

# State of Ageing in Leeds: Qualitative Engagement



## For Age Friendly Leeds

Qa Research  
January 2022



# Contents

1.	Executive Summary	3
1.1	Background and methodology	3
1.2	Housing	3
1.3	Employment and learning	5
1.4	Travel and road safety	6
1.5	Healthy and independent ageing	7
1.6	Active, included and respected	8
1.7	Public and civic spaces	9
2.	Introduction	11
3.	Aims & Methods	12
4.	Key findings	15
4.1	Housing	15
4.2	Employment and Learning	25
4.3	Travel and Road Safety	31
4.4	Healthy and Independent Ageing	36
4.5	Active, Included and Respected	42
4.6	Public and Civic Spaces	48
4.7	Climate change	50
4.8	Reaction to State of Ageing in Leeds report	51
5.	Conclusions	52
6.	Appendix	54

## 1. Executive Summary

### 1.1 Background and methodology

#### Research aim

To engage with older residents of Leeds in order to understand their experiences and priorities around ageing, ultimately providing actionable suggestions on how Age Friendly Leeds can support and improve people's lives as they age.

#### Method

This was a multi-method piece of qualitative engagement with Leeds residents aged 50+. A mixture of focus groups, in-depth interviews and community group visits took place online, telephone & face to face between November and early December 2021. All discussions were based on a semi-structured interview guide and participants were also asked for their views on some findings from the State of Ageing in Leeds report (found in Appendix).

Overall, 44 participants contributed to the research:

- 16 via Zoom focus group, 4 via telephone interview, 24 via community groups (e.g. coffee mornings, support groups)
- 11 were aged 50-60, 15 aged 60-70, and 18 aged 71+
- 30 women and 14 men took part
- 39 of the participants were of White ethnic background while the remaining 5 were of varied Black, Asian and minority ethnic backgrounds

Findings were analysed thematically by Qa Research and synthesised into a report.

### 1.2 Housing



#### Priority box: Housing

Older people in Leeds told us it's important...

1. To stay in their own home and live independently as long as possible
2. To feel confident and supported about housing options (including finances) when the time comes to leave home
3. To have enough affordable age friendly housing available - new, old and specialist

It is clearly a priority for older people in Leeds to live independently in their own homes for as long as possible, although very few would describe their current living situation as 'age friendly'. There were a range of barriers preventing older people adapting their own home or moving into age friendly homes including; their

emotional attachment to the home and area, unwillingness to add mobility aids for fear of looking 'old', cost of downsizing or modifying, lack of available and affordable downsizing homes, to name but a few. As a result, many remained in their homes despite no longer being suited to their situation.

**Recommendation:** *encourage proactive decisions like downsizing (or 'rightsizing') or adapting homes, and educate on how to approach a housing change including top things to consider, when to make the change, why it can be positive and where to look for help.*

**Recommendation:** *work to tackle stigma associated with age friendly modifications and promote positives of using mobility aids to remain in own home. Also, highlight that not all age friendly home adaptations have to look institutionalised.*

Specialist housing with support is generally not seen as a positive housing decision, with many viewing it as a 'last resort' and seeing all specialist housing as care homes. Many don't want to think about specialist housing or residential care, and there is some taboo on the subject. As such, the full spectrum of options is not widely understood, and things like assisted living need greater clarity in terms of their target audience and finances if they are to be seen as a real option. In addition, there was a notable difference in the support and information people got on choosing specialist housing depending on whether they were self-funded or Council funded.

**Recommendation:** *provide information to increase visibility and demystify the range of specialist housing options and share stories showing it can be a positive and empowering decision.*

**Recommendation:** *ensure equal access to support and information on choosing specialist housing or care, whether a Leeds resident is self-funded or Council funded.*

New housing in Leeds wasn't seen as especially age friendly, which was seen as important to address because of the old and limited housing stock in the city. Level living opportunities were high on the priority list, and it was important to have both age friendly facilities, affordable running costs and community connections.

**Recommendation:** *developers should consider the housing mix on new site and ensure more new properties built are age friendly, in terms of accessibility, layout, price, facilities and communities. Steps should be taken to ensure older people are aware of new age friendly housing being built and the options available to them.*

### 1.3 Employment and learning



#### Priority box: Employment and learning

Older people in Leeds told us it's important...

1. To feel life and career experience is respected and valued in employment
2. To continue to access training and development in the workplace
3. To have flexible employment options when life circumstances change
4. To easily access retraining and education and be supported through later life career changes

Older people in Leeds found it important to have fulfilling employment into later life, followed by a comfortable retirement which may involve part time work or volunteering. Some people, however, found their later years of work were not positive, as many lacked development opportunities and some employers didn't recognise or value older people's skills and experience, leading them to feel out of place and pressured to retire or take voluntary redundancy by younger managers.

**Recommendation:** *adopt guides and work with employers on how to be more age friendly, including how to demonstrate to older workers that their skills and experience are valued, promote continuing development opportunities into later life and advise how younger managers can form more positive working relationships.*

In later life, situations can change meaning older people are unable to work in the same ways they used to, which could be down to health, caring for family or simply wanting to wind down before retirement. It is vitally important that employers remain age friendly by offering flexible options, allowing people to stay in work longer if their situations change, rather than retiring altogether.

**Recommendation:** *promote among employers the benefits of providing age friendly flexible working practices such as part time hours, flexi time, job sharing, and working from home to ensure older people can stay in fulfilling work for longer.*

Following a redundancy or a career change in later life, some older people found it hard to retrain or get a foothold in a new industry, and weren't generally aware of local resources that could help them. Again, they felt their skills and experience weren't seen as an asset.

**Recommendation:** *provide more resources, education and retraining opportunities, older age apprenticeships, age friendly job adverts, careers advice and more, all specifically to aid older people getting back into work.*

**Recommendation:** learn from other areas on what works in reducing worklessness amongst older workers and share learning from Leeds.

## 1.4 Travel and road safety



### Priority box: Travel and road safety

Older people in Leeds told us it's important...

1. For safe and easily navigated road travel to be available for those who need it for mobility and independence
2. For bus and train services to have consistently age friendly facilities, features, fares and staff so they can be seen as a viable alternative to driving
3. To maintain and expand community bus and transport services
4. For older people's mobility and access needs to be considered and provided for when planning active travel or pedestrian zones

Older people in Leeds tended to travel by car and bus, with those closer to 50 more likely to drive and those over 70 more likely to take the bus. Driving was an important part of independence to some older people, and while bus usage was popular among people eligible for a concessionary pass or those unable to drive, the public transport system in Leeds wasn't seen as good enough, or age friendly enough, to discourage driving. Buses were seen as sometimes being age friendly, while trains were not seen as suitable for older people in terms of facilities, fares and staff.

**Recommendation:** work with the Combined Authority to improve bus and train networks to ensure they are more age friendly. For example, regular and affordable services, safe and comfortable waiting areas, good communication, friendly and helpful staff, priority seating, grab rails and level access, and clear information.

Among older participants, buses were widely used and there was also praise for community bus services both past and present. These were seen as desirable for their flexibility, sociability and friendly staff.

**Recommendation:** continue to pilot, fund and promote community bus services in all areas of Leeds, for example learning from/expanding the East Leeds Flexibus pilot.

Active travel zones and pedestrianised areas were met with a mixed response. While residents could see there were environmental and health benefits, there was increasing concern over excluding older people from accessing these areas. Some felt that these zones assumed that everybody could travel actively, whereas it was

not possible for some older people with health conditions or limited mobility. They felt their needs should also be considered in the design of pedestrian and active travel zones.

**Recommendation:** *consider how active travel zones and pedestrian areas can be made accessible to older people with limited mobility.*

## 1.5 Healthy and independent ageing



### Priority box: Healthy and independent ageing

Older people in Leeds told us it's important...

1. To have timely access to high-quality healthcare when needed
2. To have a simple, transparent and fair process of accessing health-related appointments which offers digital and non-digital methods of booking
3. For health-related appointments to take into account other health conditions and factors in their timing, location and communication
4. For healthcare staff to be patient, approachable and treat older people as equals

As is expected, it was a high priority for older people to be able to access timely and quality health services when needed. Their current experiences suggested that health services in Leeds have ample age friendly facilities, such as seats, toilets and level access, but that the process of making a health-related appointment could be more age friendly and was seen as a barrier to accessing healthcare. Part of the challenge is the process of making an appointment not being straightforward and clearly explained, especially considering how far the NHS has changed in people's lifetimes. In addition, some appointments were offered at unsuitable times for someone with a condition such as dementia or arthritis.

**Recommendation:** *produce simple guides or communications about how primary care works, the different staff roles, appointment making processes and why things like triaging are needed.*

**Recommendation:** *encourage services such as outpatient clinics to accommodate other conditions that affect older people (such as arthritis or dementia) when allocating appointment times.*

Staff communication was another way that health-related services could be more age friendly. Some older people shared truly positive experiences, where they had been treated with kindness and respect by health staff, and felt staff had time to talk

to them. However this was not always the case, and some felt healthcare staff were unapproachable and sometimes condescending.

**Recommendation:** offer training on interacting with older people and their concerns, and continue to pursue campaigns such as the 'hello my name is' campaign which makes healthcare staff more approachable.

Older people in Leeds have a wide spectrum of digital skills when managing their health. While most we spoke to could use a computer and the internet for some things, and many were very confident. However, for lots of people, digital was not their first port of call, and would never be, and they much preferred to speak to someone on the phone for something as important as health.

**Recommendation:** ensure digital and non-digital options are available for all aspects of healthcare, and that not using digital doesn't put older people at a disadvantage.

## 1.6 Active, included and respected



### Priority box: Active, included and respected

Older people in Leeds told us it's important...

1. To be aware of and access both informal and organised community support, particularly those at risk of loneliness
2. To undertake fulfilling activities to give back to their communities, recognising the value of informal caring support as well as volunteering
3. For all levels of digital confidence to be acknowledged and information be relayed through multiple channels

Many older people primarily relied on informal sources for support, and it was important to older people to have strong links with family, friends and neighbours. Local groups such as coffee mornings, faith groups, volunteering and exercise groups were also extremely important in providing social support, structure and meaning to people's lives. Access to these groups is very important, as most found out about them through word of mouth, meaning there is a risk that those who are more isolated might not hear about opportunities and miss out on valuable support.

**Recommendation:** continue to promote local networks and groups through diverse and multiple methods, such as community gatekeepers, local press and existing institutions. Encourage residents to actively spread the word to neighbours or local connections.

Most older people not only received support, but gave it too in some respect, whether this was a reciprocal relationship with a neighbour or structured volunteering. Giving support was a fulfilling and valuable way for older people to spend their time, although some people expressed guilt at not doing 'official' volunteering, despite often providing informal care to parents, partners or grandchildren. Others noted they looked out for neighbours or did small acts of kindness, but didn't think this 'counted'.

**Recommendation:** *demonstrate the value and benefits of informal support giving to family, friends and neighbours, which may encourage small acts and stronger communities.*

**Recommendation:** *promote local hubs that help individuals find a range of fulfilling and flexible volunteering opportunities, as it is not always known what is out there to suit different skillsets and time commitments.*

Loneliness is still an important issue that older people want to see tackled, and while it was seen to be most acute in the height of the Covid-19 pandemic, it is still a priority. There are a range of circumstances in which older people might experience loneliness, and it is important that resources and services reflect one-person households as well as couples and other situations.

**Recommendation:** *continue to focus on initiatives that tackle loneliness, such as befriending services. Ensure these initiatives reflect the full spectrum of experiences including specific resources for older people navigating relationships, e.g. encouraging interests outside the house, where to get help for domestic violence in older age.*

## 1.7 Public and civic spaces



### Priority box: Public and civic spaces

Older people in Leeds told us it's important...

1. To continue to access to clean and safe green spaces in and around Leeds
2. To feel public spaces are welcoming to older people through access to clean and safe toilets and comfortable seats
3. For cultural attractions to be welcoming to older people through facilities, access, concessions, specific events, new offerings

Leeds was seen to have good access to green space throughout the city, that parks were well-maintained and generally safe, with only a few reports of antisocial

behaviour. There was a sense of pride in knowing that Leeds had particularly good access to green space.

**Recommendation:** *continue to keep up maintenance of parks and consider additional safety features such as staff presence, CCTV or lighting.*

Public spaces such as the city centre or district town centres weren't seen as age friendly, however, due to a distinct lack of safe, clean toilets and intermittent seating availability. While older people understood that public toilet blocks were unlikely to be a solution, it was distressing to be unable to find a toilet and was a barrier to using these spaces. People tended to use shops or cafes for a seat or toilet, but there was some embarrassment at having to do this and worry they might be denied.

**Recommendation:** *produce an age friendly guide to Leeds centre, showing where accessible toilets and entrances are, where there is comfortable seating and which businesses are welcoming to older people using their facilities. Consider revitalising the 'Come In and Rest'<sup>1</sup> scheme which identified age friendly businesses to residents.*

There were mixed levels of engagement with culture in Leeds. Museums and stately homes were used relatively often, but some people rarely engaged with culture, especially long-term residents who felt they'd seen all the local attractions. A few also mentioned the prohibitive cost of culture, both admission and transport.

**Recommendation:** *encourage cultural attractions to review and revitalise their image to older people, so they feel there is something new to visit. Perhaps also consider age friendly discounts on travel and admission.*

---

<sup>1</sup> <https://timetoshineleeds.org/friendly-communities/come-in-and-rest>

## 2. Introduction

Leeds has the aspiration to be the Best City to Grow Old in: a place where people age well, where older people are valued, feel respected and appreciated, and are seen as the assets they are.

Leeds City Council, as part of the 'Age Friendly Leeds' priority area, developed an action plan for 2019-2022<sup>2</sup> based on six key domains. The six domains covered by the Leeds action plan are;

- Housing
- Employment and learning
- Travel and road safety
- Healthy and independent ageing
- Active included and respected
- Public and civic spaces

The 'Age Friendly Leeds' action plan is in the process of being renewed and it is important that it reflects the up-to-date priorities of older people who live in Leeds.

The Centre for Ageing Better in partnership with Leeds City Council and Leeds Older People's Forum has produced a report called the State of Ageing in Leeds report<sup>3</sup>. It reflects the six Age Friendly Leeds domains, and details key statistics about the population of Leeds, based on available data at locality level.

The Centre for Ageing Better, collaborating with Leeds City Council and Leeds Older People's Forum, commissioned Qa Research to conduct qualitative community engagement with residents of Leeds aged 50 and over. The goal of this work was to understand the experiences and priorities of Leeds residents with regards to ageing, focusing on the six domains within the action plan.

In this piece of engagement, Leeds residents were asked if the State of Ageing in Leeds report reflected their experiences of ageing and to share views on ageing in Leeds. Residents were asked how local services can improve the experiences of older people and make Leeds the best city to grow old in.

This report provides qualitative evidence on the priorities of older residents in Leeds across these six domains, aiming to inform the new 'Age Friendly Leeds' action plan and provide 'lived experiences' to accompany the statistics within the State of Ageing in Leeds report.

---

<sup>2</sup> <https://extranet.who.int/agefriendlyworld/age-friendly-leeds-strategy-and-action-plan-2019-2022/>

<sup>3</sup> <https://ageing-better.org.uk/publications/the-state-of-ageing-in-leeds>

### 3. Aims & Methods

#### Aims & objectives

The primary aim was to engage with older residents of Leeds in order to understand their experiences and priorities around ageing, ultimately providing actionable suggestions on how Age Friendly Leeds can support and improve people's lives as they age.

A secondary aim was to gather views on the State of Ageing in Leeds report findings, understand whether it represents the experiences of Leeds residents, and fill any gaps with qualitative evidence and stories.

More specifically, the engagement looked to;

- Understand how the people of Leeds are experiencing ageing, including experience of inequality and COVID-19
- Explore reaction to the State of Ageing in Leeds report and fill any knowledge gaps
- Understand the extent to which local services are seen as 'Age Friendly' and what makes an 'Age Friendly' service
- Present actionable suggestions on how Age Friendly Leeds can tackle the issues and priorities raised
- Feed into a shared vision on the future of ageing as part of the 'Age Friendly Leeds' action plan
- Provide stories to bring the experience of ageing in Leeds to life

#### Approach

This engagement took a multi-method qualitative approach. It was important to gain the views of groups who would not normally participate in research or engagement. As such, a mixed approach was taken. Approximately half the participants were recruited through specialist recruiters and took part in Zoom or telephone depth interviews and focus groups.

The other half of participants were recruited through visits to community groups and through community networks. This ensured that some participants were involved who would not normally take part in research or who might not be able to access a digital method. Fieldwork took place in November and early December 2021, when there were limited restrictions in terms of COVID-19. This meant that face to face data collection could take place.

## Sample

The sample consisted of a broad mix of 44 Leeds residents aged between 50 and 102. The online/telephone part of the engagement focused on recruiting those aged 50-70 years old. This was because the community groups were more likely to include participants aged over 70.

For the Zoom and telephone interviews, where there was more control over sampling, quotas were placed on age group, working status, ethnic background and postcode to ensure a mix of participants. Less control could be exercised over the sampling of community group participants as this depended on who turned up to the groups, but participant demographics were monitored.

Due to the qualitative nature of this work, and the sample not being representative of the wider population, caution should be taken in generalising the findings. Details of the sample are shown below.

<b>Table 1. Sample Profile</b>		
<b>Age</b>		
50-54	5	11%
55-59	6	14%
60-64	5	11%
65-70	10	23%
71+	18	41%
<b>Gender</b>		
Female	30	68%
Male	14	32%
<b>Ethnicity</b>		
White	39	89%
Mixed	0	0%
Asian or Asian British	1	2%
Black or Black British	4	9%
<b>Total</b>	<b>44</b>	<b>100%</b>

## Zoom and telephone interviews

20 participants were engaged through focus groups and in-depth interviews, which took place via Microsoft Zoom or on the telephone. Each 90-minute focus group or 60-minute interview followed a semi-structured discussion guide and was recorded with permission. Participants were offered a cash incentive as a thank you for their time.

### **Community groups**

A further 24 participants were engaged through visits to existing community groups and networks around Leeds. These were a mixture of one-to-one and small group discussions, sometimes recorded with permission and through written field notes. Every participant filled in a consent form which collected demographic information. Group visits included;

- 1x Carers Leeds support group meeting
- 1x Crossgates Good Neighbours Scheme coffee morning
- 1x St Martin's Practice coffee morning
- 1x online meeting of Age Friendly Ambassadors

### **Analysis**

All interviews, focus groups and sessions were transcribed and field notes written up, and the interviewers took part in a comprehensive analysis session where each topic was discussed in detail and cross-cutting themes identified.

## 4. Key findings

### 4.1 Housing

Housing was an important and emotive topic amongst older people in Leeds. The sample included people in different types of housing situation including privately owned, privately rented and social rented including Council tenants, as well as many with experience of older relatives living with them, or in specialist housing with support.

Throughout the engagement, finances featured heavily as a key concern relating to housing regardless of tenure. Whether housing was owned or rented, older people questioned if they would have enough money to stay in a safe and comfortable home until they die, and would there be anything left for family? As will be explored further, this could be a barrier to accessing age friendly housing at the right time.

Age bracket was another clear factor in residents' views towards housing; those in their 50s and 60s were far less likely to consider their own housing situation, instead they drew on the experiences of older relatives.

The 2019-2022 'Age Friendly Leeds' action plan covered four areas, based on the Council's Housing Strategy, which still stand as important to older people, with some additions. This chapter explains the priorities and experiences of older people in relation to:

- Living independently
- Specialist housing with support
- New housing developments
- Information and advice
- Barriers to planning ahead

#### **Living independently**

It was clear from conversations that the majority of older people would prefer to stay in their own home as far as is possible and safe. Some felt very strongly about this, due to emotional attachment to their house, close local communities and some unwillingness to uproot their lives. Certainly it remains very important to the people of Leeds to be supported to stay in their homes and live independently.

Navigating steps and stairs was seen as the primary barrier to living independently at home, limited by mobility or health problems that may develop in older age. There were a number of ways participants planned to overcome this barrier and remain living independently.

1. **Make adaptations** – there were mixed views on whether people were open to adapting their home. Some were accepting and willing to do anything to stay in their home, others were embarrassed and reluctant to install accessibility aids, thinking it would make them appear older or more disabled than they felt. Also, some houses were unsuitable to make adaptations to. Many had already made some adaptations, or organised them for an older parent, which were a mixture of privately funded and through the Council. Popular adaptations included ramps/level access, downstairs bath/wet rooms, grab rails by doors and in shower, and a stairlift.

*"My wife would lean towards moving [rather than adapt home] because she won't want, she'd look at it on face value and think it's making her look more disabled than what she is"* Male, 60-64

*"We've no intention of ever moving. We have a downstairs bathroom. And that's what we're banking on when we're older, that we could move downstairs if we needed to"* Female, 50-54

2. **Downsize into age friendly housing** – downsizing (or rightsizing), usually into a bungalow, was on a lot of participants' minds and seen as the first step into making home age friendly. However it was seen as an emotional and physical upheaval and there was a tension between doing it 'while they can' and putting off because there's no pressing need. Older people in all types of housing tenure both talked about the lack of available and affordable homes to downsize into, especially in their immediate area. The fear of having to leave a close-knit community and go somewhere more affordable puts people off accessing more age friendly accommodation.

*"We're in a four bed detached house. Next year, we were hoping we will be moving into a bungalow. That's my plan, because my husband and I don't use upstairs at all"* Female, 65-70

*"I raised my children in this house, I don't want to leave just yet"*  
Female, 71+

3. **Family and in-home carers** – family care featured strongly in enabling independent living, be that partners, parents, neighbours, children and grandchildren who lived locally. Most participants were cared for by family or provided care in some way, often alongside work or young children. Many relayed experiences of reaching a 'tipping point' where family and neighbours

could no longer provide adequate care, at this point home carers were sometimes brought in to facilitate independent living, if this was affordable. Although more comprehensively covered by the Better Lives Strategy which covers adults with care and support needs, ageing and social care are inextricably linked and this came up prominently within the housing domain, so it may be appropriate to reference this within the Age Friendly action plan.

*"We do the best that we can with what [Dad]'s got available and the adaptations that have been made... we're probably going to have a look and see if we can get some caring support as well"* Female, 60-64

4. **Strength, activity, and maintain good health** – there was a minority of participants who either refused to admit they might one day struggle to manage, or others who felt their circumstances afforded them no choice but to manage. An example of the latter was a person who was privately renting and unable to afford a level-access property, with no family nearby and whose finances after a divorce left them without spare income for domiciliary care. For these few, they felt their only option would be to maintain good strength and mobility for as long as possible.

*"I'm kind of gambling on being well, being active and fit, and continue to look after myself and get up and down stairs because nobody's going to travel all the way over here to see me"* Male, 50-54

### **Specialist housing with support**

Awareness of the types of specialist housing and the process of accessing them was dependent on personal experience. Friends, neighbours or parents recently entering residential care of some sort sometimes prompted their own consideration, but most were not seriously thinking about themselves yet.

Participants shared highly mixed experiences of selecting and choosing specialist housing, usually for parents or friends. Many who were funded through Council or social services were impressed and thankful for the help navigating the system and weighing up options. However those who self-funded felt left alone and found the process confusing, upsetting and difficult to navigate, and felt they would benefit from impartial guidance on options and finances.

*"Both my mother-in-law and my dad, they were self-funding... They weren't getting funded by the council because they had their own homes, we got absolutely no help whatsoever"* Female, 55-59

*"It wasn't as hard because we had the other services in, when my dad got to that natural progression, then the social services just advised what was available, what to do...we got help booklets, they spoke to us all about dementia and the homes that would care for our dad. So we got total support"* Female, 55-59

The general perception of specialist housing was of 'care homes' as a homogenous block and that supported housing was a 'last resort' rather than a positive, proactive decision. There were a great many concerns expressed when considering moving into specialist housing which would need to be overcome before older people see specialist housing as a positive decision, including;

- fear of losing independence
- fear of leaving neighbourhood and community
- fear of specialist homes being 'depressing'
- fear of symbolising end of life
- fear of being seen as 'old'
- fear of running out of money or spending children's inheritance

*"I think financial worries come very high on the agenda because living in sort of homes and being looked after is hugely expensive. That's a concern, but also, I think it's independence, having their independence sort of almost forcibly taken away"* Female, 60-64

However, some were considering entering 'assisted living' or 'supported housing' communities, with some positive stories told by those with experience. Despite this, very little was known about these communities and what they are actually like, how affordable they are, who they are suitable for and the different names or terminology. This suggests the reality of benefits, experiences and finances need demystifying for assisted living to be seen as a real option.

*"It was a nice community when he went out of this room with other people that have very similar issues... So he made friends"*

Female, 55-59

### **New housing**

Few felt that new housing developments in Leeds are being built with older people in mind, rather most are observing mainly larger houses that they expect can fetch greater profits. Some noted that residential care homes were sometimes built on

new plots, but that few bungalows or 'age friendly' individual homes were available. Even then, most perceived these would be out of their price range.

Certainly, it was important to older people that this was rectified and more age friendly properties were built, in particular when considering that many of their own homes were not age friendly.

*"I think it's the design of properties to start with... I think if they were redesigned, people could stay in them longer. And they wouldn't be such a problem"* Female, 60-64

So what makes an 'age friendly' new home? Level access from the outside was vitally important, and bungalows were also highly requested, not least due to general reluctance to use stairlifts. It may not be possible to build as many bungalows as people request, but some felt that new homes could at least be built with a layout in mind for older people and potential adaptations that need making. The following features of age friendly housing were suggested:

- Level access or ramps
- Single level living
- Accessible or downstairs bathrooms
- Wider door frames
- Consideration to layout
- Space and strong enough walls to install mobility aids such as grab rails
- Energy efficient and warm
- Age-inclusive products such as doors and taps

Not only should the features of housing be age friendly, but the connections and communities of new build estates need consideration. People felt there is no point having an accessible bungalow in the middle of an estate without access to any transport, amenities or community venues. Parking and good public transport links, as well as shops and healthcare services were very important.

*"I live in a bungalow, and I have a wet room. I'm very fortunate about that. But the bus service is atrocious"* Female, 71+

*"You don't want to be isolated in a house. Not everybody's ill, you know, you need to have facilities, nearby cafes, you can get to a shop, a post office, where people can retain their, you know, their independence"*  
Female, 55-59

In addition, some felt that new homes should also consider older people's financial situations. Not only be affordable to buy or rent, but affordable to keep warm on a fixed income which would also keep them environmentally friendly.

*"My biggest concern this winter is fuel poverty. And so I think any homes that are built in the future should be carbon free. There zero carbon and be as cheap as possible to live in." Male, 71+*

### **Information and advice**

The first port of call for most in terms of information and advice was immediate family, usually either partner or children. Participants shared stories from both sides, those who relied on children for advice and those who supported parents in their decisions. Some have been a source of advice or advocate for neighbours or friends as well, or would ask friends or neighbours for recommendations on tradespeople or specialist housing.

This highlights the reliance on informal support networks when making big decisions about topics like housing, which not everybody has available to them. It also demonstrates the influence family members have over relatives, with some older people feeling the decision had been taken out of their hands. It is therefore important to support older people to make informed and positive decisions about their housing.

*"When I can't manage, I don't want to be in a home but like a sheltered flat, but my other son said 'Oh, you don't want to do that because when it comes to selling it you can't sell them, it's terrible'" Female, 71+*

Those who had ongoing relationships with Council or other local services were most likely to draw on these existing contacts. This might be housing, social services, health visitors, carers and nursing staff, the important thing was it was a trusted point of contact who could either help or refer to the right service.

*"I think most people would probably go to the City Council, just as a first port of call so that they can direct you, if they can't help" Female, 55-59*

For those without a point of contact, few would think to contact the Council for advice. This feeds into the previous point on specialist housing, where information and advice wasn't seen as equally accessible to state-funded vs self-funded, but in future should be a resource for all regardless of income and situation.

*"Can you ask the Council to come in and have a look at it and make it suitable for you to live in it, if it's your own home?" Female, 55-59*

*"Somebody who's bought their house may not think the Council's their first port of call. So I think in doing this report, they need to review, where do they have their information, so it's accessible to everybody across the board. And that's when people will feel that they're being treated equal, whether you have money, or you don't" Female, 55-59*

Most participants in their 50s and 60s had little experience accessing advice for themselves, but had done so for parents. Their first ports of call were search engines, online reviews and recommendations from friends. Other sources of advice were Care and Repair, who were highly praised across the board as sorting out home modifications. Private companies or charities were also suggested such as Citizens Advice, Age UK, Help the Aged or the Centre for Ageing Better who might advise on finances, as well as estate agents, tradespeople or care companies for housing.

### **Barriers to planning ahead**

Most participants acknowledged that their own housing situation couldn't be described as 'age friendly'. However, there were varied perspectives on how far people planned ahead and made pre-emptive changes to their housing situation. Very few had actually made a pre-emptive move, and many were reluctant to consider this as their near-future reality. This was not necessarily determined by age, but more current health and mobility, family experience as well as mindset towards ageing.

Once prompted by the discussion, a substantial number thought they would like to move into more suitable accommodation before they, or their partner, were unable to manage. The difficulty being, the enormity of the task of downsizing into independent or supported accommodation combined with the relative lack of availability and perceived high cost makes this a very easy thing to put off.

*"My wife wants us to look at getting a bungalow because she's looking at the point of having to go upstairs and downstairs, will that become a problem? It's not a problem now, but it could be. The only problem is I'm not seeing that many bungalows available compared to other types of building" Male, 65-70*

*"I think that it's put off, isn't it? It's always put off. So maybe we need to bring it back into the fore, you know, right from the beginning, really, you might kind of not be in this house forever. That there's various stages. The whole thing about getting old and what happens to you is really quite taboo"* Female, 60-64

For many of the mid-life cohort (50s and 60s), this was back of mind as they didn't consider this a pressing need for themselves. Few considered themselves 'old' and so the thought that they might not be able to get about their own home was rarely considered. However, seeing parents face difficulties with their housing was enough to prompt a move for some. For those in their 70s and 80s, the size of the task often seemed off-putting and many were inclined to 'hang on' until they had no other choice.

*"We both, I think, still feel that we're fairly young. So at the moment, no, we've not thought that far ahead. The house is suitable for us at the moment"* Male, 60-64

*"To get help for him (father-in-law), has been one struggle after another. I mean, for me, I see what I could be like. That's the problem. So we are moving and we're downsizing. We live in a three bed. And now we're going to be downsizing to a bungalow"* Female, 55-59

*"It never occurred to me that I would suddenly be in that position where I could hardly get up and down the stairs in my house"* Female, 71+

Finances were another key barrier, whether this was the inflated price of bungalows or age friendly housing in people's existing communities, or the high ongoing costs of supported housing. Many expressed fears they would run out of money in older age, that they might need care or support which would burn through their property and savings. As a result, any potentially costly decisions were put off as long as possible, often with people staying in unsuitable housing longer than they should.

*"[Discussing cost of residential care and worry about using savings] I'd rather find a way to struggle on my own than to go into a home and get the care I need"* Male, 50-54

The example box below summarises the barriers preventing access to age friendly housing in three different situations:



### Example box #1

#### Topic: Barriers to accessing age friendly housing

##### Housing situation 1: Don't want to leave or change home

- Current housing is not suitable to situation e.g. mobility, balance, eyesight
- Strong emotional attachment to existing home
- Want to stay in it as long as possible, many wish to die in own home
- Manage on own with help of family, neighbours, sometimes carers
- Some have a sense of pride and don't feel 'old', unwilling to signal old age by using mobility aids, modifications, carers
- Modifications only installed following an incident or illness

**How to help:** tackle stigma of age friendly housing and adaptations

**How to help:** provide info, advice and encouragement on how to adapt home

##### Housing situation 2: Looking to downsize but struggling to make the move

- Aware that current house is not future proof – some already struggling others foresee in near future
- Stairs main barrier to independent living, level living required and some already not using upstairs of house
- Low availability and affordability of bungalows – buy, private or social rented
- Don't want to leave current community but may be priced out
- Emotionally and physically draining process – easy to put off

**How to help:** ensure adequate age friendly housing is being built to improve availability of affordable bungalows and level-access housing

**How to help:** encourage and provide guidance on pre-emptive 'rightsizing'

##### Housing situation 3: Considering specialist housing with support but unsure

- Currently finding independent living challenging, both physically and sometimes lonely after bereavement
- Choices of different types, terminology and levels of care overwhelming – self-funders unsure where to start and often rely on children to help
- Concern about finances – seen as expensive, fear they will run out of money
- Sometimes relatives apply pressure not to spend whole inheritance on care
- Some stigma and perception of assisted living – for 'old people', 'bleak', for 'lonely people', for widowers or single people not couples
- Emotionally and physically draining process – easy to put off

**How to help:** ease the process by offering impartial advice and help (including on finances) to all looking for specialist housing, INCLUDING self-funders

**How to help:** work to tackle stigma and perceptions of specialist housing with positive stories showing different types and benefits, demystify different types of housing



### **Priority box: Housing**

Older people in Leeds told us it's important...

1. To stay in their own home and live independently as long as possible
2. To feel confident and supported about housing options (including finances) when the time comes to leave home
3. To have enough affordable age friendly housing available - new, old and specialist

## 4.2 Employment and Learning

Considering participant age ranged between 50 and 100, employment situations varied greatly, including full-time employment, self-employed, early retirement due to health, semi-retired and caring for family, and retired but volunteering.

Age and employment situation naturally affected older peoples' experiences of work, but also relevant were their health, family and caring responsibilities and their profession or industry.

The 2019-2022 'Age Friendly Leeds' action plan aimed to support active participation in meaningful employment and learning for older people. This chapter explains the priorities and experiences of older people in relation to:

- Experiences within employment
- Reasons for reducing hours or entering retirement
- Barriers to employment
- What makes an 'age friendly' employer?
- Education and training in later life

### Experiences within employment

There were three main reasons cited for why participants continued to work up to and beyond retirement age. Chiefly, many felt they could not afford to retire and would need to work until their pension age, which for many had been pushed back into their late 60s. Secondly, there were many who still very much enjoyed their job, found work fulfilling and wished to continue as long as possible, albeit often reducing hours before state pension age. Finally, linked to this, there were those who might have changed or adapted their employment situation to make it more suited to older age, but continued to do 'something' in order to keep their mind active.

*"I enjoy working it keeps me, it keeps my brain active. It was my plan to retire at 60 but that changed for me because of the pension changes"*

Female, 60-64

*"I might still want to just do a couple of days [beyond state pension age], just to just to keep myself active, like you say, keep the brain moving and body moving"* Male, 55-59

*"I retired from my proper job, but I used to do respite care into my 80s, you know, someone would come to my house and I'd look after them for a bit"* Female, 71+

Some people shared highly positive experiences of being older in the workplace, that their skills and experience were valued, continued to develop careers into older age and they enjoyed the mental and social stimulation of work. However not all employed older people felt the same, and others in different industries felt their employer or manager didn't value their experience or even saw it as a disadvantage.

*"You come with experience they don't like it, they want the young kid they can tell what to do" Male, 50-54*

*"If you do go as an older person, you go into a new environment. The younger bosses still treat you like you're a young person, or look at you weird because you're older" Male, 65-70*

*"In my profession, I'm held in high esteem because I've got experience. So it depends on what profession you're in" Female, 50-54*

### **Reasons for reducing hours and retiring**

There were varied reasons why older people decided to retire or reduce work at or before retirement age. These included:

- Unable to work due to health
- Caring for others e.g. partner or grandchildren
- Want to enjoy life and retirement while healthy and mobile
- Manual or travelling jobs no longer suitable
- Prompted by partner retiring
- Voluntary redundancy or early retirement opportunities
- Job or employer not age friendly (in general or during redundancy process)
- Not able or willing to work in person during Covid-19 pandemic
- Covid-19 pandemic prompted reflection on life

*"I do know a lot of people are caring, some friends have children, and then looking after parents as well. So I think it's balancing, you know, the whole spectrum really" Female, 50-54*

*"I kept getting pressure from my wife, she said I hope you're not bringing anything [Covid-19] home to me from work" Male, 65-70*

*"I just thought, I don't know how long I've got left, I just want to finish, I want to make the best out of retirement" Male, 60-64*

*"I had a younger manager. And I've had a lot of life experience. I'm nearly 60. And I think she got frustrated with me because some of the senior officers came to ask me to do work for them... she squeezed me right out and got rid of me, made it impossible to work there" Female, 55-59*

Some worked beyond or close to retirement age, but the opportunity to retire came along and they found it was time and the right decision for them. For others however, the decision was less positive and there was an assumption, an obligation or even an active pressure to take voluntary redundancy when the jobs of younger workers were at risk.

*"There were quite a few young ones. And I thought, well, you know, I'm coming towards the end. I mean, I can't secure them their jobs but I hoped by going I was securing one of the young ones" Female, 65-70*

*"Obviously somebody that's a lot younger, somebody that's 30 odd, is gonna get the job more than me, because I've gone past [retirement age] so I wasn't particularly bothered. As long as I got the redundancy money that I were due" Male, 65-70*

*"As you get older, they are looking to move you out. And especially because you're at such a salary level that they want, they want you to go because they want people at a lower level. They want younger people, they really do. And that's just the way it is in the industry that I worked in, which is pharmaceuticals" Female, 60-64*

Participants shared a number of barriers that prevented fulfilling employment in older age and potential solutions, shown below in the example box.



### Example box #2

#### Topic: Barriers to fulfilling employment in older age

##### Barriers

- Caring for a parent, partner, or actively involved with care of grandchildren
- Lack of adequate flexible working options
- Health problems or disability
- Previous career or line of work no longer an option (e.g. manual labour)
- Employer does not value life experience or skills in older age

##### Solutions

- Ensure flexible working options available to older staff (e.g. part time, job share, work from home)
- Employers openly value and promote skills/experience of older workers through organisation ethos, job descriptions, training, policies and practices
- Easy way to identify age friendly employers
- Job boards and resources focused on older people (re-)entering work, either through retraining, starting entry level or continuing career

### Age Friendly Employers

What makes an attractive employer to someone in later life? Most crucially, which came up time and again, is a sense that the life and career experience of an older person is valued, respected and seen as an asset. Too often, this was not felt to be the case, both in the jobs available and the attitude of managers. A few participants mentioned specific employers that recognised and valued the experience of older workers, for example B&Q employing retired building tradespeople.

*"If you go DIY shopping, you'll notice lots of elderly people on store floors ... these people can be old tradespeople, and they know exactly what you're talking about ... or if you're looking at the care industry, older people have a completely different understanding. They're able to engage with people in a way that other people aren't able to"*

Male, 50-54/65-70

Many people felt they didn't want to pursue a more senior management position, often due to the hours or stress involved with the role, but that they didn't also wish to plateau and stop developing. An employer who offers development opportunities

into later life would be attractive, some public sector jobs in the NHS and Higher Education were seen as good examples of this.

*"The university were always into training and development. So everything was open to you. Whether you wanted to go on it or not, it was your choice"* Female, 65-70

*"I work for a national organisation. So the budget's obviously there for training"* Male, 55-59

*"I was lucky I was in I was in a company that allowed me to do new training when I was 60... Due to my age, I was very, very fortunate. Someone took a chance on me"* Male, 65-70

Additionally, it was very important that roles offered flexibility to suit different life situations, particularly the ability to reduce hours or work part time as many wish to reduce hours slowly in the run up to retirement. The ability to work from home was also seen as positive.

### **Education and training in later life**

As was noted in the barriers to employment, it is clearly important that opportunities for retraining, career changes, apprenticeships and education are available to older people who want them. Not only should these opportunities exist, but be easily accessible and widely known about. Barely any participants were aware of existing opportunities.

*"I think it's incredibly difficult to ask somebody who's done a certain job up to the age of 50, and then lose that job and say go and find another job without support, and there's no opportunity for them to take on new learning. And I think we pay lip service to that, but we don't really do anything."* Male, 50-54

*"We've got so much more to offer, should you lose a job through redundancy through closing down, you should be able to go and into an elderly apprenticeship to show them what you're capable of doing"* Male, 65-70

Some retired, semi-retired or full-time carers were also keen to pursue ongoing learning outside of employment. Many praised the University of the Third Age (U3A)

as an inclusive and wide-reaching way of accessing education, as well as local groups like Neighbourhood Networks that put on talks or advertised courses.

Formal education and training was simply not of interest to many retirees however, who felt they had done all their 'official' learning. They would rather learn things in an informal way, such as through books, television, the internet and museums. Therefore, these opportunities should also be acknowledged as valuable education.



### **Priority box: Employment and learning**

Older people in Leeds told us it's important...

1. To feel life and career experience is respected and valued in employment
2. To continue to access training and development in the workplace
3. To have flexible employment options when life circumstances change
4. To easily access retraining and education and be supported through later life career changes

### 4.3 Travel and Road Safety

Travel and road safety could be a frustrating topic for participants to discuss, both in general terms and whether travel options in Leeds were 'age friendly'. Views were highly varied, and there were differences depending on age, where in Leeds they lived, access to personal transport, health and mobility. It was also relevant whether or not the person wished to travel into central Leeds or rather spent most of their time in their local area.

Most either used cars or buses as their primary mode of transport. Those in their 50s and 60s were far more likely to drive, while over 70s were more likely to use the bus. Train usage was limited and depended on proximity to a station, and those who were physically able to did some amount of cycling or walking.

The 2019-2022 'Age Friendly Leeds' action plan aimed to improve older people's access to safe, affordable transport. This chapter explains the priorities and experiences of older people in relation to:

- Driving and roads
- Bus travel and bus passes
- Train travel
- Active travel

#### Driving and roads

Driving is the default form of transport for many, especially those in their 50s and 60s or those caring for others with mobility problems or disabilities. Reasons for driving were that it was most convenient, accessible and overall the public transport system was not seen as good enough to discourage driving use.

There was some frustration around parking availability, particularly in the city centre, as well as current road works around Leeds which has been unfamiliar and somewhat distressing to older drivers in particular.

Priorities for driving and roads was to have easy to navigate, safe and well-maintained roads, with adequate and affordable parking available. Some felt that parking in Leeds centre was extremely challenging for older people with relatively few accessible parking spaces and rarely enough space for those who had limited mobility but didn't qualify for a blue badge. This was enough to discourage some participants from visiting the city centre.

*"I'll go to other towns outside of Leeds these days, because it's easier to park in them. Leeds has made everything so unfriendly. The older you get, the more you'll need your car"* Female, 60-64

Driving was also an important part of some older people's independence into their 70s and 80s, although there was some concern over how long they could drive for due to deteriorating eyesight or reaction times. This concern was expressed from both from the driver (own loss of independence) and their family (safety of older drivers and other road users). It is important for these older drivers to have alternative safe and convenient modes of transport available, so to maintain their independence and discourage unsafe driving.

### **Bus travel and bus passes**

There were mixed views on the bus services, which were well used among over 65s. Almost all who were eligible for a bus pass had taken up the offer, most with the attitude that you 'may as well' once eligible and that these are valuable concessions.

The few without it were either recently eligible and so hadn't got round to it, or had to drive due to caring or mobility so had no need for it. Further targeted investigation may be needed to understand why there is considerably lower take-up of bus passes in certain areas of Leeds.

*"I didn't have time to do it. And to be honest, I just haven't bothered because I've got to go and find photographs"* Female, 65-70

There was some frustration that bus passes were not valid before 9.30am, however others felt that this was fair as many older people did not 'need' to travel before 9.30am and were grateful for the concession. There was a reluctance among some people to travel on buses at peak times due to Covid-19 and inconsistent mask wearing.

*"I've used it. I find it fantastic. I find it great. If I have to wait till half past nine then I'll wait until half past nine its not a problem"*

Male, 65-70

*"When you get your free bus pass, why can't you use it before either nine or 10 o'clock in the morning? Am I such a pariah that the workers can't sit next to me?"* Male, 65-70

There were differing opinions on whether bus services in Leeds were 'age friendly'. Some had positive experiences of helpful staff and accessible facilities, others had struggled with being rushed or unable to sit down.

*"My elderly friend, she always struggles she won't catch a bus at all now, because literally, you know, they don't wait for her to get on...So she's frightened. She's terrified on the bus nowadays"* Female, 60-64

Participants suggested all bus services should strive to be more age friendly and follow the good example of some. For a summary of what makes a transport service age friendly, see example box 3.

Community buses (past and present) were also mentioned, and were viewed as a really positive service, in particular bypassing the need to walk to a bus stop, and knowing that staff will be friendly and accommodating. Some also noted social and community benefits for those who live alone, for example local community buses that took people to do their shopping. Residents of East Leeds cited the new FlexiBus, which was seen as a positive although few had actually used it yet. Continued funding to community bus travel was certainly important to older residents of Leeds.

### **Train travel**

On the whole, trains were used far less frequently than buses, for a number of reasons; not everyone lived locally to a train station and so it wasn't relevant, trains were generally seen as more 'hassle' or confusing and also finding trains less age friendly. Also, local trains were mainly seen as a way of accessing the town centre which many didn't wish to do.

*"I don't really bother with trains. I've always been a bit wary of trains because I've never found them easy to use"* Male, 65-70

Trains themselves, and Leeds' local train stations, are not seen as age friendly in general. In particular, boarding a train was difficult for older people with mobility problems or disabilities as there are large gaps between train and platform, narrow doorways, impractical grab rails, and lack of available helpful staff. Not all stations provided level access throughout all platforms, especially local stations. Also, communication and signposting in stations was not always clear, and trains were generally seen as a more stressful way to travel.

*"There's too much of a gap of the platform, the trains are not, you need an underground service where you just step into a carriage"*  
Female, 55-59

*"Trying to get step free access at Garforth station so that we can use the York side of the station and it still hasn't happened and they've got all these new trains and the step to get on is so steep my husband won't be able to get on"* Female, 65-70

*"The handrail is inset into the side of the carriage so you can't grab it easily"* Female, 65-70

As such, more work needs doing to ensure train travel is age friendly and is seen as a viable and accessible transport option to older people in Leeds. The below example box shows what features age friendly transport could consider.



### Example box #3

#### Topic: What makes an age friendly transport service?

Features of an age friendly transport service may include:

- Warm and comfortable places to wait
- Good communication about delays e.g. digital displays
- Prompt services
- Affordable fares
- Wheelchair and level access
- Adequate priority seating
- Passengers willing to give up priority seating
- Patient and friendly staff

### Active travel

There were also mixed views towards active travel. Many approved of active travel zones, claiming they were positive by promoting activity into later life, safer pedestrianised areas for older people and less air pollution to combat climate change and health problems.

However, there were a number of concerns about how active travel zones excluded and prohibited older people's access to certain buildings, areas and parts of Leeds. Participants noted that active travel zones assumed that everyone 'could' travel actively, whereas their own mobility, health problems and disabilities prevented them from walking or cycling any great distance. Many wouldn't travel actively for fear that they would be in pain, stranded or unable to return.

*"It's almost like if you don't ride a bike the Council doesn't want to know... Leeds have really, they've gone totally against anybody that is not able bodied"* Female, 60-64

*"I assess that, I think well if I walk down there I'll never get back again... I'm really nervous about falling"* Female, 71+

In addition, for those unable to access active travel or pedestrianised zones, this was not only confusing to residents trying to navigate around the city but prevented them using buildings now only accessible to pedestrians, as they would need to be dropped off very close to the entrance.

While participants acknowledged the active travel zones were on the whole positive and should not necessarily be reversed, many felt that steps should be taken to make sure these areas, the city centre in particular, are considerate of all who might want to visit, including those with very limited mobility.

*"I would drop my friend off. She used to like to go into Leeds. And she'd like to have lunch, but I can't take her in now and drop her and pick her up again. I'm not allowed"* Female, 60-64



#### **Priority box: Travel and road safety**

Older people in Leeds told us it's important...

1. For safe and easily navigated road travel to be available for those who need it for mobility and independence
2. For bus and train services to have consistently age friendly facilities, features, fares and staff so they can be seen as a viable alternative to driving
3. To maintain and expand community bus and transport services
4. For older people's mobility and access needs to be considered and provided for when planning active travel or pedestrian zones

## 4.4 Healthy and Independent Ageing

Understandably, health was a major concern and priority for people as they age, and timely access to services was extremely important. Participants' health situations were all different with some using services more than others and some more acutely aware of their own health. However, all over 50s emphasised the importance of staying well and accessing healthcare in a quick, efficient and low-stress way. The main ways that services could improve and be more age friendly was within appointment booking and staff communication.

The 2019-2022 'Age Friendly Leeds' action plan aimed to for older people to live healthy lives and remain independent for longer. This chapter explains the priorities and experiences of older people in relation to:

- Making a health-related appointment
- Older people accessing primary care
- Access and arrival
- Communication and explanation
- Age friendly health services

### **Making a health-related appointment**

Making health-related appointments can be a stressful time for many older people, so having a choice of online or telephone booking method is important. Being of an older age does not necessarily mean a person lacks digital confidence, but it is important that for a service to be truly age friendly, the process of making an appointment cannot solely be online.

Some were concerned that, although there are usually appointments available via telephone, those who aren't comfortable making digital appointments are fighting for fewer appointments as more get booked up quickly by the digitally confident. While participants were unsure if this was true, they did worry about older people finding it disproportionately harder to access GP appointments.

*"I'm all right. But what about the other people and the people that are even older that haven't got any of this technology?" Male, 65-70*

*"There's only a few doctor's appointments released online, first thing in the morning. And then other than that, you have to ring up, which is again, a bit frustrating, because when you ring first thing, you can be hanging on for 20 minutes. And then when you actually get someone they say everything's booked" Female, 65-70*

When appointments were provided by the service, such as outpatient clinics, participants felt this was an easier process but that services could do better to take into account different factors that affect people in older age. For example, early morning appointments were extremely difficult to access for those with arthritis or with dementia.

*“When you're dealing with dementia patients. An eight o'clock appointment is a load of rubbish because you can't always get there”*

Female, 65-70

Others noted long waiting times for NHS outpatient clinics and A&E which could be distressing to older people when worried about their health.

### **Access and arrival**

Transport access to hospitals in particular was difficult for some, especially when relying on public transport. Some felt that more outpatient clinics in communities would be beneficial to older people by limiting the disruption and cost that extended travel brings.

Most participants found healthcare settings had good access for older people, including ramps, lifts, mobility aids and trained staff who could help. These were all important for an age friendly service, but it was assumed that healthcare settings would have these as a given.

Ample seating in waiting areas was also a sign of an age friendly health service, somewhere warm and reasonably comfortable if possible. It was also important for this seating to be near enough to the clinical area so that patients weren't worried about missing their appointment, for example be in sight of an appointment board.

*“They tend to have a main area with seating and then you have all the seats on the corridor other things. If you tend to be sat on the corridor, you can't always see the screen if there is one... I don't know whether I've been missed or not”* Male, 65-69

Access to video and telephone appointments was convenient to some, but on the whole older people liked the option of in person appointments, even if they were confident with the digital side of things. Some even saw online appointments as receiving less high quality healthcare.

*“They're trying to make us all go digital with them, and it's you know, video medicine as opposed to real medicine”* Female, 60-64

The example box below illustrates how important access and communication are to older people, using the example of General Practice.



#### Example box #4

#### Topic: Older people accessing General Practices

Most older people's first point of contact with health services is through primary care, notably their GP practice. The process of accessing GP appointments has changed significantly in recent years, is not consistent between practices, and particularly during the Covid-19 pandemic has felt increasingly difficult to access. This box highlights the impact this can have on some older residents and why it is an important area to address.

- Participants in their 70s and 80s have seen the **NHS change substantially in their lifetimes**, primary care worked very differently e.g. family doctor, house calls, 'doctor' and 'nurse' main roles, same day appointments
- Many are confident using the internet, but it's not their first port of call and would feel far **more comfortable making appointments via telephone**
- When phoning up for an appointment, they call early as directed and are placed in a long queue, **feel they are 'grilled' about their condition** and told they will be called back
- Many **find the triage process confusing, unnecessary and invasive**, and find the periods of waiting around for multiple call-backs fairly distressing, as they are unsure if they've been forgotten or will manage to be seen
- **By the time they are offered an appointment, many are stressed** by the process and feel a lack of agency and control
- In addition, the **job titles within primary care are new and unfamiliar**, patients do not know what powers these jobs have and so **feel 'fobbed off' with anything that isn't a GP**, which they are familiar with
- Ultimately, **much of the issue comes down to communication**. Patients are not given clear explanations for: What is the process of accessing an appointment and why does it have to be this way? What are the different job titles in primary care and what situations are they appropriate for, e.g. can they prescribe, refer for further tests?
- **How to help:** *Work with primary care networks to help older people understand the options available to them in terms of how to book appointments, triaging, appointment types and healthcare job roles*
- **How to help:** *Explain why new approaches are needed*
- **How to help:** *Give digital and non-digital options at all stages*

***"Why can I not make the decision? Why am I not competent about my own health to say I need to see a doctor. This is the reason why I'm coming in"*** Female, 60-64

***"I just want to ring up and see a doctor. I used to be able to do that, you know, why is it so hard now?"*** Male, 71+

### Communication and explanation

Participants were generally understanding of pressures facing healthcare services currently, and did not expect them to be without delay or interruption. However what was extremely important to people, and a key part of an age friendly service, was good communication throughout. This includes communication about delays, responding to queries about treatment etc, but most importantly explaining why things are happening and who is responsible. This makes the patient feel calmer and in control of the situation.

*"I think they should have explained that I could talk to them if I needed to [during MRI]" Male, 65-70*

*"Wait and expect us to ask questions. And be patient enough to reply, and repeat what they've said slowly" Female, 65-70*

What also really makes a difference is the manner and tone of communication, with some participants claiming they have felt ignored or condescended to in a healthcare setting while others have been treated with kindness and respect. Services must ask, are staff patient, kind and take the time to talk? Are they approachable? The 'hello my name is' badge campaign was seen as a good way of making NHS staff more approachable.

*"We need to be spoken to like human beings" Male, 71+*

*"I live in a multicultural community. And I find in my local doctors, if we're in the queue, I'm sometimes appalled, because some of the reception staff... they can be very impatient with the patients"*  
Female, 55-59

*"That's [language and approachability] quite good. I think there's been a lot of learning there. I think this whole thing about 'my name is' has just been so good, actually breaking down barriers, and stopping doctors from sort of ignoring people" Female, 60-64*

*"I got the most amazing care. And the nursing staff were fantastic. You know, and they took the time to talk" Female, 60-64*

Another important part of communication is whether or not the options and pathways available to a patient, for example being discharged from hospital, are clear and easily navigated. Some participants reported being an advocate for an

older relative or neighbour, or got others to advocate for them as they felt unable to process the information and navigate the system at the time. It was important to participants that those who don't have an advocate don't get left to struggle.

### Age friendly health services

Participants were asked to share what they thought an age friendly health-related service looked like, for example any particular features or considerations. A summary of what makes an age friendly health service is shown in the below example box.



#### Example box #5

#### Topic: What makes an age friendly health service?

Features of an age friendly health service may include:

- Simple appointment making process
- Digital and non-digital options at all stages
- Good communication at all points – delays, treatment plans, processes
- Friendly staff who have time for the patient
- Comfortable seating areas
- Ramps, rails, parking and other disabled access features – taken as a given
- Accessible location of clinics – consider community clinics
- Consider whole patient and other health conditions when allocating appointments

On the whole, health services in Leeds were seen as generally age friendly, but this wasn't necessarily consistent across all health services; some were seen as better than others.

Examples of good age friendly services:

- NHS-adjacent services e.g. dentist, physio – high quality care and aftercare, friendly staff
- Covid vaccination – good info, quick booking, efficient, friendly staff
- Some outpatient clinics – kind and respectful staff

Examples of less age friendly services:

- GP practices – confusing process of booking appointments, seen as unfriendly and difficult to access
- Some outpatient clinics – appointments don't consider other factors
- Some inpatient discharges – confusing options to navigate alone, may need an advocate



### **Priority box: Healthy and independent ageing**

Older people in Leeds told us it's important...

1. To have timely access to high-quality healthcare when needed
2. To have a simple, transparent and fair process of accessing health-related appointments which offers digital and non-digital methods of booking
3. For health-related appointments to take into account other health conditions and factors in their timing, location and communication
4. For healthcare staff to be patient, approachable and treat older people as equals

## 4.5 Active, Included and Respected

Generally speaking, participants had good support networks available to them, giving and receiving support through families, friends, neighbours, local groups and communities. However, loneliness was still seen as an important issue for older people and more can be done to encourage formal and informal support networks.

There were some differences in situation between the ages of participants. Those closer to 50 were often still working, sometimes with parents, children or grandchildren to look after, so were most likely to be involved in informal networks and caring but not volunteering. People entering their 60s may have retired and decided to volunteer or attend local groups, but still usually continued caring which may include a partner at this point. Participants in their 70s and even 80s could still be providing support to others, be it social and emotional support or volunteering, although this group were also more likely to rely on younger family members and local groups for some practical things. Those in their 80s and 90s were usually members of local groups and networks, and had children, grandchildren and friends for support.

The 2019-2022 'Age Friendly Leeds' action plan aimed to provide a range of healthy, active and fulfilling opportunities for older people, and ensure no one feels lonely. This chapter explains the priorities and experiences of older people in relation to:

- Getting support from community
- Giving support to community
- Loneliness and the impact of Covid-19
- Digital inclusion

### Getting support from community

Informal networks such as local family and friends were often the default support mechanism for older people, usually adult children or grandchildren, friends or neighbours. Some described reciprocal relationships between themselves and friends or neighbours, providing each other with social and emotional support, physical help with household tasks, or knowledge and advice. Others had relationships that were more one-way, with one party supporting the other, for example a family supporting an older neighbour.

Those without informal networks of nearby family and friends appeared to find it harder to get support from their community. This came from stories from older people themselves, as well as some who had stepped in to support a neighbour who was struggling. In these cases, and also for those with nearby family, local support groups were extremely valuable and, when used, made a great difference to an older person's life.

*"Before my father went into full time residential care, he went to a day centre. I introduced it to him and he was really reluctant. I don't know if he had a barrier of what a day centre was going to be. But he absolutely loved it. They do bingo, they do exercise, they have people coming in, and it just transformed his life in his later years"* Female, 55-59

Support included Neighbourhood Networks and local coffee mornings, University of the Third Age, church or religious communities, keep fit groups and sports centres, social coach trips. However, older people were often introduced to these groups by their informal support networks, such as children researching and recommending local groups. It is important for those without these networks to have other routes in to local support.

However, some did note that these were seen as 'older person' groups and they didn't feel they were old themselves, or that they would fit in there. They felt a range of groups for different age groups, interests and activity levels would be useful as well.

*"The neighbourhood networks, I have been once or twice, it sounds awful and I sound awful for saying it. But they're old. And it puts me off... Maybe when I'm 80 I might think about it... if they did activities say for 50s onwards. And the people that went were 50 onwards, then I would be better with them"* Female, 55-59

Participants also found support from online or in person groups of likeminded people, for example bereavement or carers groups. For example when attending a Carers Leeds group, participants said this was support invaluable as time for themselves and a space to share their experiences with others who understood what they were going through.

It was certainly important for older people to be able to access local groups as well as informal support networks where possible. Continued funding for successful local groups was paramount to older people, although it must be noted that the sample may be skewed toward this view as participants were recruited through local groups.

### **Giving support to community**

Some participants were extremely active in their communities, volunteering in small and large ways, members of charities, groups, committees and networks. For many, this was seen as a fulfilling and rewarding way of spending time, particularly if recently retired when structure is an important part of adjusting. Volunteering

opportunities were generally sourced through word of mouth, known charities such as Age UK and local publications.

*"I made things happen for them [volunteering]. And the work that they do was the most mental satisfying thing I've ever done. And I wasn't getting paid for it"* Male, 65-70

*"Volunteering is something I expect to do when I'm older when I've got time on my hands when I'm not working"* Female, 50-54

There were also participants who felt they 'should' start volunteering, that they probably could find the time for it but hadn't yet come across the right opportunity or looked very hard. For these, the barriers were lack of motivation, low awareness of opportunities, lack of appealing opportunities, competing interests or responsibilities, and it not being front of mind. More could be done to link interested older people with a variety of flexible and appealing volunteering opportunities.

*"I said I would probably look into a food bank in the new year. To do something, but whether I do or not is another thing"* Female, 65-70

As noted previously, many of the informal support networks such as family, friends and neighbours were reciprocal relationships, meaning most participants also gave out support even if this wasn't 'volunteering' in the traditional sense. Many older people took on some form of caring responsibility, be that to a partner, grandchildren or older parent, although not all recognised this as giving support to their community. This was common throughout all age groups, although particularly among those recently retired and in their 60s.

Similarly, some noted that they 'looked out for their neighbour' but didn't see this as giving back to the community, and often downplayed its impact. In these types of informal support-giving, there was some sense of guilt at not doing more 'official' volunteering, which often they didn't have time for. Participants rarely saw the valuable impact of their actions. It may be useful to illustrate the mutual benefits of neighbourhood befriending, for example, which could show people they are making a difference by giving up their time for a neighbour even if they don't have time to formally volunteer. It may even encourage more people to do the same.

*"I've just seen my local neighbours that pull together anyway, not under a banner of what I'm reading here. But it was do you need a pint of milk"*  
Male, 65-70

*"A couple of people I'll go and see quite regularly in their home, but that's not a not a kind of a planned thing. Just keeping an eye on people"*

Male, 50-54

It was important for older people to undertake fulfilling activities to give back to their communities, although they should recognise the value of informal caring support as well as volunteering.

### **Loneliness and the impact of Covid-19**

Loneliness was seen as an important priority to address in older people. Some participants shared their own experiences of loneliness, although most shared experiences of others. This may be due to the sample we spoke to (those who regularly attend coffee mornings and were comfortable online may be less likely to experience loneliness), and also there could be some stigma around admitting loneliness.

Most believed older people without local family or friends, and those whose mobility or health prevented activities out of the house, as most at risk of loneliness. Some told stories of neighbours who they thought had faced loneliness, and many described the increased loneliness during Covid-19 lockdowns.

During the pandemic, the benefits of all the local groups and support networks mentioned previously were cut off, and while many have returned, not all groups or attendees were back up and running at the time of fieldwork. Some mentioned an uptick in 'community spirit' and looking out for neighbours in the early days of Covid-19, but this was not as prevalent 18 months on, meaning there is risk of a gap in support for some older people.

*"I'm trying to get back in with some of the people that were playing the table tennis before to see if they're going to continue and start up again"*

Male, 65-70

*"We have an elderly lady next door, very fit and active at the moment. But when we had the pandemic I used to do her shopping for her"*

Female, 55-59

While many saw loneliness as an issue for those who live alone, others drew attention to the circumstances of older people living in couples or partnerships feeling isolated, alone or disconnected from community. In particular, intense time together in lockdowns, shielding or retirement could lead to conflict or loneliness.

In addition, some older people did not think to access community networks if they had a partner at home, for example one participant noted how she was highly involved in her community after her husband passed away, but had given it all up once she had a new partner and stayed at home with him every day.

It was certainly an important priority that local services continue to combat loneliness in older people.

### **Digital inclusion**

Age alone is not an indicator of an older person's digital skills and level of inclusion, as the spectrum of digital confidence between 50-100 is wide-ranging. Most people were connected to the internet, but the extent to which they were confident using the internet for different things and on different devices varied greatly.

The pandemic certainly accelerated uptake of online skills, with many making the move to a smartphone or tablet and using video calls for the first time. However there is still a contingent who very rarely use the internet and are not confident with digital skills, often relying on younger relatives for support when things go wrong.

*"I thought I'd make the jump and get a smartphone. I've used the desktop for quite a while. But I've started using that less now since I've had the smartphone"* Male, 65-70

Even among those who were relatively confident online, the internet is still not often their 'go-to' or first port of call. For example, many would not think to search online for local support groups and volunteering opportunities, but rather hear through word of mouth, local gatekeepers and family. It's therefore important that the full spectrum of how older people use the internet is considered when promoting digital inclusion, not just connection to the internet and ability to access a device. This also may affect how opportunities to be active, included and respected are advertised to older people.

*"Not everybody's got social media... not everybody's got family to help them [find groups and networks]"* Male, 55-59

*"It should be sort of places where people go garden centres, post offices and, you know, we have a local magazine called the squeaker"*  
Female, 55-59



### **Priority box: Active, included and respected**

Older people in Leeds told us it's important...

1. To be aware of and access both informal and organised community support, particularly those at risk of loneliness
2. To undertake fulfilling activities to give back to their communities, recognising the value of informal caring support as well as volunteering
3. For all levels of digital confidence to be acknowledged and information be relayed through multiple channels

## 4.6 Public and Civic Spaces

Generally there was positive feedback on the public and civic spaces available in Leeds, in particular the green spaces and parks throughout the city, which evoked a sense of pride in many.

The city centre however, wasn't as age friendly to many older people (more so in over 70s), with many avoiding the centre due to both transport issues and lack of age friendly facilities such as toilets. Even in the local district centres, this was an issue for many and caused anxiety when in public spaces.

The 2019-2022 'Age Friendly Leeds' action plan aimed to make the city a welcoming, accessible space for older people. This chapter explains the priorities and experiences of older people in relation to:

- Green spaces
- Age friendly public spaces
- Engaging with culture
- Climate change

### Green spaces

Almost all participants felt there was good access to green spaces in Leeds, both in terms of large open space and smaller parks, and was seen as better than other areas. Generally these were easily accessed by foot, public transport and car, and the paths and terrain were also accessible to most older people. There were plenty of benches available to sit but very few toilets, however this was less of an issue as most could access a park near home.

*"We're blessed with parks, Roundhay, Temple Newsam and Golden Acre. There's some fantastic choices and there are kept well maintained. They're lovely to walk about, it does put a smile on your face"*  
Male, 65-70

*"I think from where I live, even sort of going into Bradford as well. We've got a lot of green space that's accessible"* Female, 55-59

Most felt safe in parks, but did note a small amount of antisocial behaviour and felt that some sort of authority presence would be appreciated, especially in the dark.

*"It might be useful to actually see people, you know, just dealing with some antisocial behaviours, or just a presence"* Female, 60-64

### Age friendly public spaces

Toilets were vitally important in making a public space age friendly. Many older people said they felt uncomfortable going too far from their home for fear of not being able to use a toilet, and some very distressing experiences were shared about being unable to access toilets. Furthermore, toilets must be clean, safe and accessible for older people to feel comfortable using them.

*"[Sister] was stood in a shop and she said, I'm sorry, I've got this medical emergency and I need to use the loo and they said no, and she messed herself outside the shop"* Female, 65-70

*"At least somewhere like Marks's you've got the ramp. So if you've got anybody with any mobility issues, you know, sometimes the elderly do, they've got provisions in somewhere like a department store. Sometimes you haven't and there's, you know 100 steps to go up and you can't even get in the cubicles at the McDonald's they're so small"* Female, 71+

*"Public toilets are a big thing. And the fact that on our local reserve they close at four or five o'clock, so in the summer, if you need the toilet, you're stuck"* Female, 50-54/55-59

Public spaces, shopping areas and public buildings should have ample seating available. Most thought that there was some seating, but more could be made available and with better consideration for older people. For example it should be comfortable (i.e. have a back to it, easy to get in and out of), clean and sheltered if possible.

Friendly shops and cafes were also seen as a sign of age friendly public spaces. For example, if public toilet blocks cannot be of use, then knowing which businesses welcome older people to use their facilities would be useful and reduce the anxiety of leaving the house. Some mentioned the 'come in and rest' campaign which illustrated that staff would be friendly to older people and understanding of their issues.

Finally, consideration should be given to the terrain, ensuring there are even surfaces, enough drop curbs, alternatives to steps and clear signposting.

Possible solutions could include producing an age friendly guide to Leeds centre, which is currently not appealing to older people. It could identify toilets, seats and shops or cafes that welcome older people to use the facilities.

### Engaging with culture

Most felt that Leeds had a good offering in terms of museums, culture and galleries. Culture was most frequently enjoyed by older people when mixed with outside space for example stately homes or the Yorkshire Sculpture Park. Museums, history and local heritage were also enjoyed, and a minority visited art galleries. Age wasn't necessarily an indicator of the type of culture people enjoyed, rather it was down to free time, personal preferences or interests, health and mobility.

There was also a sense that long-time residents had done all the museums they'd like to and saw no reason to revisit, unless going with someone for the first time, for example taking grandchildren on a day out.

The cost of visiting cultural attractions was noted by some as a possible barrier to access particularly for retired people, whether admission or travel costs.

Local cultural attractions may wish to consider how to revitalise their age friendly image in order to encourage more older people to visit, which could include:

- Concessions or reduced prices for older people
- Better or more direct transport access
- Level access and accessibility features (seats, rails, toilets) clearly advertised
- A new offering, reason for older people to re-visit

*"Need to have more concessions maybe, to go into places and more concessions on transport to get people to places. Yeah, because that can be a little bit easier on the purse for the elderly"* Female, 55-59



#### Priority box: Public and civic spaces

Older people in Leeds told us it's important...

1. To continue to access to clean and safe green spaces in and around Leeds
2. To feel public spaces are welcoming to older people through access to clean and safe toilets and comfortable seats
3. For cultural attractions to be welcoming to older people through facilities, access, concessions, specific events, new offerings

## 4.7 Climate change

Despite prompting, there was limited engagement with the topic of climate change, with the sense that it was an issue for society but more of a 'younger persons issue'. Participants mentioned that they recycle, read the news, care about energy efficiency and extreme weather, but it is by no means top of mind.

## 4.8 Reaction to State of Ageing in Leeds report

As part of the engagement, participants were shown statistics from the State of Ageing in Leeds report, including facts about the Leeds older population in the six domains (see stimulus in appendix). This chapter shows their reaction to the figures, as well as any gaps, clarifications or responses.

### General reaction to statistics

On the whole, participants felt the statistics reflected their own experiences and expectations. Most were not well informed on the topics and demographics so found it hard to comment on their accuracy, but it was certainly interesting to learn. On hearing these statistics, some residents were interested to know how local issues affecting older people are being tackled.

It was particularly interesting for people to see how Leeds compared to national averages and other similar areas. Where Leeds was worse than the average, people were interested to know why and how this was being tackled, but there was also a sense of civic pride when Leeds is better than average.

### Specific domain additions

Some participants had specific questions or suggested additions, shown below:

- Housing
  - More information on the types of housing being built in Leeds e.g. what % are bungalows, assisted living communities?
  - Cost of accessing specialist housing with support in Leeds
- Employment and learning
  - Elaborate on '50+ less likely to be involved with training and development' – is this greater in specific sectors?
  - In the statistics on unemployment in older age, what proportion are looking for work compared to voluntarily retired?
  - More mention of pensions and pension ages being pushed back
  - Types of working contract available e.g. flexible, part-time, job share
- Travel and road safety
  - Reasons for reduced take-up of bus passes in some areas
- Healthy and independent ageing
  - Details of life expectancy and health inequalities
  - Reasons for health inequalities – what are the contributing factors?
- Active, included and respected
  - Relationships in retirement or Covid / domestic violence in older age
  - Examples of where older people get support from
- Public and civic spaces
  - More clarity on which areas have less available green space

## 5. Conclusions

Throughout this qualitative engagement, older people in Leeds told us about their experiences and priorities within the six domains: Housing; Employment and Learning; Travel and Road Safety; Healthy and Independent Ageing; Active, Included and Respected; and Public and Civic Spaces. Residents also described what an age friendly Leeds means to them and how they would like to see their needs reflected in local services.

Each domain covered specific parts of older people's lives, but there were cross-cutting themes throughout. For example;

### **Finances**

Finances and money worries appeared prominent in later life, especially when approaching and entering retirement. Money could certainly be a barrier to a safe and fulfilling old age in terms of accessing the right housing and support, in particular as health and care needs increased and specialist support or accommodation needed. In addition, having enough disposable income to engage with communities and culture was a luxury to many of our participants, meaning that some older people didn't have this option and as a result could be less active and included in society.

### **Information and advice**

It was also clear that older people can often rely on their families and informal networks (such as neighbours and friends) for information and advice across all six domains. Although this is generally seen as a positive support network, it throws into sharp relief those who do not have a strong informal network to lean on. This demonstrates the importance of providing avenues of information and help to older people without these networks, as well as an extra source of impartial information for older people and their families.

### **Value and respect**

Across all topics, whether they were talking about health services, public transport or employment, older people in Leeds told us how vitally important it is for them to feel respected, valued and that people have time to listen to their concerns. The way older people are treated and interacted with was hugely influential in whether services were seen as 'age friendly'.

### **Digital inclusion**

Finally, there are a huge range of digital skills in older generations, from those whose first port of call is an online search and social media, to those who are connected to the internet but spend very little time on it. Digital inclusion is not a binary state, and many older people who are connected to the internet still would not think to

look there to find or access services, so it is important to keep this in mind when designing programmes or services and consider how to disseminate information non-digitally as well.

There are a series of recommendations in the Executive Summary of this report, based on the findings of this qualitative engagement and focused on each domain. However, the cross-cutting themes and overlap of domains show that a holistic approach to ageing is also needed if Leeds is to achieve its goal of being the best city to grow old in. Each domain impacts the others; for example housing and health are linked, as are travel and public spaces. These all feed into each other and there are joint lessons to be learned. As such, partnership working between domains, services and the third sector is likely to be valuable in achieving an Age Friendly Leeds.

## 6. Appendix

### State of Ageing in Leeds Report – stimulus shown in fieldwork



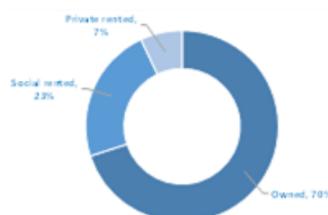
November 2021



#### Housing

- Proportion in private rented aged 55+ increased by over half in past decade
- Those privately renting when older (65+) spend more of their income on rent than any other age
- Most housing in Leeds built before 1965, suggests 1 in 5 homes fall beneath 'Decent Homes Standard' and 1 in 10 suitable for accessibility needs
- Disabled Facility Grants allow people to make adaptations to their home – fewer, but larger, grants have been issued in recent years
- Only 1/3 of planned new homes will meet accessibility standards

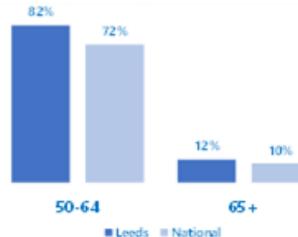
*Housing aged 50+ in Leeds*



#### Employment and Learning

- Leeds has an 'Inclusive Growth Strategy' to support 'older workers to remain in fulfilling work and accommodate both changing health needs and caring responsibilities'
- 55-64 age group are peak age for having caring responsibility, some unable to work because of this
- Ill health is the most common reason for being out of work aged 50-64. Unemployment benefit claims aged 50-64 are concentrated in inner NE and inner SW areas of Leeds
- Pandemic has brought risk of longterm unemployment to older workers, who are less likely to return to work after redundancy or furlough
- 50+ less likely to be involved with training and development

*Employment aged 50+ in Leeds*



## Travel and Road Safety

- Increased use of the bus in people aged 50+
- Over half of those aged 65+ (in West Yorkshire) take the bus at least once a week
- 80% people aged 65+ in Leeds collected their concessionary bus pass, this reduces to only 60% in more deprived or inner city areas, despite using the bus more
- 50-59 year olds are biggest users of cars
- Older people (particularly aged 70+) are more at risk of pedestrian road accidents than other age groups

## Healthy and Independent Ageing

- In Leeds, people aged 65+ live more years without a lifelimiting illness than other areas in England on average
- But a higher rate of under 75s dying from preventable cancer compared to the national and regional average
- Slightly higher rate of common mental health conditions in 65+
- About 8,500 people aged 65+ living with dementia, and who live in deprived areas are more likely to have dementia
- Proportion of people living with frailty is 3x higher in the most deprived area of Leeds than least deprived
- Half of 75+ in Leeds were physically inactive in 2020, sharp increase due to Covid19

## Active, Included and Respected

- 1 in 8 Leeds households comprise of one person aged 65+ living alone – same as national average
- Loneliness and isolation is an issue among older people figures suggest loneliness in age 55+ slightly below national average
- Covid-19 shielding potentially increased loneliness, but Neighbourhood Networks attempted to reduce the impact of the pandemic
- Only about half of those aged 65+ own a smartphone compared to 98% of those aged 16-24 (nationally)

## Public and Civic Spaces

- Leeds has more accessible green space than national average
- But little accessible green space in inner deprived areas of the city
- Most older people in Leeds believe the city to be safe
- Around 1 in 5 people who complete surveys by local museums and art galleries are aged 65+, suggests good usage

# Project details

**Project number: HEALT02-8990**

**Location: S:\ProjectFiles\C\Centre\_for\_Ageing\_Better\HEALT02-8990\_State\_of\_ageing\_in\_leeds\Reports\State\_of\_Ageing\_in\_Leeds\_Report\_V3f.docx**

**Date: 2 February 2022**

**Report status: Final**

**Approved by: Kay Silversides**

**Authors: Georgina Culliford**

**Comments: [georgina.culliford@garesearch.co.uk](mailto:georgina.culliford@garesearch.co.uk)**

This research has been carried out in compliance with the International standard ISO 20252, (the International Standard for Market and Social research), The Market Research Society's Code of Conduct and UK Data Protection law.

## **Address**

Qa Research,  
Merchant House,  
11a Piccadilly,  
York, YO1 9WB  
01904 632039

[www.qaresearch.co.uk](http://www.qaresearch.co.uk)

Company registration: 3186539

