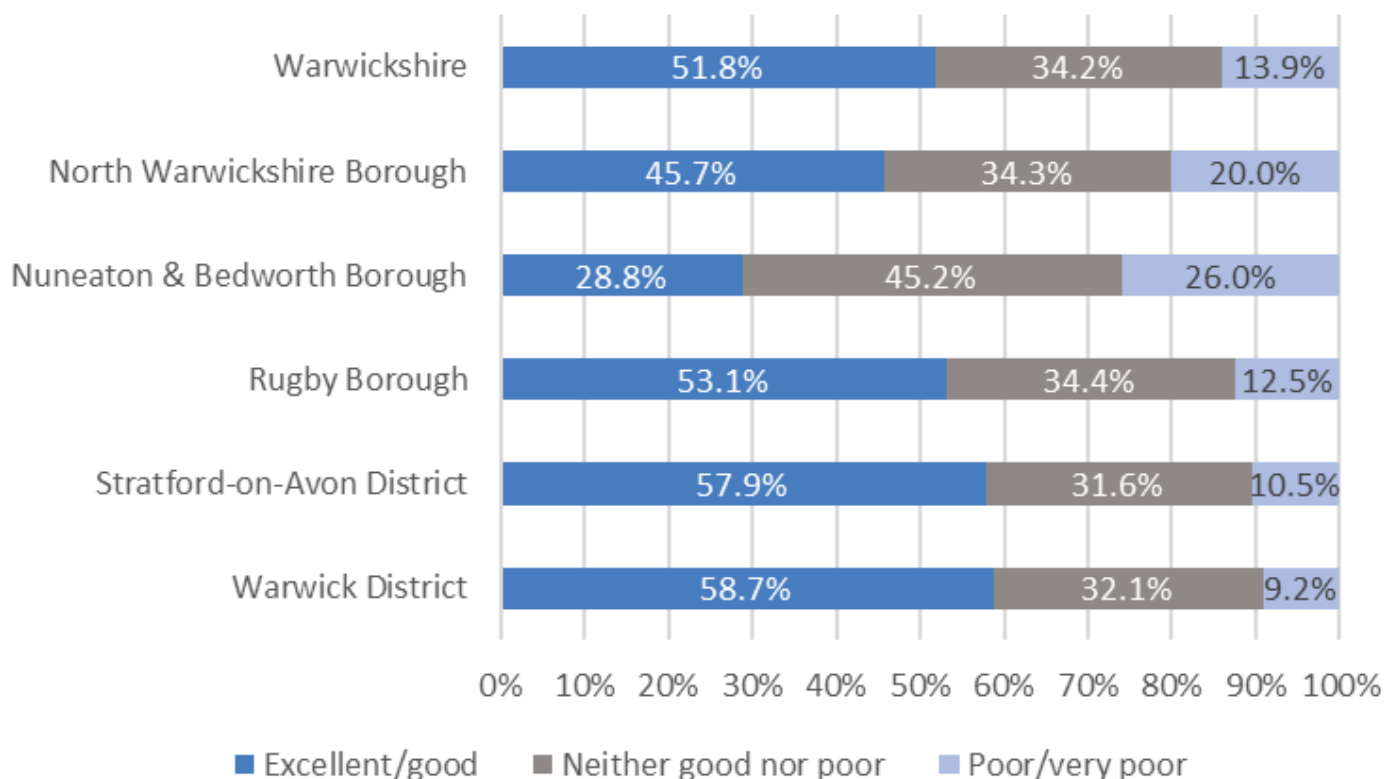
Items identified by respondents in 'other' (n=26) included issues relating to staying in own home, access to health care especially GP appointments, support for carers, keeping a purpose in life and access for disabled people. A small number of respondents felt unable to select just 3 items as they felt all were inextricably linked in some way.

Question about the local area

Respondents were asked several questions relating to their local area as a place to live as they got older in terms of services and facilities and whether there was anything they would change about it.

Firstly, respondents were asked to rate their local area as a place to live for people as they get older. For Warwickshire as a whole, just over half of respondents to this question (51.8%/n=227) rated their local area as either 'excellent' or 'good'. Around a third of respondents (34.2%/n=150) were neutral and the remainder (13.9%/n=61) thought their local area either 'poor' or 'very poor'.

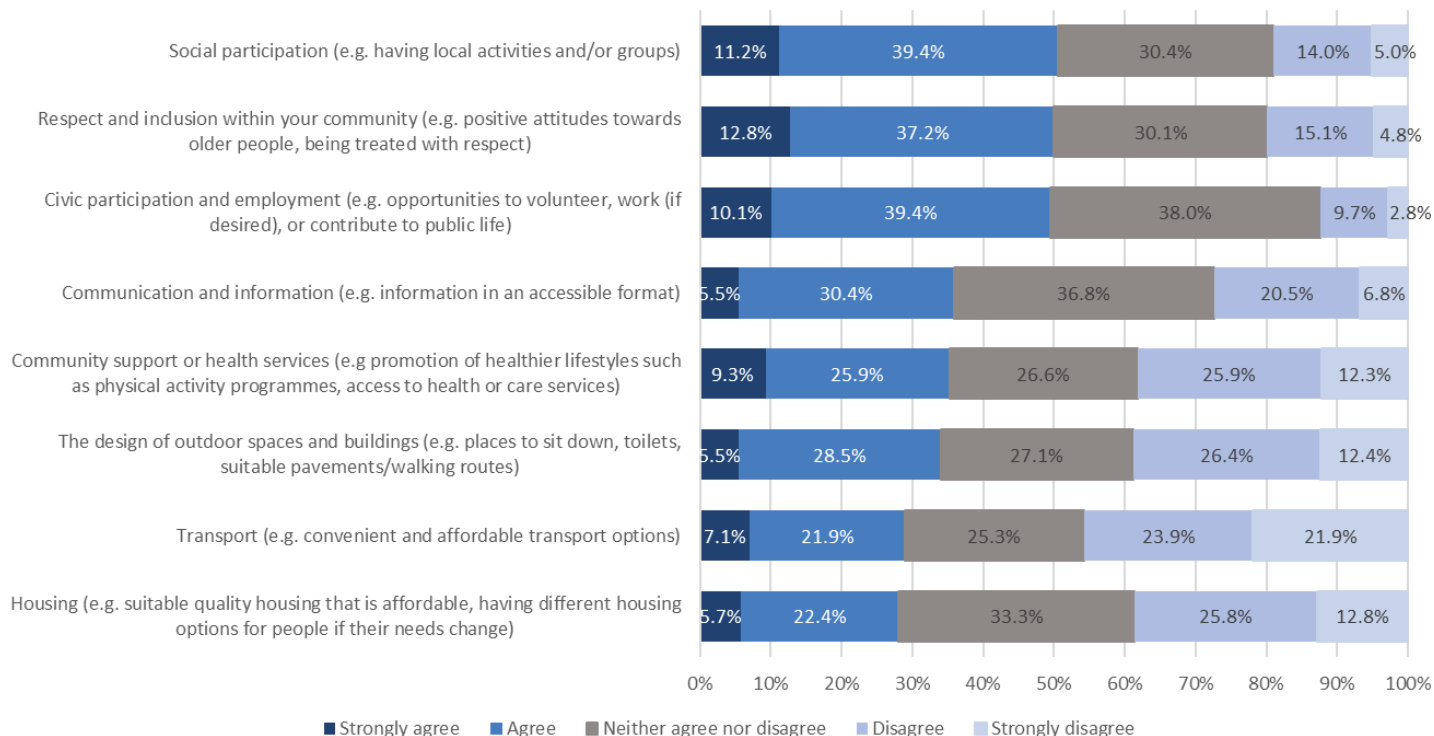
Figure 5 How would you rate your local area as a place to live for people as they get older?



Some variation was seen in positive assessments of local areas. The south of the county tended to see higher levels of 'Excellent/good' when asked about the quality of their local area.

Secondly, respondents were asked about different aspects of their local area and the degree to which older people's needs were met.

Figure 6 To what extent do you agree or disagree that each of following meets the needs of older people in your local area?



Respondents were most likely to agree that their local area met their needs in relation to opportunities for social participation like having local activities or groups to go to (51%/n=221). However, for all other items agreement scores (Strongly agree and agree) were half or less than half of respondents to the question.

Positive responses were least likely for the statements that could be grouped as ‘infrastructure’ related items; the design of outdoor spaces, transport, and housing matters.

Asked to expand on their answers to questions relating to their local area, respondents made a range of comments summarised in the table below.

Figure 7 please expand on the answers given in the previous question - local area thoughts.

Theme	Explanation	Examples for Illustration
Healthcare	<p>Respondents frequently commented on their local healthcare services.</p> <p><u>Access</u> While several respondents voiced satisfaction towards their local GP services, many expressed concerns around how to access healthcare services. This appeared to particularly be an issue for those who rely on public</p>	<p><i>“GP is good but worried about lack of local hospital provision.”</i></p> <p><i>“Doctors surgery is very good despite rather difficult getting appointments. When once getting an appointment all the doctors are very caring and helpful.”</i></p>

	<p>transport and live further away from healthcare facilities.</p> <p>Another barrier to accessing local healthcare was “the move towards modern technology”. Several respondents were unhappy with accessing health services either online or over the phone.</p> <p><u>Availability</u></p> <p>Healthcare availability was also a significant issue for respondents. This appeared to be due to limited appointments, long waiting times, and lack of local facilities.</p>	<p><i>“Access to hospitals and stations such a Warwick parkway are only reachable with car or taxi.</i></p> <p><i>For elderly people with health and mobility issues this is expensive and energy consuming.</i></p> <p><i>There is the U BUS services which is sometimes helpful but not relatable”.</i></p> <p><i>“Access to many support and health services depends on the internet and for many older people this is a barrier, especially those with deteriorating eyesight.”</i></p> <p><i>“GP surgery is not available as and when we need it. Getting to see a GP is virtually impossible we are mainly offered telephone appointments, which is not what I personally want.”</i></p> <p><i>“Very hard to get GP appointments, one had to ring at 8 a.m. and if lucky get an appointment, cannot pre-book, and online pre-booking, when it was on offer, was usually at least a two-week wait.”</i></p> <p><i>“Have GP surgeries available for people without smart phones, i.e. face to face”</i></p> <p><i>“It cost money to go to the hospital as you have to pay over the top to park.”</i></p>
<p>Keeping active</p>	<p>Many responses focused on methods of keeping active.</p> <p><u>Walking</u></p> <p>Walking routes were a particular concern for many. For some these appears to create a barrier to local amenities. Respondents discussed the availability of (and lack-of) safe walking routes that were level and well-lit at night.</p>	<p><i>“Local leisure activities are quite good e.g. sports centre”</i></p> <p><i>“To join a gym, it is too expensive.”</i></p> <p><i>“I swim at Rugby school an excellent affordable membership of unlimited swimming. “</i></p> <p><i>“Lack of inexpensive swimming and leisure centres”</i></p>

	<p>Similarly, responses expressed a desire for mobility considerations throughout pedestrian areas i.e. additional benches/ seating areas.</p> <p><u>Cycling</u> Several responses showed interest in seeing improvement to cycle routes.</p> <p><u>Sports facilities / outdoor spaces</u> Responses were mostly positive regarding local sporting facilities and many valued local outdoor spaces. However, for Some cost and accessibility presented as barriers. Several expressed interest in additional sport related activities that are around additional mobility needs.</p>	<p><i>“Passport to leisure - access to free swimming / gym is good.”</i></p> <p><i>“There needs to be more accessible and affordable physical activity targeted at older people, so they don't feel intimidated with younger and fitter folk.”</i></p> <p><i>“The swimming pools locally have introduced more lane swimming and booking since covid. I liked non lane swimming, adult and 50 plus swimming sessions but these have now been removed.”</i></p> <p><i>“I would like to have a safe cycling off road area that I can drive to and loan a bicycle. I own a bike but I'm too frightened to use it on the road as drivers are fast and do not drive carefully.”</i></p> <p><i>“Poor or non-existent cycle routes around Leam militate against using bikes.”</i></p> <p><i>I would like to see more outdoor recreational facilities for older people to be able to interact with other generations. The town need to provide outdoor sports like croquet and petanque so the not so agile elderly can have FUN</i></p>
<p>Access to transport</p>	<p>Transport services were often viewed negatively.</p> <p><u>Public Transport</u> Where available, public transport was often described as either unreliable, inaccessible, or complicated. Several reported a reductions or a discontinuation of their local bus services, creating restrictions on where people can travel. Responses suggest this to be a particular issue in rural areas.</p>	<p><i>Transport is difficult if you don't have a car and tends to be quite expensive.</i></p> <p><i>Because of advancing years and lack of transport, we do not go far.</i></p> <p><i>I love living in a small supportive community, but once I get to an age where I can't drive that will change as we have no transport and no shops and without transport access</i></p>

Consequently, some showed concern for when they could no longer drive, fearing their access to facilities would become limited.

Cost

For some the cost of transport was an issue.

Digital exclusion

Digital carpark systems and online bus timetables created barriers for several respondents.

mobility needs.

consideration for parking was requested for those with additional mobility needs.

to services will be difficult and life could be very isolating.

I am looking forward to trying the Ringo bus but as it doesn't take dogs I am stuck again.

I am able to drive and have my own car which means that I am able to access a wider range of activities. If I had to rely on public transport particularly in winter, I would be much more limited.

We have no bus service, so being able to drive a car is essential.

It is difficult and time consuming to get to Coventry hospital from Leam Knowing by public transport and extremely expensive to use a taxi.

There isn't much in camp hill for older people, the busses don't turn uphill the time, they cost a fortune and theres hardly any benches in the bus stops, trying to raise a family in camp hill is hard when you don't have a car, especially when trying to get to school on time.

Now that bus passes are issued in line with the date of the state pension rather than at 60 years bus travel for many is unaffordable.

"No up-to-date bus timetables displayed at stops. "Go on the app" is the usual response"

"I cannot deal with paying for car parking by App - I do not have or wish to have payment by phone for anything. Many agree with me that it's too confusing."

"In general, the move towards modern technology ("online") in order to access most services is

		<p><i>beginning to exclude older people, especially those with visual impairments or cognitive decline. I am over 65, and already feeling anxious about access to services. Examples: access to doctors and hospitals, parking fees, getting a bus pass, contacting banks and other institutions.”</i></p> <p><i>“Need more car parks and places within town for cars to go, as not everyone is fully mobile and I myself can’t walk too far”</i></p> <p><i>“People who do not use technology or have a smartphone are increasingly left out as everything they need to do requires access. eg booking the bus service, paying for car parking”</i></p> <p><i>“Not enough accessible looks in town. Too large a pedestrian centre if you cannot walk far. Poor town centre. Shops are now in shopping centres with no public transport.”</i></p>
<p>Local amenities</p>	<p>Responses were varied regarding local amenities.</p> <p>Access to banks, shops, post-offices, and pubs were all services that responders expressed as being important.</p> <p>Those who could access these appeared satisfied with the facilities. However, many responses implied little to no access to these facilities.</p> <p><u>Public toilets</u> Many respondents asked for public toilets to be more widely available.</p>	<p><i>“No banks or building societies. Unreliable post office, open when they feel like it.”</i></p> <p><i>“It worries me as a 'young older!' that I may at some point need to move to somewhere where there is a bank, post office, etc... but banks are closing!”</i></p> <p><i>“We moved near the town centre when we retired and rarely need to use the car or public transport within Rugby. Shops and cafés, doctor, a lively church community, gym and hospital all in walking distance.”</i></p> <p><i>“The fact that I need a car to go to a little shop, the surgery, the pub, the cinema, etc is a problem when getting older.”</i></p>

		<p><i>“From where I live, I can access local shops inc. chemist, general store a good butcher, hairdressers, beauty therapists, cafe, pub, post box, bus service. All of these add to the quality of life.”</i></p> <p><i>“There are opportunities to mix but it relies on people getting out rather than sitting at home waiting for someone to come to them. The church and village hall are good but don't suit everyone. The lack of the village pub is a big inhibitor.”</i></p> <p><i>“My village is fine if you have a car. Buses are sporadic and there are no shops or a pub. A travelling post office comes twice a week. The village hall holds community events and there is a monthly pensioners lunch. I will be moving into either Warwick or Leamington in my mid-sixties due to access to facilities including better public transport and care facilities if I require them as I age.”</i></p> <p><i>“Public Toilet facilities are very limited.”</i></p> <p><i>“Not enough public toilets, as I need to plan my journeys around toilets which are open.”</i></p>
<p>Availability of information</p>	<p>Many respondents wished that they had greater access to information such as:</p> <ul style="list-style-type: none"> • Local services and support • Social activities • Opportunities. • Local government decisions 	<p><i>“I do not receive any information about activities in my area.”</i></p> <p><i>“Bus services particularly poor - numbers of journeys, protection from weather at stops, lack of readable (or any) information at stops. over-reliance on web - many people, including older people, don't have this.”</i></p> <p><i>“I haven't seen any details about support in my area”.</i></p>

	<p>The method of communicating information was important as many did not have access to online sources.</p>	<p><i>“Very little in terms of advice, activities and services is available. It is a struggle to get information.”</i></p> <p><i>“Would like more information on Council Decisions following meetings, easy to do electronically these days.”</i></p> <p><i>“There is no information or facilities advertised in the area to know what, if any, provision is made for elderly people.”</i></p> <p><i>“Better information about community/group/activity options would be helpful and not just on websites.”</i></p>
<p>Community</p>	<p>For many, a sense of community was highly valued. This included social events and activities.</p> <p>Some expressed that they would like more facilities for socialising.</p> <p>Local religious groups appear to play a large role in the local community.</p> <p><u>Isolation</u> Isolation was an issue expressed by several.</p> <p><u>LGBT community</u> Responses implied a need for more older LGBT support.</p> <p><u>Volunteering</u> Opportunities for volunteering were positively discussed. Additionally, services ran by volunteers were appreciated.</p>	<p><i>“Hardly any facilities for socialising.”</i></p> <p><i>“There are opportunities to mix but it relies on people getting out rather than sitting at home waiting for someone to come to them.”</i></p> <p><i>“There is plenty of opportunity for social interaction and support if it was used to capacity.”</i></p> <p><i>“I like that there are lots of groups and activities for people of all ages.”</i></p> <p><i>“Being connected to a church helps to form social contact & therefore important to ensure community halls are cared for & used.”</i></p> <p><i>“No communication from outside sources. Easy to be a recluse.”</i></p> <p><i>“Need to encourage more opportunities for elderly and lonely”.</i></p> <p><i>“As a fairly newcomer to the area it is difficult to make friends”.</i></p>

		<p><i>"Inclusion - there is very little for LGBT and this seems spoken about a lot by teenagers but there is not the support for older people who are trans or non-binary. This is needed as is more support with mental health."</i></p> <p><i>"The local elderly are, in the main, relying on a state pension only and cannot afford much therefore we help each other by volunteering and more comfortable providing for less well off"</i></p> <p><i>"There are good opportunities for voluntary work".</i></p>
<p>Housing</p>	<p>Several expressed concerns towards the cost and availability of suitable housing.</p> <p>Maintaining independence and remaining a part of the community were both important factors when considering suitable housing.</p>	<p><i>"I don't think that anyone can agree that there is affordable housing for anyone, and there is a shortage of property for single persons."</i></p> <p><i>"We need more housing suitable for older people to combat loneliness in old age- e.g. co-housing schemes where people can live together but independently."</i></p> <p><i>"Another issue is a lack of varied and suitable housing or accommodation for older people to downsize from bigger properties."</i></p> <p><i>"We need more housing suitable for older people to combat loneliness in old age- e.g. co-housing schemes where people can live together but independently. Housing developments often ignore the needs of older people and focus on large family homes."</i></p> <p><i>"House building on numerous estates in the area all are 4/5 bedroomed there is no provision for older people to downsize from already existing 4/5 bedroomed homes and move to smaller houses. We should be</i></p>

		<p><i>building bungalows and other smaller houses with larger downstairs capacity. Any 2 or 3 bedroomed houses do not have the living space on the ground floor. I know many people who would willingly downsize if the homes were built with the older generation in mind in the area that they love to live in."</i></p> <p><i>"There are insufficient bungalows being built with gardens so an older person can give up their house and move into a bungalow and have a garden to potter around in and sit in not everyone wants to live in a flat. And new builds are being built with virtually no gardens."</i></p> <p><i>"Although there are lots of bungalows, no new ones are being built and people have been allowed to buy existing ones and turn them into large family homes."</i></p>
<p>Other</p>	<p><u>Feeling forgotten</u> Several expressed feeling forgotten/ ignored. Additionally, some experienced negative attitudes from others within society.</p> <p><u>Local decision making</u> A few respondents felt dissatisfaction towards local decision making.</p> <p><u>Cost of living</u></p>	<p><i>"We have noticed that we appear to be invisible, because when it ought to be obvious"</i></p> <p><i>"There is sometimes a negative attitude to older people by some in the community who feel that resources for the elderly should be given a lower priority".</i></p> <p><i>"Most of the elderly are just being ignored."</i></p> <p>---</p> <p><i>"Local administrative decisions seem to be made without regard to feelings on the ground."</i></p> <p><i>"Town Council very badly run, very bad communication "very clicky"</i></p> <p>---</p>

	<p>Some were concerned about living costs.</p> <p><u>Safety</u> Safety concerns within the local community were expressed.</p>	<p><i>"The local elderly are, in the main, relying on a state pension only and cannot afford much therefore we help each other by volunteering and more comfortable providing for less well off"</i></p> <p>---</p> <p><i>"Local roads have motorcyclists performing stunts & putting others in danger."</i></p> <p><i>"Reduce anti-social behaviour."</i></p>
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Respondents were asked if there was one change they could make about their local area. Respondents often suggested more than one action/change that could be made. Themes and examples are presented below.

Figure 8 What one change, if anything, would make your local area a better place for people to live healthier, happier lives as they grow older?

Theme	Explanation	Examples for Illustration
Public transport	<p>A key issue for respondents. This often related to a desire to see better bus services to stay connected and access services. Comments included:</p> <ul style="list-style-type: none"> • Better public transport generally • Transport from smaller settlements to larger towns • Transport for health appointments • Transport to access social activities 	<p><i>"Transport"</i></p> <p><i>"Available and reliable public transport"</i></p> <p><i>"Better public transport – more frequent buses"</i></p> <p><i>"It is difficult to get direct connections to public transport i.e train station by bus especially if you have difficulty walking"</i></p> <p><i>"access to transport for hospital appointments"</i></p>
Healthcare/ social care services	<p>This included better access to:</p> <ul style="list-style-type: none"> • General health care provision in the light of increasing demand especially for GPs. • Getting a GP appointment in a timely 	<p><i>"Easy access to GP"</i></p> <p><i>"I love where I live. I hope our GP surgeries/healthcare providers can cope with increased house-building in our area"</i></p>

	<p>way and accessing face-to-face appointments.</p> <ul style="list-style-type: none"> • More local hospital services or better access to them to reduce travel. <p>Other health and social care services like NHS dentists, podiatrists and adult social care</p>	<p><i>“Being able to get in see the GP face to face”</i></p> <p><i>“Better social care provision”</i></p> <p><i>“make sure there is a support network of healthcare”</i></p>
<p>Community support/Local activities/Exercise facilities</p>	<p>This reflected a wish to see more opportunities for people to get out and about, engage with others and continue to be physically active. It included:</p> <ul style="list-style-type: none"> • More things to do for older people • better communication about existing activities. • support to community groups who help older people too including voluntary groups and volunteering 	<p><i>“a meeting place open every day”</i></p> <p><i>“More to do for seniors in our village”.</i></p> <p><i>“more publicised choices of activities”</i></p> <p><i>“more activities for older people especially physical activities”</i></p> <p><i>“Funding for small groups that provide activities for older people”</i></p> <p><i>“support for the voluntary sector who do most of the community building”</i></p>
<p>Streetscape/public realm/infrastructure</p>	<p>A range of suggested improvements to help older people while out and about to both move more easily with fewer risks of trips/falls and create more pleasant environments in which to be, including:</p> <ul style="list-style-type: none"> • Improvements to footpaths and pavements • Thoughtful location of street furniture including seating to assist those less mobile and support socialising 	<p><i>“more suitable footpaths and options for people to sit down if they are unable to walk long distances”</i></p> <p><i>“Stop cars and vans parking on footpaths”</i></p> <p><i>“Stop high speed cars motor bikes and large lorries using totally inappropriate roads”</i></p> <p><i>“The area is spoiled by unsightly rubbish and littering”</i></p>

	<ul style="list-style-type: none"> • Keeping pavements clear of obstacles including parked cars • Tackling speeding vehicles that make walking unpleasant. • Cleaner streets • Improved cycle paths • Better lighting in public places <p>Feeling safe in public spaces – through visible police presence and enforcement relating to traffic issues and anti-social behaviour.</p>	<p><i>“Improve pavements and cycle lanes”</i></p> <p><i>“A nice town centre making a feature of the river”</i></p> <p><i>“put more benches around”</i></p>
<p>Digital exclusion/access to information</p>	<p>This mostly related to respondents being concerned about digital only options as a way of accessing services and information. It also included more general comments about information about what was available for people.</p>	<p><i>“I have access and experience of using online systems, but increasingly it seems this is the only option to be kept in touch, pay bills, access services, apply for permit etc.”</i></p> <p><i>“better publicity for what is going on if people don’t have access to social media”</i></p> <p><i>“Easy access to leaflet information. I don’t have a smart phone, and am not ‘teck savy’.</i></p> <p><i>“knowledge of available groups, services and community activities”</i></p>
<p>Feeling safe/police presence</p>	<p>Some wanted to see an increased police presence in their local areas in particular to combat anti-social behaviour:</p> <p>There was also reference to safer communities generally overlapping with ‘public realm’</p>	<p><i>“The town centres and streets need a police presence”</i></p> <p><i>“Safer and well maintained areas with a visual and interactive policing in ALL local areas”</i></p>

	theme about monitoring street parking and speeding traffic.	<i>“Make it a pleasure to be able to walk about freely not having to worry about drugs, and having to watch if people are ok”</i>
Ageism/respect/attitude	Comments made related to the attitudes towards older people and the need to challenge discrimination based on age.	<i>“Don’t just treat people by age – we ae still the same person we have always been – it is important to remember this”.</i> <i>“Reduction in age stereotypes, use of more positive language around ageing, because at the minute its appalling”</i>
Loneliness/isolation	Some expressions of the need to tackle loneliness and social isolation among older people. This was often linked to items above like improved transport, better open spaces, and more social opportunities for older people.	<i>“More community events to prevent isolation and loneliness”.</i> <i>“Isolation and loneliness is a common problem”.</i>
Better/more suitable housing	Reference to suitable housing options to help people stay independent and in their local area is they choose this. This could include sheltered housing and or appropriate housing types like bungalows.	<i>“Appropriate housing for older people to buy or rent”.</i> <i>“Support for independent living”</i> <i>“Better access to more suitable housing eg bungalows as people age but want to stay in their area”.</i>

Health and Care Services

Respondents were asked if they had accessed health or care services in the past 12 months.

Figure 9 Number of respondents reporting use of health and care services

Use of health and care services	Number	%
Yes – I have used health services only	346	78.6%
Yes I have used both health and care services/care services only*	51	11.6%
No	43	9.8%

*Merged due to small numbers

More than three quarters of respondents (78.6%/n=346) to this question had used only health services while 11.6% (n=51) had used either both health and care services or only care services.

Those who indicated they had used health services in the last 12 months were asked about their experience of them across a range of issues indicated in Figure 10. This is split out in Figures 11 and 12 to show the responses from those who rated their health as less than 7 in question 15 “How would you rate your health status on a scale from 0-10” (Figure 11) and those who rated their health as 7 or more (Figure 12).

Figure 10 Thinking about health services you accessed in the last 12 months, to what extent do you agree or disagree with the following statements?

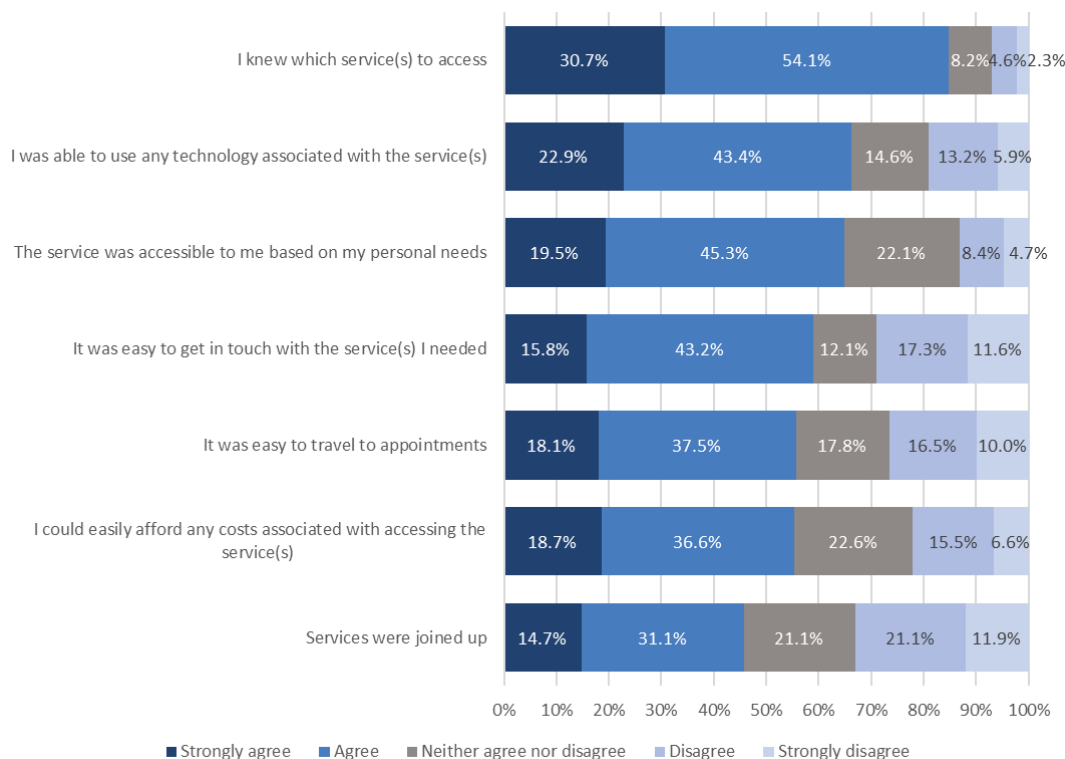


Figure 11 Responses from those who rated their health as less than 7 in the question how would you rate your health status on a scale of 0-10 who also answered the question thinking about health services you accessed in the last 12 months, to what extent do you agree or disagree with the following statements?

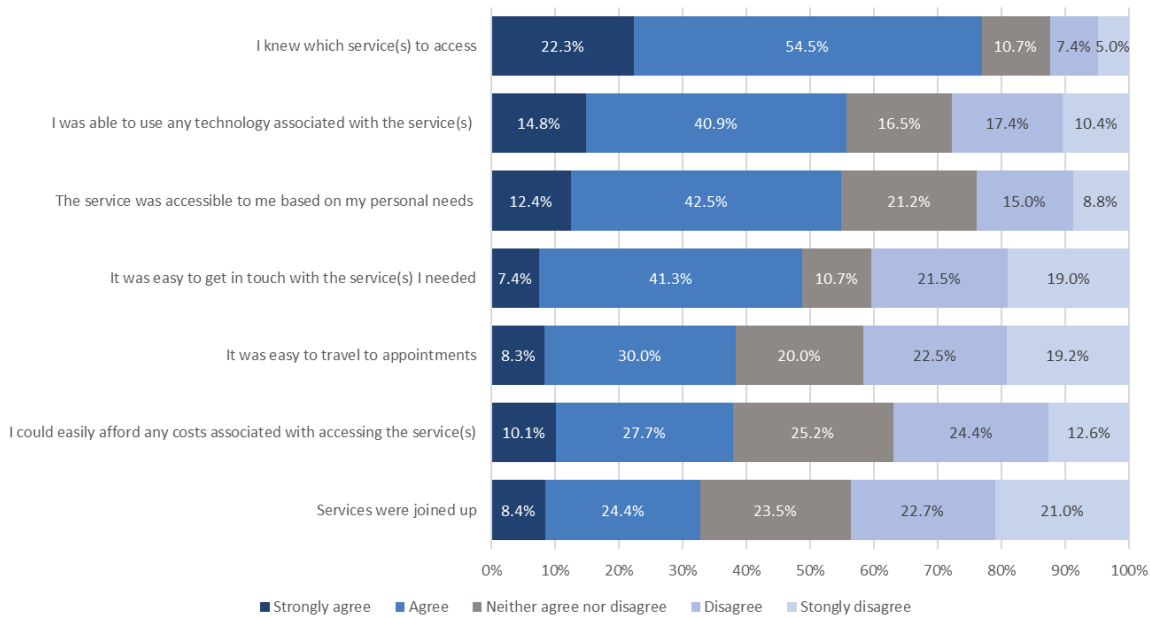
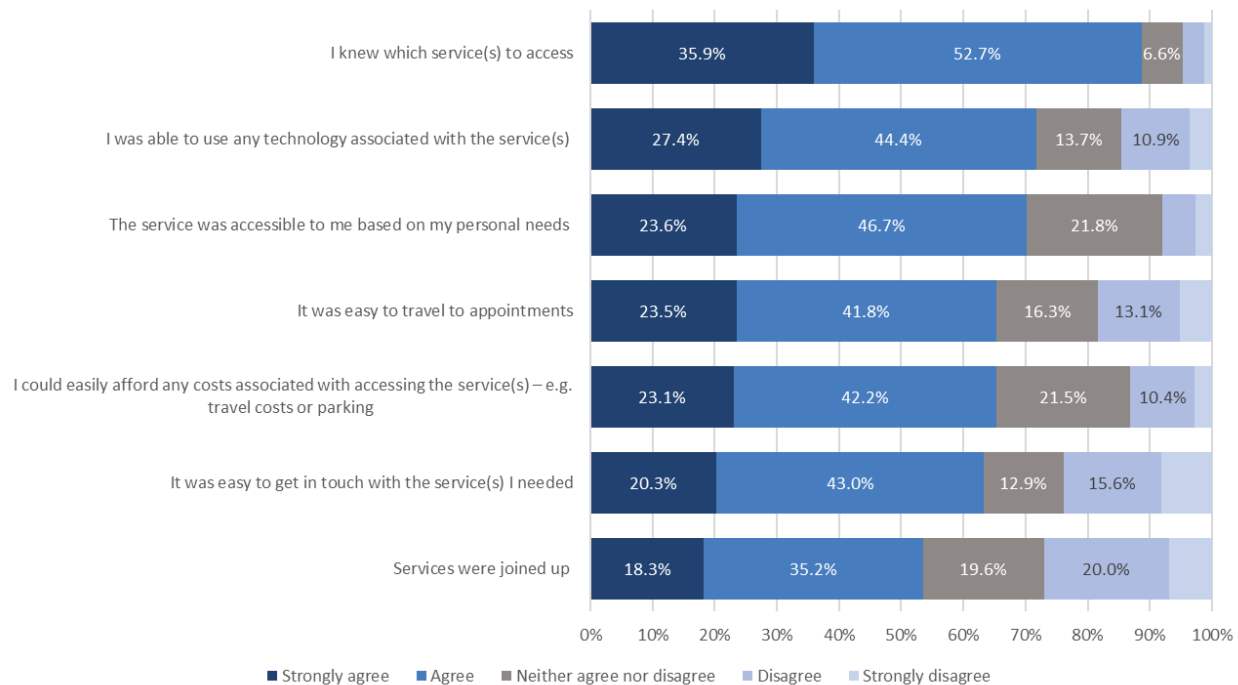


Figure 12 Responses from those who rated their health as 7 or higher in the question how would you rate your health status on a scale of 0-10 who also answered the question thinking about health services you accessed in the last 12 months, to what extent do you agree or disagree with the following statements?



From all responses in Figure 10, when asked about their experience of using health services, respondents were most likely to agree (strongly agree and agree) that they knew which service to access (84.8%/n=329). Three areas where respondents were less likely to agree with the statement offered were about how easy it was to travel to appointments (55.6%/n=212), being able to afford the cost of getting to appointments (55.3%/n=210) and how 'joined up' they experienced the service (e.g. referrals were straightforward) (45.8%/n=165). These areas of concern were reflected in the free text comments relating to this question – see Figure 13 below.

Figure 13 Would you like to provide any comments to explain your answers to the questions above - experience of health service.

Theme	Explanation	Examples for Illustration
Using GP services	<p>There were many comments relating to GP surgeries. Respondents often acknowledged the difficulties services were operating under, but access to appointments was a key issue. Broadly comments could be grouped as:</p> <p>Positive - relating to ease of access to appointments and referral systems working well. Some respondents happy with using technology.</p> <p>Negative comments mostly in relation to:</p> <ul style="list-style-type: none"> • Booking appointments including availability and method of booking including long waiting times on the phone in queue. • Lack of face to face appointments. • Access was or would be difficult without a car – several surgery closures/moves highlighted. • Referrals did not always go smoothly and communication between hospital and primary care did not always work well. 	<p><i>“my GP is excellent and phone appointments and face to face work well”</i></p> <p><i>“access for Doctor appointments is a nightmare. It can take hours to get through”.</i></p> <p><i>“Because I hear so much how difficult it is to access GP service I put up with health issues rather than seek help”</i></p> <p><i>“By the time you are offered a face to face appointment with your doctor you will either be dead or better.....when I do get through the service is exceptional”</i></p> <p><i>“Need to be able to see a GP face to face”</i></p> <p><i>“I find it difficult to understand electronic booking-in systems as I have poor eyesight’</i></p> <p><i>“What if someone does not have family to help?”</i></p> <p><i>“Could not obtain an NHS appointment with my GP. Being desperate used my</i></p>

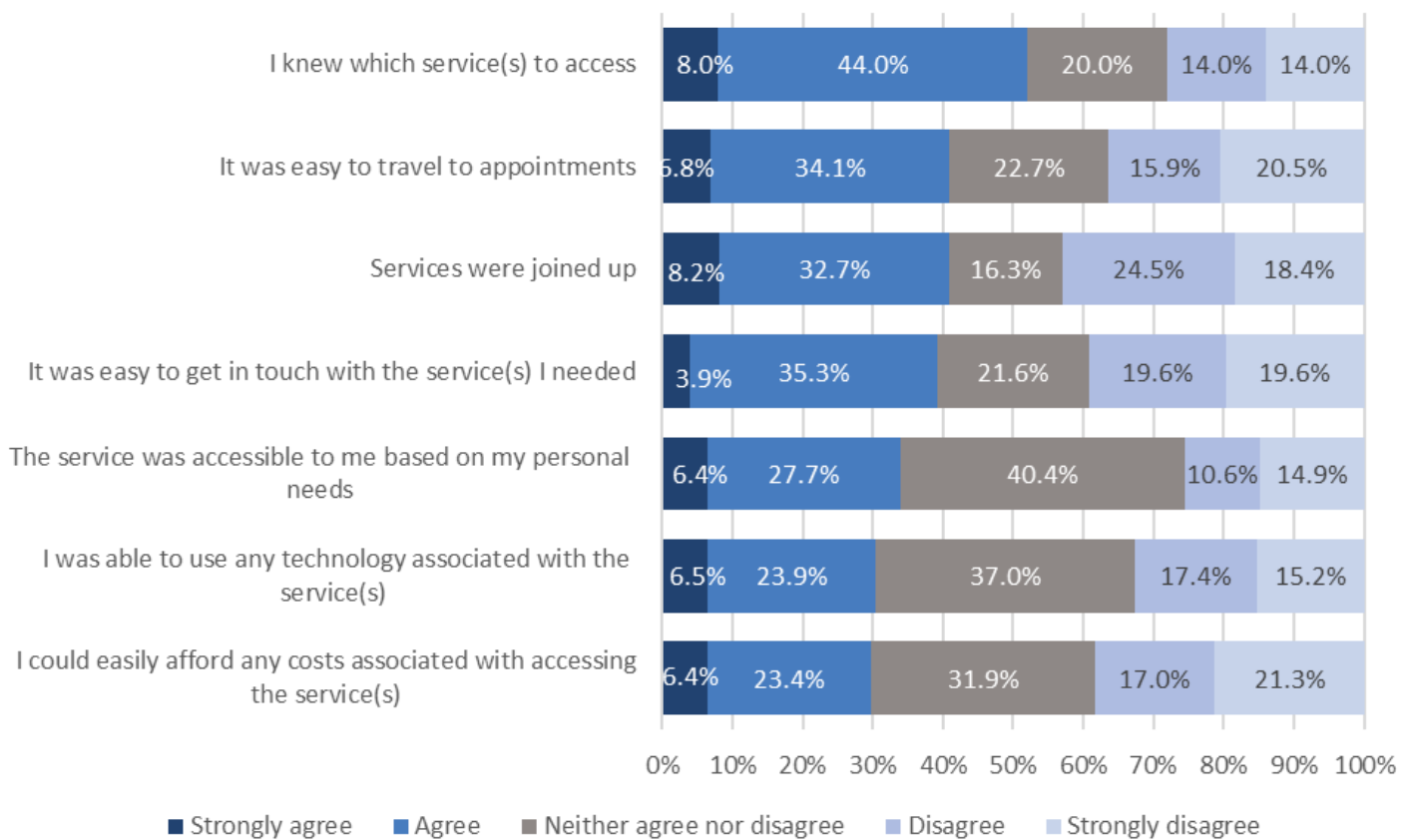
	<ul style="list-style-type: none"> Using a private GP in absence of NHS provision. Using A&E as alternative to GP appointment. 	<p><i>savings to see a doctor privately".</i></p> <p><i>"not one of the several GPs I had tel apts would see me but each advised me to go to A&E".</i></p>
<p>Hospital based services</p>	<p>There were both positive and negative comments;</p> <p>Positive Respondents were generally positive when referrals and appointments were made in a timely way, communication was good and they were able to access them via private or public transport.</p> <p>Negative this was mostly when the above did not happen. Respondents highlighted that:</p> <ul style="list-style-type: none"> Transport to hospitals was not always available or reliable. Communication/liaison with GP or other departments/hospitals was poor. Waiting times were sometimes long. Problems contacting hospital based services. Parking-insufficient, expensive, and stressful experience. A&E services were busier because of lack of GP access. 	<p><i>"Following GP appointment, I was referred for tests...these happened quickly and were easy for me to drive to".</i></p> <p><i>"most referrals to the hospital happen quickly"</i></p> <p><i>"I do drive at the moment, but I would be unable to get there if I didn't"</i></p> <p><i>"Transport to Warwick or Coventry hospital can be expensive if you have more than one appointment and it is more than 2hrs. I tend to use VASA though it is getting more difficult to book with them".</i></p> <p><i>"Not always reliable bus service"</i></p> <p><i>"Services were not joined up"</i></p> <p><i>"Long delays between appointments and referrals. Also follow up referrals have too many cancellations and need to be chased up to get a next appointment".</i></p> <p><i>"numerous hospital appointments cancelled"</i></p> <p><i>"Too many separate letters from different departments"</i></p>

		<p><i>who clearly don't "speak" to each other.</i></p> <p><i>"Excessive waiting times at Nuneaton A&E due to people unable to get GP appointments"</i></p>
Pharmacy services	<p>Respondents reported:</p> <ul style="list-style-type: none"> • Positive experience of local pharmacy services • Lack of access to pharmacy/chemist in a neighbourhood. • Issues with the prescription process – including long waits to collect. • Liaison with GP sometimes problematic resulting in problems with prescriptions 	<p><i>"The pharmacy is open and is great".</i></p> <p><i>"to pick up a monthly prescription involves one or two visits, queuing for up to 20 minutes".</i></p>
Dental services	<p>Several comments were made about the lack of NHS dentists.</p>	<p><i>"Disappointed that I have had to change dentist because the one I have been using for many years has now gone private only".</i></p> <p><i>"My dentist no longer supports nhs patients alternatives are difficult to find"</i></p>
Digital Exclusion/accessing services through technology	<p>Some respondents had a positive experience of using technology to access services. However, concern was expressed about increasing reliance on internet/technology to access many aspects of health care and the impact this may have on those unable to use the technology or who didn't have relatives or friends to help. Tasks impacted included:</p> <ul style="list-style-type: none"> • Booking appointments online at GP or making hospital appointments. 	<p><i>"My GP has an option for e-consult which is very simple to use and is excellent"</i></p> <p><i>"do not like digital age...we all don't have computers or would not know how to use"</i></p> <p><i>"Those without computers however tend to struggle with all health services".</i></p> <p><i>"I am reasonably good with technology but lots of my friends struggle as more and</i></p>

	<ul style="list-style-type: none"> • Checking in for appointments at a surgery or hospital appointment. <p>Telephone appointments for people with hearing loss.</p>	<p><i>more services rely on people having internet”.</i></p> <p><i>“I really feel that our older generation is being left behind with technology, and unable to access information”.</i></p>
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Respondents who had experience of care services were also asked for their agreement/disagreement to statements relating to care services.

Figure 14 Thinking about care services you accessed in the last 12 months, to what extent do you agree or disagree with the following statements?



There were considerably fewer respondents to this part of the survey (n=51) so some caution is required in interpreting the results. As with the health question, agreement was highest for ‘I knew which service(s) to access (52%/n=26) but levels of agreement were lower across all items in this question set when compared to people’s experience of health services – see Figure 14. For example, ‘services were joined up’ in relation to care has the third highest agreement score at 40.9%. The same item regarding health services was the least agreed with statement but still scored higher at 45.8%. This suggests that the care sector may be more difficult for people to navigate generally with lower levels of overall satisfaction. The lowest agreement

scores were for the use of any technology associated with the service(s) (30.4%/n=14) and 'easily afford the cost' (29.8%/n=14). This likely reflects the different financial arrangements of health and care with the later more likely to be a paid for service compared with health care free at the point of use.

A limited number of comments were made in relation to care services experienced by respondents. These included:

- Difficulty navigating the care system.
- Long waiting times prior to accessing a service e.g. delivery times for equipment
- Communication difficulties with service providers/calls not returned/lack of consistency.
- Preference for face to face contact and reference to lack of internet access by some people.

Respondents were further asked if there were other services (not limited to health and care services) that would support you to live a longer, happier, and healthier life.

Figure 15 Are there any services (not limited to health and care services) that would support you to live a longer, happier, and healthier life

Theme	Explanation	Examples for Illustration
Physical Activity	<p>Many respondents discussed the opportunity to participate in physical activity. The main themes within this were:</p> <ul style="list-style-type: none"> • Availability of exercise groups, classes, activities and equipment • Access to physical activity opportunities • Cost of participating in physical activity • Suitability of physical activity for older adults 	<p><i>"Fitness groups for older people. Unless you have been in a gym all of your life you are not confident in going as an older person."</i></p> <p><i>"Very few exercise classes available. The local pool has no public transport access and is cold"</i></p> <p><i>"Physical activities appropriate for older adults at each life stage Exercise classes seem to be full-on or chair exercises - nothing for the in between"</i></p> <p><i>"Some sort of online exercise class that's accessible and easy to navigate"</i></p> <p><i>"Would like easy access to affordable exercise classes"</i></p> <p><i>"Being offered free day or heavily discounted membership to gyms."</i></p>

<p>Healthcare</p>	<p>Healthcare was another commonly reported topic and were grouped into the following main themes:</p> <ul style="list-style-type: none"> • Hospital <ul style="list-style-type: none"> ○ Availability of appointments and services ○ Access to services • General Practice <ul style="list-style-type: none"> ○ Access including consultation type and physical access ○ Availability of appointments ○ Quality of service/holistic approach • Availability of NHS dental services • Availability of other healthcare services • Access to an annual health check up 	<p><i>“To have more outpatients appointments at St Cross.”</i></p> <p><i>“It would be good for the Ellen Badger to have more diagnostics when it opens as well as beds etc for simple surgeries. Warwick Hospital is a good journey away”</i></p> <p><i>“More face to face GP not phone”</i></p> <p><i>“A local doctor’s surgery. We go 2/3 miles to ours.”</i></p> <p><i>“Good quality GP services, that treat the whole person, not just the symptoms presented.”</i></p> <p><i>“A local NHS dentist would be nice.”</i></p> <p><i>“A local hub, that enables support and advice regarding access etc with hospital and other appts.”</i></p> <p><i>“Regular health check. Not waiting for something to go wrong.”</i></p>
<p>Transport</p>	<p>Respondents suggested improvement of existing transport services as well as made suggestion on possible new services:</p> <ul style="list-style-type: none"> • Availability and regularity of services • Access to transport • Cost of services 	<p><i>“Better bus services especially later in the evening. I cannot attend anything in the evening without a car.”</i></p> <p><i>“Public transport up to the door of the local leisure centre is becoming more necessary as my mobility reduces.”</i></p> <p><i>“Ring and ride service either free or minimal cost”</i></p>

	<ul style="list-style-type: none"> • Transport supermarkets community groups 	<p>to or</p> <p><i>“Better bus and rail links and the extension of the concessionary pass to cover the rail services in the whole of the Midlands”</i></p> <p><i>“In some areas volunteer transport provide transport to go to the supermarket”</i></p> <p><i>“Access to groups who organise day trips on behalf of older people. example, if you don't have a car how would you get to Coombe Abbey, Ryton Pool Country Park or Draycott Water. Excellent places for 60 and 70 year olds but not accessible without transport. If transport was available one day per month and it was well advertised I think people would use it, all have cafe's available.”</i></p>
<p>Support</p>	<p>Support in various forms was a common response. This included support for:</p> <ul style="list-style-type: none"> • Carers including respite options • Single person households / those suffering with loneliness • Bereavement • Mental health • Dementia • Home visits for older adults • Faith (provided by religious groups) 	<p><i>“Support for carers of dementia patients to have a break for a couple hours/week that is affordable.”</i></p> <p><i>“Maybe a service where a lonely person could have a visit from somebody for a chat or to be picked up and taken to social activities.”</i></p> <p><i>“Local support for the bereaved, widows AND widowers.”</i></p> <p><i>“Mental health support is sadly very lacking.”</i></p> <p><i>“More faith support and not formal distant support like often given by CofE. More support from the Methodist Church would be good”</i></p>

	<ul style="list-style-type: none"> • End of life discussions 	
Community Groups	<p>Respondents discussed the availability of, access to, community groups for older adults.</p> <p>There was recognition that groups exist</p> <p>There were suggestions around formal community groups as well as just a physical place to socialise with others.</p>	<p><i>"A proper community centre providing a range of facilities 7 days a week."</i></p> <p><i>"Easier to find, and more provision of, daytime social activities for those of us who live alone and have our own transport but cannot access opportunities to meet people and take part in social activities."</i></p> <p><i>"Those providing joy and companionship - eg gatherings at places where activities (or just conversation) are available."</i></p>
Local Environment and Infrastructure	<p>Safety and accessibility in the local environment was a priority for some respondents.</p> <p>Investment in the local environment and infrastructure was also a common theme</p>	<p><i>"More benches to help go out for walks."</i></p> <p><i>"Ability to walk outside home on pavements with no cars parked or bikes/e-scooters being ridden."</i></p> <p><i>"Safer walking routes beyond the town centre."</i></p> <p><i>"More seating areas. More public toilets. Bus drivers to ensure we are seated, before taking off at speed. More areas where we can access anti bacterial hand gel"</i></p> <p><i>"Inward investment in the rural economy/community not just more houses"</i></p>
Engagement and Digital Access	<p>The way that services are advertised and consulted on was mentioned. This included:</p> <ul style="list-style-type: none"> • Experiences of engagement 	<p><i>"I've spoken to elected members about it and the response is, frankly, facetious. I was not taken seriously."</i></p>

	<ul style="list-style-type: none"> • Suggestions about how older adults should be consulted/engaged with • Digital access creating a barrier to interaction with services • Targeted services to increase engagement with underserved groups 	<p><i>"Please consult older people when you commission services"</i></p> <p><i>"I think to stop advertising things are for 'old people'. Even people who are 85 don't want to think of themselves as old. Use friendlier terminology for activities etc to make inclusive to all."</i></p> <p><i>"Better communication of what services/activities are available"</i></p> <p><i>"More physical paper information leaflets, as I am being left behind, by not being able to access information."</i></p> <p><i>"Central resource for advice - must be heavily advertised. Not everybody is on social media, including some of the most sophisticated online users (who likely have good reason!)."</i></p> <p><i>"I have been forced to get a smart phone JUST to park my car."</i></p> <p><i>"To have an Internet cafe where others who are not residents could pop in."</i></p> <p><i>"More services targeted on ethnic minority communities to increase their understanding and get them more involved in activities hat culturally sensitive to their needs rather than activities the host community likes to do"</i></p>
<p>Education and advice</p>	<p>Respondents were keen to continue learning and asked for educational opportunities and accessible sources of advice</p>	<p><i>"advice on health living sessions."</i></p>

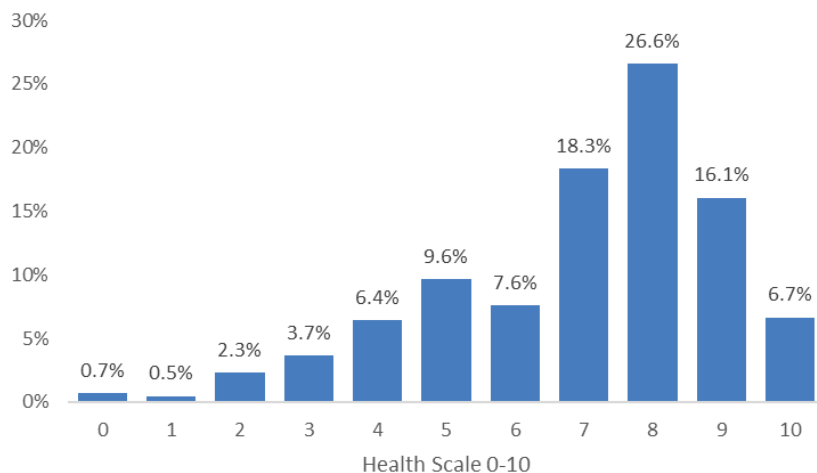
	<p>Some respondents were particularly interested in healthy living and/or nutrition advice</p>	<p><i>“maybe regular talks held at surgeries on different health topics that people can sign up to learn more about their own condition or on behalf of a member of their family”</i></p> <p><i>“Development of comprehensive adult education centres/units for older people. Possibly run on same lines as youth centres.”</i></p> <p><i>“Relearn or learn cycling for elderly which is available in Stratford and Nuneaton.”</i></p> <p><i>“Healthy eating/cooking classes.”</i></p> <p><i>“Classes for nutritional support.”</i></p>
<p>Housing</p>	<p>Housing and housing upkeep was highlighted and included:</p> <ul style="list-style-type: none"> • Availability of suitable accommodation for older people • Help with home adaptation • Availability and advertisement of home repair services 	<p><i>“I'd prefer more smaller housing-units to be available for older people possibly with regulated/organised well-being checks as in 'Community Housing'.... there seems to be very little between living at home and being in care. I've seen it happen to older family long before it needs to, simply because there's no intermediate level of care/stewardship of oldies who simply move/think slower but could stay independent with enough support that isn't institutionalised care home level.”</i></p> <p><i>“Help contacting Housing Association to get jobs done & suitable bathroom”</i></p>

		<p><i>“Availability of lists of approved builders, plumbers, electricians, gardeners, etc. would be helpful.”</i></p>
<p>Social and care services</p>	<p>Increasing the availability/accessibility to, and reducing cost of, care homes, respite care and care services was noted.</p> <p>Improving the support provided by social services was also mentioned.</p>	<p><i>“A care home in Henley in Arden so that residents do not have to move out and therefore their partners need transport to visit them.”</i></p> <p><i>“Home help/care more reasonably priced or recognise value of carers in preventing local authority in incurring extra cost.”</i></p> <p><i>“What I really do worry about is the next 10 years and the severe lack of social care services available. I do not own property and I do not have savings - where will I go, how will I be treated, what will happen to me? I do not have a family network. This is my biggest worry and barrier to living a longer, happier and healthier life.”</i></p>
<p>Integration and funding of existing services</p>	<p>Respondents suggested better integration of existing services and/or better communication between various services.</p> <p>There was recognition that services exist but are perhaps underfunded.</p>	<p><i>“I am beginning to think that there are many services out there that are supported by WCC but appear to work in isolation, when there needs to be a more joined up approach.”</i></p> <p><i>“There is a lack of connection between health authorities in this area. Being treated by the QE hospital group, information request to my Alcester GP, appears get lost in the system.”</i></p> <p><i>“The services exist but often underfunded!”</i></p>

Health Status Rating

Respondents were asked to rate how they felt about their current health status on a scale of 0-10 (where 0 was the worst and 10 the best)

Figure 16 How would you rate your health status on a scale from 0-10



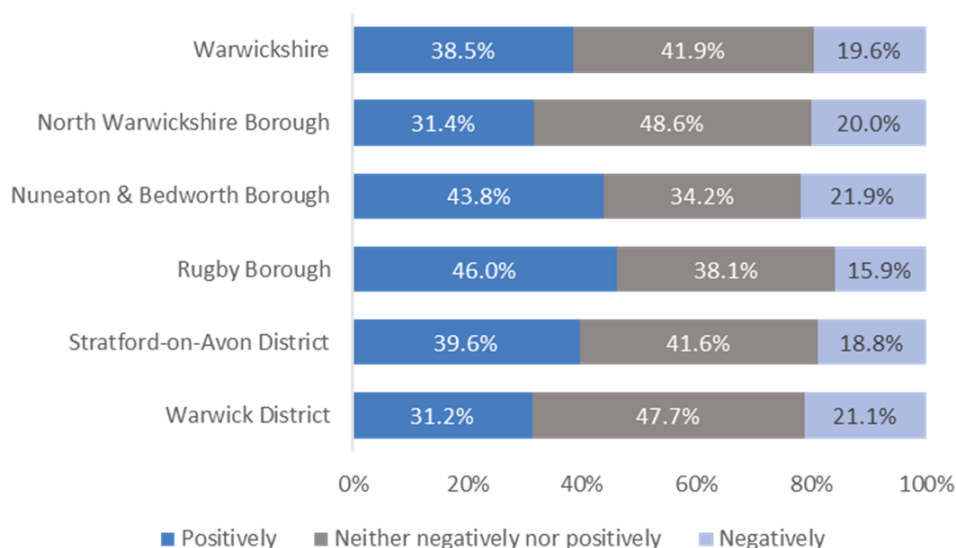
Almost half (49.3%/n=215) of respondents, when asked about their current health status, assessed themselves as 7-10 on the scale. Some 3.4%(n=15) of respondents rated their health in the bottom 3 options (0-2).

Views on ageing

Older people and other age groups

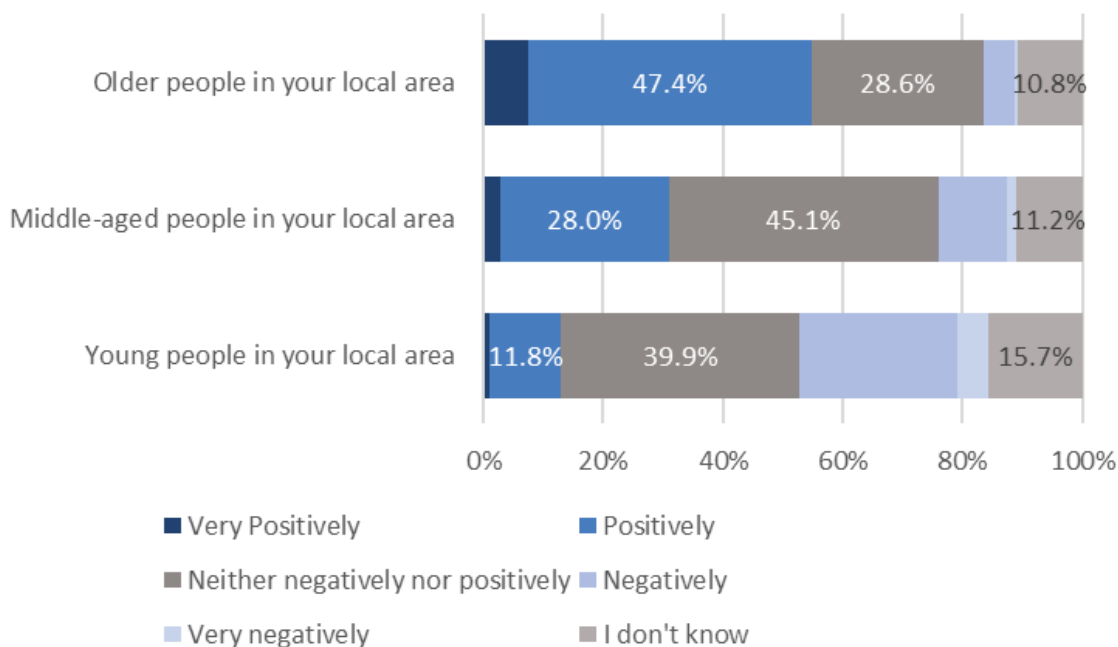
Asked about their own view of the ageing process, respondents overall were more likely to indicate they viewed it neither positively or negatively (41.9%/n=182). However, respondents were more likely to have a positive perception of ageing (38.5%/n=167) when compared to those with negative views (19.6%/n=90)

Figure 17 Overall, how do you view the process of ageing?



Respondents were also asked how they thought people in different age groups viewed older people.

Figure 18 Overall, how do you think older people are viewed by the following groups?



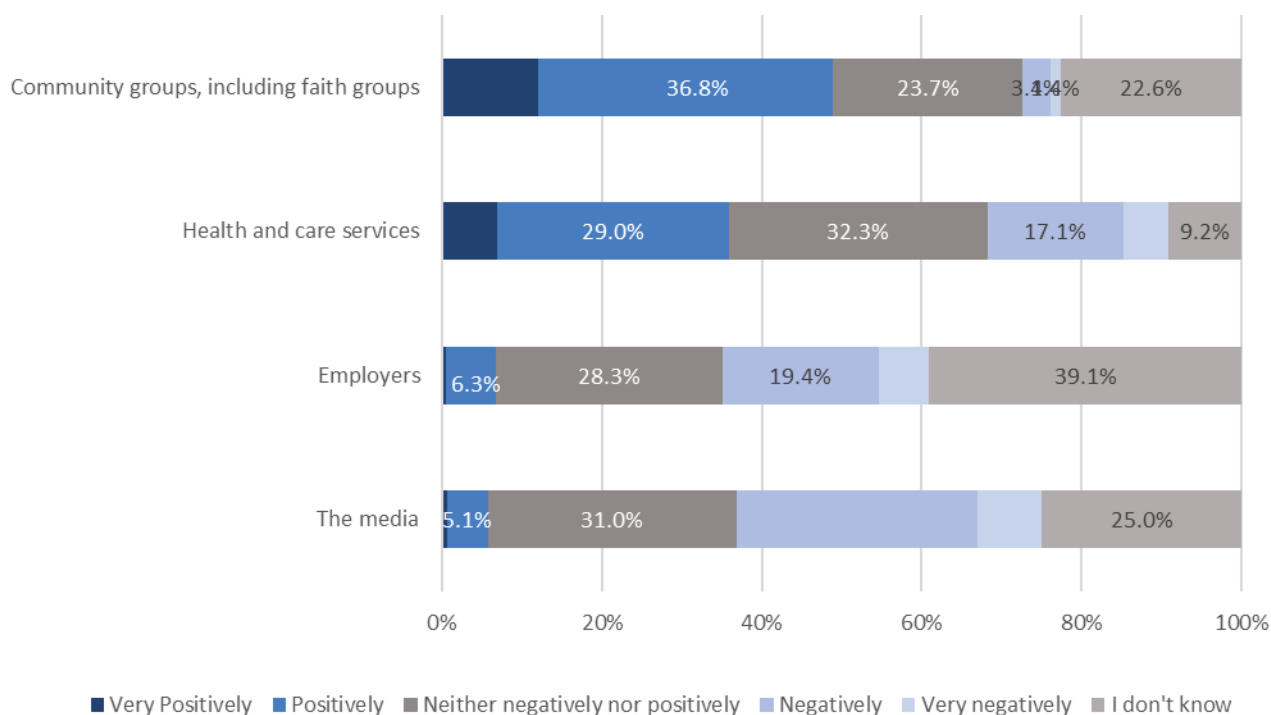
For both younger people and middle-aged people, respondents were most likely to think older people were viewed neither positively or negatively (young people 39.9%/n=175) and (middle-aged people 45.1%/n=98) by these age groups. Respondents were more likely to think middle-aged people held a more positive view of them (31%/n=136) compared to young people who they thought were least likely to hold positive views of them (12.9%/n=57).

Survey respondents were most likely to think other older people held positive views about older people. Over half of respondents (54.9%/n=240) thought older people in their area were likely to hold positive views about other older people although just over a quarter (28.6%/125) of respondents felt older people were viewed neither positively or negatively by other older people.

Other group views on ageing

Respondents were asked what they thought other groups' views were on ageing and asked to assess them on a scale of very positive to very negative.

Figure 19 Overall, how do you think older people are viewed by the following groups?



The group identified as the most positive (very positive and positive) towards older people was community groups, including faith groups (48.9%/n=214) while employers (6.8%/n=29) and the media (5.8%/n=25) were thought to have the least positive views about older people. Health and care services were perceived to be more positive than employers or the media but still just over 2 in 5 respondents (22.6%/n=98) viewed them as either negative or very negative towards older people. A notable number of respondents chose either 'neither negatively nor positively' or 'I don't know' in response to this question suggesting that firm opinions about how older people were viewed by some groups was quite uncertain.

Following questions about how older people felt they were perceived by other age groups and different sectors, respondents were asked to comment and expand on their answers relating to how older people were viewed by society.

Figure 20 Why did you give the answers you did to questions 16 and 17? - ageing views

Theme	Explanation	Examples for Illustration
Community	<p>Many respondents mentioned aspects of their communities, highlighting areas such as:</p> <ul style="list-style-type: none"> Living in a supportive community Having strong community relationships/having friends and family close by 	<p>'Most local people are very good to older residents, there are groups that offer social support.'</p> <p>'My village has an active self-support for older community members. Run by pensioners for pensioners. They do an amazing thing by giving the older residents a great social life in an essentially</p>

	<ul style="list-style-type: none"> • Being part of religious communities and the benefits of this • Partaking in community groups and activities <p>Some respondents raised issues about the availability of community groups and their accessibility.</p> <p>A lot of respondents mentioned about the age split within the community – majority of the comments were negative, and the remainder were split between mixed and positive.</p>	<p>isolated village with little or no remaining services.’</p> <p>‘There are a lot of people in the local community who are volunteers, running clubs, the community centre, the community library, the Heritage centre and so on.’</p> <p>‘My church supports my spiritual and emotional needs and encourages me to reach out and support others’</p> <p>‘People look to providing young people with opportunities, mental health support and access to leisure so older people just get pushed to one side.’</p> <p>‘There are no community groups unless we are willing to travel to neighbouring villages.’</p> <p>‘Young people have their own agenda as well they should. But they ignore my saying good morning to them when I am out walking which makes me feel sad’</p> <p>‘young people impatient & inconsiderate in the street. generally, no recognition of things taking a bit longer, memory, mobility etc deteriorating, energy reducing.’</p> <p>‘Would love to see younger people being encouraged to adopt older citizens in the community re technology.’</p>
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		<p>‘I think society has changed vastly over the years and older people are often afraid of younger people’</p> <p>‘There needs to be more integration between older and younger people. Youngsters need that collaboration with older people to gain a perspective on aging and the contribution older people have made to their lives.’</p>
<p>Healthcare</p>	<p>There were mixed responses from the respondents when discussing healthcare, however there were more negative experiences than positive ones mentioned. Comments included issues such as:</p> <ul style="list-style-type: none"> • Experiencing ageism • Not being treated in a timely manner • Access to GP appointments <p>A few of the responses included support for healthcare and service provision detailing how their health needs are being met and the support they receive from their local GPs/pharmacists</p> <p>‘Access to healthcare’ was the most common theme throughout these responses, with mentions of ‘feeling like a burden’ as well as difficulties for carers/cared-for’s accessing healthcare.</p>	<p>‘We are depicted by health, care and the media as being dotty or ill--and a burden to all those we come into contact with. I can't relate how many times I have been told by health--well, it's just because you are getting old--what would that make you feel like!!!’</p> <p>‘I have a life-threatening heart condition that is not being treated effectively or in a timely manner, despite the operation being available.’</p> <p>‘I have experienced ageism in several situations, particularly in health care.’</p> <p>‘Health and care services think we are a drain on resources and sometimes push us to one side because of age.’</p> <p>‘Our local pharmacist is brilliant and very helpful towards the elderly.’</p> <p>‘Though I have a chronic heart condition and diabetes I think that these are being managed well with the help of very local community health services’</p>

		<p>'I rarely get face to face appointments with my GP. In fact I didn't meet him for the first 2 years of living here, despite needing to.'</p> <p>'Access to a GP shouldn't take 2 - 3 weeks!'</p> <p>'Just feel health care especially feel like unless you are contributing to society by working you are more trouble than you worth'</p> <p>'My husband struggles to access health services particularly because of the need to be more technologically aware'</p> <p>'I am scared about getting older because of the increased risk of poor health, and my fear that access to adequate health care and social care will be insufficient. Health and social care in the UK is in crisis already, and I'm afraid of the future.'</p> <p>'Carers find it hard to come out to villages as they often do not get travel expenses.'</p> <p>'our society is relying on people like me to look after their own partners who have some form of mental health issues, particularly dementia.'</p>
<p>Employment</p>	<p>Some of the respondents referred to employment when expanding on their answers, highlighting both positive and negatives such as:</p> <ul style="list-style-type: none"> • Access to employment opportunities 	<p>'In reality, there are so many jobs that could be done by older, maybe partially disabled, people who have a good work ethic and would enjoy the challenge and interaction with others during a working day. It just takes a bit of imagination and willingness to adapt their mindset by the employers.'</p>

	<ul style="list-style-type: none">• Experiencing ageism• Feeling unstable in the job and their age increases• Feeling well valued by their employer.	<p>‘It is our ability to compete in employment markets which is diminished. More short term and very part time jobs would assist our positive self awareness and continuing positive recognition by our communities.’</p> <p>‘There’s not help getting employment for my age Local employers don’t want older people’</p> <p>‘Employers still have not caught up with the fact that people have to retire later now and that older people are generally more reliable in the workplace.’</p> <p>‘There are definite negative attitudes in general to older people but I am lucky in that I am employed by an organisation which recognises older people’s skills and experience’</p> <p>‘I have had nothing but positive comments from my employer and colleagues about my work (I’ll be 70 next year and have not yet decided whether to retire). Working from home the majority of the time makes this easier and more appealing.’</p> <p>‘The part time job started when I had just become 70 years of age, so I am pleased with my employer for allowing me this opportunity.’</p> <p>‘As the state retirement age has risen I feel as an older employee that has health issues my position</p>
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		could be become more vulnerable.'
Attitude towards ageing	<p>A large amount of the responses included an opinion about ageing (due to first question asking about the respondent's attitude to ageing). However, there was a wide variety of responses from people including:</p> <ul style="list-style-type: none"> • Very positive attitudes • Impartial/neutral attitudes • Mixed views – some with positive arches but future concerns regarding health or finance for example • Negative attitudes • Very negative attitudes • Attitudes expressing feeling dismissed, patronised and/or invisible • Experiences of ageism • Expressing financial concerns • Feeling 'rushed' in day-to-day life or like a 'nuisance'. <p>There was one response expressing a desire for healthy lifestyle education for people of all ages.</p> <p>Have provided a variety of quotes here due to the large amounts received for each of the aforementioned themes.</p> <ul style="list-style-type: none"> • Positive (35) • Negative (29) 	<p>'I am positive about ageing as retirement will just be another different part of my life.'</p> <p>'Ageing is a part of life and if we live longer healthier then its good - we get to enjoy our future generations - children, grand children etc. so its positive.'</p> <p>'To my big surprise I never felt more content than now that I'm 70! I feel settled and know what I want and have and love where I live.'</p> <p>'On a personal level I view ageing as positive as I am in control and at the moment independent with an income so it feels positive going forward.'</p> <p>'I am very positive about ageing as I am still working part time and intend to as long as I am able. I think older people are more positive to one another as they view themselves as being in the same group of people'</p> <p>'I am fairly positive about ageing but this is overshadowed by fears for the future as I have no family to provide care and support should my health fail.'</p> <p>'Aging is part of life which I accept so I view aging as neither negative nor positive.'</p> <p>'The ageing process is inevitable. I can't really say I am looking forward to the prospect of getting</p>

	<ul style="list-style-type: none"> • Neutral (21) • Feeling dismissed/invisible (28) • Financial concern (7) • Feeling like a 'nuisance' (4) • Total - 124 	<p>old but I don't want to think negatively about it as I can't help it.'</p> <p>'There are definite pros and cons to ageing, but it is very important to keep active both physically and mentally'</p> <p>'Getting older is not great ! Often feel ignored and sidelined but I take the view that it's up to me to try and get involved in things, try to keep fit and manage my health conditions, fortunately I am able to do this.'</p> <p>Perceptions still linger from when old people were considered a burden on society. The opposite is true in that many older people volunteer enabling those at work to focus on their work. We all get older, it's just recognising it'</p> <p>'Generally getting older has many advantages - leisurely life style, freedom, choice BUT when a problem occurs it seems to so much more different to sort it out.'</p> <p>'There are few positives to ageing in a society which does not value age, does not aspire to have older people at the heart of decision making, at the heart of activities.'</p> <p>'getting older sometimes doesn't look very positive when one considers possible ailments as we get older - joint pain, dementia, loss of hearing, sight etc.'</p> <p>'For many people who are middle aged they are looking after older</p>
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		<p>family members with little/no support. whilst ageing themselves, so they may not feel so positive.'</p> <p>'I hate the idea of becoming frail and immobile and am nervous about the cost of care as would not qualify for free care.'</p> <p>'I don't feel that people over 60, most of whom are still working full-time, are 'seen' by others as valuable; women, in particular, seem to 'disappear' and become invisible'</p> <p>'It is also not as financially stable for people approaching retirement as it may have been some generations ago. So I am concerned about ageing from a financial and health perspective.'</p> <p>'Mentally I am still astute but physically I am slowing down, this results in tutting and sighing from people I hold up or delay. Fumbling with coins when my hands are cold, I have experienced eye rolling.'</p>
<p>Autonomy</p>	<p>Some of the responses mentioned the importance of autonomy. These included themes such as:</p> <ul style="list-style-type: none"> • The ability to have autonomy due to being in good health • The impact of disability on an individual's autonomy • The importance of keeping active and having a wide range of interests and activities 	<p>'I am lucky to currently have good mental and physical health which allows me to take part in a wide range of activities'</p> <p>'I take the view that it's up to me to try and get involved in things, try to keep fit and manage my health conditions, fortunately I am able to do this.'</p> <p>'I am disabled and cannot get out I spend 12 hours a day on my own when my husband is at work. I don't go out unless it is a healthcare appointment therefore</p>

		<p>I never see anybody or interact with anyone.'</p> <p>'Although I live on my own, I have done so for most of my adult life. I like my own company and can cook. I have many interests both academic and non-academic. I keep busy.'</p> <p>'I have enjoyed my long retirement period and managed to do interesting activities and adventures. My interest in sciences keep me knowledgeable about the future, unlike most of my acquaintances who enjoy activities associated with the past. There is a freedom in having time to study nature or to do nothing much. Ill health and personal concerns are a growing concern but have to be faced. I'm not particularly concerned how others view me, perhaps because I'm now really old.'</p> <p>'I work to improve my physical fitness through, yoga, circle and ballet dancing. My church supports my spiritual and emotional needs and encourages me to reach out and support others in the community and my volunteering through Barnardos helps me give something back to the broader community.'</p>
<p>Views on society</p>	<p>Some respondents commented on their perceptions of society and how this impacts the ageing population.</p> <p>There were very few positive responses compared to majority being quite negative.</p>	<p>'Society is moving away from it being user friendly for older people with so much online. bring back some great shops into town centres, We want to carry cash and pay in cash'</p>

		<p>‘Society dismisses older people as no longer useful once they retire. Baby boomers are seen to have it easy when in reality it varies.’</p> <p>‘We are a very ageist society.’</p> <p>‘We are a society which values youth and perceived vitality, not wisdom. Value of an individual relates to current financial contributions to society, with a side glance at "entertainment value"’</p> <p>‘Just feel, health care especially, feel like unless you are contributing to society by working you are more trouble than you worth’</p> <p>‘I Feel that generally we have lost something as a nation . i.e. good manners. Respect, being polite. This seems to manifest itself in the younger elements of society..’</p> <p>‘I find if you give a smile you usually get one back - whatever the age of the other person.’</p> <p>‘I think in this age people are far more tolerant of the elderly’</p> <p>‘As we are an aging population we represent more and more of the community and I find in general most people are considerate. Employers are slowly recognising with the state pension age increasing more and more people need and want to keep working.’</p>
<p>Services/Local amenities</p>	<p>A small group of the respondents included thoughts on the local amenities and services available.</p>	<p>‘I don't have a car and I don't like to go out after dark in case I get attacked, so getting enough food into the house to feed a family of 6 is difficult with little money and no</p>

	<p>4/5 responses were regarding access and the fifth mentioned language as a barrier.</p>	<p>supermarket within walking distance to me.'</p> <p>'The town is a no go area for me at night. This stops me using the theatre especially if they close the car park due to anti social behaviour.'</p> <p>'I am not sure that all groups are catered for.'</p> <p>'It's difficult to navigate around services if English is not your first language'</p>
Housing	<p>There were only two comments expressing concerns about housing, but both were quite negative and both regarding access to affordable, appropriate housing</p>	<p>'The Generation divide is also a wealth divide. The older generation was able to leverage secure employment and a low cost multiplier to acquire houses that the Younger generations cannot.'</p> <p>'Because new housing needs to be more bungalows'</p>
Media (including social) – Negative experiences	<p>One of the questions asked people to respond to the medias attitudes to the ageing population. 26 respondents expanded on this issue directly and every single one of them was negative.</p>	<p>'Re the media, some channels like to stoke up aggravation between the young and the elderly.'</p> <p>'The "bed blocking" type terms used by NHS, media and society - I loath those kind of references to elderly patients in NHS beds - they are a patient its an occupied bed!'</p> <p>'the media always target younger people - older people are poorly represented.'</p> <p>'Media rarely show positive aging role models and stories'</p> <p>'The media doesn't support growing old gracefully, healthy and happy - it's all about the young/middle aged and how Baby Boomers (me!) are well off retirees</p>

who live their best life with no thought to those younger; nothing could be further from the truth.'

'I have personally experienced and seen in the media ridicule of the older person.'

'The media are terrible. If someone is in the news the press always feel the need to comment on someones age, they cant help themselves. You wouldnt say 'a black man ...' but they are happy to say 'a 68 year old woman...' - it should be irrelevant so why mention age at all.'

'I think there is a generational war being promoted in the media with older people being viewed as having had an easy and affluent life (I wish!) and now living a self indulgent existence while younger people struggle. It also tends to promote the view of older people as being a drain on society and on the health services, yet I am busy doing voluntary work in my retirement like a lot of people I know.'

'The media are always portraying older people negatively and other organisations. For example you cannot hire a vehicle once you reach age 70. This is discrimination as DVLA still stay you are fit to drive. The media seem to want to wipe all older drivers off the road not thinking about how the younger drivers have more accidents as per the statistics.'

<p>Transports</p>	<p>There were few mentions of transport or transport related issues in the responses.</p> <p>Of the few that did mention anything, the themes were:</p> <ul style="list-style-type: none"> • Parking and being unable to do this because of non-residents • Cyclists using pedestrian pavements • Fear of isolation if the ability to drive is lost 	<p>‘We can't park outside our own property because of non-residents parking there to visit other areas of the town.’</p> <p>‘There is no respect on the pathways from cyclists who believe it is their right to cycle wherever and how fast they want to on the pavements. Additionally, some drivers have no respect for parking and restrict access to people's driveways causing great difficulty in accessing the public highway safely from their own homes.’</p> <p>‘I have time and a fair income but as I am ageing I have more health problems. I have use of a car but once I can no longer drive I know I will be quite isolated in the village as buses are so infrequent.’</p>
<p>Digital exclusion</p>	<p>A few of the responses touched upon the difficulties that come with technology becoming more prevalent. They raised issues around:</p> <ul style="list-style-type: none"> • Accessing healthcare via online booking systems • Booking an online appointment for the tip • Online banking • Small buttons on remote controls providing difficulties for those with mobility issues • The societal move towards technology and how this does not acknowledge the difficulties it creates for 	<p>‘My husband who has various health complications and is in his 70s find this more difficult and certainly struggles to access health services particularly because of the need to be more technologically aware - which he isn't. The need to use online services such as appointment booking only happens because of me.’</p> <p>‘I think older people are viewed quite negatively across society. They are excluded from so many things where access is via an app on a smart phone. Eg - taking rubbish to the tip, something so simple for most but can be a challenge for older people who don't have someone to help them. Buttons on remote controls are tiny - can be an issue for older people with mobility issues or sight issues. Banking is</p>

	<p>those who were not part of the tech generation</p>	<p>mostly done on line - again can be difficult for older people and they don't want to share any details'</p> <p>'society is moving away from it being user friendly for older people with so much online.'</p> <p>'It's a big step to take for those who were not part of the computer generation, to master the technology and use it for every facet of life, it seems. More age specific programming would be nice.'</p>
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Finally, respondents were asked if they was anything else they would like to comment on. These comments are summarised in Figure 21 below.

Figure 21 Is there anything else you'd like to tell us - good or bad- about your experiences of growing older in Warwickshire?

Theme	Explanation	Examples for Illustration
<p>Services</p>	<p>Many respondents gave concerns on the service provision within Warwickshire, particularly highlighting:</p> <ul style="list-style-type: none"> • Difficulty in access. • Concerns about capacity. • Provision for end-of-life care. • How services can be more engaging to older people. • Impact of COVID-19 on accessing services. • More support for carers. <p>Some respondents did praise services, including:</p> <ul style="list-style-type: none"> • The ambulance service. • Community health support. • Good support by the healthcare system. 	<p>"The difficulty in accessing to primary care is worrying, as you cannot get illnesses assessed or prevents."</p> <p>"More free care services are needed for older, disabled people."</p> <p>"The big problem is the inadequacy of services for those with dementia."</p> <p>"Social services for emergency domiciliary emergency care is almost impossible to obtain and the services seems to be in crisis."</p> <p>"My wife and I are worried about the services such as medical, doctors surgery waiting times and transport if we are no longer able to drive."</p> <p>"Dementia is on the increase. Admiral nurse's and support for carers to keep their loved ones at home is very limited."</p>

“Care of the dying is to my certain knowledge regularly shockingly bad. It is not a happy prospect.”

“Services for older people still seems to trot out stuff from 40s, 50s and 60s, but for many of us this doesn’t fit. We reminisce about the 70s and 80s. We don’t engage with the older stuff.”

“My friend is in a local care home and due to covid and bereavement two years ago she was transferred to residential care for rehabilitation following a long period in hospital and due to Covid restrictions she did not have access to physiotherapy and bereavement counselling which has impacted on her ability to resume an independent life.”

“I do not think that the enormity of caring for a person with dementia is understood by the authorities. The affect on the mental health of the carers is increasing. Finding a way of giving these people some supported cover would make a huge difference to carers, and consequently help the person with the condition.”

“I live close to Warwick hospital and can’t fault the ambulance service. Quick response time and professional.”

“I’ve seen some good community health support for older neighbours and great initiatives like the heart failure outreach nurse who has kept my very elderly aunt out of hospital for a year.”

“I feel well supported by the healthcare system.”

Living in Warwickshire

There was a mixture of responses that praised Warwickshire as a place to live but also criticised it. Some of the positives focused on number of activities and being in

“On the whole the county, or at least the southern part is a good place to spend one’s final years.”

	<p>a scenic area. The criticisms focused on cuts and access to services.</p>	<p>“I have realised how lucky I am to live in Kenilworth with so much going on here and other artistic and activity close by.”</p> <p>“I left school (Birmingham) at 15 years old have lived in Warwickshire since and feel very happy with almost everything.”</p> <p>“I had moved and downsized to Warwickshire for my retirement – who new just a few miles into WCC area and health trusts would demonstrate the inequity in public services to a point that I am now fearful my locality increases my chances of a premature death significantly.”</p> <p>“I lived in Warwickshire for 85% of my life in various areas of the county and all I’ve seen is cuts, consequently I see a county falling into a bad state of repair.”</p>
<p>Amenities & Infrastructure</p>	<p>Respondents highlighted the importance of accessible amenities & infrastructure, with some concerns being raised including:</p> <ul style="list-style-type: none"> • Reduction in amenities after COVID-19. • Shops moving away from town centres. • Lack of amenities in rural areas. • Need for public toilets. • Areas feel like they have become dilapidated. • Need for more disabled parking. • Issues with the quality of pavements. <p>Some respondents praised libraries for the services they provide.</p>	<p>“Easy access to shops, health services and rail station must be maintained to ensure older, less mobile people can remain independent.”</p> <p>“I find it sad that since Covid a lot of the smaller shops have closed and so shopping in Atherstone is limited.”</p> <p>“Leamington is generally a good town in which to age. It would be even better if public transport were to be improved, and the decentralisation of shops (away from town centres) was stopped.”</p> <p>“I do miss being able to pop into some decent shops in town centre.”</p> <p>“I think towns are better suited for older people due to the facilities such as shops and transport and health services.”</p> <p>“Definitely need some public toilets in Atherstone, to expect elderly to walk to the Council is not on.”</p>

		<p>“The area looks ‘unloved’ and unwelcoming. I hope as I age the regeneration of the town has a positive impact.”</p> <p>“The public amenities have deteriorated dramatically in recent years and the relevant authorities need to do their job and make sure the provisions for older people to be able to live here are available.”</p> <p>“More disabled parking in the town centre is needed. Currently, there is only one disabled parking space.”</p> <p>“Pavements are very poor in many places, big risk of falls”.</p> <p>“Fantastic library service in Warwickshire to offer assistance to older people with IT, signposting to other relevant services and much more.”</p>
<p>Growing Older</p>	<p>Several respondents were concerned about discrimination towards older people and that older people are unheard.</p> <p>Some respondents highlighted the importance of keeping their independence as they get older.</p> <p>Several respondents voiced concerns about growing older, particularly highlighting:</p> <ul style="list-style-type: none"> • Concern they would be discriminated. • Service provision when they get older. • Being financially secure. • Needing to have a purpose. <p>However, some respondents also voiced optimism about growing older.</p> <p>Some respondents said they wanted more support, particularly:</p>	<p>“Stop ageism please, it will help ‘older people’ and it will stop younger ones fearing ageing”.</p> <p>“No respect from the youth of today.”</p> <p>“I think that the older population is forgotten”.</p> <p>“The older generation is overlooked and ignored in preference for other minority groups. Councils should try much harder to address the needs of the elderly”.</p> <p>“Even though I’m relatively fit, active, do voluntary work, am a carer and actively seek out opportunities I’m made to feel “old”, surplus to requirements and struggle to find appropriate social and leisure activities.”</p> <p>“So far nothing negative as we have funds to support our independence. Others have to rely largely on friends I think others move to</p>

	<ul style="list-style-type: none"> • Emotional support. • Accessing information. • Support for those with hard of hearing. 	<p>towns if they can when their health deteriorates.”</p> <p>“I would hate to grow older and find that there is discrimination”.</p> <p>“My main concern is the future. My present excellent health will not last for ever. The community where I have lived happily for over 50 years has no specialist accommodation for the frail elderly and I have seen many people have to leave a village they love because of this.”</p> <p>“If you aren’t articulate, pro active and financially secure you would be in deep trouble”.</p> <p>“Now on my own I do feel I am a spare part and have no real purpose any more. It is the want of structure for me which I no longer have.”</p> <p>“I’m looking forward to being in Warwickshire for the rest of my life. I have some concerns about NHS capacity but have had positive experiences so far.”</p> <p>“When I was widowed would have loved someone in same situation that understood how I was feeling someone to vent to that wasn’t family.”</p> <p>“The worst things are lack of easily accessible information about what helps is really available”.</p> <p>“No help at all for the hard of hearing.”</p>
<p>Community</p>	<p>Respondents highlighted the importance and value of community relationships. Respondents mostly praised the area as having good communities and social opportunities, however some voiced concerns.</p>	<p>“I have lived here over 20 years. The majority of people have been lovely and very friendly.”</p>

	<p>Some respondents said they would like more community centres to help support communities.</p> <p>Several respondents suggested an increased mixing of ages would improve communities.</p> <p>Some respondents wanted different community groups to come together more.</p> <p>Supportive friends and family was recognised as important to support ageing well by several respondents.</p> <p>Some respondents said they felt there was a lack of respect to older people.</p> <p>Concern was voiced about alcohol and drugs in the area.</p>	<p>“To stay well longer, need to be able to mix socially, keep active, keep learning, have aims. Not sure this area does well on any of that.”</p> <p>“There is no heart in our village, a community centre would be a god send for many.”</p> <p>“More could be done to combat older persons isolation and support ways in which the younger people in our area can interact with older persons and learn from them.”</p> <p>“I think it would be good to get the local community groups working together more, including the faith groups as they have so much to offer.”</p> <p>“A network of supportive friends is vital to ageing well.”</p> <p>“I live with my family who are always ready to help me if required which is rarely at the moment as I am able to be independent at this time thankfully.”</p> <p>“There’s little respect for older citizens even patience at check outs. Would be nice to see a campaign of valuing the experience of elderly citizens”.</p> <p>“More police on the beat. Feel very vulnerable with the amount of alcohol & drugs on the streets with young people hanging around.”</p>
<p>Transport</p>	<p>Respondents highlighted the importance of good public transport, although many voiced concerns about current accessibility, especially in rural areas.</p> <p>Respondents said that they would feel more isolated should they not be able to drive.</p>	<p>“Ability to travel, and access to theatres, cinemas and libraries is key to staying youthful”.</p> <p>“Better services for transport so I can get out and about and stay fit”.</p> <p>“I love Warwickshire but the public transport is lacking as we’re a rural community and this needs to be improved.”</p>

		<p>“Public transport throughout the rural communities is poor.”</p> <p>“Warwickshire is full of beautiful places, but with limited access to transport, dwindling finances they become hard to access.”</p> <p>“The assumption that people in the wealthier areas all own cars, this is wrong, and as Whitestone bus service is so poor it has meant fewer people can rely on the service, for example, my 91 year old father has occasionally taken the bus to go to appointments in town, going by public transport has meant he is out of his house for at least 3 hours, most of that time waiting for buses.”</p> <p>“The older I get, the more isolated I feel. If my wife and I could not drive, we would be in trouble.”</p>
<p>Accessibility including digital exclusion</p>	<p>Respondents voiced concerns about accessibility when living in rural areas, however there was a mixture of preferences expressed for living in rural or urban areas.</p> <p>Respondents commented negatively on the increase and perceived reliance on digital technology in a range of areas including healthcare, transport, and support access.</p> <p>Respondents voiced concerns about accessibility for disabled people.</p>	<p>“It is wonderful to grow old in such a beautiful part of the world – as long as you are capable to access it! The downsides of living rural become more challenging as you get older”.</p> <p>“Because South Warwickshire is so rural it is important that people feel connected and are able to easily travel to larger villages/towns to take part in social activities and access the health care they need.”</p> <p>“So far, growing old in Warwickshire doesn’t seem that different from growing old in other parts of the country, although urban seems better than rural, for obvious reasons.”</p> <p>“The older you get the more you are discriminated against if you either can’t access information on line or find appropriate transport”.</p> <p>“There is too much emphasis on accessing information and support via websites, emails and links.”</p>

“A lot more people of an older age are being isolated because of technology not all want it or have access to it and the alternative is not readily given or possible.”

“In medical care it’s almost impossible to receive information without battling with technology.”

“For those of us with disabilities, there seem to be so many barriers to a so-called normal life...So many of the local shops still have high steps to access them and no ramps in situ or temporary ones that can be provided on request. Buses on same routes, and taxis are equally problematic with no easy means of access”.

Health

Respondents highlighted several themes around physical health, including:

- Impact of having health conditions.
- The importance of preventing ill health.
- Supporting women’s health.

Themes around mental health were also raised, including:

- The need to combat loneliness & isolation.
- Concerns about mental health support for veterans.

“My husband who has cancer was told that he had to decide whether he wanted to live upstairs so he was closer to the bathroom or downstairs”.

“I think keeping older residents fit and out of hospital is better for everyone”.

“I do think there could be more to encourage older people and not starting at retirement age but maybe in 50’s to do more physical activity outdoors”.

“Sadly fitness like everything else is hard to regain once lost ‘at our age’.”

“When you understand the long term benefits of looking after women’s hormones, it is a ‘lightbulb moment’. I feel if everyone got on board with this we could massively reduce death rates and serious illness in women.”

“I am often lonely”.

		<p>“I have a 90 year old grandmother who I see regularly and has visits from other family members. If we can’t get to her, e.g. in Covid she goes downhill quick. Loneliness is a big deal and risk for old people.”</p> <p>“More could be done to combat older persons isolation and support ways in which the younger people in our area can interact with older persons and learn from them”.</p> <p>“Mental Health team vis NHS & Veterans received an additional sum via a Gov budget in 2020 the services at The Railings are supportive but stretched when it comes to Veterans requiring access to PTSD and complex military related issues.”</p>
<p>Housing</p>	<p>Respondents highlighted several themes around housing, including:</p> <ul style="list-style-type: none"> • Perceived lack of access to housing. • Appropriate capacity in houses. • The need for houses to be suitably designed. • Concerns about housing developments. • Concerns about housing maintenance. • Needing to relocate for age-appropriate housing. 	<p>“Access to housing list for retirement living needs to be changed”.</p> <p>“The villages are being swamped with new builds but these new properties are unaffordable to local people.”</p> <p>“I have noticed a number of 3 bedroom properties which are occupied by just 1 or 2 people, in social housing I cannot understand why this is allowed”.</p> <p>“When planning housing provision & services, local government needs to recognise the need for accessible community facilities, and encouraging housing design that allows people to interact, rather than become isolated in estates full of separate little boxes.”</p> <p>“I live in a town where there is massive building development which seems to be for other councils overspill, and yet many of the estates that have been built have got houses that are unsold or not inhabited.”</p>

		<p>“It also concerns me how long RBC take to correct problems like broken boilers, which can have a negative impact on health.”</p> <p>“The community where I have lived happily for over 50 years has no specialist accommodation for the frail elderly and I have seen many people have to leave a village they love because of this.”</p>
<p>Activities</p>	<p>Respondents highlighted the importance of having activities to keep active, several praised activity options within Warwickshire, whilst some voiced concerns about what there is locally.</p> <p>Warwickshire’s countryside was highlighted as a benefit by many respondents. However, accessibility was also mentioned, including for those who are disabled.</p>	<p>“We are fortunate to have access to a brilliant train service, and to good cultural events in Leamington and Warwick. Ability to travel, and access to theatres, cinemas and libraries is key to staying youthful”.</p> <p>“Greatest thing recently is the Arley Strollers. Lots of like minded people, walking, talking and getting to know one another”.</p> <p>“To stay well longer, need to be able to mix socially, keep active, keep learning, have aims. Not sure this area does well on any of that.”</p> <p>“The main benefits for living in Warwickshire is access to lovely countryside and access to travel to other areas within easy reach”.</p> <p>“Lots of lovely country paths to explore if one can walk”.</p> <p>“The parks are wonderful”.</p> <p>“Apparently there are lovely rambling areas around the village, but in the main, they are inaccessible due to lack of maintained footpaths with suitable surfaces and widths for tramper-type mobility scooters and wheelchairs. Also, the gates used are not suitable to be operated...or accessed by disabled or less abled persons.”</p> <p>“The village where I live still has field, woods and open spaces which improves my sense of well-being, please don’t build too much more on greenfield sites”.</p>

<p>Miscellaneous</p>	<p>Respondents highlighted several other themes, including:</p> <ul style="list-style-type: none"> • Being able to work helping with health and wellbeing. • Concerns about cuts financially. • Concerns about government policies. • Queries about impact of this survey. • Concerns about those who are less fortunate in the area. • Benefits of volunteering. 	<p>“I feel that being able to work past my state pension age enables me to feel a useful part of society and as I have stated it helps me to be able to maintain my health and wellbeing.”</p> <p>“Always seems to be cutbacks in services which means often one doesn’t want to bother the doctor or all 111. No help for insulating my home as I get older, hard to get help for the garden for example. Don’t get me wrong, I love my life and my home at the moment but ageing does concern me.”</p> <p>“I have found the questions in this survey interesting and would be interested to see what changes are made following this. There is no point doing a survey for the sake of doing one, its what impact this will have.”</p> <p>“I’m lucky to be reasonably fit and healthy, and part of communities. I do know it is harder for those who are not so fortunate.”</p> <p>“Volunteering is readily available and rewarding and fulfilling”.</p>
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RESPONDENT PROFILE

The number of respondents completing the survey was 440 . Figure 22 provides an equalities profile of respondents. Most respondents identified their ethnicity as 'White British'. In addition, most respondents were female.

Figure 22 Equalities profile

		Count	%
Gender	Male	105	23.9%
	Female	309	70.9%
	Prefer not to say	17	3.9%
	Not answered	7	1.6%
	Prefer to self-describe	1	0.2%
	Non-binary/agender/gender-fluid	1	0.2%
Do you identify as trans/transgender?	Yes	2	0.5%
	No	408	92.7%
	Prefer not to say	18	4.1%
	Not answered	12	2.7%
Age in years	<60	44	10.0%
	60-64	94	21.4%
	65-69	104	23.6%
	70-74	77	17.5%
	75-79	67	15.2%
	80-84	34	7.7%
	85+	20	4.5%
Do you consider yourself to have a disability	Yes	142	32.3%
	No	250	56.8%
	Prefer not to say	37	8.4%
	Not answered	11	2.5%
	Asian, Asian British Bangladeshi	0	0.0%
	Asian, Asian British Chinese	7	1.6%
	Asian, Asian British Indian	3	0.7%
	Asian, Asian British Pakistani	0	0.0%
	Other Asian	0	0.0%
	Black, Black British African	0	0.0%
	Black, Black British Caribbean	0	0.0%
	Other Black	0	0.0%
	Mixed or multiple – White & Asian	1	0.2%
	Mixed or multiple – White and Black African	0	0.0%
	Mixed or multiple – White and Black Caribbean	1	0.2%
	Other mixed or multiple groups	1	0.2%
	White British	383	87.0%
	Irish	4	0.9%
	Gypsy or Irish Traveller	0	0.0%

	Roma	0	0.0%
	Other White	8	1.8%
	Other ethnic group Arab	0	0.0%
	Other ethnic group any other group	0	0.0%
	Prefer not to say	21	4.8%
	Prefer to self-describe	2	0.5%
	Not answered	10	2.3%
Religion	Buddhist	2	0.5%
	Christian	234	53.2%
	Jewish	2	0.5%
	Muslim	0	0.0%
	Hindu	1	0.2%
	Sikh	2	0.5%
	Spiritual	8	1.8%
	Other - please specify	0	0.0%
	No religion	128	29.1%
	Prefer not to say	45	10.2%
	Not answered	9	2.0%
Sexuality	Asexual	19	4.3%
	Bi/bisexual	4	0.9%
	Gay Woman/lesbian	1	0.2%
	Gay man	0	0.0%
	Heterosexual/straight	362	82.3%
	Prefer not to say	41	9.3%
	Not answered	13	3.0%
Are you a current member of or have you ever served in the UK armed forces?	Yes	32	7.3%
	No	390	88.6%
	Prefer not to say	9	2.0%
	Not answered	9	2.0%
Do you have caring responsibilities	Yes	109	24.8%
	No	305	69.1%
	Prefer not to say	22	5.0%
	Not answered	5	1.1%