

Ageing Well in Warrington

Joint Strategic Needs Assessment

Survey Report - Insight and Voices of Warrington Residents



WARRINGTON
Borough Council

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1. Methodology

In order to ensure that the voice of our residents formed a key information source for this needs assessment, we launched our ‘Ageing Well in Warrington’ survey in autumn 2024. This Warrington wide listening exercise captured the views of residents aged 50 and over on what they feel keeps them well now, their concerns looking to the years ahead and what they see will be the key factors in supporting them to stay healthy and well as they age.

Promotion and completion of the survey was supported by partners across the system, and it is thanks to this that a wide range of resident voices are included in this important engagement project. Residents were offered the option to complete an online or a paper version of the questionnaire. The survey was promoted by partners across the Warrington system and through a variety of digital and press communication channels. Voluntary sector and community-based services distributed paper copies and, where needed, supported residents to complete. This support came from Healthwatch, Speak Up, Warrington Wellbeing, Warrington Voluntary Action, Torus Housing, LifeTime, WBC homeless and housing, WBC adult social care, WBC public health.

1.1 Survey design

The survey questionnaire was designed in consultation with the Ageing Well JSNA steering group. In recognition of the changing experiences and priorities that come with ageing, the questionnaire was designed to be as relevant to a resident in their 50s as to a resident in their 90s. The survey asked residents to reflect on the factors contributing to their current health and wellbeing, identify the issues important to them when considering the years ahead and contribute their views on Warrington as an age-friendly place to live whilst sharing suggestions for removing barriers and improving outcomes.

1.2 Respondents

A total of **794** surveys were completed by Warrington residents aged 50 and over. Two thirds of the surveys were completed online, and a further third were paper copies. Paper surveys were completed by residents attending groups, sessions and services or through outreach work in the town carried out by the public health team.

Gender: 65% of survey respondents were **female**, 30% **male** and 5% of respondents did not specify either female, male or state how they identified.

- **Age band:** The table below shows the distribution of survey respondents across age bands and provides figures to compare this with the proportion of residents in these age bands in the Warrington population. 1% of respondents did not state their age.

Age-band	Ageing Well survey respondents	Warrington population (ONS 2022 data)
50-59 years	27%	37%
60-69 years	38%	28%
70-79 years	27%	22%
80+ years	7%	13%

- **Deprivation quintile:** The table on the next page shows the distribution of respondents by deprivation quintile. In comparing with overall Warrington resident distribution by quintile, it should be noted that nearly one quarter (24%) of survey respondents did not provide accurate or sufficient postcode information to allow quintile identification.

Deprivation quintile (IMD 2019)	% of Ageing Well survey respondents in quintiles	% of total Warrington 50+ pop'n in quintiles
Quintile 1 (most deprived)	11%	14%
Quintile 2	12%	15%
Quintile 3	9%	9%
Quintile 4	22%	27%
Quintile 5 (least deprived)	22%	35%
Not specified, unknown/invalid postcode, or outside Warrington	24%	N/A

- **Half** of respondents (50%) stated that they had a **long-term physical or mental health condition**.
- Just over a **third** of respondents (34%) said they **'looked after or gave help or support to someone'** because they have long-term physical or mental health conditions or illnesses, or problems related to old age.



2. Findings

2.1 What is currently important to the health and wellbeing of our 50+ residents?

Figure 1 shows responses to the question asking respondents what they saw was important to keeping them in good physical and mental health. As shown, the most selected options were **'being connected to other people e.g. family and friends'**, **'your home/where you live'** and **'being outdoors in green spaces e.g. parks'**.

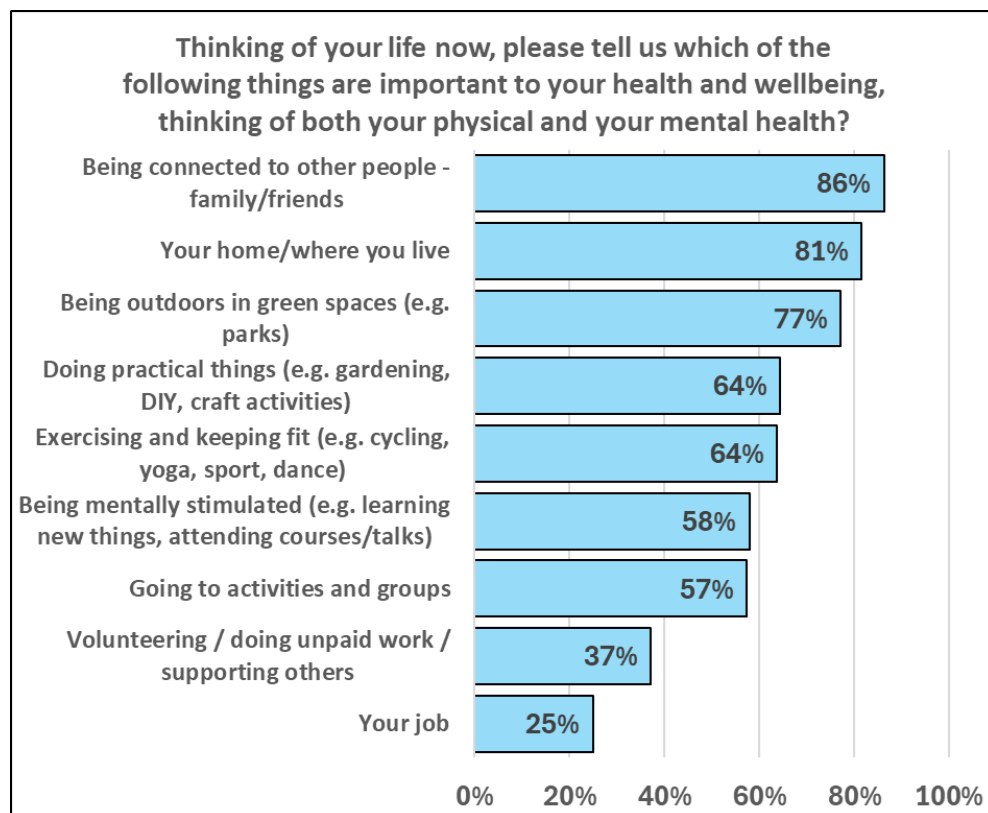
2.1.1 Demographic analysis of responses

Female respondents were more likely to select 'going to activities and groups' than male (64% v 45%) and also to select 'doing practical things', 'being mentally stimulated' and 'your job' than male.

Looking across **age bands**, greater differences were observed for 'going to activities and groups' with 39% of those aged 50-59 selecting this option increasing to 61%-74% as age groups rose. As would be expected, 'job' was a more popular response amongst those aged 50-59 selected by 52% and dropping to 22% amongst those aged 60-69.

Comparison of responses across **deprivation quintiles** (Quintile 1 - most deprived to Quintile 5 - least deprived) the largest differences were seen for 'exercising and keeping fit' (Q1 53% v Q5 75%) and 'volunteering/doing unpaid work/supporting others' (Q1 28% v Q5 52%).

Figure 1: Source 'Ageing Well in Warrington Survey 2024'



2.1.2 Further comments

'Libraries, museum and arts activities. Having nice places to go to. Cafés and places to meet in the evening that don't involve alcohol.'

Female resident (60-69 yrs) Great Sankey

'I enjoy attending exercise classes at Live Wire hubs and will also go swimming when I have more time. When I visit to attend a class, I also use the libraries. I think it is vital that the Live Wire hubs are available to the Warrington public, even if this means raising the cost.'

Female resident (60-69 yrs) Callands.

'I go to the gym do fit box and I now play in the walking football team some lovely people I have met and become friends with, also the over 50s sports sessions on Mondays are fantastic.'

Male resident (60-69 yrs) Poplars and Hulme

'Being shown consideration and being able to live as full an active life as possible without feeling vulnerable.'

Male resident (70-79 yrs), Bewsey.

Additional views shared about these factors referenced the **importance of support groups and coffee mornings** as a key source of connectedness; the interactions and **friends made through attending exercise classes** and the accessibility and availability of activities for **those with disabilities and mobility issues**.

Some comments also expanded on the importance of being **connected to their wider community** including making new friends and having a **sense of belonging**. Being able to meet new people and **having somewhere to go to meet up** and chat was also highlighted. Comments also pointed to an interest in having **more non-alcohol focused** evening venues in the town to meet and socialise.

Respondents were also invited to identify other things not listed that they felt were important to their health and wellbeing. The subjects and issues mentioned in these responses are shown below and presented in order of popularity.

- **Access to health services:** A number of comments related to the importance of being able to access health services, with some of these also referring to access to social care services.
- **Transport and being able get around:** Some of comments related to the ability to travel to activities and appointments citing such things as frequency of bus services, proximity to local areas and disabled access. Free bus travel/passes and parking at locations were also mentioned.
- **Health/Healthy eating:** These comments referred to staying healthy through healthy lifestyle and behaviours. Reference was also made to importance of access to healthy and affordable food.

- **Culture and travel:** Respondents described the importance of culture and travel to them. Comments referred to attending the theatre, concerts, visiting museums, libraries whilst listening to music and holidays/travel were also cited as key enjoyments.
- **Finances:** These comments emphasised that stretched finances greatly restrict participation in groups and activities therefore impacting efforts to stay healthy. The cost of home maintenance was referenced with the suggestion of need to have subsidised day/odd job services for older people.
- **Feeling valued:** These comments described the importance of being viewed as an asset with the need for a sense of belonging also cited. Respect and value were referenced in relation to those with disabilities or reduced mobility.
- **Feeling safe in neighbourhood/local area:** Feeling safe to go out into parks and green spaces was referenced with comments pointing to the impact of anti-social behaviour on increasing feelings of isolation and vulnerability.

Other factors referenced were **faith and religion; having a pet** for companionship and exercise; the importance of **access to green spaces** and walking; **contributing** to the community;

2.2 What does age-friendly mean to our residents?

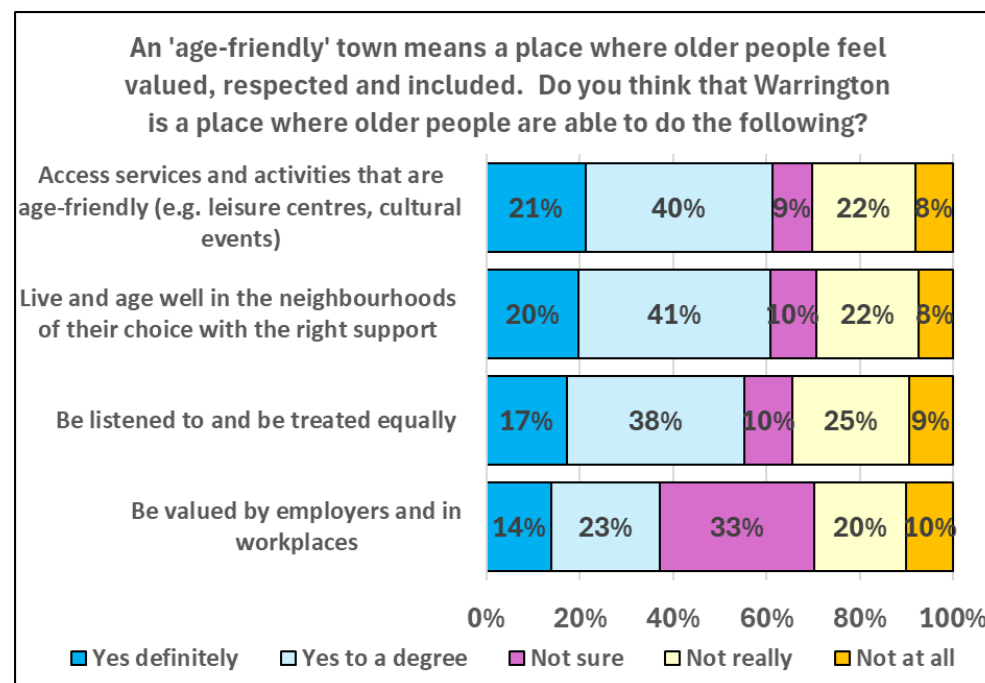
Respondents were asked for their views on how age-friendly Warrington is as a town defining this as a place to live where older people feel valued, respected and included. **Figure 2** shows views on four key aspects of an age-friendly place to live.

2.2.1 Demographic analysis of responses

Further analysis of responses showed no significant differences in responses between **female and male** respondents. Analysis by **age band** showed that, for all four statements, 'not really/not at all' responses were higher amongst respondents aged 50-69 years than those aged 70+. It should be noted however that, for the question relating to 'being valued in the workplace', 49% of respondents aged 70 and over gave a 'not sure' response compared to 28% in the 50-69-year

category. Analysis by **deprivation quintile** showed that, for the question 'being listened to and treated equally', 'living and ageing well in the neighbourhoods of choice', and 'being valued in the workplace' responses from residents in the most deprived quintiles were more positive than those living in our least deprived.

Figure 2: Source 'Ageing Well in Warrington Survey 2024'



2.2.2 Further comments

'Neighbours are important, community is important, not being invisible is important, belonging is important, being listened to is important, having a voice is important.' Female resident (60-69 yrs).

'Opportunities to be involved in that do not cost too much (if at all) and are accessible with public transport if needed, safe environments, access to doctors and health facilities without a fight just to see a person.' Female resident (50-59 yrs)

'Being able to still feel valued in an ever-changing world. There should be opportunities for older people to meet with younger people whereby they can share their life experiences and bring about a greater understanding between the generations.'

Male resident (70-79 yrs) Great Sankey

In addition to responding to these four questions, participants were invited to share their own views on what an age-friendly place to live should look like. 52% of respondents (n=419) shared comments and their responses have been analysed thematically and are presented below. Also shown is the percentage of the 419 respondents who referred to this issue in their comments.

Activities available and ensuring access for all – 29%

These comments related to both ability to access a wide range of activities and ensuring that participation is open to all abilities. Many comments stressed the importance of not only offering more opportunities for participation but also facilitating that participation.

Choice and accessibility were key themes in comments pointing to the need for services to make reasonable adjustments to accommodate disabilities and mobility issues to ensure that classes and groups can be accessed by all. Some carers suggested respite to enable them to access activities, or the provision of activities that suit both the carer and person supported.

The suggestion was made that many find accessing spaces and activities alone a difficult obstacle and support to do this would enable participation. Reducing the cost of accessing activities was also highlighted as a consideration for an age-friendly approach. Several comments pointed out that classes and activities for older people were often in the daytime which then excluded those who were still working. Accessibility to open and green spaces was felt to be hindered by the fear of anti-social behaviour.

Again, the barrier that online booking systems presented to those not confident with technology was highlighted. Also, the suggestion that those with health issues can book onto groups and classes on the day they feel able to participate rather than places being booked up in advance.

Accessible and affordable transport and parking – 26%

Many of these comments highlighted the importance of increased, more accessible transport links, primarily bus services along with cheaper or free travel on buses and trains. Comments were also made about parking on pavements and the impact this has on wheelchair and mobility scooter users. Increased options for travel for people with limited or poor mobility, including opportunities to hire mobility scooters. Dedicated transport to take older people to lunch clubs and activities to reduce isolation and keep them mobile. Some respondents referred to their having no local evening or Sunday bus services for some.



Accessible locally based amenities and activities – 25%

These comments referred to the proximity of local facilities, amenities and activities. Shops, leisure centres and libraries were frequently cited as was the need for locally based community groups and events and the venues to hold them. Access to green spaces and parks featured in several comments with some pointing to the need for equity in availability across the borough. Again, the issue of access for those with a disability or reduced mobility was highlighted as important. Several comments referred to the need to improve the publicising of what is available and where. Some respondents felt that the onus was wrongly on the individual to seek out information, often online which is harder for those who are older and possibly not confident using computers.

Good access to services – 22%

Amongst these comments, over three quarters specifically mentioned access to health care and services with frequent reference made to GP surgeries. The need to be able to make appointments without reliance on digital technology was raised in many comments. Also cited was the need to be able to get through to surgeries by phone. Access to dental services was mentioned by several respondents. Support with travel to healthcare appointments was also cited, particularly where clinics or treatment were a distance away. Removal of barriers to access to care and treatment services e.g. making appointments, attending appointments also accessing help and assistance with things like benefits advice.

'Being able to access health facilities without having to use a computer. To be able to go into or ring my doctor's surgery to make an appointment.'

Male resident (60-69 yrs) Birchwood

'Not every older person has the internet, computers, and are tech savvy. I feel that a lot of older people feel quite lost having to do most things now online.... they are basing it all on everyone having the tech to be able to deal with appointments, banking, everyday life really.'

Male resident (50-59 yrs), Woolston.

Respect/inclusion/feeling valued/cared about – 21%

Comments emphasised the need for an age-friendly town to be accepting of all regardless of age, with older people not left out or isolated. Where people look out for each other and are considerate of each other. The system and the population understanding the changing needs of people as they age and giving equal importance to the requirements of different age groups. Recognising the extra support needs of those who have no family to support or help them was also raised. Equally reference was made to the need to ensure that those with dementia and their families feel valued and respected in communities.

Some respondents placed importance on their views being heard and able to contribute to decision making, with organisations and services listening to residents' views and concerns. The consideration of older people in designing of services was also highlighted. Several comments relating to inclusion pointed to the value of having more opportunities for age groups to mix, creating spaces for people to appreciate, value and support each other.

Feeling safe from crime and anti-social behaviour – 17%

Many comments stressed the need to feel safe both during the day and night when going out. Several comments indicated a reluctance to visit open and green spaces due to a fear of anti-social behaviour. Suggestions for reducing these anxieties included increasing police presence, better street lighting, more evening community activities to increase the number of people out and about.

Environment and the condition and design of pathways, pavements – 16%

Fear of falling or tripping due to the poor condition of pavements, footpaths and walkways was cited by a number of respondents as an obstacle to mobility. Some comments also highlighted the impediment and risk which overgrown bushes and trees (including tree roots) presented for wheelchairs and mobility scooters users in narrowing spaces. Poor lighting of highways and walkways was also raised as a problem. The need to include older people in the design and

development of outdoor and indoor spaces was highlighted, as was the need to increase places to sit and places to meet that are safe and welcoming. The benefits of living in a clean and looked after environment were highlighted with some respondents expressing the view that new developments have affected access to green spaces. Some comments called for more places to sit in open spaces, green spaces and parks.

'Street lighting is a problem for me I rarely go out after dark because street lighting is so dull and creates dark spots.'

Male resident (70-79 yrs) Winwick

'Pathways fit to walk on without fear of tripping or falling due to badly placed and maintained tarmac or paving. Including tree roots damage.' Female resident (70-79 yrs)



• Further suggestions for an age-friendly town

Also highlighted in comments were the importance of community connectedness and mutual support (10%); good options for housing, affordable, community living with support to enable independent living (6%); a place where people of all ages mix encouraging inter-generational support (4%)

2.3 What are the concerns of our 50+ residents when they look to the years ahead?

The survey wanted to find out more about residents' concerns for staying healthy and well as they looked to the years ahead. A list of sixteen possible issues was provided and they were asked to select all that concerned them. The importance of these issues to respondents is shown in **Figure 3**.

2.3.1 Demographic analysis of responses

Comparing the responses of **female and male** respondents, the areas which saw a marked difference as a concern were 'being able to access groups and activities' (55% v 37%) along with 'accessing amenities e.g. shops, GP' (77% v 65%) and 'getting around e.g. transport availability and cost' (76% v 66%).

Whilst the survey did not collect information on employment status, analysis of responses by **age bands** found a higher number of those aged 50-59 expressing concerns about 'planning for retirement' than was seen in the 60-69 age group (46% v 21%). Equally, more of those in the 50-59 age group marked concerns about 'staying in employment' than the 60-69 group (29% v 14%). Concerns about 'finances, income and cost of living' lessened with older age groups with the 74% rate amongst those aged 50-59 reducing to 65% amongst those aged 80+. Unsurprisingly concerns about 'staying in your own home/living independently' featured more amongst the 70 and over age bands than the 50-69 age bands with the same being true for concerns about 'choice about where you live'.

Analysis by **deprivation quintile** showed higher numbers of those in Quintile 1 feeling concerned about finances, income and cost of living compared to those in Quintile 5 (82% v 65%). Respondents from Quintile 1 were also more concerned about 'being able to stay in employment' and 'planning for retirement' than those in Quintile 5 (24% v 14% for the employment response and 34% v 22% for the retirement response). Being able to access 'green spaces and opportunities to be outdoors' was a concern more frequently expressed amongst Quintile 5 respondents than those in Quintile 1 (64% v 48%).

2.3.2 Further comments

'I worry that my savings for retirement will not be enough as they're all taxed to the hilt, the state pension is too low for current living costs. I worry about affording to heat my home and that my house will be taken for care costs.'

Female resident (60-69 yrs).

'I feel the main risk is in social isolation, becoming detached from family, friends and community..... I do volunteer now I am retired (with VWA/Good neighbours' scheme). Scheme such as these need to be expanded, supported and coordinated with adult social care etc.'

Male resident (60-69 yrs), Burtonwood.

'I am the main carer for my husband...as his illness progresses there will come a time when I am not able to leave him alone. This worries me due to the isolation. It is so important to me to be able to go out for short periods of time to join social activities and to meet friends.'

Female resident (60-69 yrs) Walton

Over a quarter of respondents provided further comment to expand on their answers.

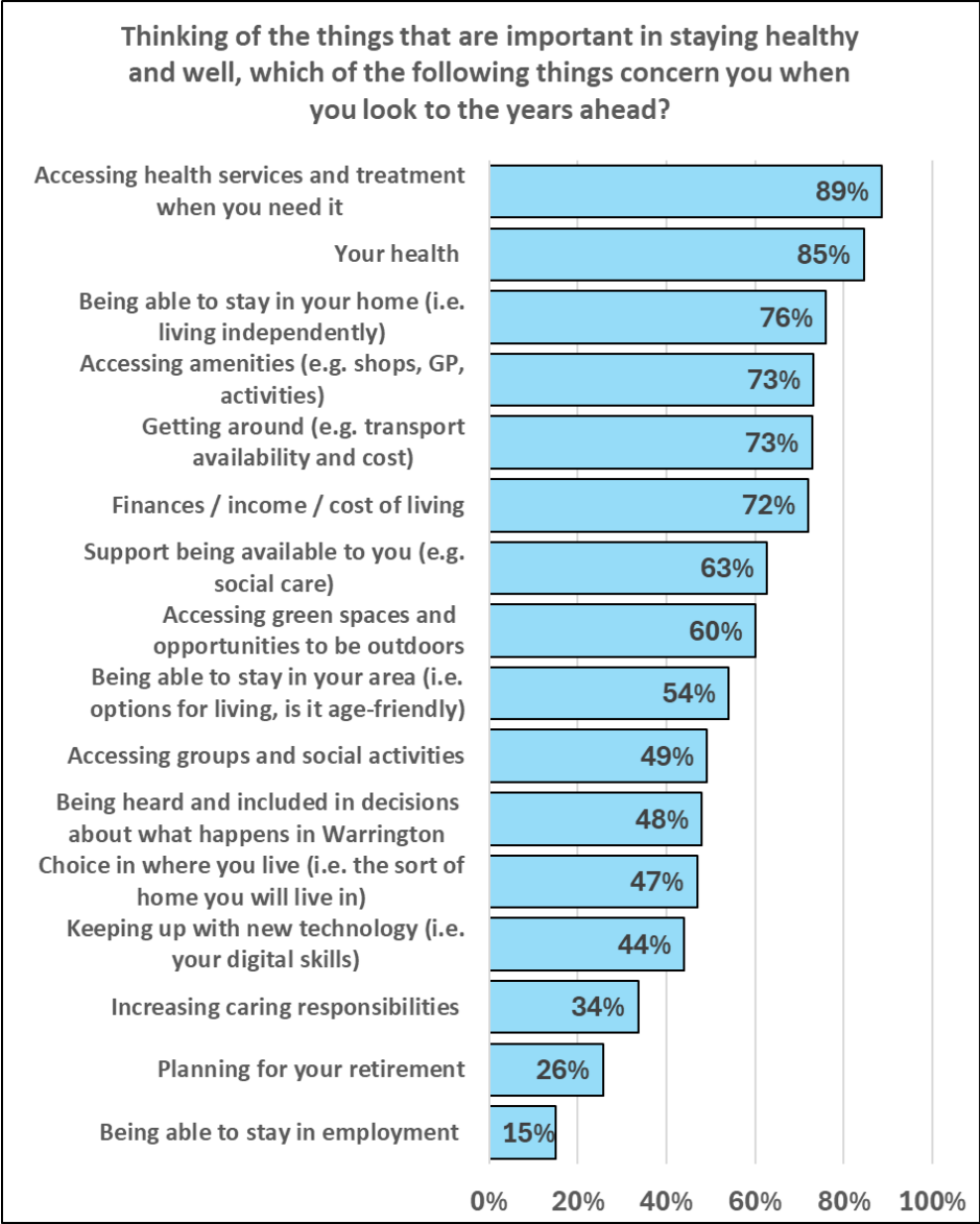
Finance and cost of living Several comments referred to the loss of the winter fuel allowance as a cause for concern along with the taxing of pension and savings. Some spoke of the stress of having to work longer due to changes to state pension age. The need to continue working to meet the pressures from the rising cost of living was also mentioned as was continuing to be able to pay for the activities which currently enhance health and wellbeing. Paying for future care was a worry cited by some respondents.

Many comments on **health** related to access to health care and treatment more specifically GP appointments. Access to dental services featured in several comments. Points raised included the ability to access health care and treatment without reliance on technology, comments about difficulties contacting GPs to make appointments by phone. Reference was also made to the difficulties which those with mental health problems have accessing services and activities expressing the view that the same accommodations should be made as for those with physical disabilities.

Concerns about **support** referenced the availability and affordability of the care that might be needed for both they themselves and when they were no longer able to care for family members. This appeared a clear concern for those respondents who said they lived alone with no family or far from family. The availability of care home places and the suitability of what will be available were also cited. Worries expressed about **digital skills** also pointed to the increasing use by services and companies of online systems which excluded those less confident with technology. These comments also referred to the obstacles faced if having to book health appointments online.

Some comments expressed fears of **loneliness and isolation** as health, mobility and finances affected social inclusion and participation. Feeling **safe** was again raised as a concern, particularly when out in open spaces, with crime anti-social behaviour mentioned in several comments.

Figure 3: Source 'Ageing Well in Warrington Survey 2024'

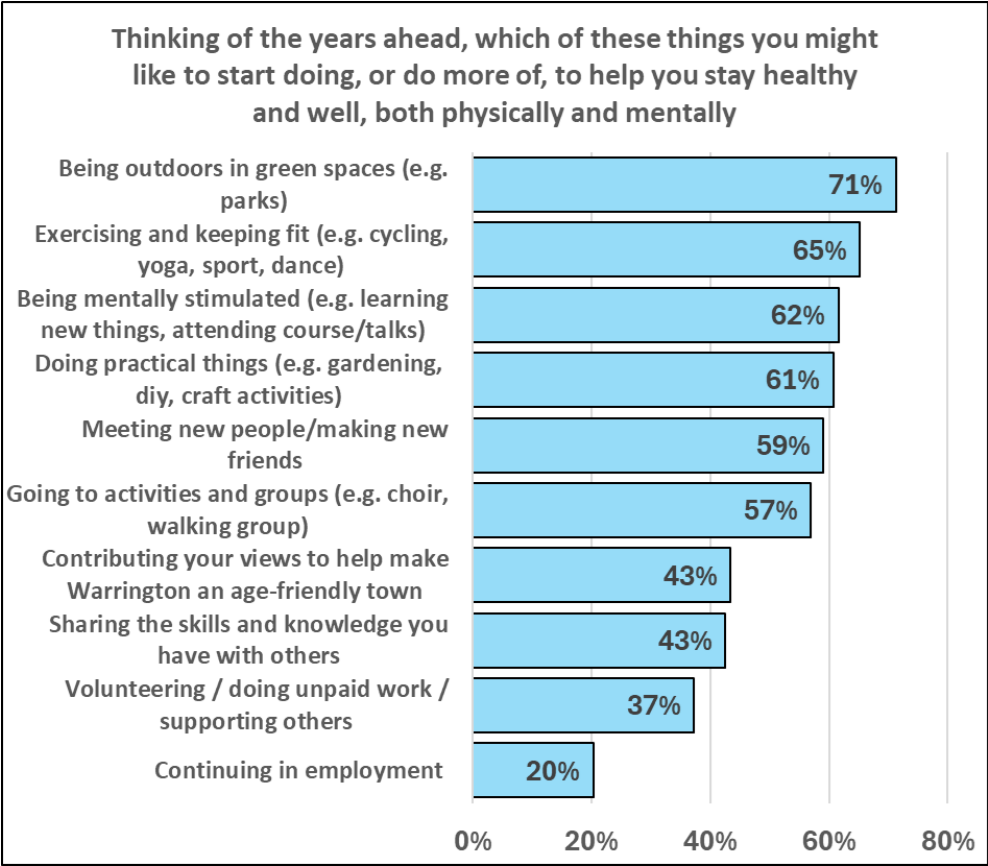


2.4 What would our 50+ residents like to start doing, or do more of, in the years ahead?

Respondents were asked to think about the activities and interests they would like to take up or do more of in the years ahead. A list of possible options was provided from which respondents were asked to select all that appealed to them. Views were also sought on what would encourage or support more participation in activities along with ideas for further areas of interest. Figure 4 shows views on the list of options provided.



Figure 4: Source 'Ageing Well in Warrington Survey 2024'



2.4.1 Demographic analysis of responses

Comparison of responses for **female and male** respondents showed that all the given options were more popular amongst female than male respondents with the largest gap in popularity showing for 'going to activities and groups' and 'meeting new people/making new friends'. Analysis by **age band** showed a stepped rise in the popularity of 'meeting new people/making new friends' between the 50-59 age band and the other age bands with this rise being most marked between the 50-59 to 60-69 age bands. A marked drop in popularity for 'exercising and keeping fit' was seen between the lower and higher age bands however this drop off was significant between the 60-69 age band and the 70-79 age band.

Analysis by **deprivation quintile** showed clear differences in responses to 'continuing in employment', 'volunteering/doing unpaid work' and 'meeting new people/making new friends' with these responses being more popular amongst respondents from our most deprived quintiles compared with our least deprived. 'Exercising and keeping fit' was a far more popular option amongst respondents from our least deprived quintile compared to our most deprived.



2.5 What would encourage or support participation?

Respondents were asked to share their views on what would encourage them to do more activities in the years ahead.

'Being able to access via public transport the local community centre – it's not on bus route and I don't drive and too far to walk, especially during bad weather. Some areas have great activities and events....a 10-minute trip by car can take over an hour by bus, that's if the bus isn't cancelled.'

Female resident (50-59 yrs), Latchford

'I've looked in to joining a gym but can't afford the cost at the moment. I've finished work to retire but have got to wait until I receive my state pension. I have to be very careful to make my money last.'

Male resident (60-69 yrs)

'What stops me (from going to activities) is having a companion to go with. If I was personally invited, I would know someone was looking out for me. As well I worry about waiting for the bus a long time and there being toilet facilities nearby at the place.'

Female resident (70-79 yrs), Birchwood.

'Think it's harder for people who live alone or don't have friends nearby to put themselves out there. More publicity that reaches these people is needed linked with services or places they go. Maybe pop ups in supermarkets would break that reluctance.'

Female, 70-79, Lower Stretton

Transport: As with responses to other questions, transport was cited in the comments of several respondents and reliability and affordability were frequently mentioned. Some comments reflected a view that provision of activities for older people needed to take transport links into consideration, again the barrier posed by having to travel too far (using more than one bus) to an activity was raised. Suggestions were made regarding volunteer schemes and mini- buses to transport older people to activities to address isolation and keep people moving and active.

Better information: As in feedback for other questions, comments pointed to difficulties in knowing what activities and opportunities for participation were available, specifically in the locality. Suggestions to address this included better coordination of information, leafleting to advertise not relying on online publicising, in person events in community centres to signpost to activities and simple explanations of how to access.

Accessibility for all: Comments highlighted the need for those with disabilities, mobility issues, or caring responsibilities to have opportunities and support to access activities. Those with caring responsibilities described the disproportionate task involved in organising care so they could attend an activity. Accommodating a range of abilities and needs was seen to be key to motivating and encouraging participation.

Affordability: Cost was seen as a key barrier to participation, particularly exercise related activities at leisure centres and gyms. Several respondents stating that although they were keen to attend more activities they could not afford to do so. Some described having to stop doing an activity that they had previously enjoyed due to budgeting concerns, particularly once adjusting to a reduced income.

Feeling safe outdoors: Comments related to an environment sympathetic to pedestrians and those using wheelchairs and mobility scooters with some expressing concerns about traffic. Again, reference was made to the obstacle that overgrowth on footpaths and pavements, parking on pavements and poor lighting presented for many older people. Several comments pointed to the need to feel safer outside citing a fear of crime and anti-social behaviour when in public spaces.

Choice and timing of sessions and groups: Comments relating to interest in activities and groups suggested the need for more varied and stimulating activities on offer e.g. Tai Chi, wild swimming. A lack of swimming pools and accessible sessions was also a feature of some comments. Again, the tendency for sessions for older people to be run in the daytime was pointed to as a barrier for those who were still working with a call for more evening and weekend options.

Support to attend: Several respondents highlighted the issue of confidence and their reluctance to go to something alone. Suggestions for coordination support to link up with other people interested in similar activities, this was also identified as an opportunity to build networks and friendship groups.

2.6 Skills, knowledge and perceptions

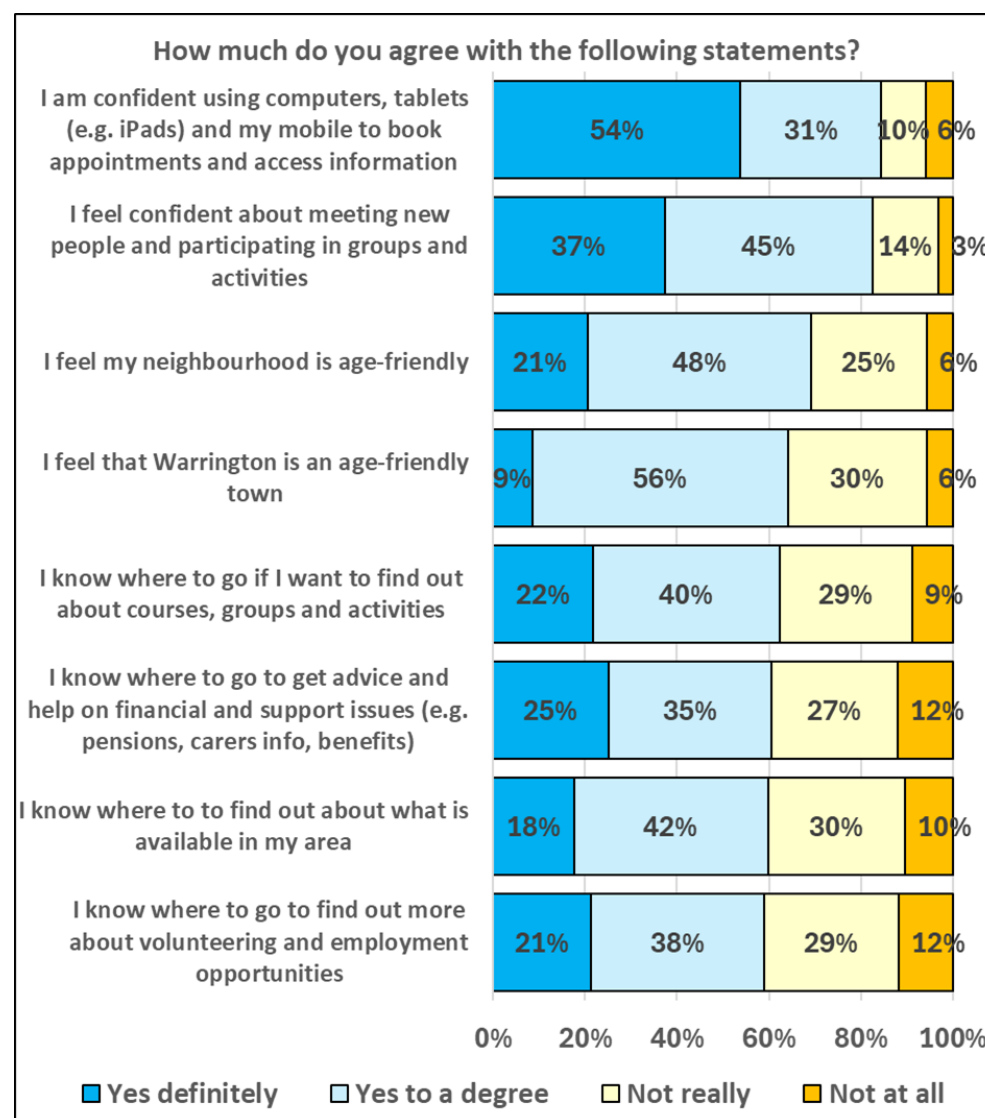
Respondents were asked to read several statements and indicate how much they agreed or disagreed with them. **Figure 5** presents their responses.

2.6.1 Demographic analysis of responses

Where further analysis of **female and male** responses showed wider gaps was with men who were more likely than women to state they were definitely 'confident using computers, tablets etc' and definitely 'confident about meeting new people and participating in groups. The statements relating to age-friendliness of Warrington and neighbourhoods saw a larger gap where women were more likely to give a positive response than men. This was also true for women responding positively to knowing 'where to go to find out about what is available in the area.'

Analysis by **age band** found more marked difference in positive and negative responses amongst older and younger age bands with a higher number of older respondents stating 'yes definitely' to feeling their neighbourhood was age-friendly along with 'knowing where to go to find out what is available in their area. A higher proportion of older people also give more positive 'yes definitely/yes to some degree' responses to knowing where to go to get advice on financial and support issues. Confidence in using computers, tablets etc to book appointments and access saw a marked drop down the age bands with one third of those aged 70+ years saying they felt 'not really or not at all' confident compared to 1 in 10 of those in the 50-69 age bands.

Figure 5: Source 'Ageing Well in Warrington Survey 2024'



Looking across **deprivation quintiles** showed a difference in knowledge of where to go to find out about activities with just over a quarter of respondents from more deprived quintiles saying they 'definitely' knew where to go compared to under one fifth of those from less deprived quintiles. The question regarding confidence in using computers showed the percentage of respondents saying they were 'not really/not at all' confident was almost three times higher in Quintile 1 than Quintile 5. Equally a stark difference was seen in responses to confidence meeting new people and participating in groups and activities with respondents from Quintile 1 being over twice as likely to say they were 'not really/not at all' confident as those from Quintile 5.

2.7 Barriers for older people in accessing services and amenities

'Transport is important for those who cannot drive but also the cost because many people live on only the state pension so can't afford to even pay for the social activities.'

Female resident (60-69 yrs), Birchwood.

'Public transport. My husband won't be able to drive much longer because of his health. We will have to walk over half a mile to the nearest bus stop and he can't walk 50 yds. Our local buses were axed some years ago, both stopped at the end of our road'.

Female resident (80+ yrs), Westbrook.

'Not all older people are comfortable with technology and are put off if they have to use online services. Some will be open to learn new skills but those who don't are in danger of becoming more isolated. More could be done to help support people who don't engage because of technology.' Male resident (60-69 yrs)

'Looking at my mum, she has no idea where to get help and would have struggled to get the support she has needed over the last 12 months without one of us to do things for her. I feel sorry for elderly people who haven't got a family or friends to help them access what they need.' Female resident (60-69 yrs) Latchford

Respondents were asked for their views on the barriers for older people in Warrington and for their suggestions on what would make things easier. Responses were analysed thematically, and the most frequently cited issues are presented in **Figure 6**.

• Transport and getting around

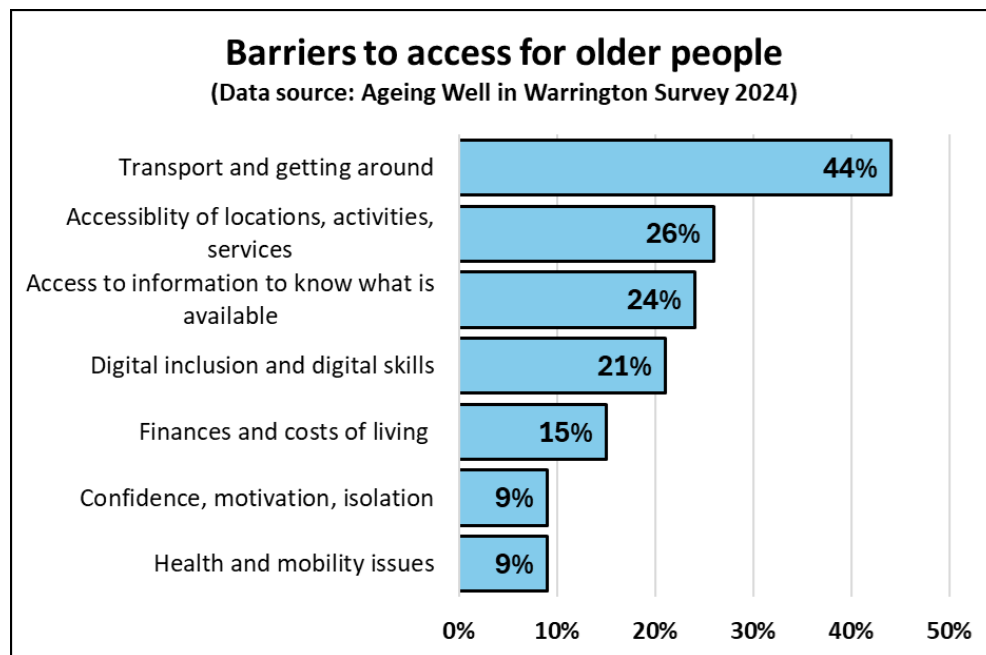
The availability of bus routes and their frequency (with several comments pointing to their area only having hourly bus services). The cost and limited availability of parking close to amenities and services including medical appointments e.g. blood tests were also raised as barriers.

Reference was made in some comments to the problem posed when relying on public transport to travel to medical appointments e.g. hospital, blood tests. Many comments pointed out the difficulties attending things when bus stops were not nearby and/or buses were infrequent e.g. once an hour or no evening or Sunday services. Suggestions for improvements were the introduction of a town wide volunteer driver scheme or council subsidised door to door transport for those without cars to access medical appointments, events, social groups and leisure hubs.



A number of responses also highlighted the fact that if **pavements, pathways and walkways around localities are in poor condition** this presents a barrier to mobility and travel both on foot, and in wheelchairs and scooters. Some comments also saw this as creating a **fear of venturing out, particularly alone, in case of accidents**. Fear of **crime and anti-social behaviour** were also cited as **barriers to older people** being confident leaving their homes to travel to, and be out in, public spaces.

Figure 6: Source 'Ageing Well in Warrington Survey 2024'



- **Accessibility of locations, activities and services**

Again, many of the comments relating to accessing services related to health appointments and the difficulties securing GP appointments. There was a view in some comments that **the offer of groups, activities etc were not equitable across the borough**, a perception that some areas were far better served than others. These comments referred to both activities and bus services. Several comments pointed to the lack of evening and weekend groups and activities. The **cost of getting to**

activities and the cost of the activities themselves were also cited as a barrier to engagement.

Health issues, disabilities and reduced mobility were again highlighted as barriers to both getting to venues and accessing activities. In addition, reference was made to the **need for venues and activities to accommodate, and be pro-actively welcoming to, people with both physical and mental health needs**.

The difficulties faced by deaf residents who want to participate were stressed. Also, the higher rates of **visual or hearing impairments** amongst older people was also flagged as an issue that providers of activities and services needed to acknowledge. Suggestions pointed to the need for **co-production in decision making, design and delivery** of services, activities and amenities which are aimed at older residents.

- **Better information on what is available**

A recurring theme in responses was the need for **better publicising and communication** of what locality-specific and Warrington-wide activities and services are available. Comments reflected that, even knowing what activities were available, not **knowing how to access them or how much they cost** could create another barrier. Equally, to encourage attendance, **information needs to be widely available on the facilities available** at venues e.g. toilets, disabled, and any **additional accommodations** that can be made.

Several suggestions involved the use of **leaflets posted door to door or posted out**. Some comments pointed to the need to **increase the use of local spaces to advertise activities** e.g. libraries, pharmacies, GPs, shopping centres, supermarkets.

- **Digital inclusion and digital skills**

The need to ensure that **those who do not have access** to computers, ipads or smartphones and/or **are not computer literate** are presented with **an alternative method for accessing support and information** was repeatedly stressed. Many respondents criticised the reliance on online information sources to find out what is available, feeling that this

placed those not confident with computers at a disadvantage. Many comments also pointed to the push to make health appointments online, which it was felt created issues with equitable access to services. Several of those respondents expressed their own confidence in using technology but were concerned that their older relatives and friends were unable to do so and therefore cited it as a barrier.

- **Confidence and motivation**

The issue of confidence was raised in several comments highlighting that, for those unused to entering new situations, the fear of the unknown would prevent their participation. Particularly this was felt where somebody might live alone and/or have limited or no contact with family or friends and therefore have become less accustomed to interacting and socialising. Again, several expressed the view that, for some people, targeted encouragement and support might be needed to attend at least for the first visit. Suggestions for addressing this issue included the creation of community/neighbourhood initiatives, introductory small group sessions for new people before they join a larger established group.

2.8 Speak Up feedback

Warrington Speak Up provides independent advocacy for the benefit of any resident of Warrington who faces discrimination, disadvantage or social isolation, in particular they work alongside vulnerable adults. Twenty residents who attend Speak Up's self-advocacy group for adults with learning disabilities contributed their views and suggestions about ageing well during group sessions.

Asked to think about **what they feel keeps them healthy and well** the group listed exercise, eating healthily, meeting up with friends, their family, having pets, going to groups and activities (Speak Up 4 All, Walk n Talk, Soup n Chat, supper club), chatting with people, having access to easy read information, being able to use public transport, having local shops and places to eat, living in a nice place.

The concerns listed by the group when asked **what they worried about when thinking about getting older** were: being isolated, losing

confidence, not being mobile, going deaf, not being able to use transport, genetic illness, being a victim of crime, becoming ill, losing independence, there not being enough care places, losing friends/family, dying, forgetting things, mental illness.

The group members were asked **what things they would like to do more of as they got older** to help them stay healthy and happy. They listed: more dances, more clubs, warm hubs, classes and activities, keeping in touch with friends, coffee and chats.

The things that group members thought were difficult for older people in Warrington along with their ideas for what would make things easier were:

- Transport
- Lack of social media understanding, suggestions that services and organisations needed to provide people with more help with IT
- The loss of high street banks as some older people were unfamiliar with online banking and needed help
- Loneliness, need to make sure people aware of what is going on in town. Use other means, not just social media



3. Conclusions

Findings from the Ageing Well Survey (800 respondents aged 50+) and the recent 2023 Health and Wellbeing Survey (over 2,500 respondents aged 50+) contribute a range and depth of information that helps us to better understand the behaviours and views of our residents aged 50 and over. Several areas for further consideration and discussion have emerged from these listening exercises which provide us with invaluable insight into the views and experiences of our 50+ residents.

This section considers the findings from our qualitative work in the context of the eight domains set out in the World Health Organisation's Age Friendly Communities framework which are also promoted by the Centre for Ageing Better, a national body which forms part of the government's What Works Network. The domains forming this framework are:

- Outdoor spaces and buildings
- Transport
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

3.1 Outdoor spaces and buildings

Asked what they would like to do more of as they aged, the **opportunity to spend more time outdoors in green spaces** was the highest rated response. Feeling **safe when going out of the house** whether to shop or walk locally, visiting green spaces or travelling was also cited in views on barriers to participation and flagged as an **important factor in an age-friendly town**. Fear of **crime or anti-social behaviour** can be a result of a perceived threat, or actual experiences and it is important that efforts to alleviate concerns address both equally important causes. Suggestions from residents to reduce anxieties included increasing police presence, better street lighting and more evening community activities to increase the number of people out and about.

Fear of **falling or tripping** due to the poor condition of pavements, footpaths and walkways was cited by a number of respondents as an obstacle to mobility creating a **fear of venturing out, particularly alone, in case of accidents**. Overgrown bushes and trees were also identified as an impediment for wheelchairs and mobility scooters users. **Consultation and co-production are essential in the design and review** of outdoor spaces to build an environment sympathetic to pedestrians and those using wheelchairs and mobility scooters. In this way giving residents a voice to address the potential obstacles that might hinder movement and affect inclusion.

Choice and accessibility were key themes in comments pointing to the need for venues and services to make **reasonable adjustments to accommodate disabilities and mobility** issues to ensure that classes and groups can be accessed by all.

3.2 Transport

Transport and getting around emerged as a key issue in responses across the survey. Difficulties **travelling to activities and services was cited as the main barrier to participation** with many negative comments on the **availability and frequency of bus services** with several referring to once an hour only or no evening or Sunday services. In acknowledging **the importance of participation, equitable access and inclusion** for health and wellbeing, the servicing of local areas for transport, the cost of travel and ideas for supporting travel to medical appointments are factors that warrant further consideration. For those **without access to personal transport** either their own car or a lift from family or friends, difficulties accessing public transport will be a deciding factor in **attending both necessary appointments and wider activities**. Transport links should be a key consideration in **decisions regarding the design and delivery** of activities for older people, along with the value of volunteer driver schemes and dedicated transport to facilitate attendance.

3.3 Housing

4 out of 5 respondents identified their **home and where they lived as an important factor in their health and wellbeing**. Being able to **stay in their own home/ living independently** was identified as a key concern by three quarters of respondents and over half wanted to stay living in their area with age-friendly options for living.

Suggestions for an age-friendly town also pointed to good **options for housing**, affordable, community living with support to enable independent living along with a place where **people of all ages mix** encouraging inter-generational support.

3.4 Social participation

Participation in wider activities increases the opportunities for social interaction which are vital to health and wellbeing. **Being connected to others** was the highest rated response in answer to the survey question on 'what is currently important in keeping you healthy and well'. Also, on being asked what they would like to do more of as they aged, **exercising and keeping fit and being mentally stimulated (e.g. learning new things)** was the second most popular response.

Accessibility was a recurrent theme in survey comments with views and experiences shared on barriers relating to the **proximity of facilities** and activities along with **affordability, suitability and flexibility** of options. Many comments stressed the importance of not only **offering more opportunities** for participation but also **facilitating that participation**. Also highlighted was the **barrier to access that online booking systems presented** to those not confident with digital technology.

The issue of **confidence to attend** was raised highlighting that, for those unused to entering new situations, the fear of the unknown would prevent their participation. Respondent suggestions pointed to **targeted encouragement and support** possibly delivered through community/ neighbourhood initiatives, along with **introductory small group sessions** for new people before they join a larger established group.

Asked what they would like to do more of as they aged, the **opportunity to spend more time outdoors in green spaces** was the highest rated response followed by **exercising and keeping fit and being mentally stimulated (e.g. learning new things)**.

Responses to this important question show that many of our 50+ population have a **wealth of interests** and a **clear appetite to continue or commence expanding their horizons** into the future. Suggestions for what would encourage participation related to **better transport links, better information, improved accessibility affordability and choice, feeling safe outdoors and support to attend** for those less confident.



3.5 Respect and social inclusion

Feeling heard, respected and accepted were all needs cited by respondents echoing the recurrent theme of inclusion as key to health and wellbeing. **Acceptance of all regardless of age** was important in consideration of what constituted an age-friendly place to live. Feedback called for understanding of the changing needs of people as they age and giving equal importance to the requirements of different age groups. Recognising the extra support needs of those who have no family to support or help them was also raised. Equally, reference was made to the need to **ensure that those with dementia and their families feel valued and respected in communities**.

In recognising the increasing use by organisations and services of online systems to interface with clients, patients and residents, it is vital that efforts are strengthened in **ensuring that residents across the borough can build these skills**.



Some comments expressed fears of **loneliness and isolation** as health, mobility and finances affected social inclusion and participation. Comments also served as a reminder of the **need to address the financial, practical and systemic factors that perpetuate inequitable access and social exclusion**.

Feedback in relation to digital skills showed clear confidence and skills amongst those aged between 50 and 75. However concerns were expressed across respondent groups for those, often older residents, who did not possess these skills. In recognising the increasing use by organisations and services of online systems to interface with clients, patients and residents, it is vital that efforts are strengthened in **ensuring that residents across the borough can build these skills**. Equally, suggestions pointed to the need to ensure that **those who do not have access** to computers, ipads or smartphones and/or **are not computer literate** are presented with **an alternative method for accessing support and information**.

3.6 Civic participation and employment

Nearly 4 out of 10 respondents saw **volunteering/doing unpaid work or supporting others as a contributing factor to their current health and wellbeing** and nearly 4 out of 10 wanted to do more of these activities in the years ahead. Equally, having a voice in decision making in the borough was important to respondents with **43% of respondents expressed an interest in contributing their views to help make Warrington an age-friendly town**.

Whilst the survey did not collect information on employment status, analysis of responses by **age bands** found a higher number of those aged 50-59 expressing concerns about 'planning for retirement' than was seen in the 60-69 age group. Equally, more of those in the 50-59 age group marked concerns about 'staying in employment' than the 60-69 group.

3.7 Communication and information

A recurring theme in responses was the **need for better publicising and communication** of what locality-specific and Warrington-wide activities and services are available and where to go for information and support. Questions which aimed to explore knowledge and awareness of support and advice available revealed that on average 4 out of 10 respondents were not aware of where to go to find out about activities or groups, financial advice, support available e.g. for carers or volunteering and employment opportunities. Belief that the onus was often on the individual to seek out information, **often online** which is harder for those who are older and possibly not confident using computers led to suggestions around **leafleting homes and expanding publicity in community venues e.g. libraries, pharmacies, GP surgeries**. 40% of respondents responded 'not really/not at all' when asked if they knew where to go to get information on what was happening in their area, advice on finance and support issues, or volunteering opportunities. This gives a clear message to commissioners and providers of services and those charged with communication of information on support and services that more needs to be done in this area.

3.8 Community support and health services

As highlighted, access to health services emerged as a key issue in responses across the survey with **'accessing health services and treatment when needed'** being the **highest rated concern** across all respondent groups. Many comments on **health** related to access to health care and treatment **more specifically GP appointments**. Feedback also cited access to dental services. Many comments called for the ability to access health care and treatment without reliance on technology and pointed to difficulties contacting GPs to make appointments by phone.

Concerns about **support** referenced the availability and affordability of the care that might be needed for both respondents and family members when they were no longer able to provide support. This appeared a clear concern for those respondents who said they lived alone with no family or far from family. The availability of care home places and the suitability of what will be available in the future was also cited as a worry.

