



AGE-FRIENDLY CHESHIRE WEST

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September 2021

*Baseline
Assessment
Report*

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Executive summary

In 2018, Cheshire West and Chester joined the World Health Organization (WHO) Global Network of Age-friendly Cities and Communities and the UK Network for Age-friendly Communities. Consequently, the Age-friendly Cheshire West partnership was established, which aims to continually improve the lives of older people living in the Borough. To achieve this aim, it is essential to understand baseline levels of age-friendliness and identify areas for development and improvement. This document reports the findings of a baseline assessment, conducted by staff from the Centre for Ageing and Mental Health at the University of Chester; the survey was open from 4th February 2020 until 8th May 2020. In addition to administering a survey with residents aged 50 years and over, the University team conducted desk-top research to identify age-friendly activity already taking place in the Borough, some of which is included in this report.

Data was captured from Borough residents, aged 50 and over, via a survey based on the eight WHO age-friendly domains, shown below:

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

Respondents were also asked to select three items to be prioritised by Age-friendly Cheshire West moving forwards.

Five thousand paper copies of the survey were posted to households and individuals could also complete the survey online. 1,111 surveys are included in this report (969 returned paper copies and 142 completed online). 13.6% of respondents were aged between 50 and 59, 29.6% were in their sixties, and 56.8% respondents were aged 70 years or older. The majority of respondents (61.6%) lived with at least one other person. Only 0.3% of respondents indicated they had an ethnic background other than white.

Key findings

Communication and information

Communication and information emerged as important issues with significant percentages of respondents answering “don’t know” to questions throughout the survey; this may be because

information is not available or easily sourced, or individuals had not needed to seek information at the time of responding. Nonetheless, to facilitate residents identifying what is available within the Borough and how to become more involved with their communities, it is essential to ensure effective, easily accessible systems of communication are developed. Indeed, it was disappointing that respondents appeared unaware of good practice within the Borough, including many of the existing age-friendly initiatives.

Regarding communication per se, the majority of respondents preferred paper communication or email/internet with few preferring face-to-face communication; this is reassuring given the constraints of the Covid19 pandemic. A number of respondents suggested a central information repository would be beneficial and that existing websites were not always user friendly.

Outdoor spaces and buildings

Ratings of outdoor spaces and buildings varied; green spaces were positively rated but respondents were critical regarding the condition and maintenance of pavements. Obstructed pavements, for example due to inconsiderate car parking, was also highlighted; this is especially problematic for individuals with mobility issues. The “One City Plan” aims to encourage cycling into Chester and some areas of the City are shared spaces for pedestrians and cyclists, however some respondents suggested this can be problematic. Respondents also perceived inadequate provision of public toilets; the City Centre has the “Community Toilet Scheme”, which is an agreement where participating businesses allow individuals to use their toilet facilities without being obliged to purchase goods or services, it would be worthwhile considering extending this throughout the Borough.

Transportation

Transportation emerged as a major issue for respondents with provision, reliability, and frequency of public transport being identified as problematic, especially for individuals living outside major urban conurbations, and at certain times such as evenings and weekends. One aspect of public transport which fared well was taxis; this is reassuring given the key role taxis have in Cheshire West and Chester’s (CW&C) Transport Plan. Driving in the Borough was generally well rated, although the location of car parks and amount of parking available was less well rated. Transportation intersects with other age-friendly domains, indeed without access to appropriate transport older adults may find day to day activities and attending social and leisure activities difficult unless they have private transport or can afford taxis. Respondents selected improved public transport and public transport links as the second and third highest priorities for Age-friendly Cheshire West.

Housing

In respect to housing, responses regarding the quality of respondents’ homes was very positive with a high proportion of respondents rating their home as good/excellent with only 1.1% rating their home as poor/very poor. The availability and location of accessible housing was rated less favourably, however, and a large proportion of respondents did not know about support and adaptations to help them remain in their own homes as they aged.

Social participation

The majority of participants rated the variety of social events and activities, sports and physical activities, and cultural activities and attractions, as average or better. Cultural activities and attractions fared well with almost 42% of respondents rating these as good/excellent. However, only 14% of respondents rated inter-generational activities as good/excellent. A large proportion of respondents gave “don’t know” answers and over half rated the provision of information about events and activities as average, poor or very poor.

Respect and social inclusion

In the main, how individuals working in the public sector, retail and commercial services, and transport respond to older adults was rated positively, especially for retail and commercial services which were rated as good/excellent by 43.3% of respondents. However, there was also evidence that older adults may feel under-valued; only 11.7% of respondents rated recognition of older people's contributions to the community as good/excellent and only 13.1% rated the image depicted of older people as good/excellent.

Civic participation and employment

A large proportion of respondents rated opportunities for employment, entrepreneurship, and further education/training as not applicable; this may be associated with 72.8% of respondents stating they are retired. When asked about opportunities to be entrepreneurial, 6.5% of respondents stated good/excellent while 8.7% rated them as poor/very poor. Opportunities for further education/training fared better with 19.2% of respondents rating their opportunities as good/excellent. Opportunities to volunteer were rated more favourably by respondents with over one third rating this good/excellent rating.

It is worth noting that, despite evidence of organisations trying to involve older adults in consultation and decision making, 17.5% of respondents rated their opportunities to do so as poor/very poor and 18.4% rated this as being not applicable to them. Improvements in respect and social inclusion may influence perceptions regarding civic participation.

Community and Health Services

Better health and social care services were identified by respondents as their main priority for Age-friendly Cheshire West. 27.3% of respondents rated the range of health and social care services as average and 15.3% as poor/very poor.

However, again communication was an important variable in this domain with high proportions of respondents not knowing about factors such as the affordability of health and social care services, the support available to help them stay in their own homes, and the availability of health and fitness activities.

Considerations

Although WHO assesses age-friendliness in terms of eight domains, the domains actually intersect and action to improve one domain may affect another. In the case of Age-friendly Cheshire West it can be proposed that communication and information, and transportation impact other domains. Indeed, communication and information emerged as a key issue given the high proportion of “don’t know” answers and poor ratings regarding information provision. While investing in new and additional services and provision may be difficult, simply improving

communication regarding what is already available may positively impact residents' lives. Age-friendly Cheshire West may therefore wish to prioritise communication.

When producing an action plan based on the survey, Age-friendly Cheshire West must highlight that it does not have power to address some of the issues identified but what it can do is ensure the voice and opinions of older adults are heard and considered by those able to make changes. That said, Age-friendly Cheshire West is able to directly address some issues such as highlighting and tackling ageism.

Respondents rated opportunities for intergenerational activities poorly. Age-friendly Cheshire West may wish to consider bringing generations together to address shared issues. This may also impact the domains of respect and social inclusion and civic participation and employment.

Section 1- Introduction and background.

1.1 Introduction

The World Health Organization (WHO) “Age-friendly Cities and Communities” is a world-wide initiative bringing together communities which are endeavouring to:

- make their locality a positive place in which to grow older,
- ensure the voices of older adults are heard and respected, and
- older adults’ needs are considered throughout the development of local services and strategies intended to promote healthy ageing and an inclusive community.

Membership of the WHO network of age-friendly communities recognises the contribution and commitment of individuals, groups, and organisations in working to make their community age-friendly.

This report has been produced by staff at the Centre for Ageing and Mental Health at the University of Chester. The aims are to:

- report the findings from the Age-friendly Cheshire West baseline survey,
- identify levels of age-friendliness in the Borough of Cheshire West and Chester,
- highlight areas of good practice,
- suggest where improvements could be made.

The report is divided into sections, the first of which describes the Borough, its population and the organisations comprising the Age-friendly Cheshire West partnership, before moving onto outlining the approach taken to conducting the age-friendly baseline assessment and reporting the findings of the assessment. The reader should consider that the Borough of Cheshire West and Chester (CW&C) is diverse, with rural and urban areas, affluence and disadvantage, therefore, residents’ experiences of ageing may be very different.

1.1.1 Defining “age-friendliness”

The WHO defines an age-friendly community as follows:

“In an age-friendly community, policies, services and structures related to the physical and social environment are designed to support and enable older people to “age actively” – that is, to live in security, enjoy good health and continue to participate fully in society.” WHO (2010)

And states:

“In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities”.

WHO (2007a) p1

WHO has produced a framework for assessing age-friendliness based on eight domains which explore social, environmental and structural factors affecting older adults (see Figure 1). Each of the eight domains is underpinned by a set of indicators, which are relevant to the lives of older adults and impact their ability to participate fully in the community.

This report is structured by the eight domains; however, it must be highlighted that the domains and the under-pinning indicators are not exclusive, indeed changes to one will almost certainly impact other domains. As an example, improvements in transportation may affect older adults’ ability to participate in social activities and facilitate them feeling more socially included.

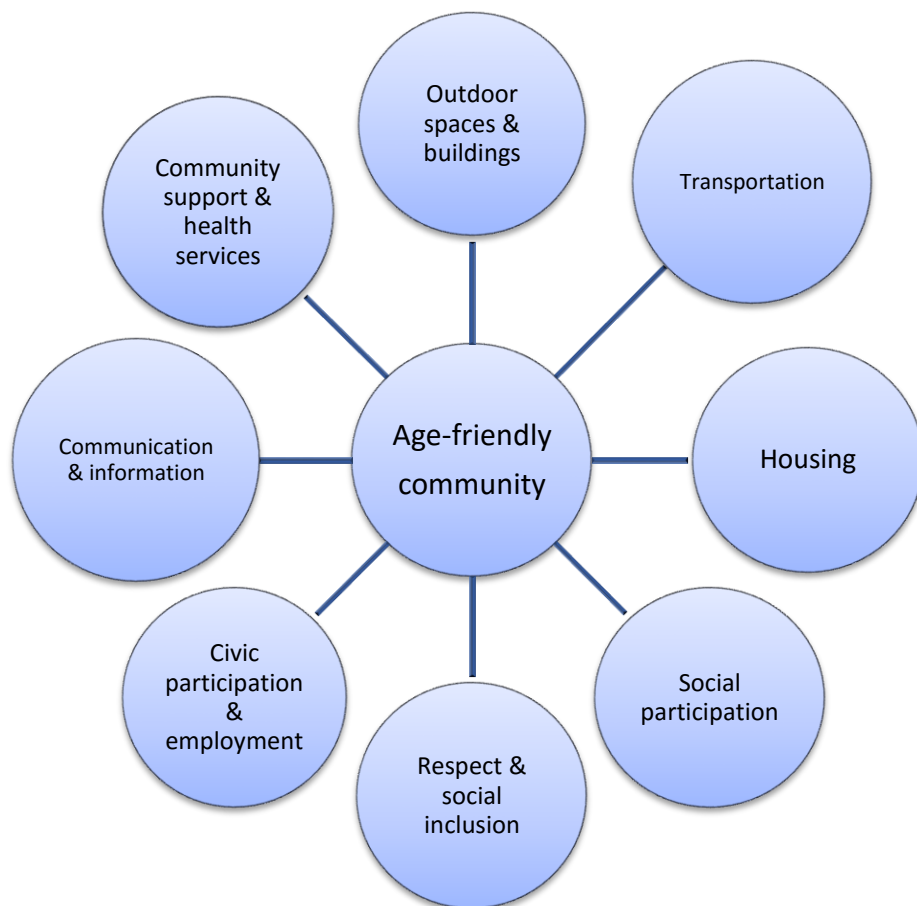


Figure 1 - WHO domains of age-friendliness

It must be highlighted that the Age-friendly Cheshire West baseline survey was designed and launched prior to the Government’s first Covid19 pandemic lockdown in March 2020. Age-

friendly Cheshire West has produced a “Covid response” statement, which can be found at Appendix 1.

1.2 The Age-friendly Cheshire West partnership

Age-friendly Cheshire West is a collaborative partnership of local organisations and citizens, headed by the local authority, CW&C Council. The core partnership group includes representatives from the following organisations:

- CW&C Council
- Age UK Cheshire
- Brightlife
- Cheshire Community Action
- Cheshire West Integrated Care Partnership
- Older People Active Lives (OPAL)
- NHS Cheshire Clinical Commissioning Group
- University of Chester
- Vivo Care Choices
- West Cheshire Dementia Action Alliance

The Core Group oversees the work of the Age-friendly Cheshire West partnership, acting as an expert reference group. Group members also act as strategic sponsors and lead on areas of expertise relevant to ageing and older adults, for example, sub-groups tasked with overseeing progress against each of the WHO domains of age-friendliness.

Additionally, older adults living in the Borough have been recruited to a number of roles including, membership of the Core Group and sub-groups. As Age-friendly Cheshire West develops, the involvement of older adults will increase.

1.3 Pre-existing age-friendly activity

CW&C joined the WHO Global Network of Age-friendly Cities and Communities and the UK Network for Age-friendly Communities in 2018 and is working to continually improve the lives of older people living in the Borough. Age-friendly Cheshire West aims to:

“Inspire communities and bring people of all ages together to make Cheshire West and Chester an age-friendly borough, where everyone can live life to the full and enjoy later life.”

(Age-friendly Cheshire West 2019)

The Borough already demonstrates a significant commitment to age-friendliness with the local authority and other organisations working to improve the lives of older adults living in the Borough. As examples¹:

- Age UK Cheshire is a charity with the stated mission: “Age UK Cheshire is a local social enterprise and charity that is dedicated to later life. We co-produce excellent services, make opportunities, connect people meaningfully and influence positive change. Because of our work, people love later life in Cheshire” (Age UK Cheshire 2019). The Charity provides a range of information and advice services for older adults, health and social care support, as well as social activities such as Men and Women in Sheds, day trips, exercise classes, and arts activities.
- Brightlife was a consortium of local organisations led by Age UK Cheshire, which aimed to reduce social isolation and loneliness in people aged 50 and over living in the Borough. Brightlife received £5 million funding from the Big Lottery and placed older adults at the centre of its activities. A group of older adults, known as the Older Person’s Alliance (OPA), were actively involved in all aspects of Brightlife; including attending the steering partnership, commissioning funded activities. and ensuring that the voice of older adults was represented throughout the project. Brightlife commissioned over 50 projects which aimed to reduce social isolation and improve social participation, a number of these projects became self-sustaining and continue to provide activities for older adults. Additionally, Brightlife has received continuation funding for its flagship social prescribing service, which focuses on older adults living in rural communities.
- Community Conversations, an Integrated Care Partnership project facilitated by a local charity, Cheshire Community Action, was the largest exercise of its kind undertaken across the Borough enabling 569 people, mostly older residents, to share their experiences. The project empowered people living with long term health conditions, those close to them and carers to talk about their experiences. Participants discussed the local health and social care system, the problems it faces and how issues might be tackled at different levels (personally, community-wide, and system-wide). Participants produced detailed recommendations regarding how care and support services could be delivered within a more integrated system in Cheshire West and Chester.
- The Corporate Disability Access Forum (CDAF) established in 2013, is a partnership of local and regional disability organisations and CW&C Council, which contributes to the creation of age-friendly environments by influencing major transformation and developments to ensure they are accessible and usable by everyone. CDAF also promotes and facilitates greater access to information in accessible formats. CDAF was key in the City of Chester winning the 2017 Access City Award.

¹ This list is not exhaustive

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- CW&C Council's Equalities Managers provide a strategic lead on behalf of the Age-friendly Core Group in relation to 'Inclusion and Respect'; supporting age-friendly principles which facilitate older residents being heard, respected, valued, included and positively represented. The Equalities Managers also lead on the development of an Age-friendly Council.
 - OPAL Services (Older People Active Lives), a charity established in 2011, provides activities and support for older adults living in rural areas of the Borough. OPAL's services include; clubs where older adults can meet with others, take part in activities and have lunch, "GoOnline" which helps older adults become confident and competent in using a range of ICT, as well as offering services for carers.
 - The University of Chester established the Centre for Ageing and Mental Health in 2013 with aims including, conducting research, consultancy, and education to promote innovation in health and social care services for older adults and facilitating research and education both nationally and internationally. Centre staff are drawn from a variety of academic disciplines, including Gerontology and Old-age Psychiatry.
 - West Cheshire Dementia Action Alliance, which is supported by the Alzheimer's Society, works across the Borough with a range of individuals and organisations to improve the lives of people affected by dementia.

CW&C also hosts and promotes numerous other initiatives aiming to enhance age-friendliness across the Borough. Older adults are considered throughout the CW&C Council Place Plan for 2019 to 2024 with a commitment to providing appropriate services to meet their needs in respect of health and social care, housing, and social isolation and loneliness. The Council also has a number of specific strategies and plans relevant to older people which can be accessed via the Council's website at <https://www.cheshirewestandchester.gov.uk/your-council/policies-and-performance/council-plans-and-strategies/council-plans-and-strategies.aspx>

Age-friendly Cheshire West has instigated considerable work establishing the following action and task groups:

- The Age-friendly Arts, Culture and Intergenerational Action Group. The group aims to increase older residents' involvement in arts, cultural activity, and creativity; moving beyond participation to be artists, curators, teachers, leaders and ambassadors. The group also aims to identify opportunities for co-production, training, funding, and support, as well as sharing best practice, information, skills and innovative ideas.
- The Age-friendly Civic Participation and Employment Group has a remit of facilitating opportunities for employment, skills and learning, formal and informal volunteering, and participation in decision making. This includes the contribution of older adults to

the ongoing development of the Age-friendly Programme. The group also oversees project work around age-friendly employers, businesses and Ambassadors.

- The Age-friendly Digital Inclusion Group facilitates joint working with partners regarding the inclusion of older adults and promotes equality, and accessibility to ensure no one is left behind in an increasingly digital world. In addition to coordinating activity related to digital inclusion of older adults, the group promotes the benefits of digital engagement and aims to enable older adults to develop the confidence and skills to get online. A key activity is addressing barriers to digital inclusion, while respecting personal choice and ensuring the inclusion of individuals who choose not to operate online
- Age-friendly Cheshire West also hosts a task group aiming to address ageism and stereotypes, alongside changing the conversation around ageing. CW&C Council supports the UK Age-friendly Network in taking a stand against ageism and is supporting the national 'Age Proud' campaign.

1.4 Description of Cheshire West and Chester.

Cheshire West and Chester is a unitary local authority area, of approximately 350 square miles in size, situated in the North West of England. The Borough lies within the county of Cheshire and is bordered by Cheshire East, Merseyside, Shropshire, Halton, Warrington, and Flintshire in North Wales. The Borough consists of the City of Chester and a number of large industrial towns, as well as having significant rural localities comprising market towns, villages, and hamlets.

The Borough economy is diverse with urban, rural, and industrial areas hosting a range of industries including car manufacturing, oil refining, and manufacture of chemicals, with rural locations being associated with agriculture. Substantial pressures are present on both industrialised and rural areas with the future of industries such as car manufacturing and dairy farming being unclear (CW&C Council 2011a). Travel and tourism are also significant aspects of the Borough economy. Among other attractions, the City of Chester boasts, Roman artefacts including walls that encircle the city, the "Rows" which are half-timbered first floor walkways hosting shops, restaurants and cafes; a cathedral, and the River Dee. The City remains committed to further improvements and ensuring accessibility for all (Visit Chester n.d.).

There are also myriad visitor attractions outside of the City including, Chester Zoo which has won numerous awards for conservation and attracted almost 2 million visitors in 2019, Cheshire Oaks designer outlet at Ellesmere Port which attracts over 8 million shoppers a year, the Blue Planet Aquarium housing freshwater and marine creatures, the National Waterways Museum which enables visitors to experience what life was like for people who lived and worked on or beside canals and rivers, and the Lion Saltworks Museum in Northwich focusing on the history of salt extraction which dates back to the Romans. (Marketing Cheshire nd).

Away from the major conurbations, the Borough's rural locations boast many areas of natural beauty including Delamere Forest, Manley Mere, the Sandstone Trail, and historic monuments such as Beeston Castle and Ince Manor.

1.4.1 Demographics

The total population of the Borough in 2018 was estimated at 340,500 (ONS 2019) with 24.1% (n=10,600) being retired. Figure 2 shows the percentage of the Borough's population aged 50 years and over, by age groups.

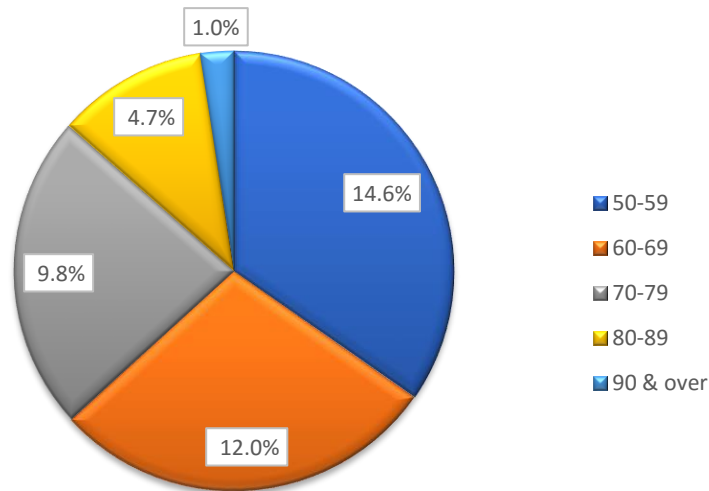


Figure 2 – Population (aged 50 and over) by age group (percentage)

The Borough population is forecast to increase by 10% by 2035, however there is a projected increase of people aged 65 and over of 46%, to more than 100,000 people with circa 20,000 people being aged 80 or over (CW&C Council 2017a) (See Figure 3).

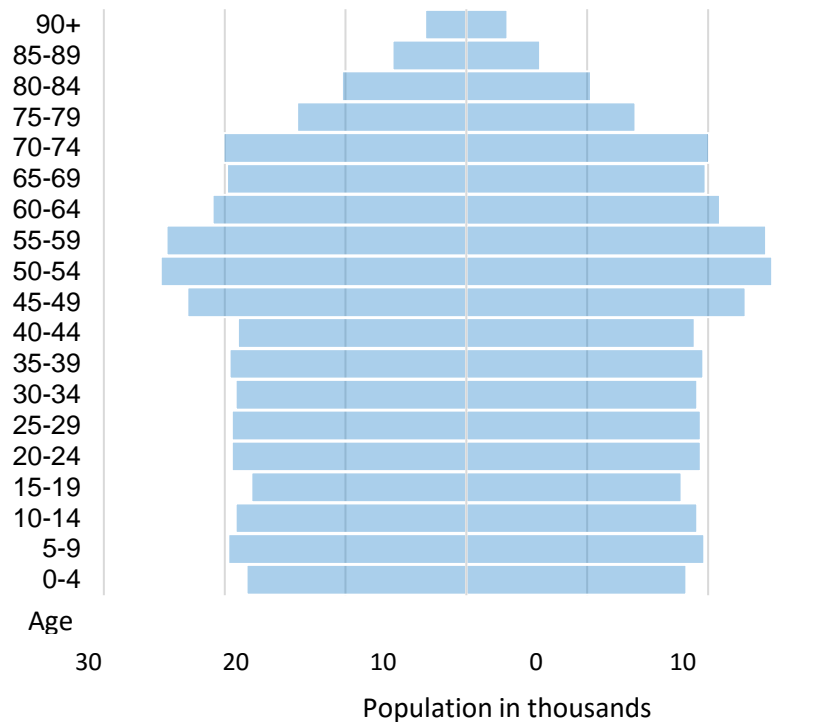


Figure 3 – Projected population of CW&C at 2035 by age

1.4 Indices of deprivation

As noted, CW&C is diverse in its geography with rural and industrial areas; there are also marked differences across the Borough in relation to levels of “deprivation” as measured by the English Index of Multiple Deprivation, which assesses deprivation measured against seven domains:

- Income Deprivation relates to low income for both people who are in employment and those who are not.
- Employment Deprivation relates to the proportion of individuals of working age who are excluded from the labour market due to sickness, disability and unemployment
- Education, Skills and Training Deprivation relates to attainment and skills. This indicator has sub-domains for adults and children/young people.
- Health Deprivation and Disability relates to the risk of premature death and the impact of physical and/or mental ill health on quality of life.
- Crime relates to the risk of falling victim to crimes against the person and property.

-
- Barriers to Housing and Services relates to how accessible housing and services are in terms of location and affordability. The domain has two sub-domains measuring geographical and wider barriers.
 - Living Environment Deprivation relates to the quality of the internal and external environment. The domain has two sub-domains: indoors, assessing the quality of housing, and outdoors, examining air quality and road traffic accidents.

(UK Government, Ministry of Housing, Communities and Local Government 2019).

The Borough is one of the most affluent in North West England, of the 317 English local authorities CW&C ranks at 183 for deprivation (1 is most deprived). However, as well as wealthy neighbourhoods, there are a number of disadvantaged localities, highlighting inequality between Borough residents. Of the Borough's 212 lower super output areas (neighbourhoods with circa 1,500 residents), four fall into the worst 10% for multiple deprivation with two being in the 5% most deprived in England, whereas 14 neighbourhoods rank in the 10% least deprived neighbourhoods (UK Government, Ministry of Housing, Communities and Local Government 2019a).

In June 2020, the Office for National Statistics (ONS) showed that 71.8% of adults aged between 50-64 living in the Borough were economically active with 69.6% being in employment.

Detailed profiles of all council wards can be found on the CW&C Council website at https://inside.cheshirewestandchester.gov.uk/find_out_more/datasets_and_statistics/statistics/population/acorn_ward_profiles with additional data available at <https://inside.cheshirewestandchester.gov.uk/>

1.5 Health and wellbeing

Life expectancy in CW&C mirrors that in England, with male expectancy at 79.4 years and female expectancy at 83.1 years. However, across the Borough life expectancy is over 14 years lower for both men and women in the most deprived areas compared to the least deprived areas (CW&C Council 2017b; CW&C Council 2018a). People living in poorer areas not only die earlier, but spend more of their lives with disability, on average the variation in healthy years lived is a difference of 17 years across England. Of the 46 wards in CW&C, nine have significantly lower male life expectancy and 10 have significantly lower female life expectancy compared to the England average.

CW&C's Health and Wellbeing Strategy 2015-2020 (CW&C Council 2015a) identified a number of key indicators to reduce health inequalities across the Borough. One of these indicators was to ensure that "Older people live healthier and more independent lives, feel supported and have a good quality of life". This ambition aims to support people to lead more healthy and active lifestyles in an environment which promotes this as the norm.

In the 2011 Census, 78.1 % of CW&C residents reported they were in good or very good health, with 21.7% of adults aged 16 and over having a long-term health problem compared to 20.9% nationally (CW&C Council 2015b). Nevertheless, although many older people feel they are in good or very good health, an increasing proportion experience multiple long-term conditions as they age. The 2011 CW&C “Our Community” Survey estimated that 64.9% of 65-84-year olds and 81.5% of 80+ years had more than one long term condition. The survey also reported that the percentage of people in each ward stating older people locally receive the support they need to live independently at home for as long as possible, was on average 36.2%, ranging from 19.3% – 48.6% agreeing.

Section 2 reports the approach taken to developing and administering the baseline survey.

Section 2 – Baseline assessment methodology

This section describes the approach taken by the University of Chester Centre for Ageing and Mental Health staff (UoC) to capture older residents' opinions regarding the level of age-friendliness across the Borough.

2.1 Data collection instrument

The UoC team initially conducted an academic search to identify validated data collection instruments previously utilised for the WHO Age-friendly Communities baseline assessment. One instrument was identified, the "Community Assessment Survey for Older Adults" (CASOA™). However, this instrument was developed for use in North America and is copyrighted, thus any changes identified as necessary to achieve cultural equivalence would have to be approved by the developers and then validated.

A search was also conducted of the WHO Age-friendly Communities website to identify approaches to baseline assessment already utilised in the UK. This identified a variety of approaches including, stakeholder events, desk-top exercises, bespoke surveys, and utilisation of pre-existing survey data.

The City of Belfast joined the Global Network of Age-friendly Cities and Communities in 2012 and successfully completed its first age friendly plan in 2017. "Age-friendly Belfast" developed a bespoke community assessment survey based on the WHO eight domains of age friendliness and agreed to allow the UoC staff to utilise (and adapt where necessary) this survey.

The UoC staff and the Age-friendly Cheshire West Core Group worked collaboratively to co-produce a baseline assessment survey, based on that of Age-friendly Belfast, which was tailored for local need. Members of the Core Group felt strongly that public transport was a crucial issue for older adults living within the Borough, especially those residing in rural neighbourhoods, therefore, in addition to asking set questions about transportation, respondents were able to provide additional information/comments. It was also agreed respondents should be able to provide any relevant information they felt was not included in the survey, therefore, an "additional information" box was included at the end of the survey.

The survey was circulated to the Age-friendly Cheshire West Core Group, University co-researchers (a group of older adults living in Cheshire West), and other partners to pilot with the intention of gauging its appropriateness and ease of completion. This consultation resulted in amendments and additions to the survey with several iterations being produced until the Age-friendly Cheshire West partnership was satisfied that it was suitable for use.

The survey was made available to respondents in hard copy and online formats and was open from 4th February 2020 to 8th May 2020. The online version was hosted by “Online Surveys” and completed hard copies received by UoC were inputted into online software to produce a collated data set.

2.2 Sampling

To facilitate appropriate sampling, CW&C Council’s Insight and Intelligence Team was asked to produce a list of 5,000 randomly generated postcodes for households across the Borough. The Insight and Intelligence Team was able to check for distribution across the Borough to achieve proper representation. Additionally, the Insight and Intelligence Team was also able to identify localities with higher concentrations of older residents, thus adjusted the list to achieve maximum penetration into the older population. The final postcode data informed the distribution of hard copy surveys by post.

The following steps were taken to maximise the recruitment of older people living within the Borough and rates of survey completion. Building on the partnership approach fostered by Age-friendly Cheshire West, members of the Core Group were asked to assist with promotion of the survey and circulation of hard copies as follows:

- Brightlife funded a range of projects and its service providers engaged with a diverse population of older people living in the Borough, including older adults from BAME and LGBT+ communities, individuals with disabilities as examples hearing and sight impairment, and learning disability. Projects were delivered across the Borough including urban and rural locations. Brightlife contacted all its service providers with a request to issue hard copy surveys and details of the online link to people attending activities. Brightlife also published details of the survey and online link on all its social media platforms.
- Members of the Core Group were asked to distribute details of the survey to residents living in sheltered /retirement housing.
- The details of how to access the survey online were included with the council tax invoices and statements distributed to all Borough residents by CW&C Council.
- The online survey was promoted with the following large employers, Cheshire Fire and Rescue, CW&C, and University of Chester.

Due to the impact of the Coronavirus pandemic and the subsequent Government requirements regarding social distancing and “lockdown”, initial plans to promote the survey, which included:

- face-to-face completion with older adults at venues across the Borough, such as libraries, shopping malls and GP surgeries

-
- promotion of the survey by Cheshire Fire and Rescue at their safe and well visits conducted with older adults living in the Borough,
 - promotion of the survey at pharmacies, GP surgeries, hospitals out-patient clinics,
 - publicity in the local press and media by CW&C Council's Communication Team, and
 - visits to organisations engaging with individuals from minority and under-represented groups

were prohibited or curtailed.

In addition to the survey, the UoC Team also conducted a desk-top search to identify existing activity already taking place within the Borough related to each of the age-friendly domains.

2.3 Inclusivity

The UoC team was cognisant that additional measures may be required to engage with some groups of older people and during the planning stage carefully considered how this could be achieved.

Alternative formats of the survey were available, on request, for individuals who may have experienced difficulty accessing and completing the survey, such as large print for people with vision impairment. The survey was available in languages other than English on request.

However, it should be acknowledged that activities intended to maximise inclusivity were seriously affected by the Covid19 pandemic and subsequent Government social distancing and lockdown requirements.

Section 3 – Findings

This section reports the findings of the Age-friendly Cheshire West baseline assessment survey, utilising data captured by hard copy surveys and online responses. The section also includes examples of existing age-friendly activity related to each of the domains. All figures referred to in the text (except Figures 1, 2, 3, 4, 5, and 25) can be found at Appendix 2.

Hard copy surveys were returned the University in pre-paid envelopes, a small number of surveys received could not be included in the results, for example where respondents had not indicated their age. A total of 969 surveys returned by post were therefore inputted to the online software by the UoC Team and collated with 142 surveys which had been completed online, hence data captured from 1,111 surveys are included in this report. It is important to note, not all respondents completed every question in the survey, therefore, percentages used in this report are calculated using the number of participants who completed the specified question.

The report begins by reporting demographic data for survey respondents before moving onto reporting findings for questions related to the WHO age-friendly domains. The survey findings are structured by the WHO age-friendly domains and report quantitative data; a number of quotes captured from individuals' free text responses are included as illustration of the numerical data. A full thematic analysis of qualitative data has not yet been conducted. Examples of existing age-friendly activity in the Borough are also reported for each domain; it is important to recognise that, due to time and space limitations, it is not possible to include all age-friendly activity.

3.1 Demographic data

This section reports a range of demographic information provided by respondents. Except for age, participants were not required to provide other demographic information, therefore, responses may not total 1,111. Figure 4 shows respondents' locations in the Borough for those who provided a valid postcode.

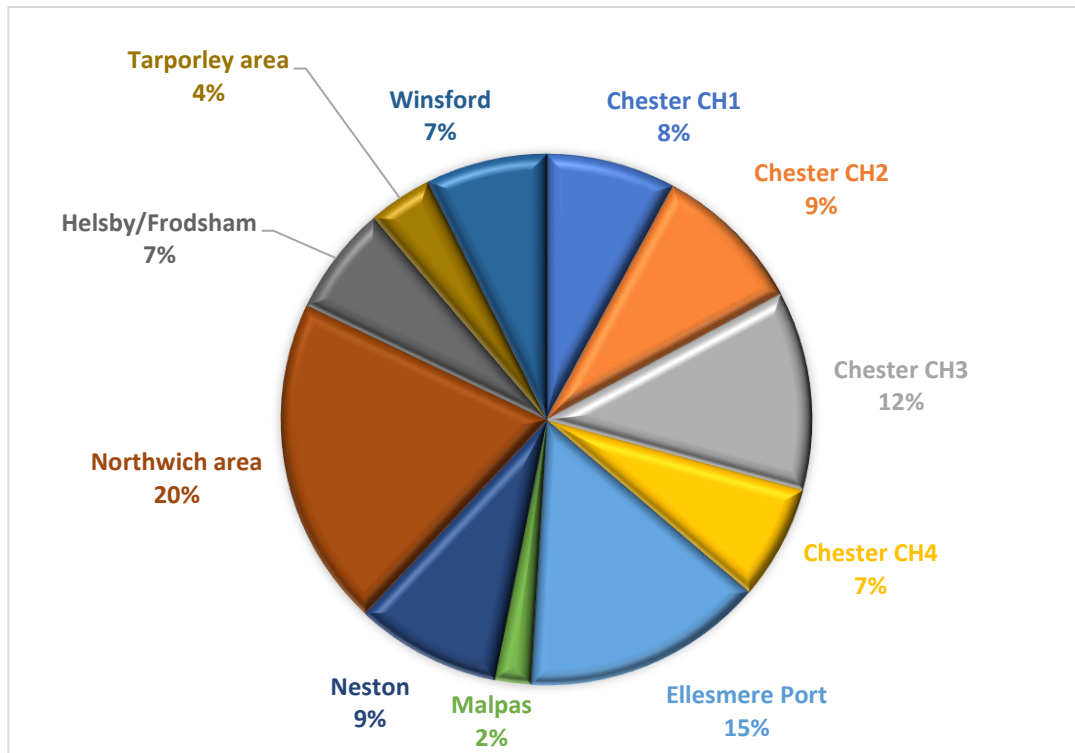


Figure 4 – Respondents' locations

3.1.1 Age group

All 1,111 respondents provided their age group. 13.6% of respondents were aged between 50 and 59, 29.6% were in their sixties, and 56.8% respondents were aged 70 years or older with 4.9% being aged 90 years or older. See Table 1 and Figure 5.

Table 1 – Respondents' ages

Age group	Number of respondents	% of respondents
50-54	45	4.1
55-59	105	9.5
60-64	137	12.3
65-69	192	17.3
70-74	225	20.3
75-79	171	15.4
80-84	116	10.4
85-89	65	5.8
90-94	45	4.0
95-99	9	.8
100 or over	1	.1
	1,111	100

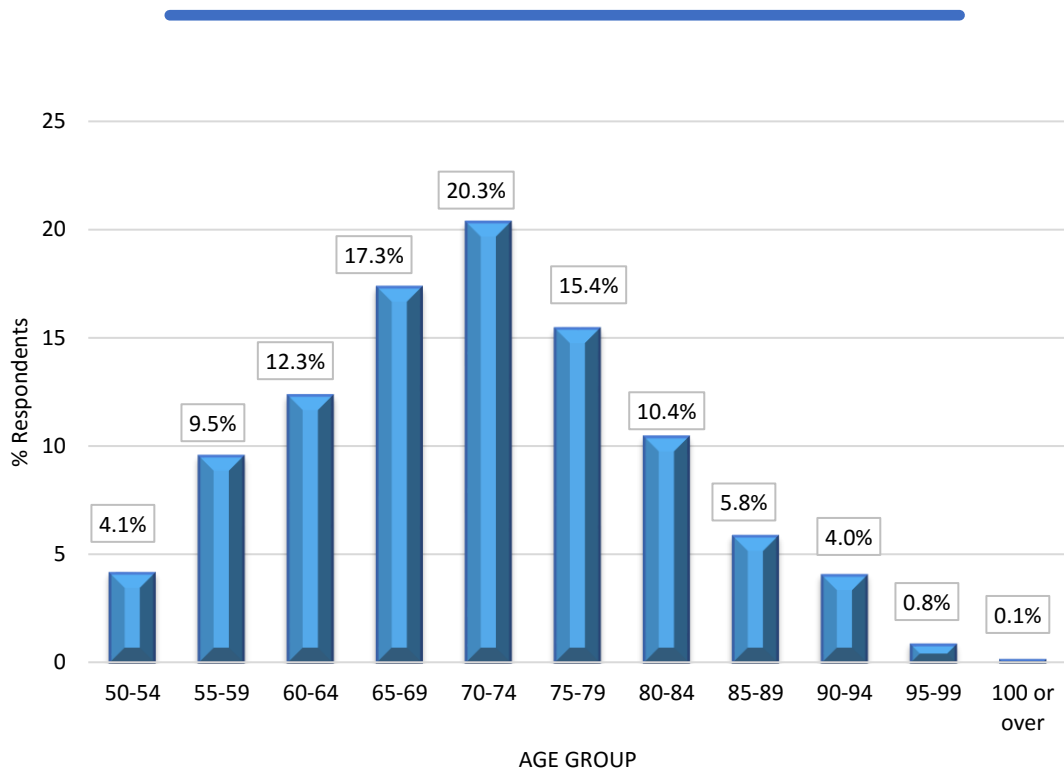


Figure 5 – Respondents’ ages

3.1.2 Gender

1,105 individuals responded to the question “Please state your gender”. See Table 2 and Figure 6.

Table 2 – Respondents’ gender

Gender	No. of respondents	% of respondents
Female	606	54.8
Male	498	45.1
Prefer not to say	1	.1
Total	1105	100.0

Table 3 shows a breakdown of gender by age.

Table 3 – Respondents gender by age

Gender	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85 - 80	90 - 94	95 - 99	100 or over	Totals
Female	25	68	81	110	121	92	47	35	21	5	1	606
Male	20	37	55	82	102	77	68	30	23	4	0	498
Prefer not to say	0	0	1	0	0	0	0	0	0	0	0	1
Total	45	105	137	192	223	169	115	65	44	9	1	1105

3.1.3 Ethnic background

1,098 respondents answered the question “What is your ethnic background?”. 97.1% self-categorised as White - English/Welsh/Scottish/ Northern Irish/British. This is slightly greater than the census (2011) figures which stood at 94.7%. Only 0.3% of respondents indicated they had an ethnic background other than white, this is lower than the last census figure for the Borough, which was 2.6%. See Table 4 and Figure 7.

Table 4 – Respondents’ ethnicity

Ethnic background	No. of respondents	% of respondents
White - English/Welsh/Scottish/ Northern Irish/British	1066	97.1
White - Irish	9	.8
Any other White background	15	1.4
Black/African/Caribbean/Black British - African	1	.1
Mixed/Multiple ethnic background - White & Black Caribbean	1	.1
Any other Mixed/Multiple ethnic background	1	.1
Prefer not to say	5	.4
Total	1098	100.0

3.1.4 Labour market status

Participants were asked to select the labour market status which they felt best reflected their situation. 1,091 individuals answered this question, the majority of whom (72.8%) were retired. See Table 5 and Figure 8.

Table 5 – Respondents’ labour market status

Labour market status	No. of respondents	% of respondents
Employed	173	15.8
Self-employed	56	5.1
Volunteering	25	2.3
Retired	794	72.8
Not currently working	16	1.5
Looking for work	1	.1
Unable to work	22	2.0
Prefer not say	4	.4
Total	1091	100.0

Table 6 shows respondents’ labour market status by age.

Table 6 – Labour market status by age

Age	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85 - 80	90 - 94	95 - 99	100 or over
Labour market status											
Employed	30	55	52	21	11	4	0	0	0	0	0
Self-employed	5	15	15	12	4	4	1	0	0	0	0
Volunteering	1	1	5	5	5	6	1	1	0	0	0
Retired	2	18	52	144	196	154	112	63	43	9	1
Not currently working	3	4	5	2	1	0	0	0	1	0	0
Looking for work	0	0	0	1	0	0	0	0	0	0	0
Unable to work	3	8	7	3	1	0	0	0	0	0	0
Prefer not say	1	0	0	3	0	0	0	0	0	0	0
Total	45	101	136	191	218	168	114	64	44	9	1

3.1.5 Living arrangements

Respondents were asked to indicate “the option that best describes your living arrangements” the majority of whom (61.6%) lived with at least one other person, while 36.3% lived alone. See Table 7 and Figure 9.

Table 7 – Respondents’ living arrangements

Living arrangements	No. of respondents	% of respondents
Alone	399	36.3
With spouse/partner only	554	50.3
With spouse/partner and other family members	79	7.2
With family, e.g. children or siblings	40	3.6
With friends/non-family members	5	.5
Other	13	1.2
Prefer not to say	10	.9
Total	1100	100.0

Table 8 shows respondents’ living arrangements by gender

The report now moves to reporting survey findings for questions relating to the each of the eight WHO age-friendly domains, listed below:

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

Table 8 – Respondents' living arrangements by gender

Living arrangements	Alone	With spouse/ partner only	With spouse/ partner & other family members	With family, e.g. children or siblings	With friends/ non-family members	Other	Prefer not to say
Gender							
Male	259	246	46	31	3	8	7
Female	138	305	33	8	2	5	3
Prefer not to say	0	0	0	1	0	0	0
Total	397	551	79	40	5	13	10

3.2 Outdoor spaces and buildings

The domain representing outdoor spaces and buildings reports on set of 12 underpinning indicators identified by WHO as affecting the age-friendliness of the environment, these are:

1. "Public areas are clean and pleasant.
2. Green spaces and outdoor seating are sufficient in number, well-maintained and safe.
3. Pavements are well-maintained, free of obstructions and reserved for pedestrians.
4. Pavements are non-slip, are wide enough for wheelchairs and have dropped kerbs to road level.
5. Services are situated together and are accessible.
6. Pedestrian crossings are sufficient in number and safe for people with different levels and types of disability, with nonslip markings, visual and audio cues and adequate crossing times.
7. Drivers give way to pedestrians at intersections and pedestrian crossings.
8. Cycle paths are separate from pavements and other pedestrian walkways.
9. Outdoor safety is promoted by good street lighting, police patrols and community education.
10. Special customer service arrangements are provided, such as separate queues or service counters for older people.
11. Buildings are well-signed outside and inside, with sufficient seating and toilets, accessible elevators, ramps, railings and stairs, and non-slip floors.
12. Public toilets outdoors and indoors are sufficient in number, clean, well-maintained and accessible".

(WHO 2007b, p1)

Open spaces make a significant contribution to the charm of an area and the uniqueness of the landscape of the Borough, and are judged to be important to both residents and visitors alike. Enhancing the quality, ensuring the quantity and maximising access and functionality of open spaces were identified as key priorities across CW&C (CW&C Council 2011b).

CW&C Council has responsibility for urban parks and green spaces located across the Borough, and also manages 17 allotments, which residents can rent to grow food and other plants, with a further six allotments being managed by allotment associations. In addition, numerous community gardens are operated by a variety of organisations including charities and volunteers. The Borough also contains significant areas of green space, woodland, and nature areas both in the City, such as the Meadows, an area of grass and wetlands along the bank of the River Dee, and further afield, as an example Delamere Forest which extends to 950 hectares and is managed by Forestry England (The Mersey Forest nd).

CW&C Council has responsibility for keeping public areas clean and free of litter and other waste; this includes pavements and roads. The frequency of cleaning varies with season and location, although shopping areas are usually cleaned on at least a weekly basis. Individuals are able to report issues to the Council via its contact centre.

CW&C Council is responsible for the maintenance of 1250 miles of pavement and 110 signalled crossings within the Borough, and undertakes inspections to check whether the legal

standards are being achieved (CW&C Council nda). Individuals are also able to report issues with pavements to the Council via its contact centre.

3.2.1 Existing activity

The international “Green Flag” award measures parks against a set of quality standards which includes access for all and how well a park meets the needs of the local residents (Green Flag Award 2020); six of the Borough’s parks have been awarded Green Flag status, as examples:

- Whitby Park located in Ellesmere Port, which is a large industrialised town, offers recreational facilities including a children’s playground, bowling greens, playing fields and contains “nature” areas with ponds which are home to native insects, fish and amphibians, as well as providing ample seating and areas for picnics. (CW&C Council 2020a).
- Castle Park located in Frodsham, which is a market town in the north of the Borough, has 9 hectares of gardens, an Edwardian Manor house and, as well as seating, offers recreational facilities such as a running track and tennis courts. (CW&C 2020b).
- Grosvenor Park is one of several parks in the City of Chester and overlooks the River Dee. It is a Grade II listed Victorian Park encompassing some 5.8 hectares with numerous historic features including, sandstone arches and a lodge, plus formal gardens, a miniature railway, and children’s play area. (Grosvenor Park 2020).

Housing developments within the Borough of 11 or more houses are required to provide open space, which varies dependent on the number of dwellings built, but includes provision of parks, recreational space, and allotments (CW&C Council 2018b).

The “Chester One City Plan” (Chester Growth Partnership 2012) aspires to improve the quality of pedestrianised areas and walking and cycle links into and across with City, including closing some roads to motor vehicles (other than emergency vehicles and residents). Indeed, areas in the City of Chester are already pedestrianised, although cycling is also allowed. Other areas within the Borough also have pedestrianised areas, for example Ellesmere Port Town Centre. In 2010, a community survey relating to life in CW&C was undertaken whereby respondents were asked to rank areas for improvement; road and pavement repairs were identified as being the most important concern to be addressed within the context of the survey (CW&C Council 2010).

In addition to participating in the National Key Scheme, which enables people with disabilities to access locked public toilets, Chester has a community toilet scheme with a number of businesses in the City allowing individuals to use toilets sited in their premises (CW&C ndb).

3.2.2 Survey findings

The baseline survey focused on the WHO age-friendly indicators and asked individuals about:

-
- Outdoor spaces and buildings
 - Provision of public toilets
 - Pedestrian crossings
 - How drivers respond to older pedestrians

Table 9 and Figure 10 show details of respondents' ratings.

Overall respondents rated the **cleanliness of the environment** as average (44.0%) or good/excellent (34.7%), with 20.3% rating cleanliness as poor/very poor. However, comments from the survey suggest specific instances of dissatisfaction, identifying litter and a perceived absence of street cleaning as particular issues:

“The outdoors in Winsford is full of litter and dog faeces. I walk my dog daily there was glass on the ground which I tried to avoid...it took 3 months for it to be cleared. What's happened to the road sweepers? It's ridiculous”.

“The environment around Chester and surrounding areas is a disgrace to residents and tourists. The amount of litter, unmanaged pavements & roads has been unsightly for a long time. It used to be pleasurable to drive into work or go shopping but not anymore. All you see is rubbish, unkempt roads and walk ways. The road sweeper used to come around every Monday after the bin men had been - not anymore! Can't remember when the last time I saw them”.

“There is an excess of rubbish in the village. Never see a street cleaner and the main road is covered in litter. (Probably lorry drivers cleaning up their cabs!)”.

When considering the issue of **outdoor seating** 31.9% of respondents rated the provision as poor/very poor, 40.6% as average with 19.7% providing a rating of good or excellent. Comments from survey suggest that additional outdoor seating may facilitate older adults walking to and from destinations:

“There is a definite lack of anywhere to sit for a rest whilst walking in my area. I only really noticed this whilst suffering from hip arthritis and subsequent surgery, but many others must have the same problem”.

“More staged seating between Rudheath and Northwich Town centre would be useful for the elderly who like to walk but need to rest periodically on route to their destination”.

Table 9 - Responses for outdoor spaces and buildings domain

	Very Poor	Poor	Average	Good	Excellent	Don't know	Not applicable
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
The cleanliness of the environment is	48 (4.4%)	173 (15.9%)	479 (44.0%)	347 (31.9%)	30 (2.8%)	10 (0.9%)	1 (0.1%)
The outdoor seating is	66 (6.1%)	280 (25.8%)	441 (40.6%)	192 (17.7%)	22 (2.0%)	51 (4.7%)	34 (3.1%)
Access to public buildings, shops, green spaces and attractions is	14 (1.3%)	70 (6.4%)	384 (35.4%)	509 (46.9%)	80 (7.4%)	15 (1.4%)	13 (1.2%)
The maintenance of the pavements is	280 (25.5%)	407 (37.1%)	306 (27.9%)	92 (8.4%)	5 (0.4%)	5 (0.4%)	3 (0.3%)
The maintenance /cleanliness of the public toilets is	108 (10.1%)	182 (17.0%)	245 (22.9%)	67 (6.3%)	12 (1.1%)	268 (25.0%)	188 (17.6%)
The green spaces/parks are	22 (2.0%)	70 (6.5%)	350 (32.3%)	468 (43.3%)	131 (12.1%)	24 (2.2%)	17 (1.6%)

Or to enjoy being outside:

“In Ellesmere Port we have purchased a new house on one of the many building developments. While there is compulsory provision of green space on the new estate there is little seating available there, except directly adjacent to the young children's play area. It is clearly not assumed that older people without children would want to sit down in the green space”.

“Maybe some seating (outside) could be covered to protect from the elements”.

Access to public buildings, shops, green spaces and attractions is subject to the Equality Act (UK Government 2011a), which requires reasonable adjustments to be made to facilitate access. More than half of respondents gave access to public buildings, shops, green spaces and attractions a positive rating with 54.3% providing a rating of good/excellent and only 7.7% rating access as poor/very poor. However, access may be relative to individual circumstances:

“Due to being wheelchair bound...access to some shops and awkward door openings in public buildings. Pavements with no ramp facilities are also troublesome”.

In relation to **maintenance of pavements**, respondents' ratings and comments suggest dissatisfaction, especially with maintenance and safety. Maintenance of pavements emerged as a key issue with 62.6% of respondents rating this as poor/very poor and only 8.8% as good/excellent. The following comments suggest this perception applies to both the City and other localities:

City:

“A lot of Pavements in and around Chester are in an extremely bad condition and are extremely dangerous and hazardous”.

“Pavements in City are very dangerous, raised flags etc.”.

Other localities:

“Maintenance of foot ways appears non-existent outside of Chester, this make walking particularly hazardous and the cost of slips, trips and falls has a disproportionate cost to the NHS - do the maintenance!”.

“Pavements are terrible in my area. Maintenance of hedgerows is area is very poor”.

Whilst the broader context of public safety is discussed under the 'housing' domain, respondents did comment on pavement safety. The majority of comments were related to

the maintenance of pavements with individuals highlighting fear of falling due to uneven surfaces:

“The pavements are a total disgrace and I have fallen because of them”.

“Poor street lighting on pavements- too uneven to walk on at night. Don't go out at night street lighting and condition of pavements too poor”.

Issues with pavements may be particularly hazardous for older adults who use walking aids:

“Pavements and road crossings need to be improved for the elderly in my area. I live in (name removed) which are one of three blocks for the over 55s. 180 flats in all in this area. Many of us residents have walking aids or shopping trolleys. The pavement in St Anne's Street is not in good condition”.

“Better pavements for wheelchair users please”

Respondents also commented on problems with cars parking on pavements, particularly having to walk on the road as a consequence of poor parking. This may be especially problematic for individuals who use mobility aids and wheelchairs:

“Ensuring that vehicles do not park on pavements, making it necessary sometimes for people to have to walk in the road”.

“My wife uses a walking aid and has frequently to step into the road because the pavement is blocked by a parked car”.

“I am wheelchair bound and have an electric wheely... the pavements, dropped kerbs are shocking, causing the need to drive wheely in the roads, parked cars on pavements are a nightmare”.

There was also evidence that shared pedestrianised areas, especially those shared with cycling, may be problematic for older adults. Moreover, there was evidence that cycling on pavements may be a wider issue for older adults in the Borough with a number of respondents writing about their experiences with cyclists:

“I feel bicycles are the biggest problem for the elderly. They ride on roads, pavements, footpaths, grass areas, shopping areas, with no consideration of others. They are largely disrespectful and inconsiderate of others. They often ride with earplugs or headphones and are unaware of the distress they cause others. It is not possible to identify cyclists who ride too close and too fast to others and therefore they cannot be reported. I think that more council money and time should be invested in providing training/education/licensing of all cyclists to make the area safer for everyone to use equally. I avoid certain footpaths and walkways because there are too many cyclists using them. I shouldn't be made to feel like that”.

“Some consideration should be given to allowing cyclists to use pavements. They are a hazard to pedestrians, they show no consideration, NO BELLS to alert people of their approach and could cause serious accidents”.

Respondents were asked to rate **green spaces** in the Borough, responses were favourable with 55.4% of respondents stating green spaces were good/excellent with only 8.5% rating them poor/very poor. A few respondents commented about parks, although of those that did opinions were polarised:

“Chester Park is a disgrace. It needs a lot of money spending on it. Chester needs more floral decorations in the City centre”.

“Grosvenor Park [excellent] but there should be more green spaces in and around Town Hall in Chester - open up Cathedral grounds”.

Public Toilets

Respondents were specifically asked whether there were enough **public toilets** the Borough. See Table 10 and Figure 11.

Table 10 – Provision of public toilets

	Yes	No	Don't know
Is there adequate provision of public toilets?	5.7%	73.5%	20.8%

The **adequate provision** of public toilets was a key issue with 73.5% responding no and only 5.7% responding yes. 20.8% of respondents responded “don’t know”, this could be due to them not needing to use public toilets or schemes identifying the location and availability of publicly available toilets have not been successfully communicated. Rating for the **cleanliness/maintenance** of public toilets was reported as poor/very poor 27.1%, average 22.9%, good/excellent 7.4%. Again, a quarter (25%) of respondents stated “don’t know”; this is probably associated with the proportion of respondents who did not know about provision of public toilets.

Pedestrian crossings

The baseline survey included three questions regarding pedestrian crossings, each asking respondents to select an option from “yes”, “no” or “don’t know”. See Table 11 and Figure 12 for responses.

Table 11 - Responses to questions about pedestrian crossings

	Yes	No	Don't know
	No (%)	No (%)	No (%)
Do pedestrian crossings provide both audible and visual cues?	657 (60.7%)	241 (22.3%)	184 (17.0%)
Are there sufficient pedestrian crossings in the Borough?	509 (47.6%)	333 (31.2%)	226 (21.2%)
Do pedestrian crossings allow enough time for you to cross roads safely?	798 (74.2%)	179 (16.7%)	98 (9.1%)

Responses to the survey questions regarding whether pedestrian crossings allow sufficient time to cross safely was positive with 74.2% answering 'yes'. However, comments were received which could indicate sufficient time allowed to cross could be relative to individual circumstances:

“Crossings with lights should be longer on green to allow older and people in wheelchairs more time to complete the crossing”.

“At some pedestrian crossings, too little time given for slower older people to cross”.

Responses to pedestrian crossings giving both audible and visual clues was mainly positive with 60.7% of respondents indicating 'yes'. Although, there was a mixed response to whether there are sufficient crossings in the Borough with 47.6% indicating 'yes', 31.2% indicating 'no' and 21.1% indicating 'don't know'.

3.2.3 Summary and considerations

Pavements emerged as an important issue for respondents with comments about the condition of pavements, obstructed pavements and safety when using pavements. Maintenance issues were perceived as resulting in trip hazards, obstructions as preventing individuals using pavements and having to walk in the road, and cyclists using pavements as problematic. It must be considered that these issues may impact older adults leaving their homes with associated effects on, for example socialising, exercising, shopping, and attending appointments. Other issues which may also deter older adults leaving home were identified, i.e. the perceived lack of outdoor seating and public toilets.

Facilitating and enabling older adults to be able to leave home and be active within the community is crucial, not least in terms of helping to avoid/reduce social isolation. While addressing the maintenance of pavements across the whole Borough may not be immediately possible, it is possible to address other issues, such as installing additional seating, more quickly.

CW&C Council has already recognised the need for public toilets and has introduced the Community Toilet Scheme in Chester. The perceived lack of public toilets could be addressed by increased publicity and communication about the community toilet scheme in Chester. Of course, this only addresses the issue for individuals when visiting the City Centre, therefore consideration could be given to engaging and working with businesses and organisations located outside the City to make this a Borough-wide scheme.

While parking on pavements is not illegal in England, local authorities are able to make Traffic Regulation Orders which do make this illegal, although this may take some time as consultation is required. It should be considered that individuals who park on pavements may not realise the dangers this presents to others; indeed, simply knowing about this may change behaviours. Publicity and communication may again be the first step to addressing this issue. Respondents identified schools, shops and take-aways as being areas for inconsiderate parking; engaging with such establishments, especially increased engagement with schools, where inconsiderate parking is also a risk to students, may be beneficial.

While it is acknowledged that the “One City Plan” aims to encourage cycling into Chester with some areas of the City already being shared spaces with pedestrians, some respondents identified cycling on pavements as affecting safety and causing distress. Once more, communication is important in highlighting this to individuals who may not realise they are cycling inconsiderately. In June 2020 CW&C Council launched the “Walk, Ride, Thrive” campaign and part of this is consulting with residents regarding the issues they face when walking in the Borough; the outcomes of the consultation will be included when shaping future policy. Age-friendly Cheshire West will also be able to inform colleagues of the views of older adults captured by the Age-friendly baseline survey.

3.3 Transportation

This section focuses on transportation in the Borough, including the provision of public transport, use of private vehicles, and the available resources for people with disabilities. The following indicators devised by the WHO can be used to assess the age-friendliness of public transport and driving in the Borough:

- Public transportation costs are consistent, clearly displayed and affordable.
- Public transportation is reliable and frequent, including at night and on weekends and holidays.
- All city areas and services are accessible by public transport, with good connections and well-marked routes and vehicles.
- Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating that is respected.
- Specialized transportation is available for disabled people.
- Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.
- Transport stops and stations are conveniently located, accessible, safe, clean, well-lit and well-marked, with adequate seating and shelter.
- Complete and accessible information is provided to users about routes, schedules and special needs facilities.
- A voluntary transport service is available where public transportation is too limited.
- Taxis are accessible and affordable, and drivers are courteous and helpful.
- Roads are well-maintained, with covered drains and good lighting.
- Traffic flow is well-regulated.
- Roadways are free of obstructions that block drivers' vision.
- Traffic signs and intersections are visible and well-placed.
- Driver education and refresher courses are promoted for all drivers.
- Parking and drop-off areas are safe, sufficient in number and conveniently located.
- Priority parking and drop-off spots for people with special needs are available and respected".

(WHO 2007b, p1-2)

The UK Government's 2016 report, *Future of an Ageing Population* (UK Government Office for Science and Foresight 2016), highlights that connectivity will be increasingly crucial to the health and wellbeing of an ageing population, and that it should be considered in a holistic way, encompassing physical mobility, transport, the built environment, the virtual world and the physical/virtual intersection. It also recognises that different age groups have different needs, which should be reflected in transport and other mobility policies, particularly as the number of older people living in rural and semi-rural communities grows.

CW&C also recognises the importance of good transport provision as a factor in helping to support economic growth and regeneration, improving links to jobs and everyday services, improving the environment, helping to reduce the impact of climate change, and helping to tackle disadvantage. The opportunities available to people regarding how, when and where

they travel have a major impact on transport patterns as well as wider quality of life (CW&C Council 2017c) Good, reliable transport is considered key in addressing social isolation, particularly in rural areas, and older people often rely on public transport to be able to get to social activities, medical appointments and work (findings from consultation undertaken between October and December 2010 to seek feedback on the proposals contained in a draft Integrated Transport Strategy). Overall CW&C residents, businesses and partners confirmed that they see good transport links as essential, but in need of improvement; reduced traffic congestion and improved transport links including rail and bus in both urban and rural areas were suggested. The Council recognised concerns about reductions in local bus services, especially in rural areas, and noted strong support for improved community transport services. The development of enhanced community transport and demand responsive transport is considered vital, particularly in semi-rural and rural areas, and CW&C Council (2017c) recognised the growing importance of taxis in achieving this aim.

In 2018/19, buses in CW&C carried an estimated 9.318 million passengers, but in line with UK national trends, there continues to be a steep decline in local bus use and passenger numbers fell by 34% between 2012 and 2017. The provision of bus services varies considerably across the Borough; larger urban areas such as Chester and Ellesmere Port benefit from comprehensive networks of routes, whereas less densely populated areas have poorer levels of service and many of the Borough's smaller towns and villages are too small to support the provision of high frequency services. Nevertheless, two thirds of residents over the age of 65 regularly use local bus services and are more likely to travel regularly by bus than other age groups. In June 2017, the council opened a new bus interchange in central Chester as part of longer-term plans to enhance the viability of the City. A shopper hopper service was also introduced to link the new interchange with other important destinations within the City Centre. A new bus hub is under construction in Ellesmere Port with more being considered in other locations.

CW&C Council has introduced an itravelsmart app to allow passengers to plan their journey on a smart phone, and while there is a greater move towards online information, a 2013 council review of bus information found that the majority of bus users over the age of 65 do not have a smartphone or a computer. This may change with time, but must still be a consideration when introducing new ways of communicating public transport information to ensure older people are not excluded.

3.3.1 Existing activity

CW&C offers a concessionary travel scheme with statutory, free, off-peak concessionary travel for older residents when they reach state pension age². Commonly known as a "bus pass" this enables older adults to travel free of charge on buses within England and into Wales, where the journey begins and ends in the Borough, between certain times during the week and at any time during weekends and Bank Holidays (CW&C ndc). The Council also supports socially necessary bus services, where appropriate. These include evening, Sunday, Bank Holiday and rural services but there is considerable pressure on the level of funding available

² The state pension age differs dependent on an individual's date of birth.

to maintain and support these routes. In 2017 twenty-six local bus services were provided; this is half the number that were supported in 2012.

The Borough also has four “park and ride” services which enable commuters and shoppers to park vehicles outside of the City of Chester and take a bus into the City. This facilitates a reduction in traffic congestion on routes into the City and is cost-effective in terms of car park fees. The service costs £2.00 per return journey, although a booklet of six tickets can be purchased for £10.00. Additionally, the service is free after 2.00pm each Wednesday.

Since 1996, passenger train services within Great Britain are generally delivered by private companies. In England and Wales under contract to the Department of Transport, via a franchise model. Five franchised services operate in CW&C. At age 60, older adults are able to purchase a “Senior Rail Card” which entitles them to one third discount on national rail journeys (National Rail), Borough residents are entitled to a 20% discount on the £30.00 yearly fee for the card.

CW&C Council supports the operation of Community Transport services including Dial a Ride, and these services are currently operated by two main providers. After significant investment, the service covers most of the Borough, and offers enhanced services to include passengers with more complex needs. The majority of these services require travellers to pre-book and a number are restricted to specific groups of individuals (CW&C n.d.) however, future plans to widen out the service are under consideration. This approach could include services provided by other organisations such as the ambulance service and the voluntary sector to improve the provision of pre-booked transport in the Borough.

There has been a 44% increase in the number of private hire vehicles licenced to operate in the Borough between 2012-2017, and there are currently some 1437 private hire vehicles and 356 Hackney carriages in CW&C.

3.3.2 Survey findings

Respondents were asked to give their opinions on transport provision in the following areas:

- Provision of public transport
- Reliability of public transport
- Frequency of public transport
- Information about public transport
- Public transport routes
- Provision of community transport
- Provision of taxis

For responses to each question see Table 12 and Figure 13.

Table 12 - Responses for transport domain

	Very poor	Poor	Average	Good	Excellent	Don't know	Not applicable
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Public transport provision is	138 (12.7%)	239 (22.0%)	302 (27.8%)	197 (18.1%)	44 (4.1%)	92 (8.5%)	74 (6.8%)
Reliability of public transport is	90 (8.3%)	161 (14.9%)	343 (31.8%)	224 (20.8%)	42 (3.9%)	153 (14.2%)	66 (6.1%)
Frequency of public transport is	138 (12.8%)	256 (23.7%)	278 (25.7%)	189 (17.5%)	37 (3.4%)	118 (10.9%)	65 (6.0%)
The provision of information about public transport is	67 (6.2%)	210 (19.5%)	354 (32.8%)	221 (20.5%)	26 (2.4%)	130 (12.1%)	70 (6.5%)
The available information about public transport is	79 (7.3%)	261 (24.1%)	364 (33.6%)	183 (16.9%)	14 (1.3%)	130 (12.0%)	51 (4.7%)
Public transport routes provided are	107 (9.9%)	220 (20.3%)	294 (27.1%)	227 (20.9%)	28 (2.6%)	141 (13.0%)	68 (6.3%)
Community transport provision is	65 (6.1%)	128 (11.9%)	140 (13.0%)	103 (9.6%)	14 (1.3%)	456 (42.5%)	167 (15.6%)
The taxis are	22 (2.0%)	62 (5.8 %)	231 (21.4%)	378 (35.0%)	99 (9.2%)	190 (17.6%)	97 (9.0%)

Respondents were asked about the **provision of public transport**, and across the Borough as a whole, approximately one third of respondents (34.7%) rated provision as poor/very poor. Provision was rated good/excellent by 22.2% of respondents, average by 27.8% and don't know or not applicable by 15.3% of people, who perhaps do not use public transport. However, respondents' comments suggest that the provision of public transport varies between urban and rural areas, with those living in some rural locations feeling underserved by both bus and train services:

"My issue with public transport (and in particular buses), is there are too many buses serving too few people in areas where we should expect people to walk or cycle - i.e. within 2 miles of Storyhouse. Conversely public transport in rural areas (where it is needed most if we want to reduce traffic into Chester) is poor and not frequent enough."

~~*"South West Wirral is not well served by public transport, save to Liverpool."*~~

"We need more regular and direct bus routes from Neston to Liverpool. The train is expensive and requires a change at Bidston and is not always reliable."

At least one respondent suggested they would be willing to pay towards an improved bus service:

"Maybe to increase revenue, those of us with bus passes should, maybe voluntarily, pay £1."

Reliability of public transport was more evenly split across the responses; rated as good/excellent by 24.7% of respondents, with 31.8% rating reliability as average and 23.2% rating it as poor/very poor. Again, these findings may be influenced by location, whether in an urban or rural setting. Comments reflected this variation in service reliability:

"Arriva service is seldom on time to and from Chester (C84) D&G service C82 is first class"

"Buses are unreliable as they're often late and sometimes cancel without warning."

The **frequency of public transport** was considered poor/very poor by 36.5% of respondents, 25.7 % of respondents rated frequency average and 20.9% rated frequency good/excellent. Respondents' comments suggest the frequency of urban buses is higher; indeed, some respondents complained that buses on Upton Lane, Chester were too large and too frequent, causing disruption:

"Some of the bus routes are totally unsuitable (Upton Lane). The buses are too frequent, very empty, noisy, give off fumes and run far too late at night. They are too wide for the Lane and cannot pass each other easily. They are causing damage to the road."

Conversely, in rural areas, buses were more infrequent and the destinations served were limited, with access to other services, e.g. hospitals and GPs being of particular concern:

“We only have one bus every 20 minutes to take you to Liverpool, no buses to take you to the hospital etc.”

“Impossible to get to main hospital - Leighton, Crewe by public transport from (village name removed), Northwich.”

Provision of information about public transport was rated good/excellent by 22.9% of respondents, with 32.8% rating this as average, and 25.7% rating provision as poor/very poor (18.6% did not know, or rated this as not applicable to them). There were comments regarding type and delivery of information about public transport. The quote below is regarding the lack of information about live bus arrival times:

“Public transport to/from rural areas is really poor and slow and never on time. The information about times arriving at the different stops is similarly poor as you have to guess the arrival of the bus at your stop if it is not a major stop. The provision of electronic in time arrivals at bus stops as in London would be helpful.”

Available information about public transport was not well rated with 31.4% of respondents rating this as poor/very poor, 33.6% as average and only 18.2% as good/excellent. There was some evidence that information provided was not always helpful:

“Buses are not always clear as to the route they take i.e. Frodsham to Ellesmere Port and Countess of Chester (district hospital) bus says Ellesmere Port or Cheshire Oaks.”

There were a number of references to the difficulties deaf people had in trying to obtain transport information in a way which was appropriate to their needs, as an example:

“I am profoundly deaf and I struggle to hear any announcements over the tannoy. All written information is provided in English, which I struggle to understand as written and spoken English is a totally different format to British Sign Language which is a visual language.”

Provision of public transport routes was rated poor/very poor by 30.2% of respondents. Average rating was given by 27.1% and 23.5% rated provision as good/excellent. Provision of routes closely links with the overall provision of public transport, but the comments highlighted that poor routing of public transport was not only an issue in rural areas:

“There are no bus routes to take you from one side of the river to the other (e.g. Westminster Park to Great Boughton) without the need to change to another bus in the city centre or at the bus exchange. This means you have to take two buses with two bus fares which make it too time consuming and too expensive to use buses so it's no wonder there are so many cars on the road.”

“Rural area transport is lacking. Also lack of connectivity across the region. Lack of joined up timetables. Some areas need more access for businesses - e.g. Chester Business Park.”

Some respondents noted the lack of cross region routes in the train service, for example:

“No connectivity between Towns in West Cheshire Chester and Winsford is one unless you get a train to Crewe change for Liverpool first stop Winsford then Taxi to Town Centre”

Respondents also commented about the lack of joined-up services across the bus and rail networks, for example:

“The links between differing forms of public transport is non-existent; for example, it would be helpful if the buses from Tarvin Road actually went to the railway station, I would then consider using them instead of driving in and parking as it is they are hopeless. I am reasonably fit but dragging/carrying a suitcase from the Bars or the new bus station to the railway station is a nuisance for me but for someone older/less fit it is not practicable. The provision of trains to Manchester Airport is also hopeless - it takes 35 minutes to drive there but over an hour and a half to get there by train (not to mention the lack of connection between the bus service and the railway station)”

Respondents' comments highlighted that, even where trains and buses were provided, many seem to finish early in the evening and/or not run at weekends:

“I live in (removed) which has a very large elderly population. We have a railway station which provides only three trains per day which are timetabled so as to be not a lot of use to anyone. We desperately need a regular rail link to enable people to get to Ellesmere Port and then on to the Wirral and Liverpool and to Helsby in the other direction providing access to Manchester, Leeds and North Wales etc. We also have a poor bus service which finishes early in the evening and doesn't run at all on Sundays which is ridiculous as that is probably the one day where elderly people who cannot drive anymore would be able to visit their families who work during the week. This needs sorting out as a priority.”

“Lots of local routes in the Vale Royal area stop at 18.00 hours or around then. Useless for people who don't have their own transport wanting to socialise at night.”

In respect of **community transport**, 42.5% the respondents indicated they didn't know about community transport and 15.6% rated this question as not applicable. Of those who did have knowledge of the service, 10.9% rated the service good/ excellent, 13.0% average and 18.0% very poor/poor. Responses may reflect the variation in availability of the transport and the cost of using the service. The only service named by respondents was Plus Bus; one respondent who rated the Plus Bus service very highly, focused on the safety and friendliness of the service:

“I use the Plus Bus for disabled and old people and it is an amazingly excellent door to door service at a £5 return within their boundary. Such a low price for safe and friendly service. It should be advertised a lot more”

However, another respondent believed there was an age limit for using the bus and the cost of the service, as well as the need to pre-book reducing flexibility, made it less attractive to them:

“There is no bus transport to ANY hospital other than 'Plus Bus' which you have to be 80+ to qualify and costs five pounds and has to be pre-booked.”

The **provision of taxis** was generally well rated, with 44.2% of respondents agreeing they were good/excellent. Only 7.8% rated the taxis as very poor/poor, 21.4% felt they were average and 26.6% did not know or didn't believe this question was applicable to them.

It is noteworthy that there were comments from respondents about public transport in **different locations**, and these serve to highlight variations across city, semi-rural, and rural communities. A selected range of comments are shown below:

City/town

Some positive comments were made regarding public transport in the City and towns. Nevertheless, even within Chester's suburbs some services stopped early in the evenings and this could have an impact on some respondents' social activities and lifestyle:

“There has been a review of the routes and the result is much better also the times and reliability have improved impressively.”

“As I live near to Wrexham Road (near the Nuffield Hospital) the transport to and from Chester is excellent but I cannot comment on other bus routes. Car parking in Chester is far too expensive! The above does include transport to and from the railway station and to Wrexham of course. Oh yes! The X4 to Mold is also excellent and runs every 1/2 hour from Chester to Mold”

“The bus service where I live stops in early evenings, why? That's why older people don't go out in the evenings because of the cost to get a taxi so we older people sit in our homes alone.”

Rural

Comments related to public transport in rural areas were less favourable, with comments about poor bus and train provision, erratic timings, and limited services:

“Living in a very rural part of Cheshire West my answers about public transport may be skewed, but I do think the provision is very poor.”

“Outlying places have little in the way of transport. If you can't drive for whatever reason good luck in getting about. We need more buses and the train need to run some sort of service like it used to when I moved here 28 years ago. “

“We live in Kelsall village. 1-hour bus service finishes at 5pm and no service on Sundays. Not good enough.”

Semi-rural

The situation was similar in semi-rural locations:

“I have answered what I could. Don't know about activity because I don't get out much without transport I can't go to a lot of places. But what does need to change is the local bus route. Where I live there is a lot of people like myself and from here there is not one bus that can take you to the doctor's in the village. Without the help of neighbours, it means I have to get taxis, if it is same time as the school runs you can't even get them.”

“We had a good and appropriate bus service, the providers/CW&C halved it and altered routes and service became erratic, bus doesn't come, 2 buses arrive together.”
“Rudheath to Northwich town bus transport. There are no buses at night after 6.30pm why?”

Some respondents reported that, although public transport services themselves were not an issue, they had difficulty **accessing the services** and therefore encountered barriers to using public transport:

“For elderly people the problem is getting access to the public transport routes! If getting to the bus stops requires much walking this can be difficult and, if one has not got a car to use as a method of transport, then use of buses is not the preferred method used! In Tarporley the bus stop which used to be outside Mr Blagg's shop has been taken away to allow car parking and this makes a long uphill walk a problem and prohibits the use of buses. In Chester the bus stops involve much walking or getting on and off the bus from the bus station.”

“We have one bus on Rivacre, one bus stop that older people find difficult to access. We did have three on the estate. It is a long walk from the back of the estate to the main road to the bus stop for the elderly and disabled to access.”

“Very poor. ½ mile walk to the nearest bus. Then only every two hours into Chester/Whitchurch. No bus out of Chester after 5 o'clock.”

Another aspect of transport which elicited some comments was the **Park and Ride** scheme, and in particular use of bus passes/payment for the service:

“Why do we have to pay for park and ride when you go anywhere else it's free.”
“However, the P&R scheme from Upton Zoo is reliable and timely, but less well-used now that bus passes aren't accepted.”

3.3.3 Driving

Driving in the Borough was, in general, rated well (see Table 13 and Figure 14). **Provision of road signs** was rated good/ excellent by 49.5% of respondents and average by 37.3%. Less than 5% of respondents rated the provision of road signs as poor/very poor. Similarly, the **readability of road signs** was well rated, with 50.2% giving a good/excellent rating, 32.2% an average rating, and 9.4% a poor/very poor rating.

The **location of car parking** fared less well; a good/excellent rating was given by 34.3% of respondents, average rating 34.3%, and poor/very poor rating from 22.3% of respondents. The **amount of car parking** also received less favourable ratings, with 30.7% of respondents rating it as poor/very poor, 31.6% rated it as average, and 28.3% rating it as good/excellent. Comments about parking referred to the cost of parking and the limited access later in the evening:

“Car parks in Chester limited after 8pm doesn’t encourage city centre shopping in the day. Park and rides don’t work for me at all”.

“Some parking lots for older - say - over 75 to park nearer shops - over and above the invalid parking”.

The majority of respondents reported that the question regarding **access to disabled parking** was not applicable to them (29.9%) or that they did not know about disabled parking (23.4%). The remaining responses were broadly split evenly between those who rated access to disabled parking as good/excellent (17.2%), average (14.0%) or poor/very poor (15.5%).

Although **cycling** was not specifically included in the survey, some respondents commented about cycling and bike facilities. There were concerns about the ease and safety of cycling in the city, and requests to increase bike storage to allow people to leave their bikes securely:

“Lots of older people would cycle a lot more which would benefit their health the cost of healthcare and reduce pollution in the city. However, we are unable to do so because there is no safe cycle route into and out of the city except for Grosvenor Bridge which is too dangerous on the road and the pavement is for pedestrians. There is the old railway bridge but you have to carry your bike up and down steep steps so again not useable. Please do something about this and stop calling Chester a cycle-friendly city until you do!”

“Cycling is important to all age groups, including mine. Safer cycling routes through Chester and elsewhere would help many people, including older people. More covered bike parking is also good, or even those guarded bike parking areas that they have e.g. in The Netherlands.”

Table 13 – Responses for driving

	Very poor	Poor	Average	Good	Excellent	Don't know	Not applicable
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
The road signs provided are	5 (0.5%)	46 (4.3%)	403 (37.3%)	483 (44.8%)	51 (4.7%)	8 (0.7%)	83 (7.7%)
The readability of road signs is	14 (1.3%)	87 (8.1%)	345 (32.2%)	487 (45.4%)	51 (4.8%)	8 (0.7%)	81 (7.5%)
The car parking locations are	37 (3.4%)	203 (18.9%)	369 (34.3%)	340 (31.6%)	29 (2.7%)	8 (0.7%)	89 (8.3%)
The amount of car parking provided is	82 (7.6%)	249 (23.1%)	341 (31.6%)	280 (26.0%)	25 (2.3%)	13 (1.2%)	88 (8.2%)
The access to disabled parking is	45 (4.2%)	121 (11.3%)	150 (14.0%)	149 (13.9%)	36 (3.3%)	252 (23.4%)	322 (29.9%)

“Nothing about cycling in survey, (name removed) attitude to cycle paths is very poor, you either have the choice of riding on paths/cycle ways that do not link up or on roads where drivers and pedestrians do not see you. We need a lot more shared space road development, take a look at Amsterdam.”

3.3.4 Summary and considerations

The survey findings suggest that public transport provision varies across the Borough with comments suggesting issues with cross city routes and provision in semi-rural and rural contexts. With more older people as a proportion, using public transport, and its importance in facilitating healthcare and social connectivity, particularly in rural areas, it is key to ensure public transport provision is appropriate, timely and affordable.

Community transport and on-demand transport, such as taxis, can be more appropriate than conventional bus services in areas of low demand for public transport services, or for meeting the travel needs of specific groups. The use of community transport provision may help to improve rural services, and is one area which Age-friendly Cheshire West may wish to consider. Improved communication around community transport would also be beneficial, to promote the services available. As taxis have a key role in CW&C Council’s transport plan, i.e. where there are gaps in the train provision and traditional bus services are not commercially viable, it is reassuring to note that taxi services in the Borough received positive ratings. However, it is important to recognise the cost and environmental implications of taxi journeys, together with the reliance on availability, which at peak times may be limited.

One aspect of public transport provision, which could perhaps be easily improved, is communication around bus routes, and more real time information on bus arrivals. This would make using buses, easier and reduce waiting times, making journeys less onerous. This is consistent with the Council’s ambition to introduce technology to make using public transport easier, e.g. introducing oyster style cards. Nevertheless, it is important to ensure that information provision is also improved for those who do not have access to, are unfamiliar with, or who do not want to use technology. The survey also indicates that communication around community transport services could be improved, as many respondents did not use, or know about community transport provision.

When rating driving in the Borough, the majority of respondents indicated that they were happy with respect to road signage and provision. The location of parking also fared well, but responses suggest the amount of parking was considered inadequate.

It must be considered that public transport is a facilitator for other age-friendly domains so survey findings related to transport should not be viewed in isolation. Indeed, respondents’ comments indicate that transport provision impacts many aspects of their lives including, being able to participate in social activities, attend healthcare appointments, go shopping and meet with family and friends.

3.4 Housing

Good quality safe housing is important in maintaining health and wellbeing and the WHO Checklist of Essential Features of Age-friendly Cities (2007b) proposes that the following indicators should be considered when assessing the age-friendliness of housing:

- “Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.
- Sufficient and affordable home maintenance and support services are available.
- Housing is well-constructed and provides safe and comfortable shelter from the weather.
- Interior spaces and level surfaces allow freedom of movement in all rooms and passageways.
- Home modification options and supplies are available and affordable, and providers understand the needs of older people.
- Public and commercial rental housing is clean, well-maintained and safe.
- Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally”

(WHO 2007b p2)

It should be highlighted that the private sector is the key player in the UK housing market, although local authorities have powers regarding permission to build and are able to stipulate conditions such as, requiring developers to provide a proportion of affordable housing and specific facilities in new developments. However, at the time of writing (Summer 2020) the Government announced a raft of changes to planning legislation in England; the full impact of which was unknown. In February 2020, the Government announced the formation of the “New Homes Ombudsman”, an independent organisation which will have powers of redress when buyers complain about problems with new homes; housing developers will be required to be members (naea propertymark 2020).

The Joseph Rowntree Foundation (JRF) (2012) notes that only circa 7% of older adults in the UK live in specialist housing with the majority living in “mainstream” accommodation including bungalows and adapted housing. The JRF report highlighted a lack of choice for older adults who wish to move to specialist housing or smaller accommodation, noting also that specialist housing is generally small and that most older adults desire housing with at least 2 bedrooms. A range of housing is available in the UK specifically catering for older adults this includes:

- Sheltered housing, where individuals usually live independently in their own accommodation, however assistance is available such as a manager or telecare services as well as communal facilities.
- Extracare housing, which is similar to sheltered housing but with 24-hour care available.
- Retirement villages or communities (often developed and operated by private companies), which offer independent housing and amenities such as shops, restaurants, leisure facilities. Some also offer care provision if required.

The 2016 report, “Future of an ageing population” (UK Government Office for Science and Foresight 2016), highlights the importance of appropriate housing and notes that, as the population ages, there will be greater need for new suitable housing and adaptations to existing housing. The report also notes there is an increased demand and need for more specialised housing; however, the authors propose that, due to the small number of people living in such accommodation, ensuring mainstream housing meets older adults’ needs is crucial. Importantly, the authors recognise older adults are not one homogenous group and individual’s housing requirements and wishes vary so do not suggest which housing is appropriate for older adults, proposing instead that housing should support health and wellbeing, and accommodate adaptations should any be required as individuals age.

3.4.1 Existing activity

The quality of housing in England is regulated by law and in March 2019 the Homes (Fitness for Human Habitation) Act 2018 came into force; the act requires landlords to ensure housing meets, and continues to meet, minimum standards (UK Government 2019b). Landlords are also legally required to ensure gas and electrical services are safe and inspected regularly (Shelter 2020). In addition to national legislation regarding rental properties, CW&C Council is a partner in the Cheshire Landlord Accreditation Scheme. The scheme:

- works with private sector landlords to ensure the accommodation they let to tenants meets legal standards,
- offers training to landlords, and
- provides accreditation to those who meet the required standards.

Local authorities also have powers under environmental health legislation to ensure landlords make repairs to properties where there is a risk to health and safety.

If individuals wish to rent a property, properties are available via social housing or the private rental sector. Social housing is mainly provided by housing associations, which are not for profit organisations, with 47 housing associations being located in the Borough, with 3,313 supported housing/housing units for older adults (Regulator of Social Housing 2019). CW&C Council also owns 5,500 social housing units. Social housing rental usually costs circa 20% less than the market price with some properties being rented to older adults at a lower cost.

The Government has developed a number of “affordable housing” initiatives aimed at assisting individuals to buy or rent homes at discounted prices; such initiatives have eligibility criteria and apply only to individuals who cannot afford to buy or rent a home at the full market price and who are living in unsuitable accommodation or are a new household.

The Borough has a range of social housing which is specifically reserved for older adults (CW&C Council ndc). The Borough also has a number of privately developed and managed retirement villages offering a range of accommodation including apartments, houses, and bungalows.

CW&C Council states that, over the last eight years circa 1.5% of homes built were bungalows, and for the period 2017 to 2022, 75% of new Council dwellings will be built to accessible standards. Although, it may be difficult to increase housing stock in rural areas due to planning issues.

At the time of writing, CW&C Council was developing the latest iteration of its housing plan for older adults and people at risk. The plan, recognises that good quality safe accommodation is key in health and wellbeing. Key stakeholders have and were being consulted.

Financial assistance is available for individuals who wish to remain in their home but require adaptations or adjustments to facilitate this due to a disability. The required work must cost in excess of £1,000 with the maximum amount which can be claimed being £30,000. Such grants are subjected to eligibility and financial resources tests (Home Assistance Hub nd). Landlords are also required by the Equality Act (2010) to make some “reasonable adjustments” to properties should they be required by an individual with a disability; this does not include changes to physical aspects of the property (Citizens Advice 2020).

CW&C Council offers support with energy via a partnership with QWEST Energy which enables residents to access competitive energy tariffs, has a series of grants under the “Warm Homes Fund”, and offers grants for urgent repairs to homes where residents’ safety is at risk from faults/hazards within the home (CW&C ndf).

The UK Government provides a Winter Fuel payment of up to £300 for eligible older adults (UK Government 2020a) with some individuals also being eligible for an additional Cold Weather Allowance (UK Government 2020b).

3.4.2 Survey findings

The baseline survey focused on the WHO (2007b) age-friendly indicators and asked individuals about various aspects of housing including:

- Whether they felt safe where they live
- The quality of their home
- The supply of housing
- The location of housing
- Adaptations to help individuals stay in their own homes

Respondents were also asked if they **felt safe where they lived during the day and at night**. Responses were positive with the majority of respondents reporting they did feel safe where they live, although slightly fewer felt safe at night than in the day. See Table 14 and Figures 15 and 16. A very small number of respondents commented about feeling unsafe in relation to the City Centre, particularly at night:

“Chester city doesn't feel safe at the evening time anymore”.

“Don’t feel safe in the City Centre at night meaning opportunities to join social opportunities curtailed.”

Other respondents highlighted issues around drugs, drunkenness and a lack of police visibility.

Table 14 – Do you feel safe where you live?

Time of day	Yes	No
During the day	996 (97.9%)	21 (2.1%)
At night	913 (90.1%)	100 (9.9%)

Table 15 and Figure 17 provide details of responses to questions about housing.

When asked about the **quality** of their home the majority of responses were positive with 86% of respondents rating their homes as good/excellent with only 1.1% rating their home as poor/very poor.

Responses regarding the **supply and location of affordable accessible housing** were less positive. Only 11% of respondents rated the **supply** of affordable, accessible housing as good/excellent and 28.5% rated this as poor/very poor. Only 8.9% of respondents rated the **location** of such housing as good/ excellent with 28.5% rating this as poor/very poor. Although, a large proportion of respondents, 27.9% and 30.5% respectively, stated they did not know. Respondents provided written comments about housing, relevant to the domain. Consistent with the ratings regarding supply and location of accessible housing, a number of respondents suggested a need for additional bungalows and other accessible housing:

“As a country we should be building one storey / bungalow residences for our elderly population! My elderly neighbours are distraught as they have been trying to buy one for a couple of years! They are desperate to move into a bungalow due to failing health issues. Plots of land should be put aside for this purpose only! To commit to assisting our growing elderly population”.

Respondents also wrote about a lack of available suitable housing in their locality, highlighting both a need for such housing and issues regarding location:

“There are many housing developments in the area, but all are family houses. We need bungalows or smaller dwellings in our village to enable retired people to stay in their own area when downsizing... If we wish to stay in Norley, there are no relatively cheap or smaller houses available, so we continue to occupy a four bed-roomed house”.

“Housing and homes for the aged in Tilston is poor so the old would have to move elsewhere and the cost is far too high”.

Table 15 – Responses to housing domain questions

	Very poor	Poor	Average	Good	Excellent	Don't know	Not applicable
	No. %	No. %	No. %	No. %	No. %	No. %	No. %
The quality of my home is	2 (0.2%)	10 (0.9%)	116 (10.8%)	454 (42.4%)	467 (43.6%)	4 (0.4%)	18 (1.7%)
The supply of affordable accessible housing, such as bungalows and ground floor flats, is	88 (8.1 %)	220 (20.4%)	208 (19.3%)	89 (8.2%)	30 (2.8%)	301 (27.9%)	143 (13.3%)
The location of affordable accessible housing, such as bungalows and ground floor flats, is	91 (8.5%)	215 (20.0%)	205 (19.0%)	70 (6.5%)	26 (2.4%)	329 (30.5%)	141 (13.1%)
The availability of affordable services to maintain my home is	49 (4.6%)	128 (11.9%)	373 (34.8%)	213 (19.9%)	50 (4.7%)	155 (14.4 %)	104 (9.7%)
The support available to help me adapt my home as I get older is	49 (4.6%)	98 (9.1%)	163 (15.1%)	111 (10.3%)	37 (3.4%)	495 (45.9%)	125 (11.6%)
The availability of affordable adaptations to help me stay in my own home is	40 (3.7%)	77 (7.2%)	143 (13.3%)	144 (13.4%)	65 (6.1%)	474 (44.1%)	131 (12.2%)

Associated with the location of housing, a number of respondents raised concerns regarding the building of new homes in their localities. Some respondents perceived that houses were being built without ensuring or providing necessary infrastructure and services, such as new or additional GP practices or public transport provision. As examples:

“Watching the rapid increase in house building I am disturbed to see the absence of support services (schools and shops and medical facilities) relative to these areas”.

“Bigger concerns are the infrastructure e.g. getting drs appointments which are difficult to get, with more and more houses being developed, more needs to be provided to service the growing population”.

Respondents’ opinions about the **availability of affordable services** to maintain homes was less polarised with 16.5% rating this as poor/very poor, 34.8% as average and 24.6% as good/excellent. This respondent highlighted maintaining their existing home was costly:

“I live in my own house, but over the years my house needs some renovation work i.e. a new boiler, the attic needs lagging and it need decorating, there should be some kind of help with these things for older people”

When asked about the **support available to help individuals adapt their homes** to enable them to remain living there, a large percentage of respondents answered they did not know (45.9%) or felt this did not apply to them (11.6%). The remaining responses were distributed almost equally across the remaining ratings, i.e. 13.7% poor/very poor, 13.7% good/excellent and 15.1% average.

“In a rural area which maybe has been your home for life - there are seldom provisions to continue in your area where you are known and have friends to support you”.

A similar pattern emerged when asked about the **availability of affordable adaptations** to help individuals remain in their own homes, although a higher percentage of respondents (19.5%) rated this as good or excellent, 44.1% did not know and 12.2% did not believe this applied to them, 10.9% rated this as poor/very poor, 13.3% as average.

3.4.3 Summary and considerations

The majority of respondents indicated they were content with the quality of their homes when completing the survey. However, responses suggest there may be issues regarding the location and supply of affordable accessible housing, which may become more pronounced as the number of older adults living in the Borough increases. Building of additional affordable, accessible homes may be out with the remit and power of the Age-friendly Cheshire West partnership, although it may be possible for the Council to influence this via planning legislation and for other partners to lobby developers.

One area, which could be more readily addressed, was the high percentage of respondents who did not know about either the support and adaptations available to enable older adults to remain in their homes. Initiatives and funding aimed at providing or assisting with these issues are available;

therefore, Age-friendly Cheshire West may wish to address the lack of knowledge with targeted publicity and communication which may be useful in enabling older adults accessing such support. This may facilitate individuals ageing within their communities and retaining their existing social and other support networks, as well as contributing to the maintenance of inter-generational communities.

Finally, the interaction between transport and housing is also worthy of consideration, especially in relation to older adults living in rural communities and new housing developments.

3.5 Social participation

The domain representing social participation reports on set of 8 underpinning age friendly indicators these are:

- Venues for events and activities are conveniently located, accessible, well-lit and easily reached by public transport.
- Events are held at times convenient for older people.
- Activities and events can be attended alone or with a companion.
- Activities and attractions are affordable, with no hidden or additional participation costs.
- Good information about activities and events is provided, including details about accessibility of facilities and transportation options for older people.
- A wide variety of activities is offered to appeal to a diverse population of older people.
- Gatherings including older people are held in various local community spots, such as recreation centres, schools, libraries, community centres and parks.
- There is consistent outreach to include people at risk of social isolation”.

(WHO 2007b, p 2-3)

3.5.1 Existing activity

CW&C Council aims to support activities for older residents and seeks to value their contribution to a thriving Borough (CW&C Council 2016b). In addition, the Chester One City Plan strives for the City to be accessible, easy to travel around and welcoming, encouraging and meeting the access needs of less mobile people. Age Friendly Cheshire West partners already provide a number of services and opportunities to improve activities for older people, including³:

- **Age UK Cheshire** provides activities and services for older adults including, falls prevention service, information and advice about dementia, independent living and other topics, in addition to offering activities, as examples computer, art and exercise classes, men’s sheds, lunch clubs, and daytrips.
- **Brightlife** received £5 million funding as part of the National Lottery’s Ageing Better Programme to reduce social isolation. Over a five-year period Brightlife delivered and commissioned over 50 projects for older adults including social activities and a social prescribing service. In 2020, Brightlife was awarded uplift funding from the National Lottery to continue delivering a social prescribing scheme for older adults living in rural neighbourhoods.
- **OPAL services** (Older People Active Lives) offers a variety of activities including clubs for older adults living in rural areas of the Borough. OPAL clubs enable older adults who are unable to socialise without support to meet others and have a meal, transport is available for those who need it.

³ This list is not exhaustive

3.5.2 Survey findings

The baseline survey asked individuals about the following aspects of social participation:

- Social events, sports and physical activities
- Cultural events and attractions
- The affordability, timing and location of events and activities
- The provision of information about events and activities
- Activities that bring different generations together

Table 16 and Figure 18 provide details of respondents' ratings.

Ratings for **the variety of social events and activities** fared quite well with 30.6% of respondents rating the provision as good/excellent, 28.9% as average and 16.6% as poor/very poor. The scores for the **variety of sports and physical activities** were similar with 29.9% of respondents rating the provision good/excellent, 22.4% average and 14.0% as poor/very poor. However, both questions received 'don't know' responses of just under 14% with 10.3% of respondents stating social events were not applicable to them and 19.9% rating sports and physical activities as not applicable.

The **variety of cultural activities and attractions** received the highest percentage of positive responses within this domain with 41.8% rating the provision as good/excellent, 26.9% as average and 18.8% as poor/very poor, with only 5.6% of respondents rating it as 'don't know' and 6.9% as not applicable. Several respondents mentioned Storyhouse, a facility in the City of Chester which houses a theatre, cinema and library, as well as hosting events:

"Storyhouse is an excellent facility."

"I am impressed by the much-improved cultural offer (Storyhouse and the addition of a new cinema)".

"The existing library was wonderful now, music played, people drinking coffee with no interest in the books - otherwise the Storyhouse is very good - no need to incorporate library there"

Respondents also had suggestions regarding how to improve the cultural offer:

"Would like there to be more focus on respecting, preserving, funding and improvement of amphitheatre, museum etc."

"Chester still lacks much in the way of public exhibition space and could do with an art gallery. The Grosvenor museum is not disability friendly and is outdated and in need of a revamp"

"Chester also needs a permanent art gallery"

Table 16 – Ratings for social participation

	Very poor	Poor	Average	Good	Excellent	Don't know	Not applicable
	No. %	No. %	No. %	No. %	No. %	No. %	No. %
The variety of social events and activities is	44 (4.1%)	135 (12.5%)	311 (28.9%)	288 (26.7%)	42 (3.9%)	147 (13.6%)	111 (10.3%)
The variety of sports and physical activities is	36 (3.4%)	114 (10.6%)	241 (22.4%)	264 (24.6%)	57 (5.3%)	148 (13.8%)	214 (19.9%)
The variety of cultural activities and attractions, such as cinemas, museums, theatres, art galleries, choirs and craft groups is	49 (4.5%)	154 (14.3%)	291 (26.9%)	381 (35.3%)	70 (6.5%)	60 (5.6%)	75 (6.9%)
The affordability of events and activities is	44 (4.1%)	148 (13.8%)	423 (39.3%)	252 (23.4%)	21 (2.0%)	107 (10.0%)	80 (7.4%)
The timing of events and activities is	26 (2.4%)	83 (7.8%)	385 (36.0%)	309 (28.9%)	23 (2.2%)	150 (14.0%)	93 (8.7%)
The location of events and activities is	26 (2.4%)	111 (10.4%)	376 (35.1%)	323 (30.2%)	32 (3.0%)	114 (10.6%)	89 (8.3%)
The provision of information about events and activities is	61 (5.6%)	236 (21.9%)	326 (30.2%)	271 (25.1%)	34 (3.2%)	77 (7.1%)	74 (6.9%)
The provision of activities that bring different generations together is	81 (7.5%)	247 (22.9%)	234 (21.7%)	131 (12.1%)	21 (1.9%)	270 (25.0%)	96 (8.9%)

The majority of respondents rated the **affordability of events and activities** as either average (39.3%) or good /excellent (25.4%) with only 17.9% rating this as poor/very poor. However, individual circumstances probably impact a respondent's perspective. For example:

"Take into account that older people on basic state pensions cannot always afford the cost of many social events".

The responses to **the timing of events** was similar to 'affordability' with 36% providing a rating of average, 31.1% as good/ excellent and 10.2% as very poor/very poor. A comment was received highlighting the need to avoid any assumptions about older people being retired rather than employed:

"All I want for people over the age of 50 who are still working are cultural & social opportunities which are not just happening Monday to Friday in the daytime - because that's when we work".

The location of events was viewed as average by 35.1% of respondents, as good/excellent by 33.2% with 12.8% of respondents rating this as poor/very poor. Comments received could indicate a potential issue with access to event locations via the use of public transport with an associated cost implication:

"The bus service where I live stops in the evenings why? That's why older people don't go out in the evenings because the cost to get a taxi so we older people sit in our homes alone".

"Because of the lack of public transport, I find it increasingly difficult to attend anything in the city".

Respondents rating of **the provision of information about events and activities** were quite evenly spread with 27.5% viewing this as poor/very poor, 30.2% as average and 28.3% as good/excellent. This respondent highlighted that when information is available it may not always be as detailed as necessary:

"What community social groups are there? what is their cost and availability? Often you can see a group is on, on a poster with no cost details. so embarrassing to turn up and be turned away because it's a 6-week programme and it is week 3. Or think it is something for £5 to be told it is £30 and for 6 weeks and no trial. If there was a community page on the internet it would help. I have wanted to join things but there is no list of what's available. You have to have an idea, e.g photography and research it. However, if there was a list there could be something on it I haven't thought of".

Activities that bring different generations together received the least positive ratings in this domain with only 14% of respondents providing a rating of good/excellent with 30.4% rating of poor/very poor, and 21.7% of respondents providing a rating of average. Furthermore, 25% of respondents selected the "don't know" option. Comments received suggested that more inter-generational activities would be welcome:

“It would be nice to have more informal gatherings for older people and cross generational events. Don't lump them altogether! Older people have lots of skills they can pass on to other generations...”

“I think it would be good to involve school children at both high school and primary level, in the social interaction with the many elderly people who would benefit from their company. Children would also learn a lot from listening and chatting to them. Maybe events held at the school for them to interact. They could watch the kids perform, sing or share their projects they're working on. Then have a drink & a biscuit afterwards to socialise”.

3.5.3 Summary and considerations

As noted in section one, the Borough has much to offer in terms of historical/archaeological attractions, although until recently there was no theatre in the City Centre. Recent developments related to the cultural offer, such as the opening of Storyhouse, have clearly had an impact. Similarly, the money awarded by the Big Lottery to Brightlife resulted in increased provision of social activities aimed at older adults.

Nevertheless, a high proportion of respondents answered “don't know” when rating the availability of social, sporting, and cultural activities and events, and almost 58% rated the provision of information about events and activities as average or below. This again highlights issues regarding communication across a wide range of issues within the Borough.

Furthermore, access via public transport should be considered when providing events and activities.

3.6 Respect and social inclusion

The WHO age-friendly indicators which may be used to assess respect and social inclusion are:

- “Older people are regularly consulted by public, voluntary and commercial services on how to serve them better.
- Services and products to suit varying needs and preferences are provided by public and commercial services.
- Service staff are courteous and helpful.
- Older people are visible in the media, and are depicted positively and without stereotyping. Community-wide settings, activities and events attract all generations by accommodating age-specific needs and preferences.
- Older people are specifically included in community activities for “families”.
- Schools provide opportunities to learn about ageing and older people, and involve older people in school activities”.

(WHO 2007b, p3)

It is important to highlight that in the United Kingdom legislation in the form of the Equality Act (2010) makes discrimination on grounds of age unlawful in certain situations including:

- the workplace
- public service provision
- provision of services and goods
- transport provision
- clubs or associations
- health and social care provision

(Equality and Human Rights Commission nd)

However, there are some exceptions, for example concessionary travel and financial services. Additionally, public sector organisations have a statutory duty to consider all individuals when developing policies and providing services, and should be attentive to promoting equality and eradicating discrimination (UK Government 2011a). Yet a recent publication by the Centre for Ageing Better (2020a) suggests that age discrimination is common in the UK, as are negative age-related stereotypes.

3.6.1 Existing activity

In terms of consultation and decision making, local authorities have a statutory duty to consult with residents on a range of issues, although in practice non-statutory consultations are also conducted and the Local Government Association and the Government have issued codes of practice and guidance on conducting consultations. At the time of writing (August 2020) CW&C council were consulting residents on:

- Adult Social Care Non-Residential Charging Policy
- Highway service provision
- Addressing the effects of Covid19

-
- Cycling and walking in the Borough

NHS England also consults with individuals on a range of specific issues, as well as offering opportunities to provide input to planning and decision making, as an example membership of committees directing NHS England's primary care commissioning and programmes. Similarly, Healthwatch England captures opinions about health services from members of the public and ensures their voice is heard by relevant organisations and individuals, as well as encouraging decision makers to consult widely and involve service users in decision making (Healthwatch 2020). Additionally, GP practices usually have patient participation groups, which enable patients to be involved in improving healthcare provision and the patient experience.

Organisations within the Borough actively include older people in planning and decision making; as examples⁴:

- Age-friendly Cheshire West has worked collaboratively with Brightlife and the Older Person's Alliance (OPA) to develop an art project called "Social Butterflies", which celebrates being active and creative in later life. (CW&C Council 2019b)
- Beginning in 2019, Age UK Cheshire has been developing Later Life Assemblies. The Assemblies aim to facilitate older people being actively involved in decision making, consultations, and co-production of services impacting their lives. Assemblies take place on a quarterly basis and provide opportunities for older people to meet with decision makers and influence policy.
- The Brightlife partnership's values included challenging attitudes towards ageing and stereotypes of later life. Older adults were at the centre of decision making with a reference group of older adults known as the "Older People's Alliance" or "OPA". The OPA were actively involved in many aspects of the project as well as being represented on the core partnership board and all working groups. Moreover, the OPA were empowered to commission funded projects. Recognising the particular challenges faced by people living with dementia and their carers, Brightlife funded a dementia focused service. The service provided support and activities for people with dementia and their carers and also worked to address the stigma associated with dementia. This was achieved by working with mainstream activity providers, businesses, and communities to help become them "dementia inclusive".
- The University of Chester has a Centre for Ageing and Mental Health and two of the Centre staff hold Gerontology Doctorates focussing on: cross-cultural ageing and falls prevention. Centre staff work proactively to address negative stereotypes of ageing and highlight age discrimination by for example, delivering the workshop "The Myths and Misconceptions of Ageing", lectures and seminars for partners, students, and the public. These events facilitate attendees exploring their own perceptions of ageing, provide examples of age discrimination and challenge negative stereotypes.

⁴ This list is not exhaustive

As highlighted earlier in this report (see section 1.3) CW&C Council has already instigated a number of age-friendly initiatives and the ongoing work, including membership of the WHO age-friendly movement, emphasises continuing commitment to making the Borough a place where residents and non-residents can enjoy later-life. Additionally, challenging ageism and changing the conversation around ageing is a priority for Age-friendly Cheshire West. Older adults are actively involved in Age-friendly Cheshire West. Including membership of the Age-friendly Cheshire West Core and sub-groups, where they participate in developing policy and advising on implementation, participating in consultations on a range of issues. The Age-friendly Cheshire West Core Group is committed to a diverse representation of older adults across the Borough and has acted to involve less represented communities. This includes engaging with individuals who are already linked with and trusted by communities.

Nb. Section 3.7 reports respondents' ratings for consultation and decision making.

3.6.2 Results of survey

Respondents were asked to rate:

- The range of services for older people
- Whether older adults' contributions to their communities were recognised
- The image depicted of older people,
- How people working in public, retail and commercial, and transport services responded to older adults
- How drivers respond to older pedestrians

Table 17 and Figure 19 show the respondents' ratings for each question.

When asked to rate the **range of services meeting the needs of older people** 34.2% of respondents stated that they did not know about services, 19.2% rated services as poor/very poor, 28.7% as average and 14.8% as good/excellent with 3% believing such services were not applicable to them. A number of respondents highlighted the importance of inclusive or specialist services, as examples:

"I am autistic and services for older autistic people are abysmal and almost non-existent and are there any Care Homes that are Autism friendly?"

"As I am a nearly deaf old female, many of your questions do not apply to myself. I do find services of (name removed) a great help and classes in (place removed) helpful to meet other people who too suffer sometimes discrimination due to their deafness."

"It would benefit the borough enormously if all staff who have not yet attended a Dementia Friends awareness session were able to do so."

"My mother doesn't speak English, she wants to meet other people very much. (removed) has been closed and we have no way of contacting other people."

Table 17 - Respect and social inclusion

	Very poor	Poor	Average	Good	Excellent	Don't know	Not applicable
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
The range of services meeting the needs of older people is	43 (4.0%)	163 (15.2%)	307 (28.7%)	141 (13.2%)	17 (1.6%)	366 (34.2%)	32 (3.0%)
Recognition of older people's contributions to the community is	45 (4.2%)	220 (20.5%)	252 (23.5%)	113 (10.6%)	12 (1.1%)	396 (37.0%)	33 (3.1%)
The image depicted of older people is	54 (5.1%)	260 (24.4%)	313 (29.4%)	127 (11.9%)	13 (1.2%)	272 (25.6%)	25 (2.4%)
The way people working in the public sector respond to older people is	48 (4.5%)	115 (10.8%)	366 (34.3%)	265 (24.8%)	45 (4.2%)	204 (19.1%)	24 (2.3%)
The way people working in retail and other commercial services respond to older people is	21 (2.0%)	95 (8.9%)	391 (36.4%)	408 (38.0%)	57 (5.3%)	81 (7.5%)	20 (1.9%)
The way people working in transport services respond to older people is	25 (2.3%)	104 (9.7%)	313 (29.2%)	300 (28.0%)	51 (4.8%)	214 (20.0%)	64 (6.0%)
The way drivers respond to older pedestrians is	60 (5.6%)	184 (17.2%)	398 (37.1%)	261 (24.3%)	42 (3.9%)	99 (9.2%)	29 (2.7%)

Responses to the question about **recognition of older people's contributions to the community** suggested that some older people may feel undervalued with only 11.7% rating this as good/excellent and 24.7% rating this as poor/very poor. A further 37.0% did not know about the recognition of older people's contributions and a small, yet concerning, proportion 3.1% felt this was not applicable. The following respondents indicate that they have much to offer their communities:

“Age is just a number not a burden and people can learn a lot from listening to the older generation. There is no respect or consideration to the older generation any more, we are the ghosts of society.”

“There is a complete lack of understanding, policy or strategy on how by engaging and utilising older people you can make them part of the solution and not “the problem”.

Ratings of the **image depicted of older people** were similar to recognition of contributions with only 13.1% rating this as good/excellent, 29.5% rating this as poor/very poor and 29.4% as average. Respondents had different experiences:

“As one gets older one gets the feeling that one really is a bit of a nuisance! People are very kind and considerate usually but sometimes get a bit Impatient if one takes a little longer to do things”.

“Reach a certain age and all we hear on TV and radio is about the ageing population as if we're to blame for all that wrong with this society we live in, I suggest other people do more instead of pointing the finger”.

It should be acknowledged that there is negative publicity in the UK regarding the impact of population ageing and in particular the “Baby Boomer” generation (see, inter alia, Bristow 2016), therefore respondents' ratings may be based on national, rather than local, depictions. The need to address existing stereotypes of ageing is important, the following comments highlight that, while age cohorts are changing, the way older people are portrayed may have remained static:

“Some things that are specifically aimed at 'older people' feel down right patronising, with a dreadful portrayal of us all as a bunch of cauliflower-permed 'oldies'. I was a teenager in the swinging '60's and still have some of those attitudes”.

“Older people are no different than anyone else, they just want to be treated equally”.

Responses to the question about **the way people working in the public sector respond to older people** was a little more positive with 29% rating this as good/excellent although 15.3% rated this as poor/very poor and 34.3% as average; 19.1% did not know. Comments made by respondents mainly referred to “the public services” or “government”, see below:

“There seems to be a growing resentment in many of the public services that older people are a drain on resources”.

"I believe that many elderly people are considered to be a drain on local government and central government. Many youngsters would not consider giving help to the elderly. We are beginning to be an invisible section of the community"

Although, the following respondent highlighted a good experience when contacting the Council:

"Can I say finally that I have had to phone the council about several issues and have found your staff very helpful and responsive to my needs."

When asked about **the way people working in retail and other commercial services respond to older people** a lower percentage of respondents rated this as poor/very poor – 10.9% with 36.4% giving an average rating and 43.3% rating this as good/excellent. A number of respondents commented about local shops and their importance:

"The older community like to use the shops in the town centre but these are being driven out by high rates".

"Older people, I think, in general prefer traditional, smaller communities rather than large anonymous environments. Older people, I think, also still very much value the personal touch. This affects many areas, including shops, particularly small ones... "

"I think the pace of the modern world, in which many or even most people, particularly the young seem or at least appear to the elderly to always be moving in the 'fast lane', gives no thought or attention to the time needed to give to the elderly. The elderly need TIME to be given to them to talk or chat and sometimes that only comes from the checkout girl at the supermarket, or the postman. I meet many elderly people even younger than me who haven't talked to anybody for weeks!"

Local shops were also highlighted as sources of information; this is discussed under the "Communication" domain.

When asked to rate **the way people working in transport services respond to older people** 12.0% rated this as poor/very poor, with 32.8% giving a rating of good/excellent and 29.2% a rating of average. 20% of respondents stated they did not know; this may be linked with the issues related to public transport discussed in section 3.3 above. There was evidence of differing experiences with transport staff:

"...on rare occasions of visits to Chester we use Park / Ride and find drivers very helpful with my wheelchair, getting it on and off".

"Private hire operator in the area is very good so long as the drivers are WILLING to lift my folding power wheelchair into the boot. It's weight is 23 kilos and some drivers have refused to lift it, I think most of them are willing though."

"...some (bus) drivers do not take into consideration the age and mobility of passengers and screech to a stop when getting off. If laden with shopping this is hazardous."

Respondents' ratings regarding how **drivers respond to older pedestrians** were spread across the range with of respondents rating this as poor/very poor, 22.8%, and 28.2% rating this as good/excellent. 37.1% rated this as average. Only one respondent commented about drivers' treatment of pedestrians:

"I have stood waiting to cross at the crossing near the Chinese Restaurant and traffic travels so fast they don't stop. It's very dangerous for everyone."

3.6.3 Summary and considerations.

The results for this domain suggest that some older adults may not feel valued by their community; however, as noted there is evidence a negative narrative of older people exists nationally, which may have influenced respondents' answers to the survey. Nevertheless, this does not mean that survey responses have no value and issues identified cannot be addressed locally.

Local organisations including Age-friendly Cheshire West, Age UK, Brightlife, and the University of Chester Centre for Ageing and Mental Health are committed to improving the lives of older people; addressing negative images and stereotypes of older people and ageing is key to this aim. An important consideration is that older adults are not a homogenous group and diversity must be respected with individuals being recognised as experts about their own lives and experiences.

Members of the Age-friendly partnership have an important role in promoting a positive image of ageing both within their organisations and beyond. Indeed, challenging ageism and changing the conversation around ageing is a priority for Age-friendly Cheshire West. There is an aim to recruit Age-friendly Ambassadors within local communities who will be valuable assets in both further identifying discrimination faced by older adults locally and in tackling negative stereotypes. It must be highlighted that it is important to engage as diverse a cohort as possible to ensure all members of the community have representation. In recognition of this the Age-friendly Core Group are committed to diverse representation of older adults and are acting to facilitate the involvement of less represented communities.

3.7 Civic participation and employment

This section examines older adults' opportunities for civic participation and employment and is based on the indicators below produced by the WHO:

- “A range of flexible options for older volunteers is available, with training, recognition, guidance and compensation for personal costs.
- The qualities of older employees are well promoted.
- A range of flexible and appropriately paid opportunities for older people to work is promoted.
- Discrimination on the basis of age alone is forbidden in the hiring, retention, promotion and training of employees.
- Workplaces are adapted to meet the needs of disabled people.
- Self-employment options for older people are promoted and supported.
- Training in post-retirement options is provided for older workers.
- Decision-making bodies in public, private and voluntary sectors encourage and facilitate membership of older people”.

(WHO 2007b, p3)

As highlighted in section 3.5 above, discrimination on grounds of age is illegal in the UK and from 6th April 2011 the default retirement age was abolished. Moreover, apart from limited exceptions, where employers can offer justification, employees cannot be forced to retire (UK Government 2011b). Employers must also make reasonable adjustments when recruiting and to ensure employees with a disability are not disadvantaged in the workplace (UK Government 2011a). However, the picture regarding age discrimination and employment is mixed and there is evidence that older adults aged 50-64 may be less likely to find another job after being made redundant than other age groups (Centre for Ageing Better 2020b).

Please see section 3.6 above for background information regarding including older adults in consultation and decision making.

3.7.1 Existing activity

There is evidence that some employers actively seek to employ older workers, valuing their experience and knowledge; Renegade Generation (2020) publish a list of “age-friendly” employers which are proactive in being, and remaining, age-friendly. Locally, employers also show a commitment to equalities, as examples CW&C Council and Age UK Cheshire publish their commitment to fairness and equality in all areas of operations such as employment and service delivery, and the University of Chester publishes its commitment to equality and fairness, as well as hosting an annual week-long “Diversity Festival”.

There is support available in the Borough to assist individuals wishing to start a business or needing support with an existing business. As examples, CW&C Council has two business generation centres which offer serviced business premises, one with on-site training and business advice, at competitive prices. The Council also hosts the “Let’s Talk Business” website which offers free advice and support to businesses and those wishing to establish or develop a business (CW&C Council ndg). The University of Chester also offers a range of services to help people start and grow their

business, including office and other commercial space and business support at three sites, two in Chester and one at its Thornton Science Park (University of Chester 2020).

The Borough is home to both higher and further education establishments. The University of Chester has five campus in the Borough and offers a varied prospectus of undergraduate and post-graduate education. Cheshire College South & West has campus in Chester and Ellesmere Port offering academic and vocational further education and training. The University of the Third Age (U3A) consists of local branches across the UK run by volunteers and members learn from each other. A wide range of topics are available and membership is open to individuals who have finished full-time work (U3A 2020).

There are myriad opportunities in the Borough for older adults to volunteer time, as examples⁵:

- Age UK Cheshire offers many opportunities for a range of volunteering roles including admin, driving, befriending, retail, and gardening.
- Brightlife and Brightlife funded projects engaged and trained older adults as volunteers. Forty-seven older adults worked over 4,500 voluntary hours with Brightlife; all of whom received training to enable them to perform their roles effectively. Volunteers also supported Brightlife team members in their roles, for example monitoring funded services and governance. Volunteers' expenses were reimbursed. Brightlife funded services also engaged volunteers in a variety of roles; 273 older adults volunteered to work with providers giving over 10,000 hours to the projects.
- Cheshire West Voluntary Action (CWVA) offers support, advice and guidance to voluntary, community and faith groups, and social enterprises across the Borough. CWVA offers a wide range of services and also connects organisations and volunteers (CWVA nd).
- In addition to employing paid academic researchers, the Centre for Ageing and Mental Health engaged and trained a group of older people as co-researchers. Centre staff devised and delivered a comprehensive training package to the co-researchers, which covered all aspects of their role. The co-researchers have worked alongside Centre staff for four years and have been actively involved in work conducted by the Centre, including the development of the Age-friendly Cheshire West baseline survey. The Centre values the input and commitment of the co-researchers and they have been given honorary researcher status by the University, which entitles them to utilise all the University's resources including IT and libraries. Subsequent to their engagement with the Centre co-researchers have accesses other opportunities including, paid employment, additional voluntary work, and working with the wider University.
- **OPAL services** (Older People Active Lives) was established in 2011 by a small group of volunteers and, in addition to offering services and activities for older adults living in rural parts of the Borough, has numerous opportunities for volunteering. Indeed, all OPAL's

⁵ This list is not exhaustive

trustees are volunteers. OPAL has recently been awarded the Queen's Award for Voluntary Service which recognises the work of the charity.

- Volunteer opportunities are advertised by CW&C at www.livewellcheshirewest.gov.uk include

3.7.2 Survey findings

Respondents were asked to rate their opportunities for civic participation and employment, specifically for:

- paid employment
- entrepreneurship
- further education/training
- taking part in local consultations and making decisions that affect the community
- volunteering

Table 18 and Figure 20 show the respondents' ratings for each question.

A large proportion of respondents indicated that **opportunities for paid employment, entrepreneurship, and further education/training** were not applicable to them. This may be associated with 72.8% of respondents stating they are retired; such individuals may not wish to re-enter the labour market or access training or education. Additionally, 21% of respondents indicated they were either employed or self-employed with only 0.1% (n=1) of respondents stating they were looking for employment. Nevertheless, 10.1% of respondents felt their **opportunities for paid employment** were good/excellent conversely a similar percentage (10.8%) felt their opportunities for employment were poor/very poor:

"Interesting, intellectually challenging jobs non-existent - or impossible to find".

A similar picture emerged for **opportunities to be entrepreneurial** with 6.5% stating their opportunities were good/excellent and 8.7% rated their opportunities as poor/very poor.

The figures for **opportunities for further education/training** were slightly more positive with 19.2% of respondents rating their opportunities as good/excellent, although 10.4% rated opportunities as poor/very poor:

"I would like some activities (such as educational etc) which recognise that your IQ hasn't necessarily degenerated just because you are over 60".

Table 18 – Opportunities for civic participation and employment

	Very poor	Poor	Average	Good	Excellent	Don't know	Not applicable
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Opportunities for paid employment	40 (3.7%)	76 (7.1%)	114 (10.6%)	93 (8.6%)	16 (1.5%)	98 (9.1%)	637 (59.3%)
Opportunities to be entrepreneurial	26 (2.4%)	67 (6.3%)	99 (9.3%)	60 (5.6%)	10 (0.9%)	175 (16.4%)	630 (59.0%)
Opportunities for further education/training	30 (2.8%)	81 (7.6%)	139 (13.0%)	178 (16.7%)	27 (2.5%)	157 (14.7%)	457 (42.7%)
Opportunities to take part in local consultations and making decisions that affect my community	53 (4.9%)	136 (12.6%)	283 (26.2%)	206 (19.1%)	25 (2.3%)	177 (16.4%)	199 (18.4%)
Opportunities for volunteering	19 (1.8%)	52 (4.8%)	200 (18.6%)	323 (30.0%)	80 (7.4%)	150 (14.0%)	251 (23.4%)

Opportunities for volunteering received a favourable rating with 37.4% rating their opportunities to volunteer as good/excellent and only 6.6% of respondents stated their opportunities were poor/very poor. A small proportion of respondents (2.3% n=25) indicated that they were already volunteering, some commented on their existing volunteering:

“I am a volunteer with Alzheimer's Society and am an active Dementia Friends Champion”.

“I also volunteer at the local museum”.

Despite evidence of consultation and involving local people in decision making, is also worth noting that 17.5% of respondents rated their **opportunities to take part in consultations and decision making** as poor/very poor with 21.4% of respondents rating their opportunities to take part in consultations and local decision making as good/excellent and 26.2% as average. Interestingly, 18.4% of respondents believed taking part in consultations and decision making was not applicable to them, even though they had participated in such by completing the Age-friendly survey. A further 16.4% of respondents did not know about their opportunities to participate.

3.7.1 Summary and considerations

It is important to consider that this domain is affected by issues such as communication and transport so should not be viewed in isolation. Indeed, revisions to transport may enhance older adults' opportunities to be more active in their communities and to access paid employment or self-employment. Additionally, common with other aspects of the survey, a proportion of respondents indicated that they did not know about their opportunities for being active in the labour market or their community. Increased or targeted communication may facilitate individuals accessing relevant information, especially as evidence suggests older adults may be disadvantaged in the labour market (Centre for Ageing Better 2020b).

Age-friendly Cheshire West is fully committed to involving older adults throughout all aspects of its age-friendly activities. Indeed, older adults are already engaged in a number of key functions, including membership of decision-making groups. However, consideration should be given to how engagement will be increased and operationalised moving forwards. That 18.4% of respondents believed consultation and decision making is not applicable to them is somewhat disconcerting; (perhaps this is related to the perception of being under-valued and the contributions of older people not being recognised see section 3.6) this may be improved by providing information and case studies about how older adults can be, and are, actively involved in such activities. Age-friendly Cheshire West's Age-friendly Ambassadors may be a useful resource in communicating this within their communities and widening participation to ensure representation from all sections of the community. Again, targeted communication and publicity may also impact the 16.4% of respondents who did not know about their opportunities to participate in consultation and decision making.

3.8 Communication and information

This section explores communication, including respondents' preferred method of receiving communication and their opinions about communication within the Borough. Please note that respondents were also asked about information provision related to transport, social participation, and community support and health services, the data captured is reported under the associated domains.

WHO indicators for communication are:

- “A basic, effective communication system reaches community residents of all ages.
- Regular and widespread distribution of information is assured and a coordinated, centralized access is provided.
- Regular information and broadcasts of interest to older people are offered.
- Oral communication accessible to older people is promoted.
- People at risk of social isolation get one-to one information from trusted individuals.
- Public and commercial services provide friendly, person-to-person service on request.
- Printed information – including official forms, television captions and text on visual displays – has large lettering and the main ideas are shown by clear headings and bold-face type.
- Print and spoken communication uses simple, familiar words in short, straightforward sentences.
- Telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time.
- Electronic equipment, such as mobile telephones, radios, televisions, and bank and ticket machines, has large buttons and big lettering.
- There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centres and libraries”.

(WHO 2007b, p 3-4)

3.8.1 Existing activity

The majority of organisations in the Age-friendly Cheshire West partnership have websites which are used to advertise services and activities with a number also offering telephone or face-to-face contact. As examples,

CW&C Council have various ways for residents to access information:

- Six customer service centres, located across the Borough,
- Contact centre handling telephone calls, open from 8am to 7pm,
- Online

Age UK Cheshire can be contacted via:

- Website,
- Telephone
- In person at one of three locations across the Borough

As well as having a website, Brightlife adopted a proactive approach to communication by using social media, and by visiting sites and hosting events across the Borough.

Recognising that much communication takes place electronically, a number of initiatives operate within the Borough aimed at increasing digital inclusion. All public libraries in the Borough have computers, which can be accessed by the public, free of charge for one hour, most also offer printing services at a small cost (CW&C ndg). A number of organisations offer information, communication and technology (ICT) tuition and support for older adults living in the Borough. As examples⁶:

- Brightlife provided £60,000 funding for a project aimed at assisting older adults to use ICT and to get online. The project provided group sessions incorporating general digital skills and communication techniques such as using Skype and emails. One-to-one support targeted at resolving specific problems was also available. Taking an inter-generational approach, younger adults were recruited to buddy with older individuals. The project has continued to operate in Chester City Centre.
- Age UK Cheshire offers digital skills training for older adults. Based in Northwich a range of training is available including, beginners' courses such as, how to set up and use various hardware including smart phones, and smart TVs, use of email and the Internet, plus more advanced skills such as using spreadsheets, word processing software, and social media. One-to-one tuition and home visits are also available.
- OPAL (Older People Active Lives) offers "GoOnline", a drop-in service for older people living in rural areas of the Borough. The service offers one-to-one sessions and is delivered by volunteers. The service has been operating for over six years with the aim of enabling older people to use the Internet.

A number of local newspapers and magazines are available in hard copy and online with some being delivered free of charge to homes and other locations in the Borough. Age-friendly Cheshire West recognises the importance of digital inclusion and has established a working group to address this.

3.8.2 Results from the survey

Respondents were to indicate how they preferred to receive information and asked to rate:

- The available information about what is happening in Cheshire West and Chester
- The opportunities to obtain information by speaking with a real person
- Public access to computers
- The provision of information in age-friendly formats, such as larger font
- The visibility of public signage

⁶ This list is not exhaustive

Respondents were also asked to indicate how they preferred to receive information. The majority of respondents preferred paper copies of information (59.3%) with 36% preferring to receive information electronically. Few respondents stated that they preferred to receive information face-to-face (3.4%) or by telephone (1.3%). See Table 19 and Figure 21.

Table 19 – Preferred method of receiving communication.

Communication method	No. of respondents (%)
In writing (paper copy)	611 (59.3%)
Via email/internet	371 (36.0%)
Face-to-face	35 (3.4%)
By telephone	14 (1.3%)

The following comments are consistent with the high percentage of respondents preferring receiving communications in paper:

“Printed communication to older people is needed more than at present”

“The biggest issue I do have though is the communications adapted by CWAC; I.T. laptops, tablets etc seem to be seen as everyone has one, everyone is competent in the use so all matters are loaded to the CWAC website. Major issues, meetings, public notices are therefore entered on the website. I suggest that single digit % of people know of the website or even think about looking or referring to it. The baby boomers and older are in the majority reliant on paper info, letters, flyers etc for information relating to themselves and the community”.

Nevertheless, 36% of respondents preferred electronic communication, although the following comment highlights that even if IT literate, individuals may wish to speak with someone:

“I am fairly good with email, iPad etc. but still like to hear a voice especially living on my own!!! “

Table 20 and Figure 22 show survey results for the communication domain indicators.

Table 20 – Responses for communication domain

	Very poor	Poor	Average	Good	Excellent	Don't know	Not applicable
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
The available information about what is happening in Cheshire West and Chester is	50 (4.6%)	208 (19.2%)	434 (40.1%)	253 (23.4%)	30 (2.8%)	93 (8.6%)	14 (1.3%)
The opportunities to obtain information by speaking with a real person are	145 (13.4%)	287 (26.6%)	262 (24.3%)	116 (10.7%)	15 (1.4%)	224 (20.7%)	31 (2.9%)
Public access to computers is	34 (3.2%)	103 (9.6%)	213 (19.8%)	159 (14.7%)	17 (1.6%)	362 (33.6%)	189 (17.5%)
The provision of information in age-friendly formats, such as larger font, is	26 (2.4%)	93 (8.6%)	197 (18.3%)	107 (9.9%)	12 (1.1%)	483 (44.8%)	160 (14.8%)
The visibility of public signage is	21 (1.9%)	83 (7.7%)	466 (43.1%)	333 (30.8%)	17 (1.6%)	115 (10.6%)	47 (4.3%)

Respondents were asked to rate the **available information about what is happening in Cheshire West and Chester**, 23.8% rated this as very poor/poor, 40.1% as average and 26.2% as good/excellent. A common issue highlighted was that information is not easily found and is fragmented with no one central repository of information:

“Info for education classes, keep fit, social groups could be all on one site (internet) or booklet available from library or paper shops. Search for the above for someone new to the area or newly retired is very difficult / hard to find”.

“We should really have one master events website rather than a myriad of smaller & often privately run & out-of-date ones”.

“I am considering retirement in the near future and am already researching social activities/groups and volunteering opportunities. This will ensure that I have outside interests and stimulation for health and well-being in the future. I haven't found one central point which has this information and have to search for it all. It would be great to have this information in one place”.

There was some evidence that information is more readily available in specific locations:

“The “poor” answers given to many of the communication questions apply to information applicable CWaC wide. Information locally, applicable to Hartford, is excellent now that Hartford News is delivered to every home in the village as well as being able to be picked up from many public places (shops, churches etc.)”

“The doctor’s surgery, library and notice board in H Chapel are excellent sources of information. Also ‘the village’ local magazine and local newspapers”.

Individuals highlighted that they needed to be proactive and seek out information:

“Since I have retired I have had no age-related communications with CWaC. No information at all! We have to be proactive. We do not get the free local paper delivered in our part of the city so we see no CWaC public notices”.

There were also suggestions regarding improving communication, for example:

“I feel that a publication/newsletter aimed at our age group would be helpful, and would be something we could refer to in case of need in the future. Something that covers the aspects covered in this survey, and something that keeps the older generation updated and informed of what is available for us ‘silver surfers’ Thanks”.

When asked about **the opportunities to obtain information by speaking with a real person** 40.0% rated this as poor/very poor, 24.3% as average and 12.1% as good/excellent. This is

interesting given only 4.7% of respondents preferred to obtain information by talking with someone, although as the following comment shows some individuals prefer face to face contact:

“Advice and information should jovial, face to face and not dependent on having to complete things online. Not everyone has, nor wants to use a computer”.

When asked to rate **public access to computers** 33.6% of respondents stated they did not know, 12.8% rated this as poor/very poor, 19.8% as average, and 16.3% as good/excellent. Respondents comments regarding ICT were generally regarding personal use. Several respondents highlighted that not everyone has access to It equipment, as an example:

“I would like to remind the employers and ‘powers that be’ within Cheshire West and Chester that not every old person has a computer or indeed knows how to use one. Their usual response when they can’t answer a question Is ‘go online’ automatically assuming that everyone has access to a computer”.

Whereas this respondent indicated they were very satisfied with the Borough’s library services, which provide information and access to computers.

“We commend the maintaining of the public library services in the county, in Chester for example Lache Library, with provision to order books, videos etc., excellent children’s facilities, and also provision of computers and information services.”

Nevertheless, as 33.6% of respondents did not know about publicly accessible computers, it may be useful to promote this service more widely.

When using IT as a major mode of communication it should also be considered that costs may be prohibitive and supporting infrastructure may not be available, thus hampering older adults using online services and websites:

“Broadband is a massive issue in this area, our speed is 0.4mbs and fibre is not available. This means using services such as Netflix is impossible and emailing and online shopping is a chore and a challenge”.

Some respondents commented they did use IT but they found negotiating websites could be problematic:

“(Organisation) website is not easy to use and difficult to pinpoint issues”.

“(Organisation) website is “clunky” and confusing so I don’t bother with it”.

A number of respondents suggested that providing IT training for older adults would be beneficial:

“When trying to find information, make complaints it is generally assumed that everyone has access to online facilities and the ability to use them. Perhaps basic courses should be made available to instruct us in the use of such things”.

“Provision of technology assistance for older residents”.

When respondents rated the **provision of information in age-friendly formats**, the same percentage (11.0%) rated this as good/excellent as rated it poor/very poor. The majority of respondents (44.8%) stated they did not know. The Equality Act requires organisations to take reasonable steps to provide accessible information. There were no comments regarding provision of information in age-friendly formats, although considering the needs of hearing-impaired people was highlighted:

“I have noted down poor in many questions this is due to information and the such being aimed at hearing people and not inclusive to the profoundly deaf/deaf or deafened people”.

“I am profoundly deaf so struggle to understand fully written and spoken communication... Information is poor with regards to services available for accessing should I need support - due to it being written in English and not BSL.”

Respondents rated **the visibility of public signage** as 9.6% poor/very poor, 43.1% as average, and 32.4% good/excellent with 10.6% stating they did not know.

3.8.3 Summary and considerations

Communication emerged as a key issue for respondents. Written comments suggested communication is perceived as fragmented with suggestions of one central repository for all local information. This would save individuals having to negotiate more than one site to obtain information but presents issues in terms of, who would host and maintain such a service and how would the information to be communicated be obtained?

It was interesting that so few respondents stated they preferred to receive information face-to-face or by telephone. A large proportion of respondents preferred paper communication with the next preferred method being electronic communication. Many organisations within the Borough use websites as a major channel of communication; involving older adults in co-designing and user testing websites should be considered. Indeed, Age-friendly Cheshire West consulted older adults regarding the design of its website.

There is much existing written communication, as examples CW&C Council provides paper copies of consultations and includes information with council tax letters. Newsletters are also sent to residents who have signed-up to receive them. Regular press releases are also made promoting council services and highlighting consultations. Leaflets are used by many organisations in the Borough and are widely distributed to public locations, such as libraries.

However, respondents commented about requiring more written information, it may be useful to review where and how such material is distributed.

Assumptions about older adults' ability and willingness to use, or their preferences about, communication channels should be avoided and it is important to be inclusive and understand that not all residents are able or actually wish to use online services. Nonetheless, it should be considered that provision of training may impact uptake and usage of electronic communication. Training is available in the Borough, as is public access to computers, this may simply need to be more widely promoted or extended.

3.9 Community support and health services

Access to good community support and healthcare are important in maintaining health and wellbeing for older people, and the WHO proposes the following indicators when assessing this domain:

- “An adequate range of health and community support services is offered for promoting, maintaining and restoring health.
- Home care services include health and personal care and housekeeping.
- Health and social services are conveniently located and accessible by all means of transport.
- Residential care facilities and designated older people’s housing are located close to services and the rest of the community.
- Health and community service facilities are safely constructed and fully accessible.
- Clear and accessible information is provided about health and social services for older people.
- Delivery of services is coordinated and administratively simple.
- All staff are respectful, helpful and trained to serve older people.
- Economic barriers impeding access to health and community support services are minimized.
- Voluntary services by people of all ages are encouraged and supported.
- There are sufficient and accessible burial sites.
- Community emergency planning takes into account the vulnerabilities and capacities of older people”.

(WHO 2007b, p 4)

3.9.1 Existing activity

Healthcare in the UK is mainly delivered by the National Health Service (NHS), although private healthcare is also available. Primary healthcare is provided by general practitioners and secondary healthcare via networks of hospital trusts across the country. General practitioners and community or district nurses can visit patients within the home to deliver a range of healthcare, as examples mental health care, post hospital discharge, and routine visits to those with long-term health conditions or terminal illnesses. NHS dental care is also available.

Formal social care is mainly delivered by private and third sector organisations with individuals who are able to pay being expected to do so. Social care can be delivered in the home or in residential or care homes. Local councils are able to offer some financial support but this support is means tested with both an individual’s assets and income taken into consideration. Attendance Allowance for individuals needing care in their home may be available for older adults who have reached state pension age.

Furthermore, to achieve the CW&C stated aim of promoting healthier lives, access to health and fitness facilities is important, and the provision and communication of activities for older people is key to achieving this aim.

3.9.2 Survey findings

The survey asked respondents to rate a range of aspects regarding community support and health services including:

- How they rated their own health
- The range of health and social care services for older people
- Accessibility of health and social care services for older people
- Information about health and social care services for older people
- The location of health and social care services for older people
- The affordability of health and social care services for older people
- The support available to help them remain in their home
- The availability of residential care
- The location of residential care
- The provision of information about health and fitness activities available for older people
- The availability of health and fitness activities for older people

Respondents were asked to rate **their own health**, see Table 21 and Figure 23. The majority of respondents to this survey considered themselves to be in excellent (13.8%) or good (44.3%) health, a further 27.9% rated their health as average, and only 11.3% rated their health as poor with 2.6% rating their health as very poor.

Table 21 – Self-rating of health

	Very poor	Poor	Average	Good	Excellent
Number	28	120	295	469	146
(%)	(2.6%)	(11.3%)	(27.9%)	(44.3%)	(13.8%)

Survey questions asked respondents to rate a range of community support and health services see Table 22 and Figure 24. Responses to all of these questions included a high proportion of “don’t know” and “not applicable” ratings; some respondents commented that they had not yet needed much interaction with health and social care services.

Table 22 - Respondents ratings for community support and health services

	Very poor	Poor	Average	Good	Excellent	Don't know	Not applicable
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
The range of health and social care services	41 (3.8%)	123 (11.5%)	293 (27.3%)	268 (25.0%)	54 (5.0%)	265 (24.7%)	29 (2.7%)
Accessibility of health and social care services	47 (4.4%)	167 (15.5%)	268 (24.9%)	231 (21.5%)	43 (4.0%)	286 (26.6%)	34 (3.2%)
The provision of information about health and social care services	57 (5.3%)	204 (19.0%)	275 (25.6%)	204 (19.0%)	30 (2.8%)	275 (25.6%)	29 (2.7%)
The available information about health and social care services	73 (6.8%)	259 (23.9%)	301 (27.8%)	181 (16.7%)	19 (1.8%)	220 (20.3%)	29 (2.7%)
The location of health and social care services	53 (4.9%)	170 (15.8%)	290 (27.0%)	195 (18.2%)	41 (3.8%)	295 (27.5%)	29 (2.7%)
The affordability of health and social care services	82 (7.7%)	189 (17.7%)	226 (21.2%)	118 (11.1%)	27 (2.5%)	377 (35.3%)	48 (4.5%)
The support available to help me remain in my home	58 (5.4%)	101 (9.4%)	137 (12.8%)	106 (9.9%)	28 (2.6%)	482 (45.0%)	159 (14.8%)
The availability of residential care	61 (5.7%)	130 (12.1%)	201 (18.7%)	114 (10.6%)	10 (0.9%)	457 (42.5%)	101 (9.4%)
The location of residential care	37 (3.5%)	117 (10.9%)	240 (22.4%)	152 (14.2%)	15 (1.4%)	413 (38.5%)	98 (9.1%)
The provision of information about health and fitness activities available	65 (6.0%)	251 (23.2%)	228 (21.1%)	136 (12.6%)	18 (1.7%)	330 (30.6%)	51 (4.7%)
The availability of health and fitness activities	64 (5.9%)	206 (19.1%)	214 (19.9%)	153 (14.2%)	21 (2.0%)	368 (34.2%)	51 (4.7%)

When asked to rate the **range of health and social care services** for older adults, 30.0% of respondents rated this as good/excellent. Average ratings were given by 27.3% of respondents, and 15.3% of ratings were poor/very poor. Over one quarter of responses comprised “don’t know” (24.7%) and “not applicable” (2.7%). Respondents’ comments varied, for example the following respondent was satisfied with services:

“I have got nothing to complain about, the local borough is very good to me:- including the excellent local park, the lovely bin men, useful bus links and the fire service who came round and fitted my smoke alarms for me. My local GP surgery always fits me in, I have also attended night school in the past and enjoyed this. I engage in many community activities eg., W.I / swimming, etc. I am very fortunate to live in this borough.”

Other respondents, however, had some concerns:

“Health and social care services need improvement. GPs still not open at weekends. A&E departments still overcrowded. Impossible to get timely appointments with GPs.”

“I’m afraid the medical care of all age groups is staggering at (name removed) due to lack of doctors. Such a shocking state of affairs is shocking. Taking someone to the HC by (name removed) opened my eyes to a much better service. There should be an inspection.”

At least one respondent felt that people should be taking more responsibility for their own health:

“I feel the nature of the survey reflects a view the older people are passive and need to have multiple services provided or adapted for them. I take the view that older people should take primary responsibility for their health and wellbeing.”

The following comment highlights the alternative viewpoint and the difficulties some people who require social care have in accessing services:

“The cost of private social care is astronomical, so only available to the wealthy. Local authority social care is dire. I have worked alongside CW&C’s social services department for 15 years, and seen care packages cut to the bone, or stopped altogether. By their very nature, people in need of social care are not in the best position to make their voices heard. This makes them ideal targets for service cuts. In addition, families looking after very grown up people are so stretched that they too have little time and energy to complain.”

Ratings of the **accessibility of health and social care services** for older people were dispersed across the scale, with 25.5% rating accessibility as good/excellent, 24.9% average and 19.9% poor/very poor. Don’t know ratings were given by 26.6% of respondents and 3.2% felt this question was not applicable to them. This comment highlights the difficulty some respondents experienced trying to access services:

“My husband is severely disabled and the help we have had from the health services is excellent - but it was quite difficult to convince for, e.g., the community nurses that he needed home visits and their care. Getting accepted by the system was difficult - once in excellent.”

The following comment highlights the difficulties people with disabilities may encounter:

“I am autistic and services for older autistic people are abysmal and almost non-existent and are there any Care Homes that are Autism friendly?”

There were additional comments focusing on the mix of services and providers available to all people, including older adults:

“Health services in (name removed) for all ages lack any well qualified staff and are too much reliant on volunteers”

The comment below is an example of some of the smaller changes which could help older people remain independent:

“Bins – older people struggle lifting boxes. In other areas they have proper bins like the grey bin!!!”

The **provision of information about health and social care services** for older adults was slightly less positively rated, although still widely dispersed across the scale. Ratings of good/excellent were given by 21.8% of respondents, average 25.6% and poor/very poor by 24.3% of respondents. The following comment was from a respondent who did not feel they had sufficient information, should they need help:

“Who do we contact for advice or assistance if required? For myself, who live alone, I haven’t a clue who could help!”

Conversely, this resident had no concerns about accessing information:

“Whilst I could not answer many questions about services, I am confident I could find the information when needed.”

The comment below indicates the frustration which poor communication and lack of information had caused this resident:

“There is no communication at all with (name removed). I have emailed them numerous times about various issues and never had a reply. The only time you see anyone is when there is an election and you can't get rid of them. I have put various issues to them and was given their email address and yet again I was ignored. I have been trying for years to get help to have a shower installed as I am disabled and unable to get in or out of the bath and yet again I have been ignored this is not good enough I feel Cheshire West and Chester has no time for pensioners.”

The **information available about health and social care services** was also rated less positively with 30.7% of respondents rating this as poor/very poor, 27.8% as average and only 18.5% as good/excellent.

The **location of health and social care services** for older people were considered good/ excellent by 22.0% of respondents, average by 27.0% and poor/very poor by 20.7%. The following respondent wrote about feeling overlooked in a rural part of the Borough:

“All the services for the aged appear to be targeted at Blacon residents who have active councillors – nothing for us on the rural fringes.”

When asked about the **affordability of health and social care services** for older adults a large proportion of respondents stated they did not know (35.3%) or this question was not applicable to them (4.5%). Of the remaining responses, only 13.6% rated affordability as good/excellent, with 21.2% giving an average rating and 25.4% as poor/very poor. The following highlights the anxiety individuals may feel about co-ordinating their own, or friends’ and relatives’ health and social care needs:

“Social care is a critical issue for the community & council. Many people of my generation (mid 50s) have elderly parents who receive no or little support from social care creating anxiety & severe financial worry.”

Support available to help me remain in my home also received a large number of don’t know (45%) and not applicable (14.8%) ratings. Across the remainder of responses, only 12.5% rated this support as good/excellent, 12.8% rated the support as average and 14.8% rated this as poor/very poor.

Similarly, ratings of the **availability of residential care and location of residential care** were mainly in the don’t know (42.5% and 38.5% respectively) and not applicable (9.4% and 9.1% respectively) categories. Of those who gave an opinion of the availability of residential care, ratings were more often poor/very poor (17.8%) or average (18.7%), with only 11.5% rating location as good/excellent. In terms of location of residential care, 14.4% of respondents rated this poor/very poor, 22.4% as average and 15.6% good/excellent.

The **provision of information about health and fitness activities available for older people** also received a large number of don’t know (30.6%) and not applicable responses (4.7%). Of the remaining responses 14.3% rated the provision of information as good/ excellent, 21.1% as average and 29.2% as poor/ very poor.

When asked about **availability of health and fitness activities for older people**, 34.2% of respondents stated they didn’t know, 4.7% that the question was not applicable to them, 25% gave a poor/very poor rating, 19.9% average and 16.2% gave a good/excellent rating. There were a number of comments about the location and amount of health and fitness provision for older people, particularly outside the large urban areas, for example:

“Provision of sports facilities in Frodsham remains poor for the size of its community, with all major investments by WC&C made continually in Northwich, Chester and Ellesmere Port which are not easily accessible”

Other comments focused on the type of activity available, for example:

“Leisure activities seem more aligned with the interests of women than men”

There were also comments about the cost of health and fitness activities for older people:

“I am a 73 year old male, never been a smoker. Kept myself fit all my life, still go to the gym. I go to D.W. the Lifestyle Centre is too expensive. I have never been a strong swimmer but I would love to have swimming lessons. I enquired at the Lifestyle centre (Winsford) and was told they wanted £80 for a block of 10 lessons, £8 a go for 45 mins, no concession. Way too expensive for a pensioner, not a good way to encourage the elderly to exercise.”

Finally, there were positive comments about the provision of health and fitness activities in the Borough, however as the following comment suggests these may not always be easy to access:

“Re availability of health and fitness activities - they are excellent if you can get to them - public transport Willaston to Neston recreation centre - 2.5 miles - too far to walk for many. nearest bus stop half a mile up hill. Willaston to e.Port Sport City - 7 miles - takes upwards of 2 hours by public transport.”

3.9.3 Summary and considerations

It is positive to note the majority of people who completed this survey considered themselves to be in excellent or good health, with only a small proportion reported being in poor or very poor health.

A high proportion of respondents reported “don’t know” or “not applicable” to many of the questions about community support and health services in the Borough. This may be due to them not needing to access services or to a lack of available information. Of the people who rated services, the range and accessibility of community support and health services was well considered, although other categories were rated less well. However, again there were high proportions of respondents stating “don’t know” in both of those categories.

In respect of information, almost one third of respondents felt information provision regarding health and fitness activities was poor/very poor and one quarter felt information provision about health and social care services was poor/very poor. Moreover, the available information about health and social care services was also rated poorly. Providing quality information would help people to access appropriate services and support if they needed, which may reduce anxiety and worry over current or future needs for health and social care. Given the high proportion of “don’t know” responses, and poor ratings of information provision and available information, Age-friendly Cheshire West may wish to consider how communication about health and social care for older adults can be improved.

As with other domains, community support and health services affected transportation, without which individuals are unable to access services and health and fitness activities; again, highlighting it is essential not to consider any of the age-friendly domains in isolation.

3.10 Future priorities

Respondents were asked to provide up to five factors all related to the age-friendly domains which they feel should be the main priorities for Age-friendly Cheshire West moving forwards. Respondents were able to select five options from the following list:

- Better health and social care services
- Improved public transport
- Better transport links
- Improved communication
- Road safety improvements
- More social opportunities
- Better outdoor spaces and buildings
- Improved choice of housing
- More cultural opportunities
- More educational opportunities

Figure 25 shows how factors were prioritised by respondents.

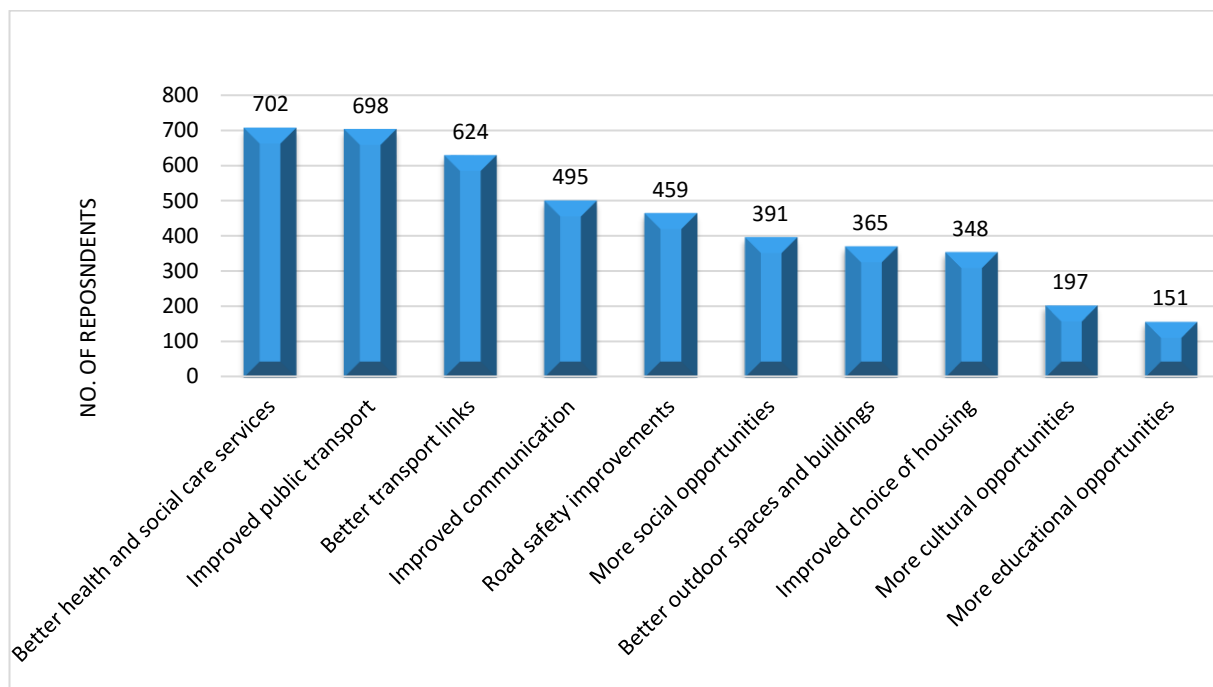


Figure 25 - Respondents' priorities for Age-friendly Cheshire West

The priorities selected are consistent with the responses to each of the WHO age-friendly domains and it is unsurprising that improved health and social care, public transport, and communication were the three issues respondents prioritised.

4- Summary and considerations

This report is based on over 1,000 responses to the Age-friendly Cheshire West baseline survey. Five thousand paper copies of the survey were posted to addresses across the Borough, which were deemed to be likely to have at least one older adult in residence. Just under 1,000 completed surveys were returned representing a 20% response rate. Almost all paper copies of the survey were received before the Covid19 pandemic “lockdown” requirements. The survey was also open online, although only 142 responses were received, which is disappointing. CW&C Council’s communications team had committed to promoting the online survey but, due to the Covid19 pandemic, was unable to do so; understandably prioritising public health communication. We can only hypothesise that this affected the completion of the online survey, resulting in fewer than expected online responses. Although, CW&C Council sent details of how to access the survey with all council tax communications. It should be considered that the low response rate to the online survey may also be related to digital exclusion.

The pandemic “lockdown” requirements also curtailed much of the intended face-to-face contact with individuals, which was planned to take place across the Borough in locations such as libraries, shopping malls and GP surgeries, and aimed to raise the profile of the baseline survey and increase returns. Moreover, plans for promoting the survey face-to-face by partners were also impacted by the pandemic.

The Age-friendly Cheshire West partnership will be responsible for developing an action plan predicated on the baseline survey, other consultations, and extant data and it should be noted that, while the survey identified areas for improvement, there were also positive responses to the survey both in ratings and comments. It may be that resolving some of the issues raised by respondents are out with the power of local organisations but Age-friendly Cheshire West may wish to consider the following.

Given that only 0.3% of respondents indicated they had an ethnic background other than white, which is lower than the last census figure for the Borough (which was 2.6%), consideration should be given to conducting further consultation with individuals from under-represented communities.

High proportions of respondents answered “don’t know” to questions; this may be due to them not yet needing or wanting to explore particular issues. Alternatively, as there were instances where respondents had tried to find information but were unsuccessful and available information was rated poorly, this may highlight the need for improved and increased, appropriate communication with older adults living in the Borough. Indeed, it must be emphasised that communication emerged as a key issue throughout the survey and across all domains. As highlighted in the report, there is a great deal of age-friendly activity already taking place within the Borough and it is a shame that respondents did not seem aware of this or other activities and services they may wish or need to access. The Age-friendly Cheshire

West Partnership may wish to address communication as a priority; doing so may facilitate older adults accessing services, support, and activities of which they were unaware, as well as addressing what may be inaccurate perceptions.

When approaching communication, the need for organisations to utilise multiple communication channels and not rely solely on electronic media should be considered. It should also be borne in mind that individuals who are skilled using electronic communication channels may prefer to communicate with another person either by phone or face-to-face. Nevertheless, there were comments indicating a willingness to use electronic media but needing help to do so. Moreover, becoming more digitally skilled may enable older adults to be able to proactively seek information such as identifying service provision, find social activities and events, and participate in consultation and decision making, thus facilitating them remaining or becoming active members of the community. Age-friendly Cheshire West has already recognised and is addressing the issue of digital exclusion. Given that communication has emerged as problematic and was identified by survey respondents as a priority, older adults should be involved in developing the Age-friendly Cheshire West communication strategy moving forwards and be involved in user testing websites. The Age-friendly Cheshire West partnership may also find it beneficial to engage with other local organisations to encourage them to involve older adults when developing and revising communication strategies.

Respondents rated improving health and social care as their highest priority. Age-friendly Cheshire West has already recognised how critical this is in the lives of older adults and has involved individuals from relevant sectors throughout. It is recognised that funding for this sector is stretched and there are staff shortages and gaps in service provision. However, driven by the Covid19 pandemic, health and social care providers are adopting new approaches to service delivery, for example use of digital technology for GP appointments and consumer hardware such as smart watches and digital assistants to monitor health status. A neighbouring local authority with significant rural communities began trialling use of consumer technology with older adults in 2018 (staff from the Centre for Ageing and Mental Health were involved in evaluating this initiative). Age-friendly Cheshire West may wish to explore this and other innovative approaches to health and social care, in addition to investigating how traditional services may meet the needs of older residents.

Public transport was highlighted as problematic by respondents and improved public transport and transport links were selected as high priorities for Age-friendly Cheshire West to address moving forwards. Given the diverse landscape of the Borough there will not be a “one size fits all” solution to this; however, this offers opportunity to be innovative and explore alternative forms of public transport. Indeed, solutions may lie with some communities, especially in rural areas, being empowered to develop their own community transport services.

It is critical to consider that, while there are eight domains of age-friendliness, these do not exist in isolation; indeed, they overlap and interact with improvements and deficits in one impacting others. This is especially relevant for transport which affects many areas of life and enables older adults to participate in social activities and maintain family and social networks thus avoiding social isolation, and to attend healthcare appointments, go shopping, and

conduct other daily business. Similarly, communication has a wide impact on individuals' daily lives; indeed, it can be hypothesised that simply raising the profile of, and better informing older adults about, what is already available will improve many aspects of their lives.

Finally, it should be recognised that many of the actions taken to increase age-friendliness will impact on other age groups and lead to improvements for many Borough residents irrespective of age.

Acknowledgements

The University of Chester staff would like to thank the following, Age-friendly Belfast for permission to utilise and tailor its baseline survey, Age-friendly Cheshire West staff and partners and University co-researchers for their input in developing the Age-friendly Cheshire West baseline survey, and the older adults who took the time to respond to the survey.

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Covid Community Response from Age-friendly Cheshire West

In March 2020 a national lockdown was introduced by the UK Government in response to the global Covid-19 pandemic. The pandemic has affected our day-to-day lives and brought about changes to the way services and support has and continues to be delivered.

The Age-friendly Baseline Survey began before the outbreak and was ended early, at the start of the pandemic. A great deal has changed over the past few months, it is important therefore to reflect on the impact of the pandemic and the significant work that has taken place as part of a whole community response.

There has been a real willingness for people to come together, during a very difficult time to help local communities. Voluntary, community and faith sector groups and organisations, local businesses and good neighbours quickly came together to provide support to those who needed it.

The Cheshire Emergency Planning and Response Team (CEMART) was stood up and worked with Council services and partners to coordinate and deliver a response to residents across west Cheshire.

A Community Response Fund of £500,000, which included donations of £250,000 from the Westminster Foundation, was set up by the Council to provide emergency funding to help local people and the voluntary/community sector to deliver community initiatives in response to the pandemic.

Community Sector response

The community sector has played a pivotal role in the response to the coronavirus (COVID-19) pandemic over the last six months or so, helping make sure older people and some of our most vulnerable residents have received the support they have needed.

While the sector has been delivering invaluable services for many years, the pandemic has highlighted its importance more now than ever before.

At the very start of the pandemic, and UK lockdown, the knowledge and experience the sector had with working closely with communities was invaluable. Most notably, enabling residents within seldom heard groups to be supported through these challenging times.

Many charities and community groups had to adapt their services and deliver them in a completely different ways, with many services moving online. The sector mobilised quickly and effectively, and many services were redesigned before the lockdown was even announced.

As so many older and vulnerable people needed to shield during lockdown, the services delivered by the sector could not have been more important. Befriending calls were taking

place, mental health helplines were set up and food deliveries were being made, to name just a few examples.

Pathfinder Early Intervention & Prevention (EIP) Service

Since March 2020, the EIP service has adapted and changed the way they do things to enable tailored support to be given to those most at risk of due to Covid-19. Most groups and face-to-face activities were impacted by Covid-19 restrictions, but this has not meant that services stopped.

Most organisations delivering community wellbeing services and activities (Tier 1) responded to the challenges by changing the way services and activities were delivered so that they were still able to engage with people in a meaningful way through befriending, food/prescription support, craft packs and virtual sessions. There is evidence that this support has been significantly more comprehensive than was first projected.

Activities and services providing specialist support such as mental health provision and sensory impairment services (Tier 2) continued to operate full services, albeit with a virtual or safe-working focus. Help and support has been prioritised where it was needed and over 70% of the people supported under these services were older residents.

Deafness Support Network

The Community Response Fund enabled Deafness Support Network (DSN) to buy tablet devices to enable profoundly deaf service users who were not online to be able to access the internet. Volunteers set up the devices and gave people the support they need to use their new technology.

The technology made a big difference to people's lives enabling them to see and speak to friends and family for the first time in a very long time. The devices also enabled people to keep in touch with DSN, get important advice and re-assurance about Covid-19 and arrange medication and essential supplies. They also helped people to access wellbeing apps and online fitness. Deafness Support Network also helped the Covid response by providing a text relay service for those who were unable to use a telephone due to hearing or communication difficulties.

Snow Angels

Snow Angels is a local social enterprise company supporting older people to continue to live independently and keep well. With the help of an extra 200 volunteers and support of partners organisations, including secondments of staff from Council and partner organisations, Snow Angels were able to support over 640 older residents from the start of the pandemic with telephone befriending, shopping, prescription delivery, dog walking, and access to emergency food parcels and financial support.

The pandemic also brought to light a number of older residents who had significant needs but were not known to services. With support from a range of partners Snow Angels enabled people to obtain the support and help they needed to enable them to continue to live independently. They helped with making claims for attendance allowance, accessing services such as care, cleaning and gardening as well as making referrals to specialist services. The Baseline Assessment Report - draft v5 August 2021

significant impact of the pandemic on mental health and wellbeing also became apparent as people struggled with anxiety, depression and bereavement. A partnership was formed between Snow Angels and the MIND enabling people to quickly get the help and support they needed.

[Case study about Snow Angels' support for older people during the pandemic](#)

Volunteering

Cheshire West Voluntary Action (CWVA), worked with Cheshire West and Chester Council to bring together a network of volunteers at the start of the pandemic.

More than 2,300 residents volunteered and CWVA began signposting them to charities and community groups. Some of these were completely new groups set up in communities to help respond to the pandemic.

Around 1,500 volunteers have been signposted in total, making a significant difference to their communities. CWVA and the Council also worked closely with the NHS Volunteer Responders programme, while many charities and community groups already had their own team of active volunteers ready to support in any way they could.

Even though a lot of older people were shielding towards the start of the pandemic, some of them decided to volunteer from their home and help others. Micro volunteering and people being a good neighbour were an integral part of the community response. Neighbour-to-neighbour support, checking in to see how each other were, was a significant help to many people, particularly those that were feeling isolated.

It has been a challenging time for the sector and there are no doubt many hurdles ahead, but the flexibility it has shown to adapt to these unprecedented times, continuing to deliver high-quality services for those who depend on them, is truly inspiring.

The continuing impact of Covid

The impact on mental health

The pandemic has been a challenging time in so many ways and mental health and wellbeing has never been more important. The restrictions designed to prevent the spread of coronavirus have had and continue to have a profound impact on the way we live our daily lives, and in turn, on our mental health. For many, existing mental health problems have worsened and for others new problems have developed as people struggle to manage fear, uncertainty, anxiety, depression and loss. Practical concerns have contributed to many people's anxiety, including worries about finances, employment, food and medication, housing and lack of access to outside space.

Public Health listened to community and voluntary sector representatives and redeployed Council staff to learn from their experiences of making and receiving calls to residents which support national findings that mental health and wellbeing has deteriorated during lockdown.

Some of the adverse effects of the lockdown will reduce as measures are relaxed. Others such as bereavement, the impact of lockdown and recession will have a longer lasting impact which will require a continued coordinated response.

The impact of the digital movement

As the pandemic continues, so does the fast-paced move to an increasingly digital world. The pandemic has seen many services and activities move from being provided face-to-face to being provided online. This digital movement during Covid presents challenges for many of the borough's residents and there is a real risk of people being left behind. Age-friendly Cheshire West responded to these challenges by forming a Digital Inclusion Group, taking action and working together to reduce the barriers to getting online and enable older residents to develop the digital skills and confidence they need to do the things they enjoy, socialise and keep in touch with those close to them and access services and support. The group also advocates for those people who are not online and choose not to be.

The impact on employment

Numbers of older workers on unemployment benefits across the country nearly doubled from 304,000 in March to 588,000 in June. Older workers who lose their jobs are more likely to slip into long-term worklessness and are twice as likely to be unemployed for over a year than those aged 18 to 24. Unemployment has a significant impact not just financially but on the mental health and wellbeing of the individual their families and the local economy. The Covid back to work response risks older job seekers being left behind so urgent action needs to be taken to prevent long-term unemployment in the wake of the pandemic. Age-friendly Cheshire West's Civic Participation Group has and continues to develop a local response to redundancy and employment in light of the impact of Covid.

Appendix 2 – Figures

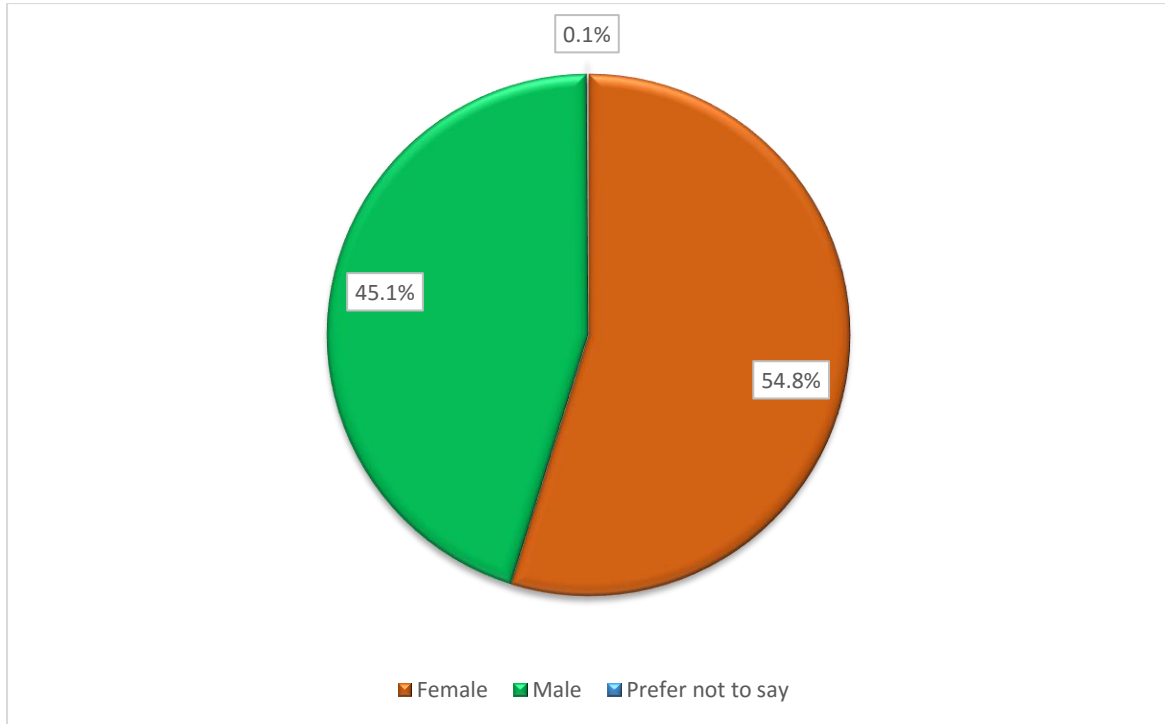


Figure 6 - Respondents' gender

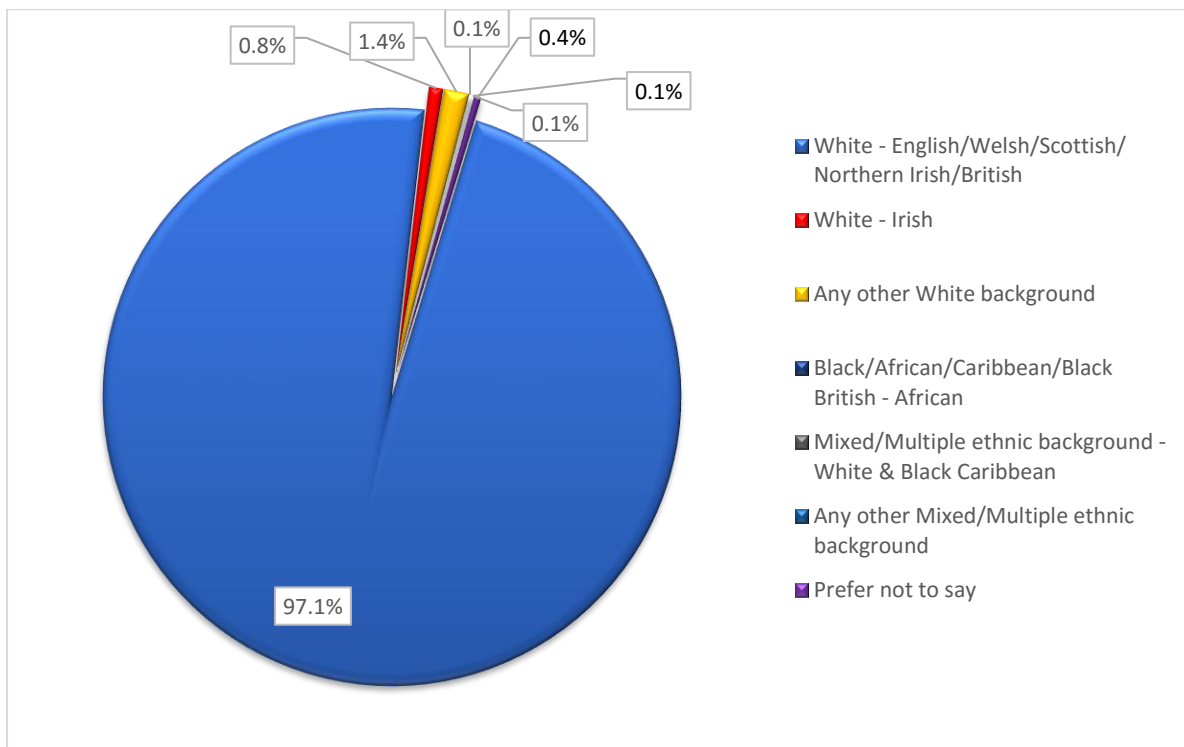


Figure 7 - Respondents' ethnic background

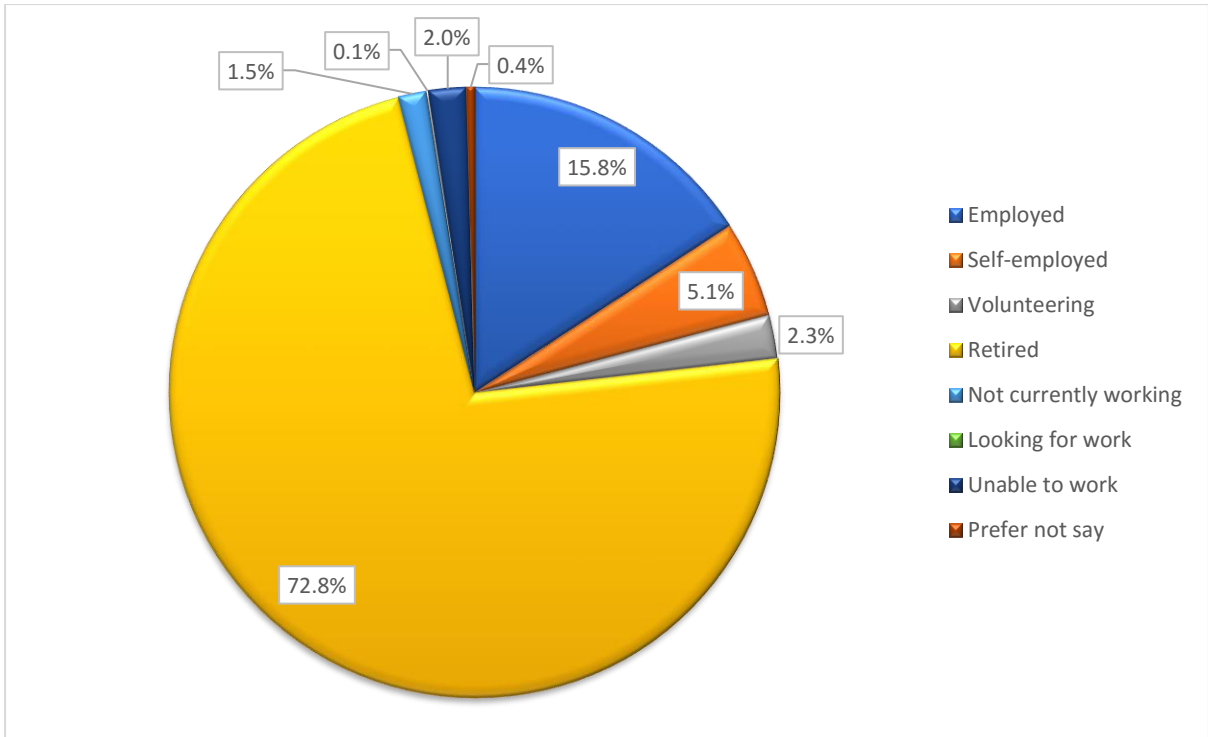


Figure 8 - Respondents' labour market status

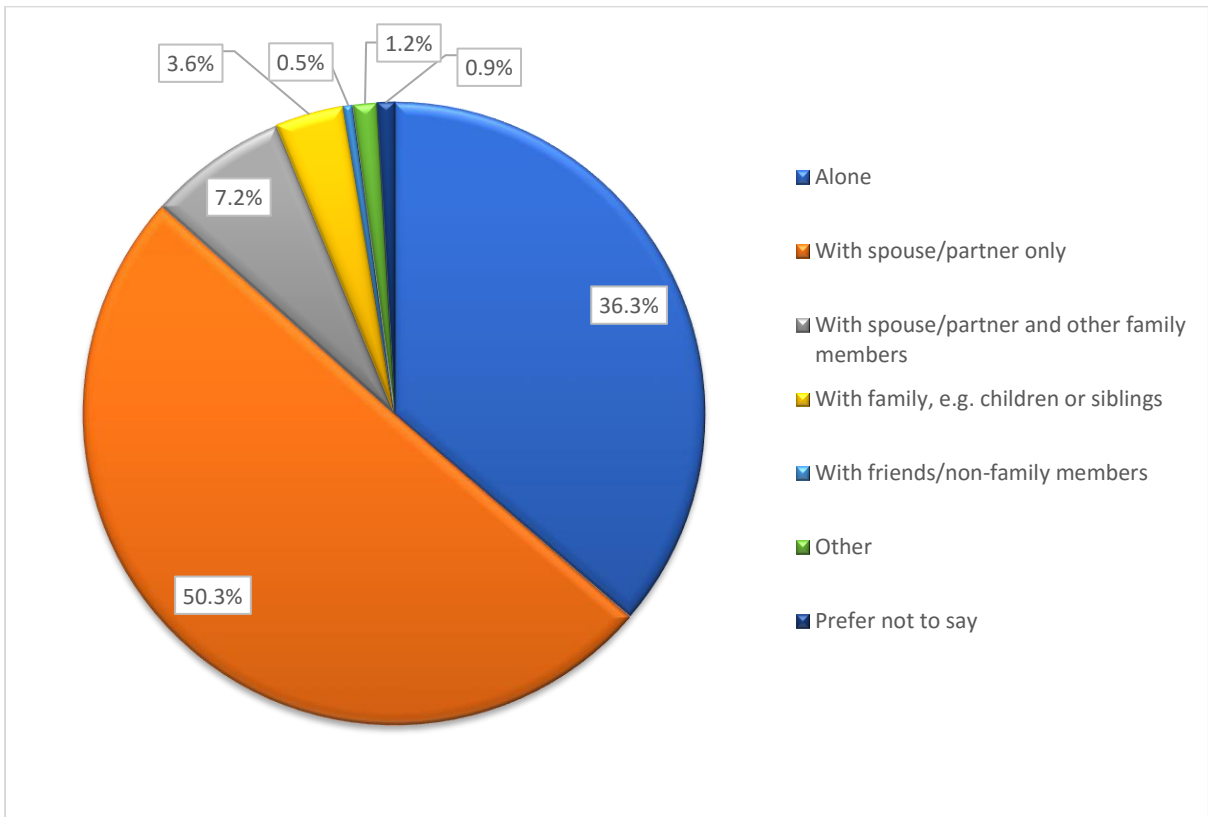


Figure 9 - Respondents' living arrangements

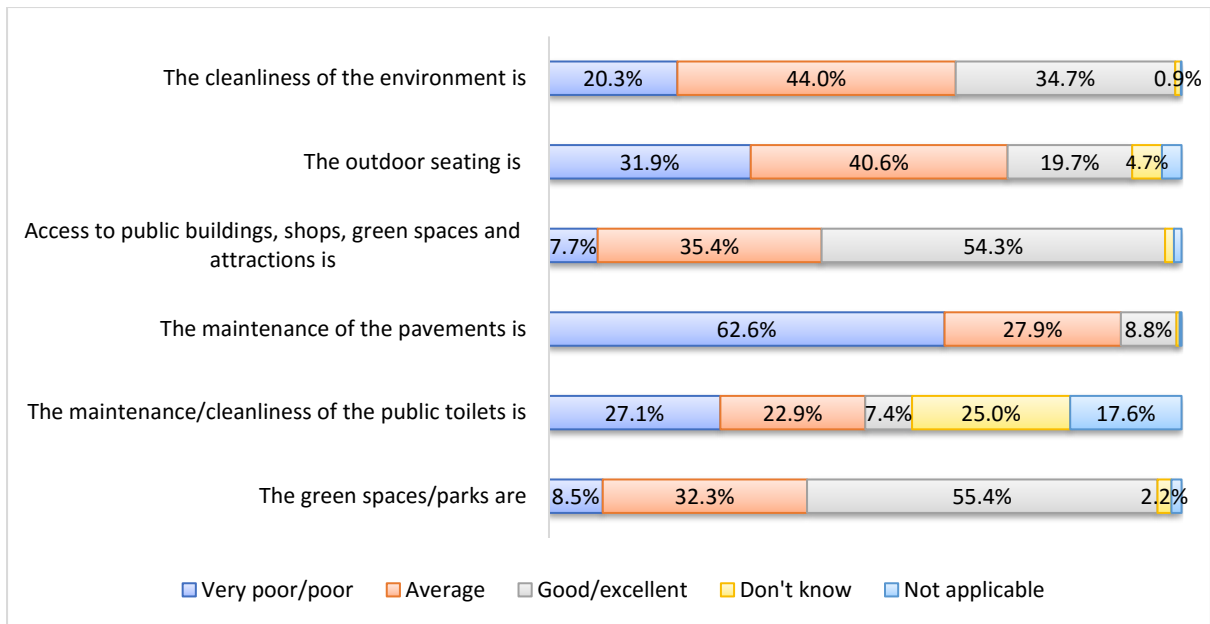


Figure 10 – Condensed responses for outdoor spaces and buildings domain

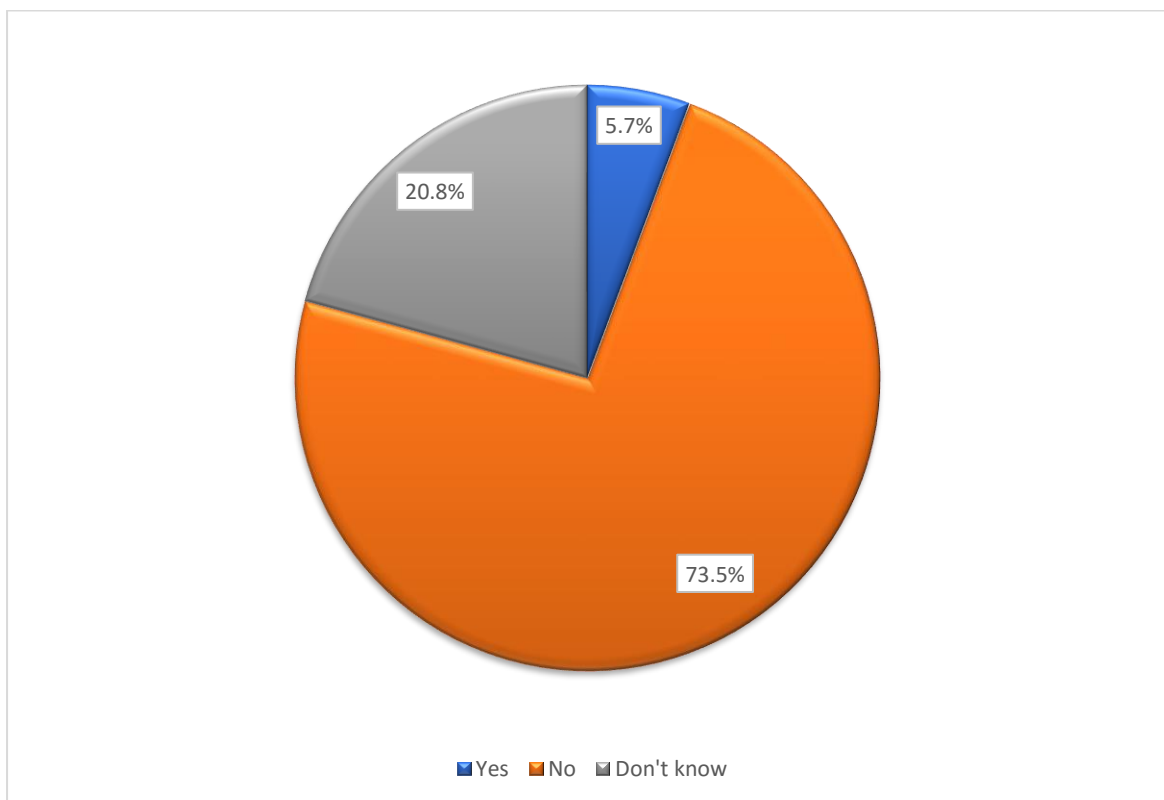


Figure 11 – Provision of public toilets

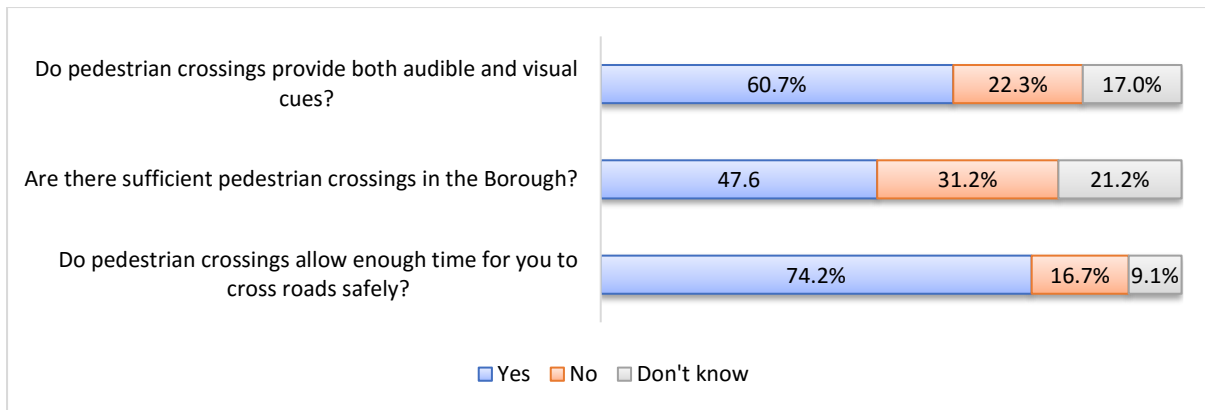


Figure 12 – Responses to questions about pedestrian crossings

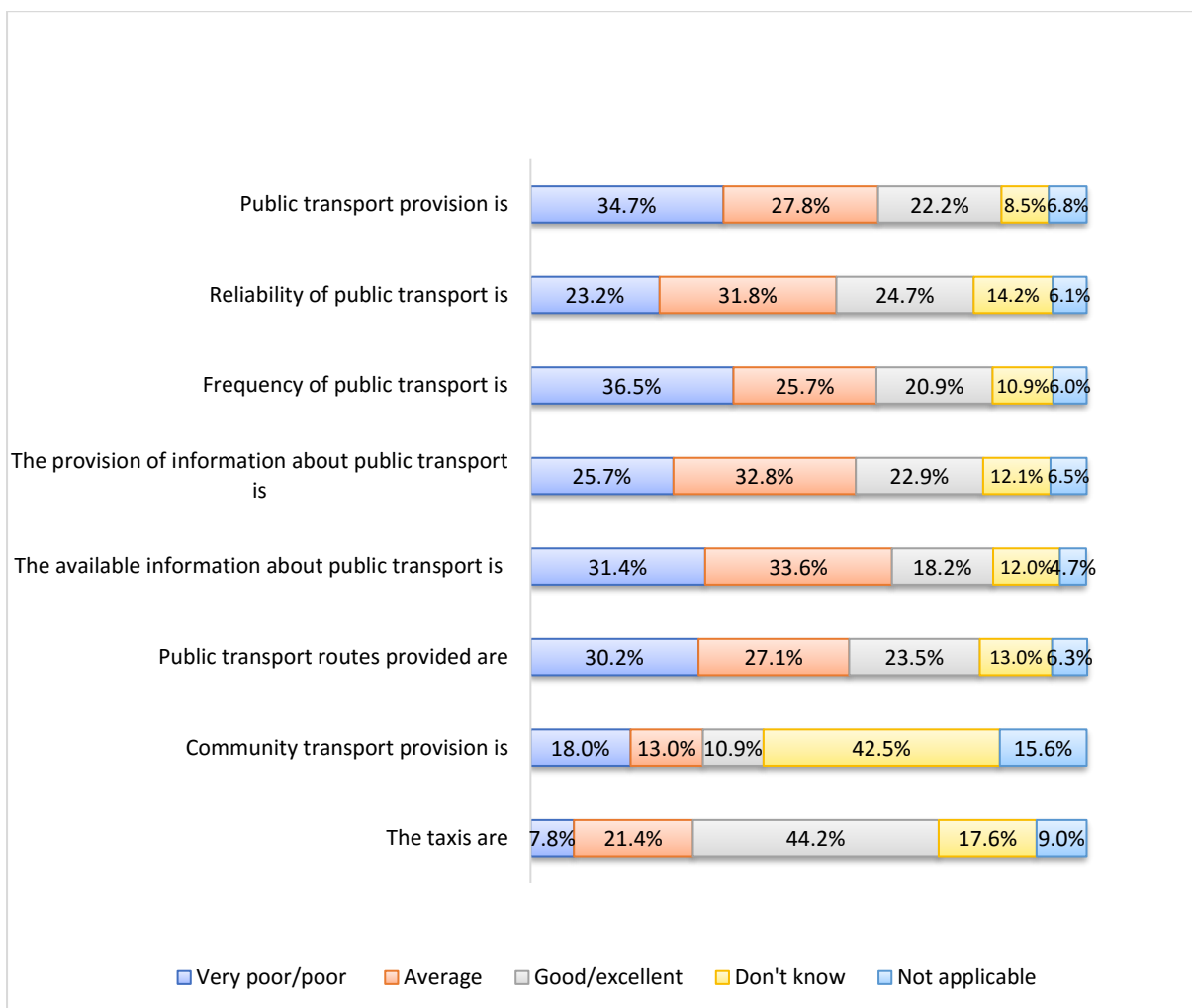


Figure 13 - Condensed responses for transport domain

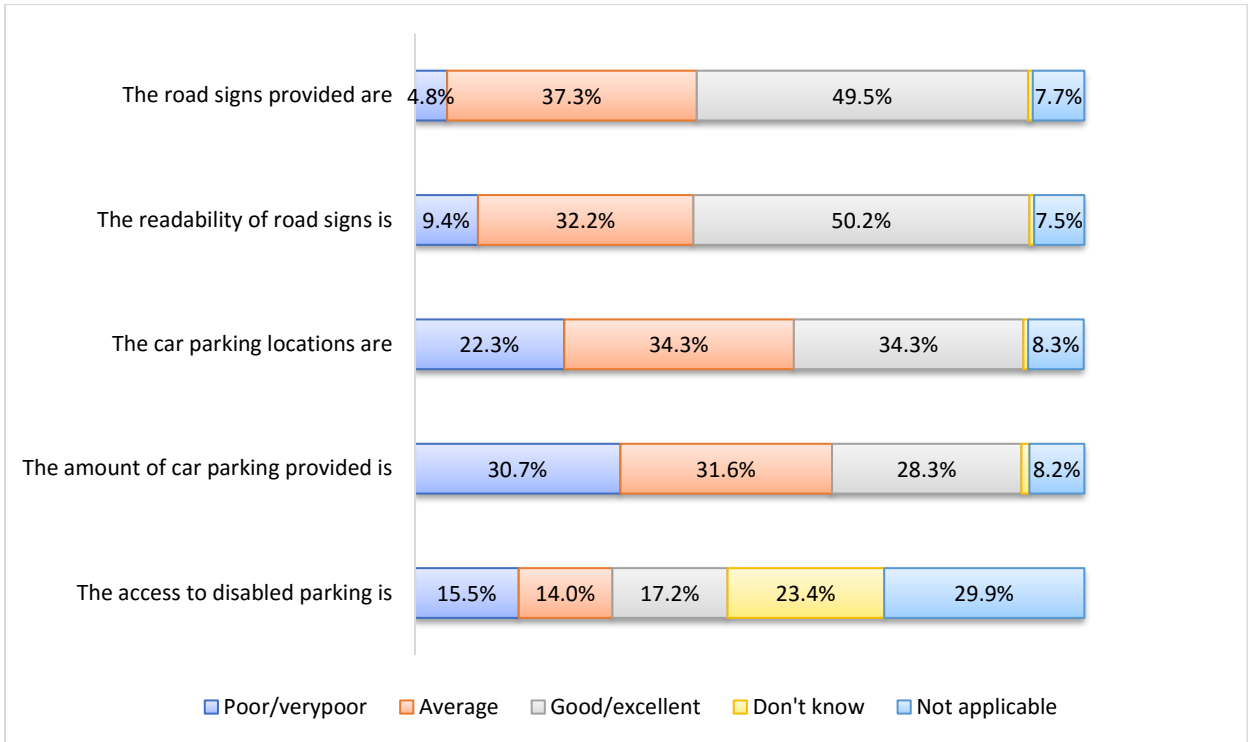


Figure 14 – Condensed responses for driving

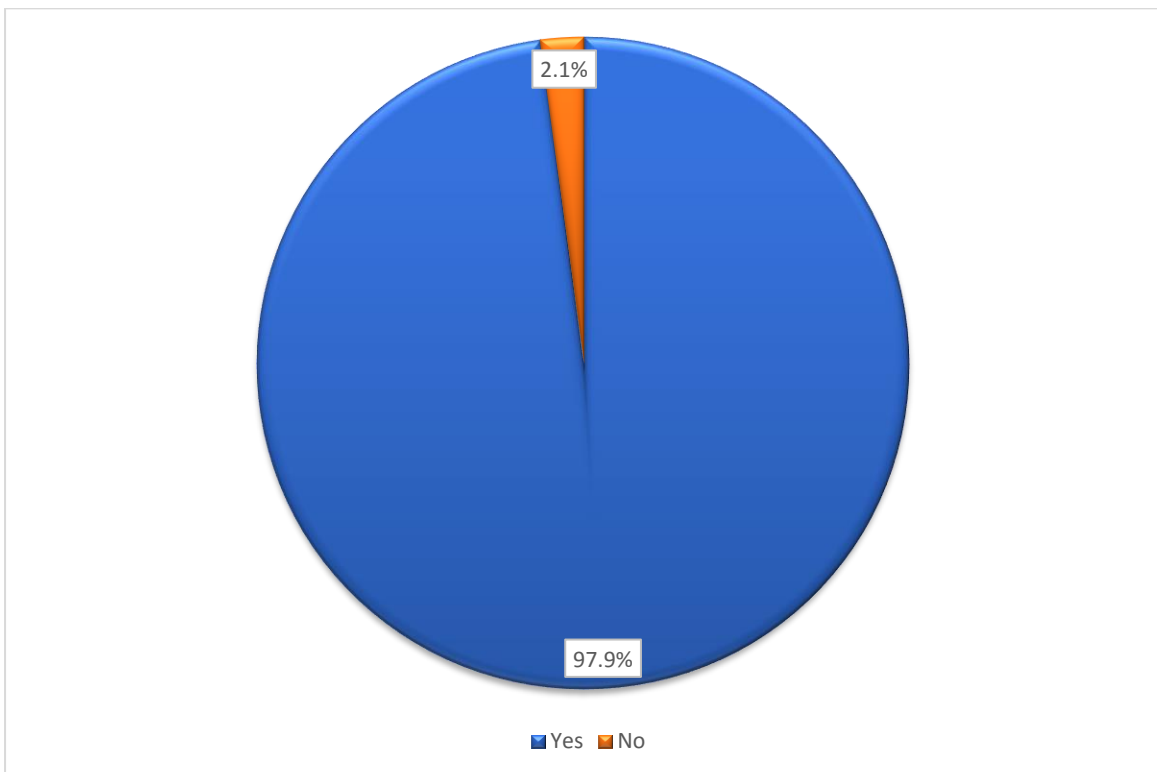


Figure 15 – Feeling safe during the day

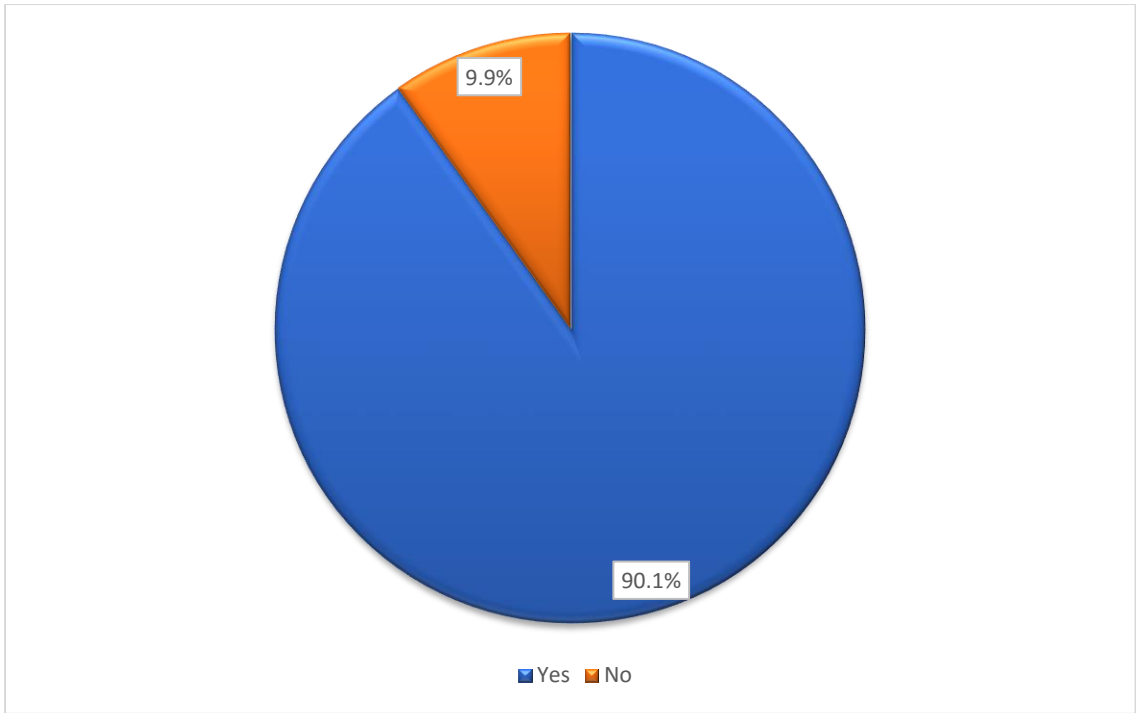


Figure 16 – Feeling safe at night

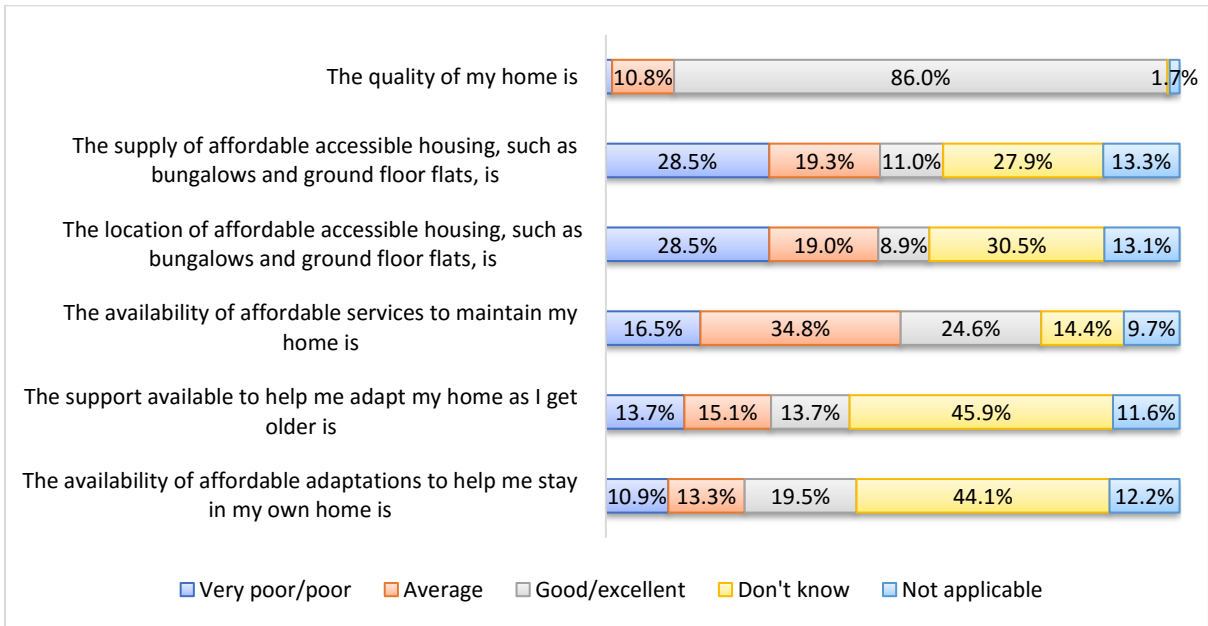


Figure 17 – Condensed responses for housing domain

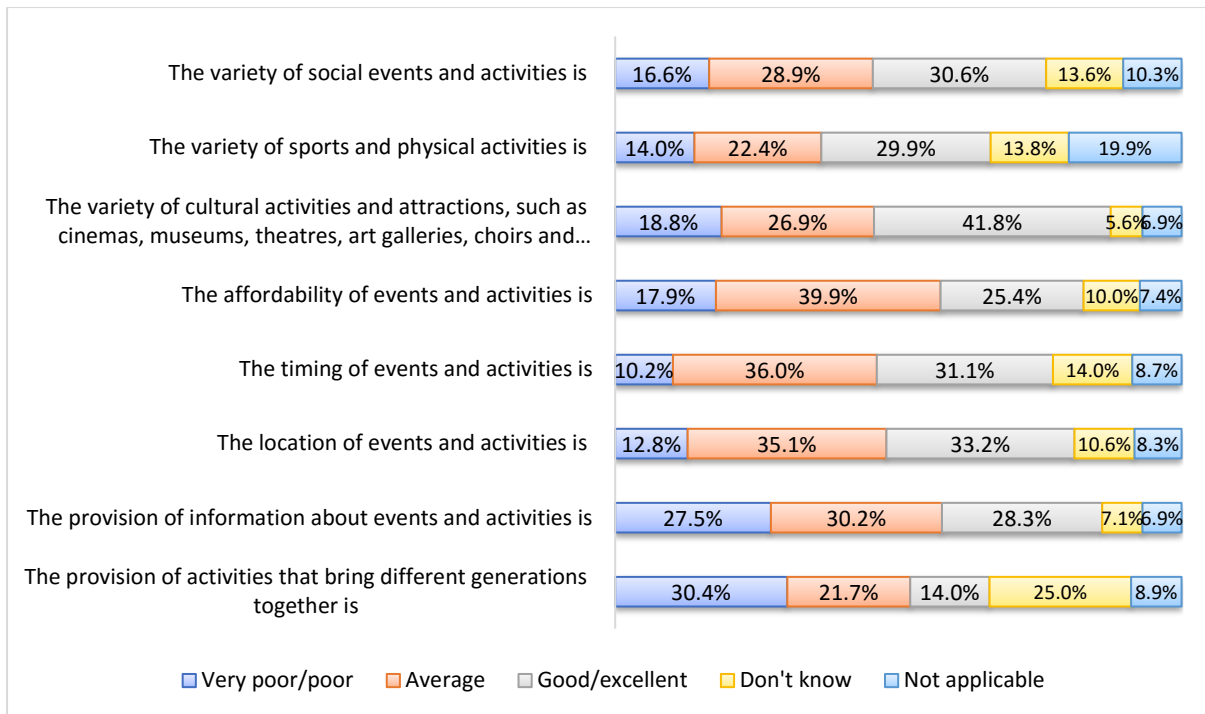


Figure 18 – Condensed responses for social participation domain

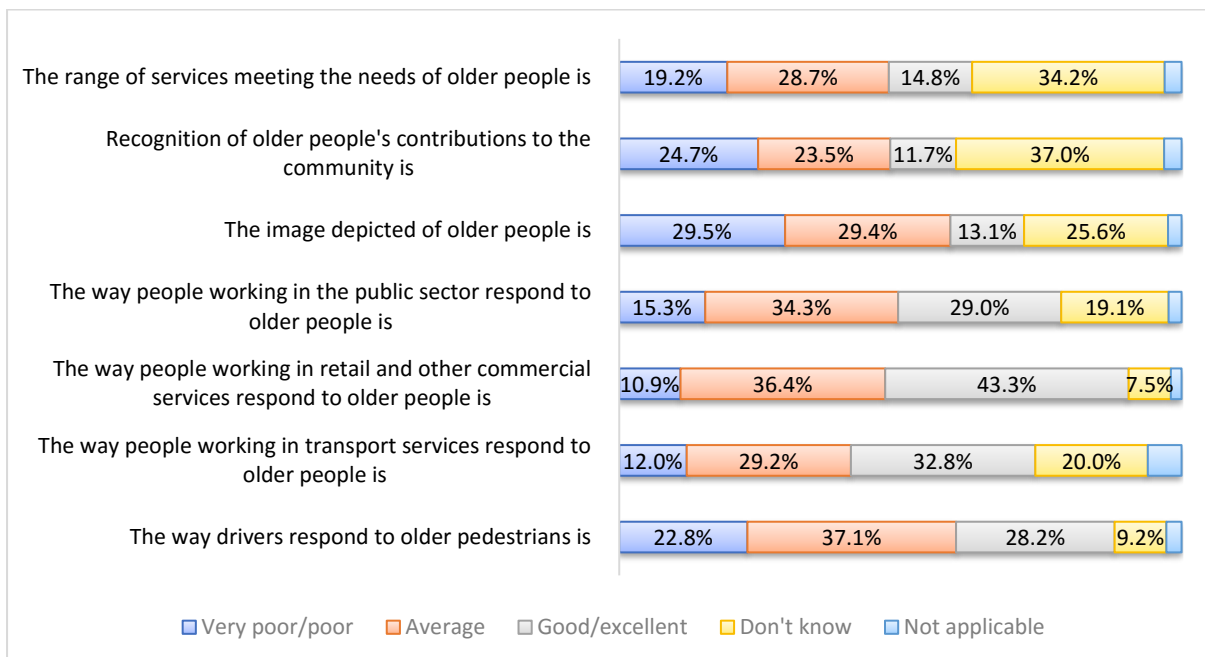


Figure 19 – Condensed responses for respect and social inclusion domains

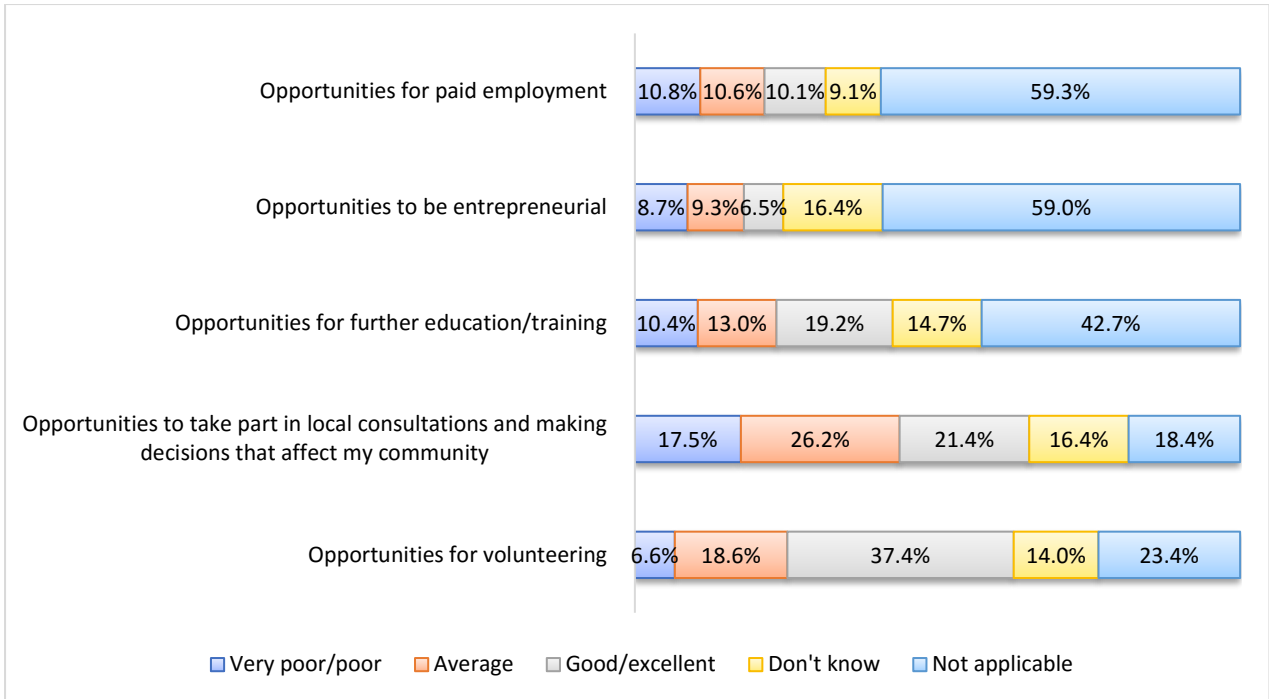


Figure 20 - Condensed responses for opportunities for civic participation and employment domain

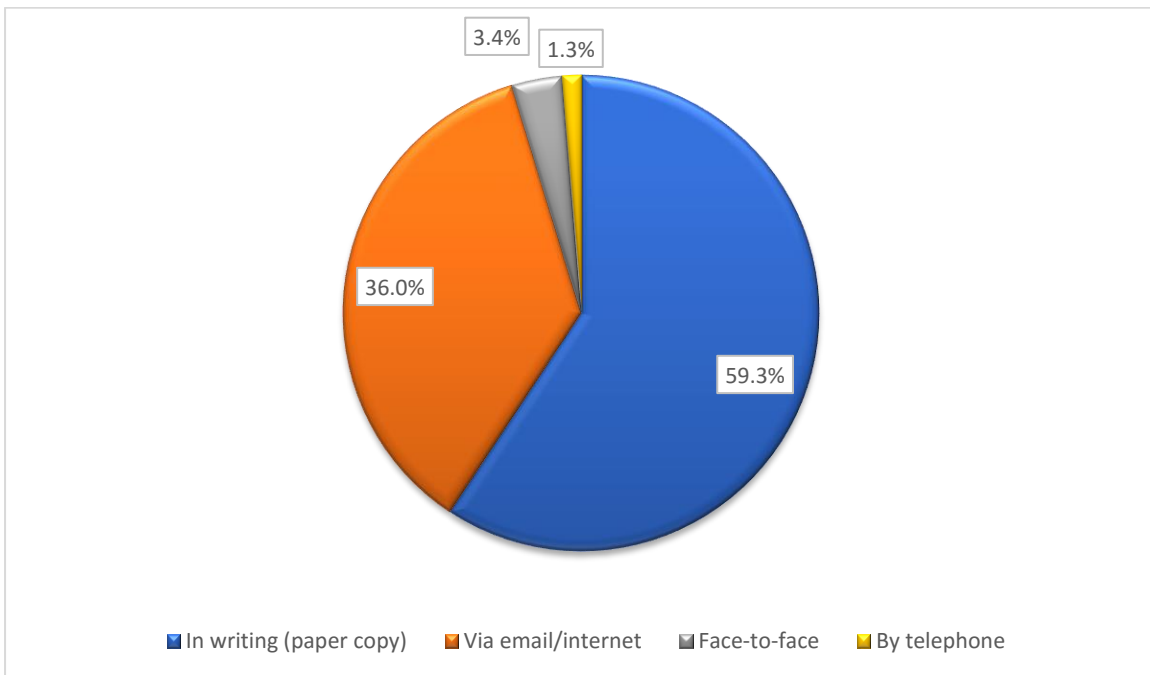


Figure 21 - Preferred method of receiving communication.

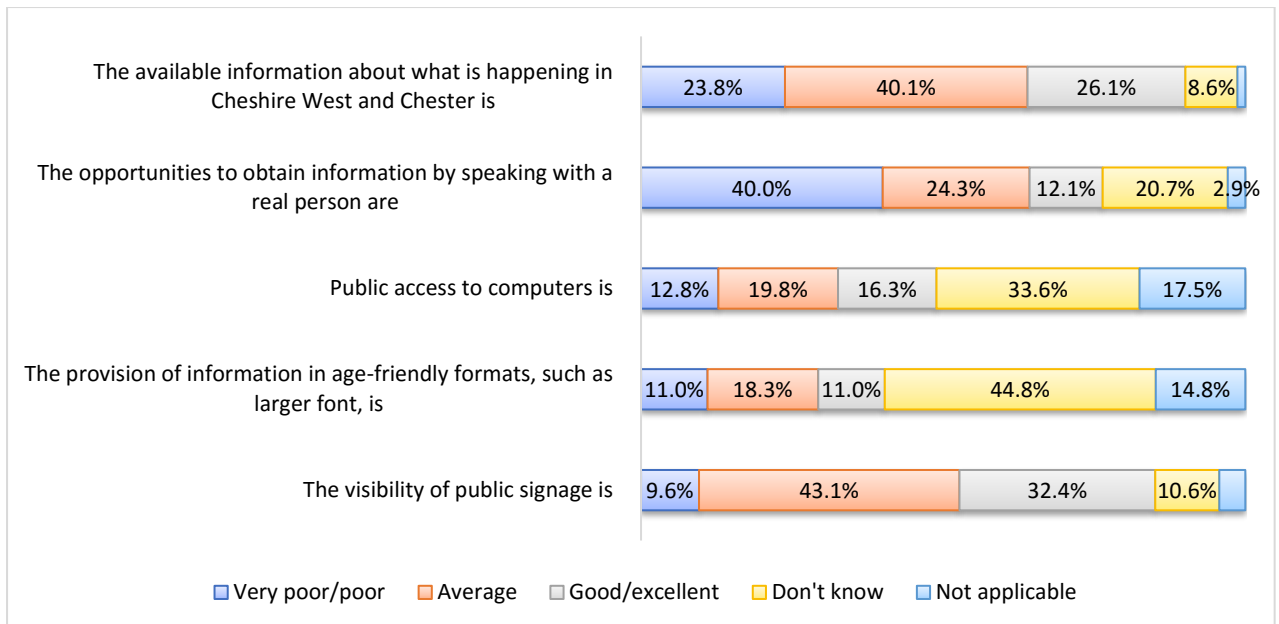


Figure 22 - Condensed responses for communication domain

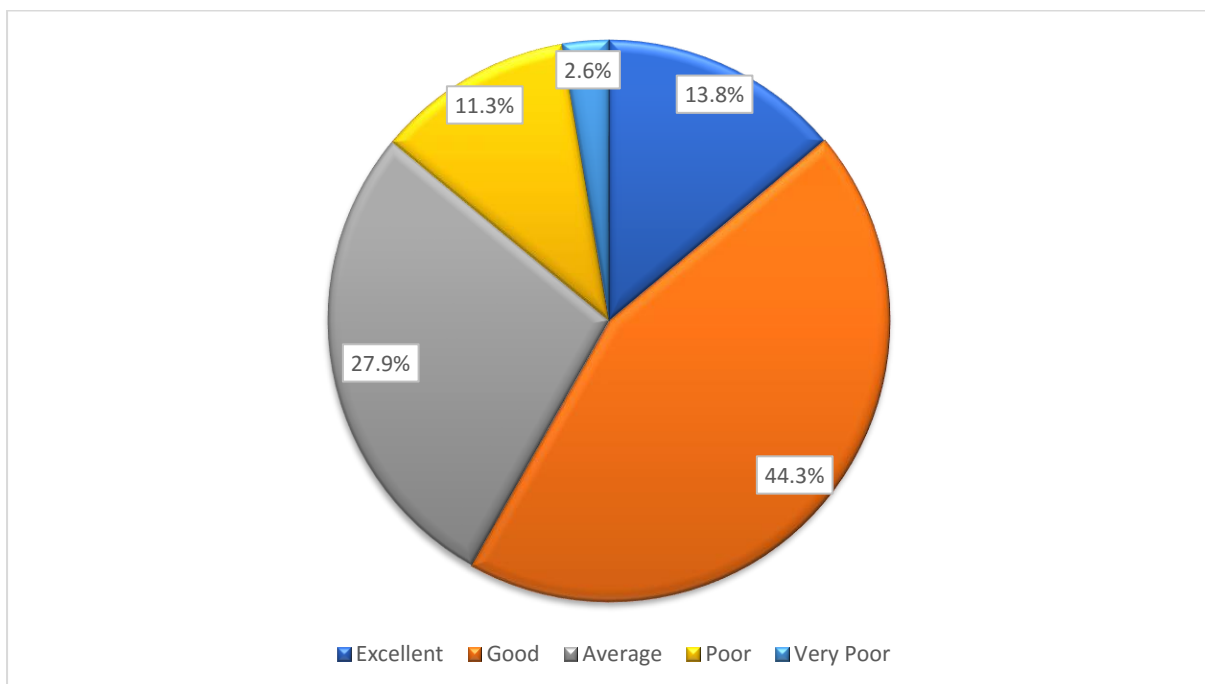


Figure 23 - Self rating of health

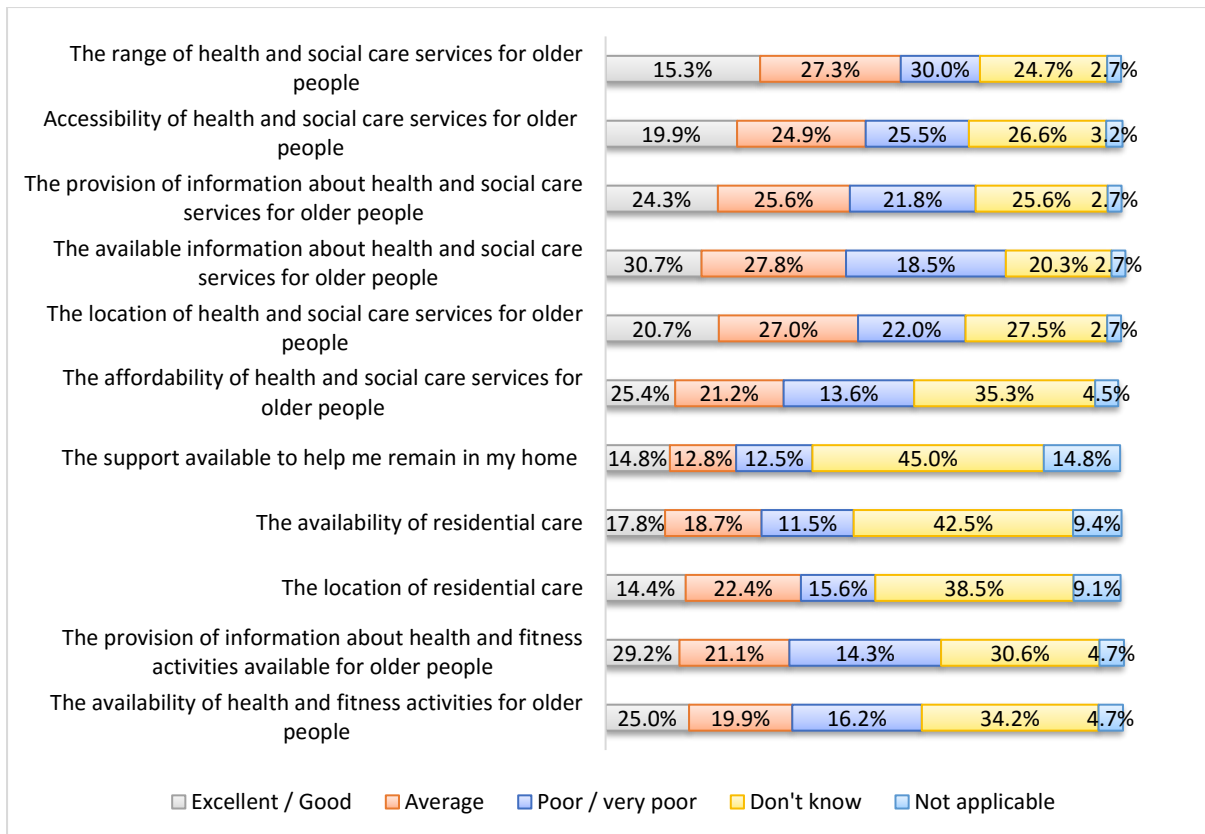


Figure 24 - Condensed responses for community support and health services domain