

# What matters to you?

## Current experiences of people aged 50 or over in Wales

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August 2024  
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# Contents

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<b>About this research</b>	<b>3</b>
<b>Current experiences of people aged 50 or over</b>	<b>4</b>
<b>Access to healthcare</b>	<b>4</b>
• Getting to health appointments	6
• Accessing GP surgeries and appointments	9
• Access to treatment and ongoing checks	10
• Access to surgical procedures and in-patient care	11
• Access to dental services	12
<b>Accessing social care</b>	<b>13</b>
• Challenges - those needing social care for self comparison	18
<b>Current challenges</b>	<b>20</b>
• Impact on mental wellbeing	21
• Impact on physical health	24
• Isolation and loneliness	26
• Transport	28
• Blue badge applications	30
• Housing	31
• Bereavement and grief	33
• Scams	35
<b>Unpaid carers</b>	<b>37</b>
• Unpaid carers accessing health and social care	38
<b>Living with disabilities</b>	<b>39</b>
<b>Armed Forces Veterans</b>	<b>41</b>
<b>Employment</b>	<b>44</b>
• Ageism in the workplace	47
<b>Communication</b>	<b>48</b>
• Digital inclusion	48
• Representation in society and discrimination	51
<b>The year ahead</b>	<b>53</b>
• Looking forward to	53
• Challenges in the year ahead	55
• What might help	57
• Getting back out and about	59
<b>Finance</b>	<b>62</b>

## **What matters to you?**

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## About this research

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During March and April 2024, Age Cymru worked in partnership with the four national older people's organisations to understand what really matters to people aged 50 or over across Wales, and what they need to live happy and fulfilled lives.

More than 1300 older people told us their views by completing our survey online, offline via paper copies or by telephone, or wrote to us directly about their experiences. Almost 20% of the surveys were completed offline, which is a 50% increase on last year.

Ages ranged from 50 to 99, with 35% of respondents over the age of 70. 4% of respondents identify as gay, lesbian, bisexual or prefer to self-describe, and 5% of respondents describe their ethnicity as Black, Asian or other Minority Ethnic. 34% of people told us that they live alone. 67% of respondents identify as female, 5% less than last year and 31% identify as male, 4% more than last year. 1 respondent prefers to self-describe, and 2% of respondents prefer not to disclose. 3 respondents identifying as trans, with 5% preferring not to say. 29% of people who responded to us live with a disability, 1% more than last year and 7% of people served in the Armed Forces.

We received responses from every local authority area in Wales.

This year we asked older people what their preferred language was, with 85% telling us that it's English, 6% Welsh, 1% Gujarati, 1% Arabic and 4 respondents Urdu. Other preferred languages by individuals are Spanish, Bengali, and Portuguese. In addition, 4% of respondents told us that they were bilingual, with the most highly reported being Welsh and English at 2%, the other bilingual languages were Gujarati and English, Urdu and English, Arabic and English, Chinese and English, Dutch and English, Spanish and English, German and English, Swahili and English and one person who was trilingual. 5% of people told us that they can't access services or information in their preferred first language.

This was the fifth national survey that we've carried out together since the beginning of the pandemic in March 2020. It's crucial that we hear directly from people aged 50 or over as we know that older people have been disproportionately affected by the pandemic, and the ongoing cost of living crisis, and we need to ensure that their voices are heard and continue to be heard.

This report is a snapshot of the experiences and views of people aged 50 or over in Wales. It provides evidence of the specific needs of older people; reflecting a diversity of views and experiences that policy makers and practitioners need to take into account when considering what should be done to ensure that older people can live well in the coming year, and beyond.

This research has been funded by Welsh Government. We're grateful to everyone who responded to this research and thank them for sharing their views and experiences.

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# Current experiences of people aged 50 or over

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## Access to healthcare



**More than a third** of older people told us it was ‘difficult’ or ‘very difficult’ to make healthcare appointments

Older people’s ability to get the healthcare they need at the time they need it, makes all the difference in their ability to maintain their good health, improve it after illness or injury or prevent deterioration.

Of those that told us it was ‘very difficult’ to make healthcare appointments, many of these difficulties were about getting through to and making GP appointments. We also heard from those who struggled with communicating the urgency of their issues over the phone. We heard about long waits for appointments with local practices, routine check ups, diagnosis and follow up appointments.

We heard about the extra pressures on older people having to travel across Wales.

“Husband has had to travel to 6 different hospitals length and breadth of Wales for his cancer treatment. Waiting times for hospital referrals for important services like vision.”

This year 9% of older people told us they had tried to access healthcare but hadn’t been able to get the support they needed. This has reduced slightly since last year (11%). Those that completed our online survey were a third more likely to say it was ‘very easy’ or ‘easy’ to make appointments.

“Drive to only allow “e” appointments via an app for which photos and other inputs are required, but which relies upon significant knowledge of operating systems across platforms.”

Of those that found arranging appointments ‘easy’ or ‘very easy’, we heard that these were often repeat appointments or were made on online booking systems.

“Use NHS App and other online services to access healthcare, pharmacy etc.”

### What matters to you?

Though many found the process via these methods easy, significant numbers also told us that they couldn't get appointments early enough and for some this caused the need for blue light services.

“Impossible to get an NHS dentist, system for getting GP appointments impossible. (A case of “please remain on the line, your call is important to use for as long as your wait can be tolerated”) A&E is now the default option.”

We also heard about a range of issues from access to preventative care, right through to emergency services. We heard how not being able to get through is impacting older people's physical and mental wellbeing, and how emergency care isn't there when it is needed.

“It feels impossible to get the help you need, and while waiting your health gets worse and worse making everything more difficult & ruining your quality of life.”

For those that had navigated the system through to diagnosis; extremely long delays for treatment and surgery whilst trying to cope with pain, symptoms and immobility forced some older people into private care.

“Had to go private for hip operation as was told would not be seen by consultant for 6 months and even if I was seen would not be operated on until at least 4 years.”

For those that got the care they needed at the right time, it was highly valued.

“Access when needed for suspected cancer diagnosis was very easy & joined-up between primary and secondary care via a 2 week pathway.”

A common theme as with previous surveys is older people feeling they get treated differently because of their age.

“As I am 64 I feel let down. My GP puts osteoarthritis down to age, smears are soon to stop and mammogram are soon stopping. If you are older you don't count.”

## Getting to health appointments



**A third of older people find it hard to get to healthcare appointments**

“How easy would it be for you to use a bus if you’re very sick or unable to walk?”

This year we asked an additional question about how people are able or not, to get to health appointments. Qualitative analysis of responses shows around a third of older people find it hard to get to healthcare appointments. Older people are less likely to own a car or be able to drive themselves and so are more reliant on punctual public, community, health transport services, as well as getting lifts from friends and families.

For the majority of those that found it relatively easy to get to appointments, it was where healthcare was close to their homes or connected to public transport.

“Very good local services by me, including a local cottage hospital.”

We heard numerous issues from those that cannot drive themselves to healthcare and how increases in earlier and later appointments are not accessible by public transport. This means that many older people are relying on the availability of friends and family when they are not eligible for other help with travel, especially when distance to appointments is increasing.

“Had to travel a long way to hospital appointment. Needed to ask for a lift from my partner. Would have been very difficult by public transport.”

Changes in availability in public transport has already made it difficult for some people to get to health services they need.

“The bus I use to go to the GP has been cancelled.”

Sudden illness or injury can often mean people's usual method of travel can change and this can be difficult to navigate when unwell. For those that have been bereaved, this can mean a loss of more independent travel.

“When my husband was around he would get me to appointments. I struggle now as I have to depend on my family or relatives to get me to appointments. My children work and are busy with their own lives. I struggle as I have to use public transportation to get to my appointments.”

We heard from older people with limited mobility about how public transport isn't a practical option, especially for those on low fixed incomes.

“The public transport has become very expensive and with the cost of living it has become unaffordable. I cannot walk a lot as I am disabled and it becomes difficult for me to get appointments.”

For a few, the cost means they are cancelling appointments they need.

“Cancelled hospital appts as unable to afford the cost of travel & parking for the 90 mile round trip.”

Increasing numbers of older people are living with multiple health conditions. Their ability to attend a range of appointments is vital to improving and maintaining health. Having to go to different settings is very difficult for many older people.

“One time I was waiting for 3 different appointments. I got 3 letters through the same week with all 3 appointments on the same day, but in different health settings. I am a busy man. It takes a lot of time for me to rearrange everything when departments don't talk to each other.”

For those that are eligible for non-emergency patient transport services, poor punctuality is a major concern as this can result in appointments being missed. Missed appointments are forcing some to use taxis. As services move further from older people's homes this is an increase cost of being unwell felt disproportionately by older people.

“I usually need ambulance for some appointments and they don't turn up on time, I get stressed about missing app. Now I take a taxi, which to main appointments are a distance and cost me over £40.00 for the journey there and back.”

For those that are able to drive themselves or get lifts with loved ones, the distance from parking to the appointment can be an issue.

“Disabled relative accessing Llandough or UHW is difficult at peak times, not enough parking close entrance.”

## What matters to you?

Changes in health care from overnight stays to day services mean older people struggle to get home.

“Not all hospital appointments, take into account people [don’t] have transport, or someone to accompany them when needed. Have had to have both type of endoscopy, several times but can’t have sedation. With advent of day surgery, can only have sedation if you have suitable transport or someone with you. Not just distressing emotionally and mentally, but physical recovery takes longer.”



### **What matters to you?**



## Accessing GP surgeries and appointments



**The proportion of older people accessing GP services has increased.**

Last year 78% of older people told us they had accessed GP services. This has increased to 91% this year. As with previous surveys, many had negative experiences of 8am 'first come, first served' appointment systems and appointment times not being long enough

“It is pointless trying to contact the GP. Firstly is the difficulty of getting through by phone to make an appointment. Secondly is the shortness of the appointment, impossible to discuss everything.”

We heard from older people who felt 'phone appointment first' systems were delaying access to the care they need, and from some who are put off from trying to get the care they need until issues become urgent or require an emergency response.

“System for getting GP appointments impossible. (A case of “please remain on the line, your call is important to use for as long as your wait can be tolerated”) A&E is now the default option.”

Older carers told us how difficulties with access mean they don't have time to address their own health needs.

“Nearly impossible to get doctor's appointment, it took over 3 weeks last year to get through to doctor's surgery to get an appointment for my wife, and I have given up trying for myself, I just suffer in silence.”

## Access to treatment and ongoing checks

Many older people told us of the difficulties they have in making and keeping appointments. Postal delays mean some older people are missing appointments and struggling to get through by phone.

“Difficult to get through on the phone to the correct department at the hospital. The Appointment arriving in post after the date of the scheduled appointment.”

We heard concerns about how routine checks have a much longer time frame and so conditions can worsen in the meantime, one person told us that their 6 monthly cochlear implant check is now two years, and others told us of long waits for MRI scans, and delayed or reduced services for those living with diabetes.

“Podiatry service has been cut for diabetics so I am in constant pain in my feet.”



### What matters to you?

## Access to surgical procedures and in-patient care

As in previous years, delays in getting the help they need is affecting many older people across Wales. We heard from some older people that had been able to get the care they needed but from many more who were still waiting.

“It’s hard since services prioritise emergencies but my problem is an emergency for me. It’s a never ending story.”

We heard from older people that understood they may be waiting but are appreciative of being able to get updates on how long they are likely to wait.

“I may have had to wait a few weeks for various appointment systems but I was always moving and able to see or speak to someone in the system.”

We again heard from many older people who have had to pay privately as the waits are too long.

“Urgent referral for eyecare but never received contact from hospital. Had to pay privately or lose sight.”



## Access to dental services

The proportion of older people that have been able to access dental services has reduced since last year.



**Last year almost 70% of older people told us they had accessed dental services but this year it is 59%**

With more older people finding the cost of living a challenge, paying privately for dental care is more difficult. We heard again of the closure of NHS dentistry services and high costs of private dental care.

“My dentist has retired (NHS). No replacement - and little hope - so I’m having to go to another private practice as a private patient. Very unsatisfactory and costly.”

We also heard that some of those that are having to seek private dentistry are now waiting for private appointments.

“There is no NHS Dentistry in my area & I had to go onto a waiting list to get private dental care.”

For those who still had an NHS dentist, we heard of delays in getting appointments.

“I can get an appointment at the dentist but have to wait months for it.”

## Accessing social care



**16% of older people** told us they had tried to access social care in the last year

3 in 5 (60%) told us they had asked for help for someone else, with the rest needing help for themselves. 58% told us they provide unpaid care for at least one person.

Those accessing social care were more than three times more likely to say their physical health was very poor and more than twice as likely to say their mental or emotional health was very poor.

Those needing help from social care were twice as likely as those who told us they didn't to say that abuse had been a challenge in the last year (5% of those that needed social care compared to 2.5% of those that didn't).

Those that told us they had tried to access social care were more than twice as likely to say they had not had their rights upheld in the last year. People told us that it was a disappointing experience and they felt unheard and misled. Many of the concerns we heard were on delays in access to the help they needed.

“After I was recently discharged from hospital, had no social care support in place despite being discharged with a care package. After a complaint by Women Connect First, carers started attending but they don't come on time, and I have to keep complaining. No urgent occupational therapy and assessment completed and I had to access support from Women Connect First.”



**More than half** said it was ‘difficult’ or ‘very difficult’ to access the social care support they needed

Many told us of delays in accessing care, and issues with getting social services to understand the urgency of their concerns for loved ones.

“Social services assessment for my mother by council- not possible at the moment but on the list. No carers available so family step in.”

Others also told us how hard it was to navigate social care systems and of the excessive bureaucracy – from simple aids to ongoing care.

“Very difficult to navigate health and social care following hospitalisation. Replication of services like OT for instance is confusing. When people are faced with a crisis the last thing people need is a complex service to try to access the care they need.”

We heard how hard it is to get through to the right people to get the right help.

“Nobody seemed to be able to tell me where to access any information.”



**Just over half** said they got the social care support they needed

Many of those that told us they had got the help needed explained that they had found care privately.

“Obtained self-funded carers for an elderly relative.”

We heard how good communication with health and social care helped with the transition out of hospital.

“From the day my partner left hospital the social care has been excellent.”

### **What matters to you?**

Those that told us more detail often explained how the process was simple for less complex needs.

“I had help from Occupational Therapist.”

We heard how much a good relationship with an accessible social worker really helps.

“My dad’s social worker us just the best always there with an answer and very helpful.”

Some older people told us how they had been directed towards third sector services for the help they need.

“Age Cymru came and assessed my needs and helped me greatly.”





**44% of older people** told us they have to contribute towards the cost of their social care

We heard of care assessment delays that meant that care was sought privately as families could not wait.

“It took so long, she died before any assessment was made. She ended up having to go into a care home. We had to pay the full amount privately.”

We heard of difficulties in arranging own carers and having to use parent’s savings to fund this.

“I had to find and arrange my own carers and agree the hourly rate with them. Not that I could pay less than what the carts charged, as it is so difficult to find suitable and available carers. I had to use my parents money to pay for the care they so desperately needed.”



**28%** said it was ‘difficult’ or ‘very difficult’ to understand social care charges.

We heard from some given incorrect information and from others that didn’t get enough information about charging

“Very unhappy with the lack of information regarding care and charging arrangements.”



For those that told us it was easy to understand charging arrangements, some told us it was simple as they were too poor to pay and some told us they had support from third sector organisations.

“Supported by Gorwel support worker.”

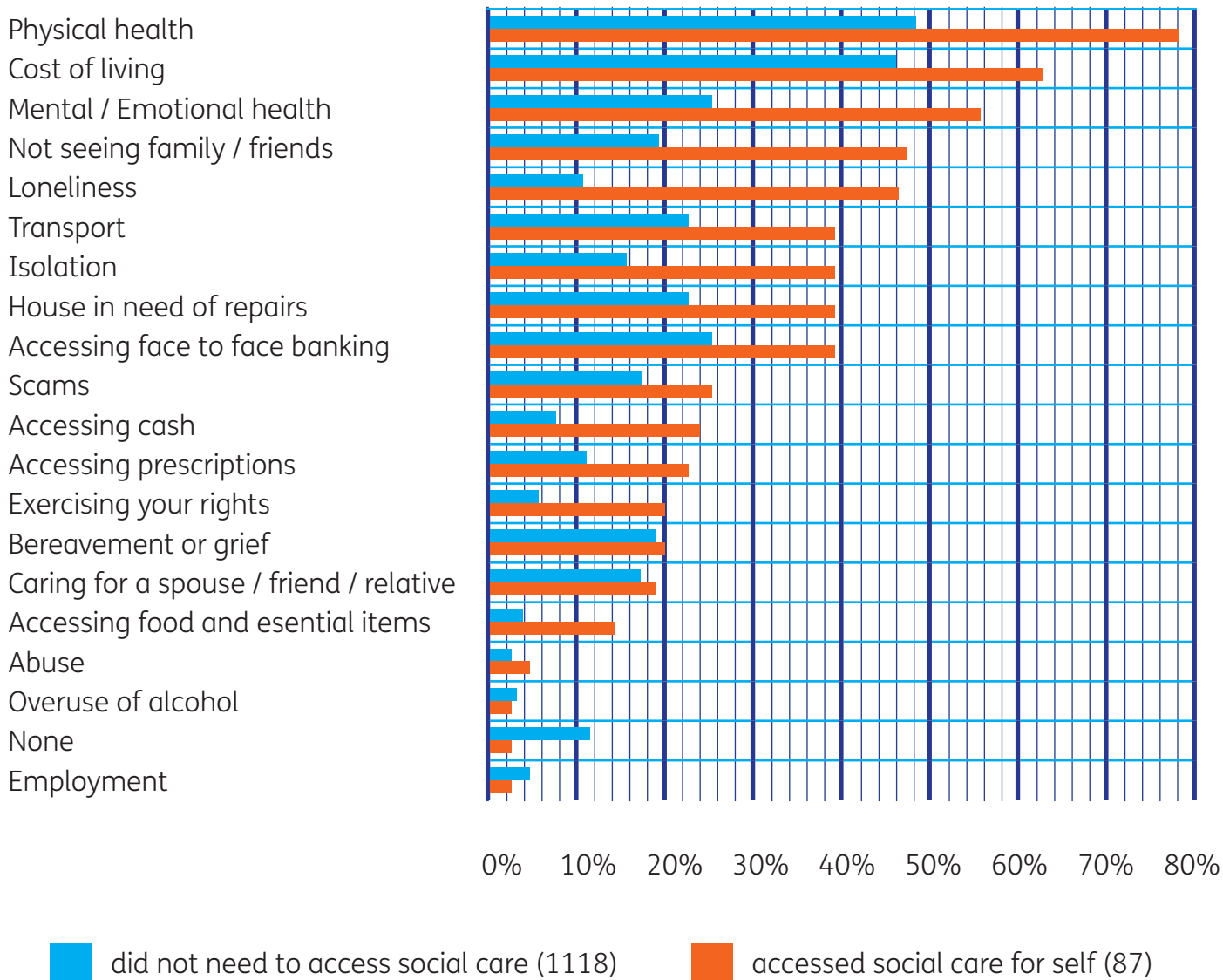


**What matters to you?**

Those accessing social care faced increased challenges over other older people.

The chart below breaks down how those needing social care for themselves are frequently struggling with other areas of life.

## Challenges - those needing social care for self comparison



The challenges over the last twelve months of those who needed care for themselves and those that needed care for someone else were somewhat different.

Those needing social care for themselves were far more likely to say loneliness; their mental health; their physical health and not seeing friends and family has been a challenge over the last 12 months. They were also more likely to say that isolation, the cost of living, their house being in need of repairs, transport and accessing cash were challenges. They were also more likely to struggle with accessing their rights, face to face banking, and accessing food and other essential items.

### What matters to you?

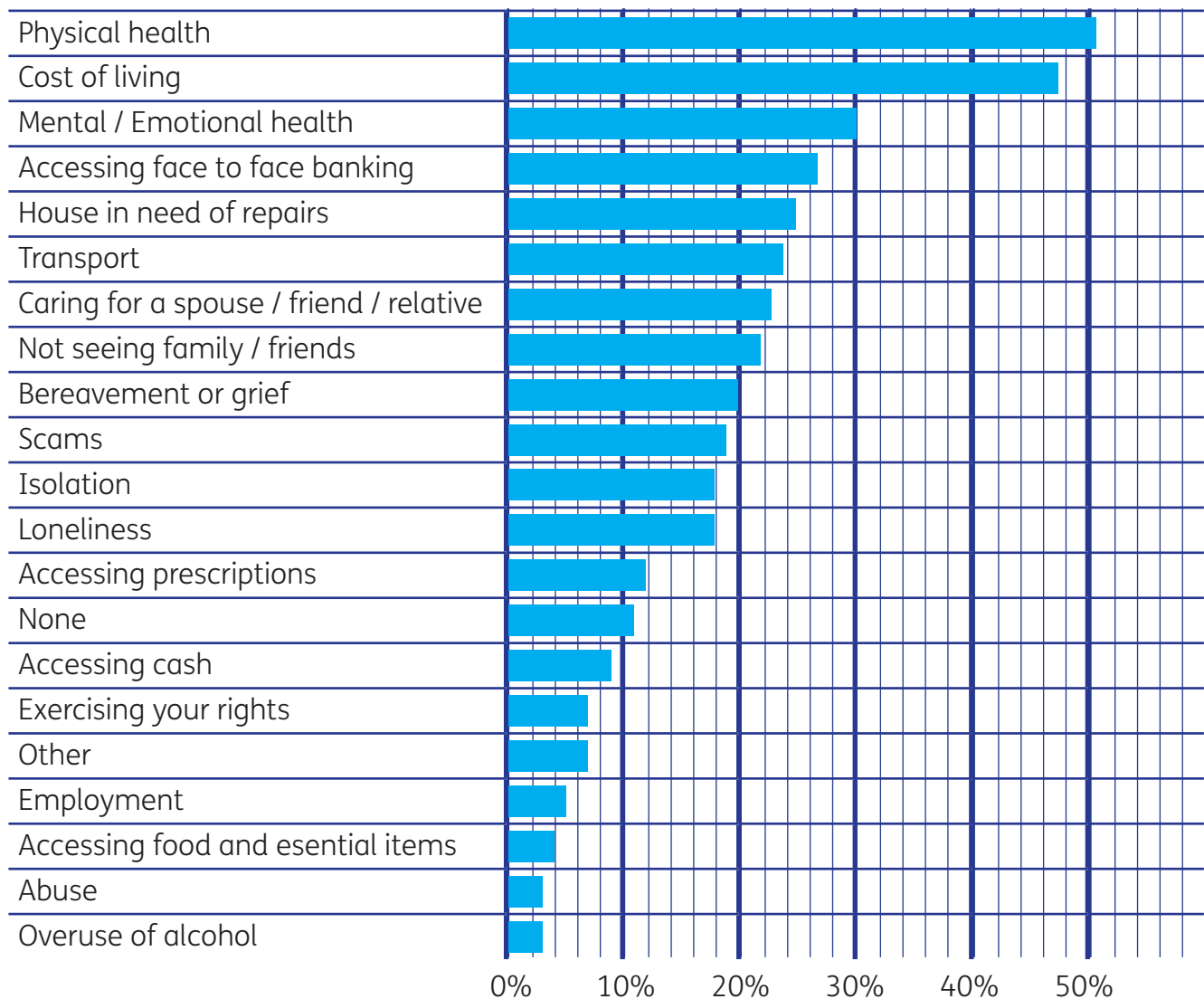
“I seem to have become reclusive, I don’t really feel part of community any more, I am very often tearful of late.”

Those needing to access social care for someone else were far more likely to say caring for someone and their mental/emotional health had been a challenge. They were also more likely to say exercising their rights, their house being in need of repairs, loneliness, and accessing face to face banking had been a challenge.

“My husband had a stroke so I have had to give up a job I loved and now have less income and feel quite isolated after being used to working full time. It is difficult to know what we are entitled to and as he did all the bills and banking they are all in his name so difficult to sort out.”



## Current challenges



For the second year in a row physical health at 51% is the most highly reported challenge of the past 12 months, this has jumped up 15% from last year. Cost of living is close behind with 48% of people reporting that this was a challenge. The next two highly reported challenges are mental/emotional health at 29% of respondents, an increase of 9% from last year, and access to face-to-face banking, at 27%. There has also been an increase in challenges with transport from 18% to 24%, and an increase in experiences of scams, up to 18% from 12% last year.

## Impact on mental wellbeing



**30% of older people found mental/emotional health a challenge in the last 12 months**

This figure represents a startling increase of 9% from 2023, with around 18% of people feeling as though their mental health had significantly worsened in the last year.

While concerns around Covid-19 have diminished, new issues have emerged that are impacting upon the mental health of people over 50. Chief among these is the increased cost of living, including its impact on pensions, fuel prices and the cost of public services.

“I worry about prices rising, council tax increases and cuts to public services. I worry about all the public toilets being shut. How can you go out for a day if there are no public toilets?”

A significant number also reported growing anxieties about the political situation, whether in Wales, the UK or worldwide. This included recent decisions made by the Welsh and UK Governments, as well as fears around global issues such as the climate crisis and the war in Ukraine.

“I do worry a lot about the world’s problems - wars, climate change and so on - and I have become more stressed and apprehensive than I used to be.”

Other causes of poor mental health were more familiar. As in previous years, there was a strong link between poor mental health and physical illness or disability.

“At times, I am not able to get out of my bed or house due to the constant pain and ache in my body. This really has a bad impact on my mental and emotional health as I need to get out and socialise with people to prevent my severe mental health problems from becoming worse.”

A lack of access to treatment for physical health problems – whether due to delays in appointments, limited transport options, or other factors – only heightened feelings of uncertainty about when they would receive help. This added further pressure to their existing struggles with poor mental health.

“Knowing that it’s probably two years before I will get treatment is soul-destroying.”

A significant minority of those who reported poor mental health were unpaid carers. Day-to-day stress, loneliness and the increased cost of care were all cited as causes of mental health difficulties among those with caring responsibilities.

“My mother-in-law’s mobility has been much worse over past year. Her health has also deteriorated, and this has put a big strain on us.”

Of those who had struggled with their mental health in the last year, more than a quarter had experienced a recent bereavement, whether of a partner, family member, close friend, or pet.

“Lots of my friends have died recently and I feel so lonely. I have little self-confidence and am so sad. I don’t know where to go for help.”

A small number reported physical and mental abuse as a cause of poor mental health. This included ongoing instances of abuse by a partner or family member, as well as trauma linked to abuse in the past.

“I have PTSD related to historical trauma, but with the support of family and friends I manage it well.”

The relationship between people’s working lives and their mental health was mixed. For some, work gave them a sense of order and kept them physically active, contributing to good mental health.

“My mental health is not as good since retirement as I miss the structure of work.”

Others found work physically and mentally exhausting and were looking forward to retirement as a chance to regain mental stability.

“Due to not having the stress of going to work anymore, my mental health has improved.”

There were also some positive stories to emerge from this survey. Firstly, despite the increase in people struggling with mental health, a firm majority still reported that their current mental health was either good (55%) or very good (23%).

Those who did report positively often linked good mental health to physical activity and maintaining close links with family and friends.

“Been a hard year emotionally but I have good family and friends.”

Several also reported a positive impact from volunteering or joining community and faith groups.

“I now volunteer so have a lot more contact with people, which has improved my mental health.”

There were also encouraging signs that people are becoming more aware of strategies for taking care of their own mental health. Ideas mentioned in the survey responses included meditation, journaling, and cognitive behavioural therapy (CBT).

“I take good care of my mental health. I am a reflective person and use journaling and meditation as tools to address fears and anxiety.”



## Impact on physical health



Physical health has been a challenge for **51% of older people** in the last 12 months

Half of respondents told us that they had struggled with their physical health over 2023-24 – a 15% rise on last year’s figure (36%), and the most frequently reported challenge. Overall, 31% felt that their physical health had worsened during the last year, while only 8% felt that it had improved.

28% of older people told us their health was poor or very poor and 31% of older people overall said their health was worse than a year ago.

The kind of health problems experienced by respondents varied, with many reporting multiple overlapping issues at the same time.

“I suffer from arthritis which makes walking long distances difficult. I have had a long bout of stomach trouble and have suffered with fatigue too.”

As with previous surveys, many people reported that their health had worsened because they struggled to access healthcare. This included delays to hospital treatment as well as difficulty accessing GP surgeries for routine appointments.

“On a 999 call for a stroke, I was told it would be a 4-hour wait for an ambulance. I ended up waiting 12 hours through the night. The last time I phoned an ambulance I was told it was a 6 hour wait, so I drove [my husband] to the hospital and waited all day and night until he was given a temporary bed the following night. It was exhausting and unacceptable.”

Unpaid carers told us how difficult it can be to maintain health and wellbeing.

“I am 76 years old and the sole carer for my husband. I don’t drive and this causes many problems. We are looking for a care environment where we can live independently but have access to care when needed. Most are too expensive for us.”

Others noted that the closure of preventative services such as dentistry and podiatry was impacting on their physical health, particularly if they were unable to afford private treatment.

“I was unable to access the continuing treatment needed to get dentures. Eventually after about 18 months without any dental treatment at all, my health deteriorated. I experienced pain when eating and became iron deficient.”

### What matters to you?



Some mentioned that the higher cost of living was affecting their physical health. For example, people reported struggling to buy fresh food, or being unable to afford to adequately heat their homes in winter.

“I am diabetic and can’t really afford good quality food.”

Poor housing conditions were also raised as a health hazard, especially by renters.

“I live in a damp house with mould on the walls and on a busy road with a constant traffic flow - I would attribute my worsening asthma to these environmental factors.”

One in twenty reported being concerned about falling. Some linked the likelihood of a fall to the built environment, citing a lack of lowered pavements, handrails and lifts in buildings as increasing the risk of a fall.

“I know I should exercise or walk more, but I live in a village with no paths or pavements.”

Of those who reported being in good physical health, many attributed it to their own actions, such as doing more exercise and eating well.

“Eating a balanced diet and walking daily helps tremendously.”

There was also some praise for follow-on care from the NHS, which led to long-term positive changes in a person’s life.

“I attended a pain management course run by the NHS, which has helped somewhat. This led on to fitness sessions at the local gym.”

## Isolation and loneliness



**18% of older people** told us that loneliness and isolation was a challenge in the last 12 months

This is an improvement on last year, when 21% of respondents reported that they had struggled with loneliness. Notably, mention of the Covid-19 pandemic featured less frequently in responses, as many people are getting back into the normal pace of life after several years of disruption.

However, like last year, we heard that many people with disabilities or long-term health problems are still unable to socialise regularly or even get out of their homes without assistance. 69% of those who struggled with loneliness in the last 12 months had also struggled with their physical health.

“I’ve lost so much of my independence in the last few years it drives me mad. I’ve always been very stubborn, and this loss of independence has impacted on my mental health too.”

In some cases, people who were unable to leave the home regularly experienced a loss of self-confidence, further impacting upon their ability to overcome loneliness.

“My level goes up and down – one day good, another day lack of confidence and motivation. Sometimes I admit this holds me back - I never used to be like this.”

Bereavement was another major cause of loneliness among older people, often linked to the recent loss of a partner, close relative, friend or pet.

“My husband passed away suddenly. It was very shocking and hard for me to come to terms with. I was completely dependent on my husband for all my day-to-day needs. [...] I felt lonely and isolated, my health deteriorated, and it has taken me a while to recuperate.”

A few respondents also reported feeling lonely following a split from their partner or serious disagreement with family members.

“I’ve always been seen as the strong one in my family and community. After my marriage broke down 2 years ago and my mother’s care needs have increased, I feel lost.”

### What matters to you?

We also heard how physical isolation – often exacerbated by rural locations and poor public transport options – increased a sense of loneliness and removal from society.

“It’s been a tough winter with public transport issues and very wet weather. It isolates people.”

However, isolation and loneliness are not always linked. Several people reported feeling lonely despite living with others. For example, those with caring responsibilities sometimes felt lonely because they had no time to socialise with people outside their home. Those who were caring for people living with dementia likewise reported feeling lonely because they were unable to communicate clearly with the person they looked after.

“I’m caring for my mum with dementia. I feel a bit lost without someone to talk to.”





### More older people found transport a challenge than last year

24% of respondents told us that transport has been a challenge in the last 12 months, which is an increase of 6% from last year. Transport challenges were mostly related to public transport, with the majority focusing on public buses, although poor public train services were cited a number of times. Issues with transport were recorded across all local authorities in Wales, impacting both rural and urban areas.

“The public transport system in some parts of Cardiff is appalling and this affects many aspects of life - getting to professional meetings, visiting people, volunteering, socialising and taking part in hobbies or attending events.”

13% of older people said that public buses were their main form of transport. Cuts to bus services and less frequent and/or unreliable services can impact on older people’s ability to access services and communities.

“Our bus services locally have been cut to a bare minimum, some services on our main road are about to be cancelled permanently X1 bus to Swansea and Bridgend via main road to Port Talbot. Sunday service no longer exists.”

A lack of bus services in the evenings impacted on people’s ability to join in social activities.

“No buses after 5.30, so going out in the evening is difficult.”

Less than 1% of respondents said that train was their main method of transport. People told us about frequent train cancellations which can put people off using the services.

“At the moment going to Cardiff by train is easy but coming home is a nightmare with many train cancellations, it makes me reluctant to use the train.”

We also heard about a lack of integrated transport in some areas between various bus routes and also between trains and bus services.

“Lack of coordination between transport services - have long waits between services, for example, between bus arrival and train departure.”

76% of older people said that driving themselves was their main method of transport. In some rural areas a car was the only option as no public transport options were available.

“I live in a rural area, no local public transport, no option other than driving.”

For those that drive, we heard various views about the 20mph speed limit.

“The roads have become so busy - I’m tailgated a lot more for trying to travel slower on 20mph roads, it’s scary.”

“The 20mph speed limit has made our local roads generally safer.”

We also heard about the cost of parking, and a lack of blue badge parking in some areas.

“I live alone. Can only walk VERY short distances. Disabled parking is poor!”

A lack of public transport can affect people’s independence if they are no longer able to drive.

“Health conditions have restricted my physical activity, including being stopped from driving for a few months. Lack of public transport options severely restricted my independence and opportunity to do things I enjoy.”

Some people also had concerns about the cost of running a car where no other transport options available.

“Bus service hopeless. No taxis local in rural area. Cost of running old car increasing.”

We heard that it can be difficult to get taxis or assisted transport in some areas, and also wheelchair accessible taxis. A respondent also told us that it can be difficult for those with a wheelchair to use public transport.

“I use our car for most journeys as public transport is irregular and also difficult for my wife who is a wheelchair user.”

## Blue badge applications

When respondents were asked if they had a blue badge (which help people with disabilities or health conditions park closer to their destination), 18% answered that they had a blue badge, 71% answered that they didn't need one, and 11% said that they needed one but found it too difficult to apply for.

Older people told us of the long wait times for applications or renewals, and delays in getting supporting evidence for the application, with one person who had been waiting several weeks get support from their GP to verify the application to the council.

“My husband has had one for some time as he has severe health difficulties, we applied for renewal (it expired 8/1/24, renewal application started in November 24) and being stumped at every turn, still waiting.”

We also heard about the difficulties of applying for a blue badge for those not online, one older person told us that their wife was eligible for a blue badge but couldn't make it to the council offices. Others experienced delays due to needing to source a paper copy.

“I didn't want to have to apply online. Recently managed to get paper copy sent to me to fill in. Have not done yet as need to get photo.”

We also heard from older people who were put off applying as they didn't feel that they would be eligible.

“Mobility is becoming a problem but I don't think I would qualify.”



### What matters to you?

## Housing



### Nearly a quarter of older people told us that their house was in need of repairs

This was the same as last year. For those who owned their own homes, key issues were the costs of repairs and maintenance, which for many were unaffordable.

“My house is nearly uninhabitable because I cannot afford the repairs.”

We heard about difficulties in getting help with repairs, knowing who to contact, and finding trustworthy and reliable tradespeople.

“Difficulties in accessing the right people to attend to various house repairs eg. roof leaks, recent malfunction of gas fire, etc. Also not knowing who to ask for advice.”

Some people told us that they needed help with maintaining their garden but had problems in finding people that could help.

“A gardener who would do what I want with the garden, as and when it is required. These people are not easy to find.”

Issues raised by those who rent privately included problems with damp and mould and high cost of rent.

“I do not think I will be able to live on just my small pension and state pension as my rent will take most of it.”

Issues raised in social housing included long waits to be rehoused when accommodation has not been suitable, for example medical needs. We also heard of some problems with damp and mould.

“Social re-housing. My situation with my social housing has been really challenging as it is unsafe and not suitable for our medical needs. We have been waiting for several years and it has affected my marital relationship as it is unsafe for my husband to live with me at our house as he has had several falls and fractured himself.”

For those buying their own homes, we heard of issues around mortgages, such as difficulty in getting a mortgage and in keeping up mortgage payments.

“The cost of living is an issue but for me the main problem is due to my circumstances I have a mortgage. It’s a struggle getting one because despite my pensions that are guaranteed, I am not considered a good risk.”



### What matters to you?



## Bereavement and grief



**20% of older people found bereavement or grief a challenge in the last year**

There has been a slight decrease in the number of people who reported finding bereavement or grief a challenge in the last twelve months, with one in five (down from one in four) having difficulty coping with a loss.

In some cases, the respondent had lost several people in a short space of time. Most of those that died were partners and close family members or friends.

“I lost two close friends in one weekend. One of them was unexpected and that hit me badly.”

For many, it was the suddenness of bereavement that had the greatest psychological impact, as they had been unable to prepare themselves mentally or physically to deal with the loss.

“A very close friend and neighbour died very suddenly recently and I’m finding it difficult coming to terms with him not being there.”

We heard how many of those who had lost a partner suddenly had struggled to adapt to living alone. This was particularly true for those with caring needs, those who were unable to work, or those who had traditionally split day-to-day responsibilities with their partner.

“After my husband’s death, it has been very difficult for me to cope. My finances have been affected and I can hardly afford things with this inflation and cost of living crisis going on. My rehousing application was not accepted, stating arrears from 5 years ago that I was not even made aware of. It has been very difficult and challenging for me.”

Some respondents experienced bereavement from losing contact with someone, rather than from their death. We heard how some people felt a sense of loss when family drifted apart, whether due to divorce, disagreements or emigration. Others remarked on feelings of loss and guilt after a close relative moved to a care home.

“My husband went into a nursing home 5 months ago, after me caring for him for the last 14 years. The sudden change in my caring role was very difficult to deal with, as was the feeling of being a failure due to not being able to continue caring for my husband.”

Grief was not limited to human loss. A small number of respondents reported feeling a sense of grief at the death of a pet, particularly if the animal had been part of their lives for a long time.

“Lost family and friends and pets. Generally feeling hopeless and unhappy.”

Encouragingly, a number of people mentioned that they had been receiving support from family or external advice on how to cope with grief and bereavement and reported success in working through these difficult experiences.

“I’ve been told I’m quite resilient and cope well with things. It helps to have close friends and family who I can share any problems with. If I needed external help, I would investigate counselling offered by charities.”



### **What matters to you?**

## Scams



**18% of older people told us that scams had been a challenge over the past 12 months**

Scams represent a growing problem for older people, with 7% more respondents reporting that they had been affected by scams than last year.

Many felt nervous about using the internet due to the growing number and sophistication of online scams since the pandemic.

“Feeling of vulnerability at the number of scam phone calls and online scams which invade my personal space.”

In response, some argued for greater public awareness of online scams and how to avoid them.

“Avoiding fraud and scammers is the biggest risk for older people online. Making it easier to identify what is genuine would be good.”

Traditional scam methods such as telephone scams also continued to bother many people, with some reporting scam phone calls 3 or more times per day.

“I’m afraid to answer the house phone because most calls are scams.”

Similarly, rogue traders continued to be a danger to many older people who were looking to have work done on their homes.

“I want to find information for services to help me with house problems and get repairs done without being scammed and over-charged.”

Some respondents had experienced scams where the criminal impersonated somebody else. This often meant impersonating a loved one via a text or online message, but in one shocking case the scammer disguised themselves as a police officer to steal money from a person living with dementia.

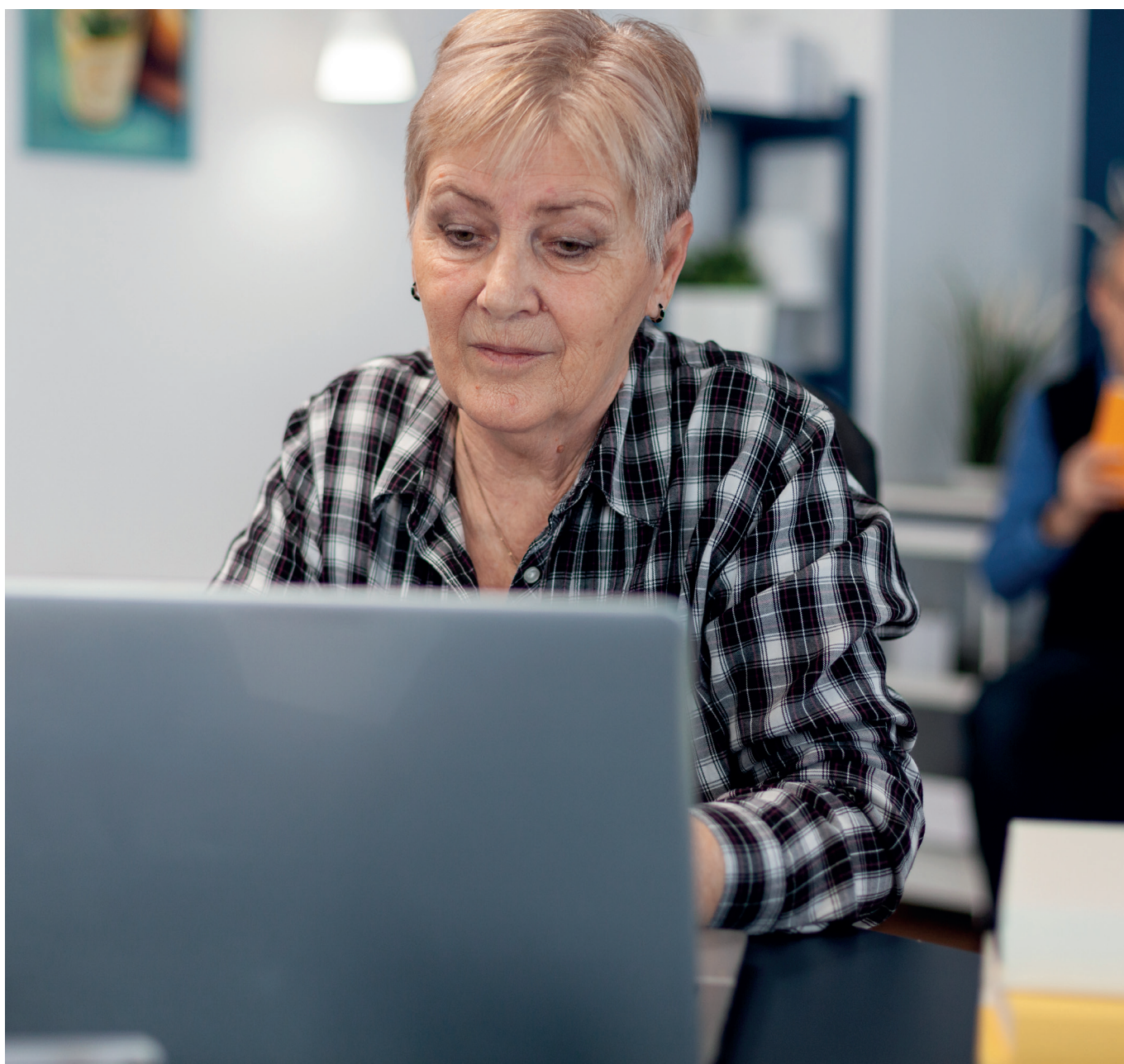
“My friend with dementia was contacted by someone claiming to be a police officer ... Fortunately I was there, but it took time for her to believe me over him.”

People reported mixed experiences when it came to taking action against scams. Some felt confident enough to tackle the scam themselves, before reporting it to the police.

“A scammer tried to get me to pay money into an account. Luckily, I knew the person they were claiming to be and phoned them directly. It’s now in the hands of the fraud squad.”

However, others struggled to communicate with banks when trying to stop a payment or claim reimbursement – a problem exacerbated by the closure of many bank branches.

“I lost a couple of hundred pounds to an Amazon scam. I reported it to Action Fraud and to my bank as soon as I realised the payment was pending, but the bank refused to cancel it after it was paid. They said I had to wait 3 weeks for the goods to arrive, which obviously they didn’t...”



### **What matters to you?**

## Unpaid carers



**More than half of unpaid carers** have increased the amount of care they provide in the last 12 months

32% of older people currently look after someone or give unpaid help or support to at least one person. This is a decrease of 5% since last year.

Those aged 65 plus make up the largest proportion of unpaid carers at 56%. This has changed since last year where nearly half of unpaid carers were under retirement age. The 50 to 64 age group of carers are 45% of all older unpaid carers.



**There has been a 50% increase** in the proportion of older carers that found caring a challenge in the last year

This has been going up but is the highest increase we have seen in recent years. 18% found caring a challenge in 2022, rising to 27% in 2023 and 54% this year.

Older carers were more likely to tell us that not seeing family/friends, accessing face to face banking, their house being in need of repairs, that their physical health is a challenge, or their mental/emotional is a challenge. They were slightly more likely to tell us they have a disability (32% for carers and 29% for all respondents). 5% of older unpaid carers told us they could not work due to their caring responsibilities.

One older carer summed up the range of issues that many older carers across Wales face:

“Lost older family members, had to care for a sibling due to health issues & lack of carers available [...] not being able to work, difficult to get doctors apps, blood tests, no NHS dentist [...] & no money, local banks closing, no local cash points. [...] No reliable bus service, not enough bus time journeys to access other towns from small rural village, not able to afford home broadband, food prices too high, high electricity cost.”

Older people told us how hard it can be to provide care for loved ones when they don't live close by as well as manage their own health,

“Two flare ups of arthritis in knees, very debilitating. Caring for 94 year old mother-in-law living over 100 miles away.”

### What matters to you?

## Unpaid carers accessing health and social care



**4 in 5 older people who asked social services for help were asking for help for someone else**

Less than 20% \*(19%) of unpaid carers told us they had accessed or tried to access social care in the last year.

We asked unpaid carers whether they had got the help they needed. Less than half (48%) of unpaid carers that answered this question said they hadn't.

“My mother died from dementia. I tried to get social care support for many years. The day she died two people turned up and did wash her. She died whilst this was happening. Her final days were chaotic, and in many ways shameful. A ninety year old person was made to endure the system to attend to her needs, which were not met. It leaves a very sour taste.”

In addition we found that more than a third of unpaid carers found it ‘difficult’ or ‘very difficult’ to arrange health appointments

“Health services are not always empathetic to working carers. Rigidity on appointments and not responding to emails stating they can only discuss things at time they call.”

## Living with disabilities

28% of older people told us they consider that they have a disability under the Equalities Act 2010. Of these, 71% were women and 29% were men. Older people living with a disability were more likely to tell us about numerous challenges over the last 12 months.

“I live in a rural area, there is no public transport anymore we are being closed down [...] I’m on a 7 year waiting list for a procedure on my back that wait time is 9 months in Swansea. I probably won’t be able to work in 6 months’ time because of the pain.”

They were more than twice as likely to say they’d struggled to access essential items and twice as likely to say isolation had been a challenge as all older people. They were much more likely to say they’d struggled to access prescriptions and getting cash, struggled with loneliness and physical health, had not been able to exercise their rights or that their mental/emotional health had been a challenge over the last 12 months.

They were also more likely to say abuse had been a challenge (5% in comparison to 3% of respondents who are not living with a disability) and 26% more likely to tell us the cost of living has been a challenge in the last 12 months.

“Mobility is getting worse. Have had to give up work and am struggling financially. Appears that I am not entitled to any benefits as I am not disabled enough for PIP.”

Older people living with a disability were 28% more likely to say transport was a challenge.

“Our bus services locally have been cut to a bare minimum, some services on our main road are about to be cancelled permanently [...] Sunday service no longer exists. Train services have been hugely affected by cancellations.”

And were 67% more likely to say their mental health had got worse over the last 12 months.

“I have been going through a lot of stress and anxiety, losing hope with the years we have had to wait to be rehoused. It has affected my mental health and my relationships. I am very unhappy and depressed.”

Only 19% of older people living with a disability felt that older people are represented well in society, compared with 30% of all older people that answered this question. We heard of the additional hoops that older people living with disabilities have to go through to survive financially

“I do not think [older people are represented well] as there seems to be a lack of understanding and sensitivity to difficulties that come with age. Recently struggled with a PIP assessment that was done two times and went on for nearly four hours despite all the medical conditions I suffer from and all medical evidence being provided.”



### **What matters to you?**



## Armed Forces veterans



**7% of older people** who completed our research are Armed Forces veterans

Ages ranged from 55 to 94, with 63% aged 70 or over. 75% of the veterans identify as male, and 25% identify as female. 27% of veterans who responded to the survey are living with a disability, and 38% live on their own.

In terms of reported challenges in the last 12 months, the most reported were equally cost of living and physical health at 50%. This was 2% more for cost of living, and 1% less for physical health in comparison to non-veterans.

One person told us that they had to use a food bank for the first time in the last 12 months due to dealing with the cost-of-living crisis and other costs related to their home.

“Looking after my aged parents trying to deal with cost of living, house needing repairs but no money for this. Having to use food banks for the first time.”

Accessing face to face banking and scams were next most highly reported challenges at 27% respectively. For accessing face to face banking this was the same for non-veterans, however for scams, this was 9% more veterans.

Poor public transport was also cited by 25% of veterans as a challenge in the last 12 months.

“Transport here in Ruthin is extremely restricted. Buses to Wrexham every two hours plus have been on two buses recently which have ‘broken down’. One occasion was a funeral in Wrexham when bus ‘broke down’ and I paid almost £50. for a taxi. This was a dear friend and wanted to say goodbye. Blame is put on covid but that was three years ago and now its put onto ‘financial situation’. In a rural area not all people can afford a car and public transport is vital. Wrexham is a central hub for its colleges and hospitals alone.”

In addition, 22% of veterans told us that isolation was a challenge, and 17% loneliness, and 20% found mental/emotional health a challenge in the last 12 months, in comparison to 30% of non-veterans.

23% of veterans told us that they are an unpaid carer, and 53% had increased the care they provide in the last year, which is 9% more than last year’s survey.

75% of veterans who responded to us are retired, 14% are working full time, 8% working part time, and 20% are doing unpaid voluntary work, which is 6% more than non-veterans.

13% of older veterans reported that they experienced discrimination in the workplace due to their age, which is 3% less than last year but 2% more in comparison to non-veterans.

“People look at me and have no idea what experience I have they just see an older person who they think is worth nothing.”

“I was required to leave the Military due to ‘advancing years’. I also faced challenges as a younger individual - who looked even younger! - many years ago. So it is not just older age groups who face this challenge. We are currently facing discrimination by the Welsh Government who are aware that the majority of people in Wales running a Furnished Holiday Let business are over the age of 50. Despite this awareness, they are doing nothing to limit the impact of their policies on the older generation.”

On being asked about accessing healthcare, 21% of veterans told us that they found it easy, with 5% of these finding it very easy, 30% found it difficult, with 13% of these finding it very difficult. A further 31% found it neither easy nor difficult.

A number of people told us of their issues with accessing GP appointments, with long waits on the phone, needing to know how to phrase questions correctly to get the help needed, and long waits for appointments.

“Not being able to get appointments even if not an emergency waiting over 6 weeks to try and get an appointment.”

Some veterans told us of a better experience of gaining appointments for urgent support on the day.

Mental health was cited several times as a particular service for which it was difficult to get support or a referral. Generally people felt that the services were not in line with demand and people were struggling in the meantime.

“The healthcare service in South Wales is extremely poor. Mental Health is the worst as there is simply no access to support when needed. 111-2 is available as an emergency support line, but then there are months to wait before any significant help is offered, and that’s if you fit the requirements. Too many people are suffering with physical & mental health problems due to the poor service being provided.”

Others told us that after issues with accessing an appointment the support they received was what they needed.

“Getting through and past the administrators is very difficult. The clinicians deliver a very good service and care.”

## **What matters to you?**

Some veterans told us of a mixed experience with primary care being easier to access than surgery needed.

“Ist Line primary care in GP surgery is easy and good quality. Getting a surgical slot, despite having injuries caused by and during a military career has been awful.”

On person told us that the healthcare service did not understand veterans.

“The phone line does not work. I have queued outside the doctors for over an hour before it opens to try to get an emergency appointment. Veterans not taken seriously or understood.”



## Employment

67% of people who responded to the survey are retired which is 6% more than last year, 14% are employed full time a drop of 8% from last year, 10% employed part time, 2% are self-employed full time, 4% are self-employed part-time, 4% are homemakers, 14% are doing unpaid voluntary work and one person is in full time education. 6% of people told us that they can't work due to a disability or illness, which is 2% less than last year, and 2% of people told us that they couldn't work due to caring responsibilities, and 0.5% are registered unemployed. In addition to this some people told us that that they take care of grandchildren, or have county council roles.

“I lost my job as caring had to take priority although dad is now in a care home I still need to be available for his regular hospital admissions. I'm unable to work or sign on as I'm not available for work. I'm 64 and very worried for the future.”

When asked whether retirement plans had changed in the last 12 months, 50% said they hadn't which is an 8% drop from last year from 58%, 9% plan to retire later which is 2% more than last year, 5% plan to retire earlier and 1% plan to come out of retirement back to paid work, which is 1% less than last year.

A number of people told us that they were retiring early due to the stress of working or due to their own or a partner's ill health. Some of those that were retiring early due to ill health were worried because they couldn't afford to do so.

One person told us that they would like to retire earlier, and their health is making it difficult to carry on, but the cost of living crisis means that they will have to keep on working.

“I would like to retire earlier, however col crisis means thus is unlikely. Chronic physical health condition will make continuing to an ever increasing retirement age will be problematic and attempting to do so likely have negative impact on my health.”

Others told us of retiring early, or semi retiring to help their family with childcare.

“Early semi retirement will allow me time to support my working family with child care whilst spending more quality meaningful time with grandchildren.”

One person told us that after a period of ill health it changed their perspective on what is important in life and will now be retiring early.

Of those people who told us that they will now be retiring later, the majority of these were due to not being able to afford to retire yet, largely due to the cost of living crisis.

“Cost of living and bills have risen so much pension does not cover the basics, utility bills and rent.”

Some told us that they needed to keep working to support their children, or to support families with childcare costs.

### What matters to you?

A few people told us that they will retire later due to caring responsibilities. For one person this was because work provides them with structure in their life after years of being an unpaid carer

“Since my husband has gone in to palliative care I decided to continue working as I felt some structure to my day would help after being a carer for so long.”

For some others they are anticipating retiring later as they are currently caring full time and needing to go back to work after they are no longer a carer, or have reduced their hours or responsibilities to manage their caring role so will need to work longer. One person told us how they appreciate the legislation to support flexible working to enable them to stay working longer.

“I have had to step down from a senior role to ensure my parents were effectively cared for and to protect my own wellbeing. This will have impacts for my retirement, and current standard of living. I now work for an organisation that understands carers needs. I welcome the UK governments change to legislation which in April will give carers a weeks unpaid leave. This should be paid given how much we as carers are contributing to the health and social care economy.”

Some older women told us that they are retiring later than they wanted to be due to the changes in retirement age.

“Thought I would get pension at 60!”

For those older people who told us that they are coming out of retirement back to paid work this was largely due to rising costs and unaffordability of retirement. However, some people missed the structure of employment and the stimulation, and were looking to find a balance, a couple of people returned to roles which were less stressful and are much happier.

“Having “retired” two years ago - and again, doing a few hours of paid work each week - I find that I enjoy working part time - but trying to find a “formula” or “balance” or “happy middle” for how many hours each week.”

4% of respondents are currently looking for paid work which is the same as last year. The length of time looking for paid work ranged from between 2 months and 2 years, with the average being around 8 months. With a few people looking for work since losing their jobs in the pandemic and finding it more difficult to find employment since then.

People had differing reasons for searching for work, from needing to work more hours to cover basic bills to finding a role to fit with caring and family responsibilities.

“Need to find work but over 60 so tough to do. Care for autistic daughter and have younger daughter who does not yet drive.”

To finding roles to suit their skills.

“I have a job but I’m overqualified. I would like to have a job where I could use my skills to their full potential.”

One person also told us that they wanted to work more hours but couldn’t due to health issues.

To support with finding employment older people told us that it would be useful to have opportunities available where being 50 plus is publicised as being an advantage, and for there to be internship opportunities available that lead to paid employment.

One person also told us that they are currently getting advice from their coach at a Job Centre to help them gain a paid job.



### **What matters to you?**

## Ageism in the workplace



**The same as last year 11% of respondents told us that they had been discriminated in the workplace due to their age.**

People told us that they were ignored at job fairs, or lost out work to younger employees who were cheaper to employ. One person told us that they applied for several positions they were qualified for and received no replies. They dropped their age by 10 years on their CV and got several replies and a job. A number of people told us that they thought they had been discriminated against because of their age but it was hard to prove. With one person telling us it made them feel worthless.

“I can’t prove that I have but it makes me feel worthless even though I am told that I am excellent (which I know) in my role.”

We also heard from a number of women who were also discriminated due to their sex as well as their age, with people telling us that some employees still think that women will be retiring in their 50’s, when they have much longer to go.

# Communication

## Digital inclusion

Older people told us that they used a variety of methods to access information about support and services that they needed, including TV, radio, online services, social media, newspapers, local community facilities, face to face and telephone services.

96% of respondents used the internet whilst 4% did not. Smartphone was the most popular method, followed by personal computers or laptops and tablets / iPads.

“Am able to navigate my way easily enough but have been using online services for many years so am very comfortable within this environment.”

Respondents used the internet mainly for finding out information, contacting friends and family, online banking, online shopping and social media. Respondents also used the internet to video call friends and family, play games and for work.

“Couldn’t be without internet banking, no accessible banks locally. Internet shopping also crucial!”

Some people also had help accessing the internet through family and friends or used a library or internet café.

“I have adult children and grandchildren and they have taught me how to use apps and the internet as I needed to upgrade my knowledge because things change so rapidly and I was getting left behind.”

52% of respondents said they found it easy or very easy to access information about support and services that they needed, whilst 36% said they found it neither easy or difficult. 13% of respondents said they found it difficult or very difficult.

“If I am concerned about anything, say a medical symptom, I’ll look it up. I do my food shopping online as I don’t have my own transport and don’t go out. I live alone so I keep in touch with my sister and nieces by email and WhatsApp.”

Some people told us that they don’t have access to the internet or don’t have a smartphone, and how important it is to be able to access information and help in other ways.

“It’s easy if you have internet and smartphone! But not everyone has! It’s very important for people though to be still able to access information and help without!”

Of the cohort of respondents that found accessing information about support and services difficult or very difficult, a key issue was being unable to contact service providers by telephone.

### What matters to you?



People told us that it was often difficult to find contact telephone numbers, and when such numbers were available, long waiting times and automated messages directing people to find information online.

“Sometimes it is difficult to speak to a human being. I don’t want to ring a contact line only to be told I can get information online!”

Some older people told us that they would welcome more classes to learn and improve internet skills.

“Although I am fairly proficient on the computer I wish there were more classes for older people to learn more.”

Others highlighted barriers in accessing information, such as language barriers and the need for access to digital services to be affordable, and for online sites to be fully accessible.

“Ensure older people can afford to have access to digital services. Cater for people with dyslexia or other hidden disabilities. Use plain language not jargon or metaphors.”

Some respondents were worried about using the internet for fear of scams and fraud.

“I use smart phone and laptop but am not comfortable doing so. Very anxious about being scammed/or making mistakes, tend to ask family to buy online for me.”



Active community centres were regarded as an important means of accessing information, as well as providing opportunities for socialising.

“By having active community centres in local communities this really does help people over 50. In terms of finding out about what support and help there is for them locally. Also to provide social activities so that older people can meet people and not be so isolated.”

Community groups and family were also important in helping people access information about services and support.

“I do not know how to access information online, hence I would like to learn how to access information. At present, I rely on Women Connect First, my grown-up adult children and my grandchildren for any information I need.”

Some people felt that regular printed local newsletters, leaflets, local noticeboards in communities (e.g. libraries, GP surgeries) would help people to access information about support and services that they needed.

“A lot of older people still rely on paper copies containing information, word of mouth, posters in libraries, community notice boards. They don't access the internet.”

## Representation in society and discrimination



**70% of respondents** felt that older people were not well represented in society

Many respondents felt as though societal views of older people are still bound up in ageist and patronising stereotypes. Respondents complained that older people are still frequently depicted in the media and advertising as physically frail and incapable of thinking for themselves.

“The imagery around older people often focuses on stereotypes, especially in workplaces or the media. Older people are more frequently used in adverts for support services or health and social care, which reinforces the impression that older people are not ‘contributors’ but ‘needy dependents’.”

Several people remarked on how the fairness of representation depends on material factors. For example, some suggested that wealth or physical ability increase an older person’s chances of having their voice heard in public.

“It’s OK if you have the means, health and wealth.”

Similarly, some respondents from ethnic minority backgrounds told us that their voices were unlikely to be heard, whether in the public sphere, media or politics.

“Ethnic minority older women in particular aren’t well represented, as the majority has no voice at home and in society they are classed as hard to reach.”

Many interpreted ‘representation’ to mean adequate access to health services, transport, shops, banks and other aspects of day-to-day life. Some respondents remarked on how the turn towards digital technology was barring them from access to everyday services.

“Older people need a lot more help and support with new digital technology as everything is being done online. We are left out.”

Others noted that public spaces were becoming increasingly inaccessible for older people due to the disappearance of public toilets, benches, dropped pavements and other essential pieces of infrastructure. They felt that this showed how poorly older people were represented in society, as decisions were being made about public spaces that were against the interests of the older population.

“Lack of public toilets, generally poor public transport, and inadequate safe seating areas in our towns.”

Many respondents felt that media misrepresentations of older people were affecting how they were seen in the eyes of younger generations. They worried that younger people might be led to assume that older people are wealthy and self-interested – a misguided view worsened by a lack of intergenerational contact. Similarly, some criticised media narratives that portrayed older people as a burden on health and social services.

“You cannot lump all old people together as one - there is such a wide variety of ability and competence. We are just people who happen to be older.”

The theme of political representation drew a mixed response. Some believed that politicians have little interest in older people, especially those who are retired or out of work.

“Seems working people are favoured, and pensioners are forgotten.”

Conversely, a similar number argued that older people are well-represented in politics, especially on a local level. It was also suggested that older people are more likely to vote and to arrange constituency meetings with MPs and MSs – meaning that politicians are more conscious of maintaining their support.

“Locally, the majority of organisations from councils to voluntary organisations probably wouldn't exist without the involvement of older people.”

Lastly, we heard how respondents valued the voluntary sector for its work representing their interests and providing support for day-to-day life.

“Good representation from Older People's Commissioner and voluntary organisations.”

# The year ahead

## Looking forward to



**55% of older people** were optimistic about the year ahead

For many of those who were optimistic, it was due to maintaining or improving their health.

“As long as my health and my family’s health remains good I will be happy.”

One person told us that improvement in their health condition after surgery will see their driving licence reinstated. Others told us of plans for the year they were looking forward to such as holidays, seeing more of families and friends, and new grandchildren.

“Retirement planned out and activities, family and holidays to look forward to.”

Others are optimistic due to having stable finances and being able to manage their bills, or having enough funds to improve their quality of life such as house repairs or going travelling.

“We are still well enough to travel and have sufficient funds to do so.”

Or have planned projects that they are looking forward to seeing out this year.

“I’ve bought a load of cheap fruit trees and I’m looking forward to seeing how they do.”

Others are looking forward to enjoying retirement after the stresses of work.

“Just because my mental health is improved following retirement. I am much more positive about life.”

Some people told us that they just take every year as it comes.

“All year’s present challenges but I look forward to every new spring.”

Other people had mixed feelings about the year but are grateful of support from friends and family.

“Mixed feelings - need to deal with going through divorce, but feel I can manage this with support from friends and various organisations. My art activities provide a great sense of wellbeing.”

Similarly to last year, many older people told us that they were actively choosing to feel positive about the year ahead, even with concerns about the global and political climate.

“I try to be optimistic even though the geopolitical and environmental outlook is bleak. Hope is power!”



### **What matters to you?**

## Challenges in the year ahead

A key concern in the next 12 months continues to be the cost of living across all household bills.

“Being able to pay my electricity/council tax/water rates/heating bills, all of which have increased exponentially.”

The cost of repairs to houses was also an issue for some older people. Some also mentioned the challenge of keeping their homes warm, maintaining or getting help with their gardens, and the costs of running a car.

“Maintaining the house and garden in good order and keeping the home warm.”

We also heard about how problems with finances can impact people’s mental health.

“Finance leading to poor mental health.”

“Reduced income and increase in cost of living not a good combination! It generates a lot of anxiety.”

We heard from older people with concerns over their health who have to continue work for financial reasons, and also those people in work who are concerned their health may stop them from working sooner than they would want.

“Keeping afloat financially. Health is worse, it’s more difficult to work but have no choice.”

Some people had difficulty in finding employment.

“The most challenging thing for me is getting a paid job.”

We heard from unpaid carers who are struggling with the demands of work and providing care and support for others.

“Finding time to look after myself while providing care and support for others and carrying on working.”

Some people were also concerned about the impact of retirement on their finances and living standards.

“After I retire I’d need to be very careful with money.”

Some people told us about multiple challenges that they faced, with the cost of living frequently mentioned alongside other challenges, for example caring responsibilities and health.

Other key concerns were people's physical and mental health, and difficulties in accessing health services and support.

“Trying to access the GP, a dentist and any other health care needed.”

We heard from some older people about long waiting lists and delays in access to treatment in hospital.

“The constant rescheduling of my husband's surgery for knee replacement which has now been going on for 18 months and no end in sight.”

Transport was another issue raised, with a shortage of bus services impacting people's ability to get out and about and access facilities.

“All comes back to accessibility. I'd love to go swimming at least once a week. The only option is an hour+ round trip each way on buses for half an hour in the pool. That's half a day and just not tenable if working.”

Coping with loneliness and isolation was also a challenge for some older people, in some cases due to poor health or being unable to get out and about.

“Keeping myself focused and trying to enjoy life despite the isolation and loneliness of non-working evenings and weekends.”

One respondent also told us how they found socialising a challenge, notably since the pandemic.

“Participating in social events. It's very easy to stay home instead and that has strengthened since Covid.”



## What might help

### Improvements to health care services

As with last year's survey, many respondents stated that better access to healthcare services would help address their challenges in the year ahead. These included improvements to make it easier to access GP appointments, shorter waiting lists for hospital appointments and treatments, more NHS and community mental health support, physiotherapy appointments and being able to access dental services.

“Improvement in the health care system, improve access to appointments especially for the older population. The ones who are unwell need to be seen quicker and in a more timely way rather than left to wait for ages on a waiting list.”

### Improvements in social services

Some respondents felt that help is needed in knowing where to go to access social services, with clear guidance and signposting needed.

“If my mother had an assigned social worker who could advise (us both) it would be enormously helpful. I have no way of knowing what is best for her and how to organise a move from one county to the next, or how to get a care package for her.”

### Support for unpaid carers

Carers told us about the help they needed, including financial help and respite care.

“Respite perhaps, but it seems to be very expensive to arrange privately. If we knew my mother-in-law could have one or two weeks a year in respite, we would be able to relax when away not waiting for the next telephone call.”



### What matters to you?

## Help with the cost of living

As with last year's survey, people continue to tell us that more financial help is needed as they struggle with the cost of living. We heard from those who are not in receipt or not entitled to benefits who need financial help.

“Lower prices, grants or discounts or some sort of help for saving energy in house. Windows/boiler etc. for those not on benefits.”

We also heard from some who had been affected financially by State Pension reforms.

“Receiving the compensation that is owed to me as a WASPI woman who has suffered due to my pension age rising 6 years with no notice.”

## Employment opportunities

Some respondents said that they would like opportunities for flexible or part-time working.

“Flexible employment opportunities, job sharing.”

## Support with housing repairs and maintenance

Some people told us that they need information to find reliable people to carry out home repairs, and also about where to get help for garden maintenance.

“Reliable source of people to employ for home maintenance, gardening etc.”

## Improvements in transport services

Some people told us that more bus services would help, and also the availability of blue badges.

“Reinstate the bus route.”

## More social groups and support for loneliness

As with the last survey, some people told us they would like more social groups and activities that they could join in the community.

“Find like-minded groups to socialise with.”

## What matters to you?

## Getting back out and about

Over half of respondents (58%) told us they found it easy or very easy to get out and about, whilst 24% found it neither easy or difficult. 17% of respondents told us they found it difficult or very difficult to get out and about, whilst just over 1% said that they didn't go out.

Poor physical health was the main reason that people found it difficult to get out and about, including mobility issues, back pain and arthritis.

“I fell and fractured my spine two years ago and I'm now in constant pain. My appointments at the hospital with the trauma team keeping being cancelled.”

Concerns about falling over and balance were the second most cited reason for having difficulties with getting out and about.

“I find it difficult to walk far, despite using a stick, and am always worried about falling.”

A lack of public transport was a reason given which affected people being able to get out and about. We heard about poor bus services, with people citing unreliable and infrequent services, which can make it difficult for people to access communities, medical appointments, shops and other services.

“The bus service is infrequent and it would be very difficult to access medical appointments, services and shops without a car.”

A number of respondents said how much they valued their bus pass. Many people told us that they would like to use bus services more often if services were more regular and reliable.

“We like to use public transport but access is limited due to cuts. My bus pass is excellent and will become more important as I get older.”

People told us about a lack of services in the evenings which can curtail older people being able to enjoy social activities, and also a lack of services on Sundays.

“Bus services are poor, if we had a better bus service which ran in the evenings I would use them more, eg. to go to the cinema or see friends.”

Some respondents found the distance to walk to bus stops very challenging, which may be compounded by a lack of infrastructure such as seats and shelters at bus stops.

“I can only walk short distances and need to sit often. Replacement bus shelters in our town do not have seating so difficult to use buses.”

A lack of own transport was also an issue, and transport using taxis was unaffordable for some. For many respondents a car was essential as it was the only available form of transport as no viable public transport options were available.

“We live semi rurally so a car is not a luxury but a necessity and without it would be like imprisoning us remotely from friends, volunteer work and shops etc.”

We heard how some people who relied on their car were facing high costs to be able to keep it running.

“If I didn’t have my car I wouldn’t go anywhere but I do have to economise to keep it on the road. Labour is expensive, insurance rose by £100 this year, petrol is dear again.”

Some people would prefer to use greener transport options and use public transport rather than drive, but are unable do so as public transport is not always viable.

“I live in a rural area and buses are infrequent. I would prefer to use public transport for environmental reasons but it’s not viable here.”

“It’s nice to travel by train because I can read and it’s better for the environment, but I drive a lot because of time I travel and where I want to go.”

The reliance on using smartphones and apps instead of cash to pay for parking can also discourage people going out and about.

“I can’t walk far so need good parking and NOT parking that I have to pay via an app which I don’t have. This stops me going out because of the insistence of the council on phasing out cash machines.”

We also heard from a respondent about difficulties in using digital technology for rail travel.

“I think it’s really bad that you have to use a parking machine even when you have a blue badge. They tell me I can use my phone, but that’s just as bad. All the things like buying train tickets on your phone, and then somehow having it open on your phone to swipe going through barriers. I can’t do it, I make mistakes, I fumble, I feel stupid and get told off for doing it wrong. So I don’t bother now.”

An inaccessible built environment in communities was also a barrier to people being able to get back out and about, with some people citing multiple issues that affected their ability to access communities.

“Ability to get up and down pavements, not enough drop kerbs, being able to get into shops, steps in and out. Not enough toilets, or parking spaces I need space to get in and out of the door.”

A lack of public toilets was raised by a number of respondents, which can affect people’s confidence to get out and about.

“Mobility is my biggest issue but I also have Crohn’s disease and lack of public toilets or toilets fit to use is a real problem. My anxiety is heightened because of this.”

A lack of safe accessible routes for using mobility vehicles was also raised by a respondent.

“Access to my local village shops are via narrow and uneven and sometimes sloping pavements with loose slippery gravel. Dangerous gradients or no footpath at all. Road signs and trees also block the pavements, the main road has heavy lorries and cars. I have no confidence using my motor chair along local roads or paths.”

Poor mental health and a lack of confidence made accessing communities difficult from some people, with one person telling us that the less they go out, the less confident that they feel, whereas for others it was a lack of activities available

“There is very little to go to town for, no groups or community groups.”

Other issues included finances and the high cost of public transport. Some people don’t go out as they are unable to, or don’t want to, leave the house, with some people citing poor physical health.

“Have been housebound since 2019.”

## Finance



**48% of older people** found the cost of living a challenge in the last 12 months

On reflection of the challenges of the last 12 months, cost of living was the second most frequently cited issue.

In a forward look we also asked people to tell us how confident they were that they would have enough money to live on this coming year. 13% of people said that they were unconfident, with 4% of these people saying that they were very unconfident. In addition to this, 26% of people told us that they neither felt confident or unconfident.

This initially seems more hopeful overall about the year ahead, then the year past but we also know that many people are on the cusp of falling into severe financial difficulties alongside those who are already worried about the year ahead. We know that the majority of older people are on a fixed income so struggle to meet any unexpected costs. And many people tell us how worried they are about meeting the rises in bills with and any increase in pensions getting swallowed by outgoings.

“I have a military pension for us to rely upon. However any additional taxation / emergency expenditure, such as caring for elderly relatives, will result in serious financial difficulties.”

For those still in employment the rise in costs is still a significant concern.

“The cost of living - council tax is still rising. As I’m self-employed I’m worried I won’t be able to cope.”

Some older women told us about the changes in pension age, and for some also the widow’s allowance, which have severely impacted their financial situation.

“Being a woman born in 1958 and becoming a widow at age 59. I was and am affected by the changes to widow allowance and having to wait extra 6 years for pension and have worked for 40years plus.”

Others told us how increasing care costs are eating into their savings for retirement.

“With a close relative in a care home the hard earned retirement income we had is being erased by costs.”

### What matters to you?

Only 7% of respondents currently receive pension credit, which is 2% more than last year, with 76% who have never applied, only 13% told us that they had applied but had not been eligible. In the survey we included information about pension credit at the relevant question and encouraged those who had not applied before, or those who may have applied previously but financial circumstances may have changed, to apply.

In addition to this 29% of respondents told us that they receive some form of state benefits.

5% of people told us that they can't access services or information in their preferred first language.





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