Understanding access to services and quality of life for older adults in Gloucestershire

June 2025

Contents

About us

Healthwatch Gloucestershire is the county's health and social care champion.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared. Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.

Introduction

Background

Why we did this

This project set out to explore the needs and aspirations of older adults in Gloucestershire, particularly in light of projected demographic shifts and the growing demand for health and social care. Recent reports, including the Chief Medical Officer's Annual Report: Health in an Ageing Society (2023) and the One Gloucestershire Joint Forward Plan (2023 - 2028), indicate that the number of older adults in the county is expected to rise significantly over the next decade.

Given Gloucestershire's diverse landscape, we wanted to explore how location influences access not only to NHS health and social care services but also to wider community services that support wellbeing and independence. While the project focused on overall quality of life, we sought to understand how access to these services—whether medical, social, or community-based—impacts older adults' experiences.

When we began this project, there was no formalised 'collective voice' representing older people in Gloucestershire. This means that many older adults may not have had the opportunity to share their views on the services that impact their daily lives. Through this project, we aimed to provide a platform for them to express their experiences, concerns, and priorities, ensuring their perspectives are heard and valued. By amplifying these voices, we hope to highlight what is working well, where improvements are needed, and how services can be shaped to better support the county’s ageing population.

We hope the insights gathered through this project will help shape future service development, ensuring that the evolving needs of older adults are met and that their voices are at the heart of decision-making.

Objectives

- Identify the needs and aspirations of older adults (65+), with a focus on health, wellbeing, and independence.
- Understand the barriers older adults face in accessing health, social care, and community services.
- Examine potential differences in service quality and availability across different locations in Gloucestershire.
- Provide recommendations based on the feedback gathered to support future health and social care service development.

Methodology

We adopted a mixed-method approach to gather a comprehensive understanding of older adults’ needs, including:

Survey

A county-wide survey was distributed to gather quantitative and qualitative data on older adults' ability to maintain their independence, access to services, and social interactions. A total of 367 people completed this survey. Key areas of focus include:

- Access to healthcare and social care services
- Social support and connections
- Thoughts and feelings on the use of technology to promote independence
- Wellbeing
- Perceptions of independence
- Desires and aspirations
- Joined up care
- Having a voice

Survey demographics

- The majority of survey respondents were aged 65–74 (59%), followed by 32% aged 75–84, and 8% aged 85 and over, based on 367 responses.
- The vast majority of respondents (93%) identified as White British, English, Northern Irish, Scottish, or Welsh. A small number of people identified as White Irish (1%) or from other White backgrounds (1%). Respondents from Asian, Black, Mixed, or other ethnic backgrounds made up a very small proportion of the sample, with no individual category reaching more than 1%. 3% of respondents chose not to disclose their ethnic group. This suggests that the survey

primarily reached individuals from White British backgrounds, with limited representation from minoritised ethnic communities.

- We received responses from those living across 20 of the 27 postcodes in Gloucestershire.
- We asked for their GP surgery so we could analyse our results by Primary Care Network (PCN). We heard from every PCN in Gloucestershire.[1] While we explored the data by PCN, the distribution was too uneven to draw meaningful or reliable conclusions. As such, PCN-level analysis has not been included in this report. However, the data collected by PCN is available on request.
- 44% of respondents reported having a disability or a mental/physical health condition, while 57% indicated they did not.
- 16% of respondents identified as carers, while 81% did not. Additionally, 3% preferred not to disclose their status.

Focus groups and interviews

To capture in-depth insights, we conducted targeted focus groups and interviews with older adults from underrepresented groups. Sometimes these groups also included carers. We heard from a total of 70 people.

Some groups were pre-existing social or support groups, while others were brought together specifically for this project. We spoke with approximately 70 people from a range of cultural and linguistic backgrounds, including individuals from the:

- Bangladeshi carers and cared-for group
- Pakistani community
- Asian carers group
- Chinese community
- Ukrainian community
- Gujarati women's group
- Polish community

Terms such as "Chinese community" or "Asian carers" cover a wide range of cultures, identities, and personal experiences. These labels are used here to make the report easier to follow, but no single term can fully reflect the diversity within each group.

---

[1] Gloucestershire is covered by the following Primary Care Networks: St Paul's PCN, Cheltenham Central PCN, and Cheltenham Peripheral PCN in Cheltenham; Gloucester City HQR PCN, Inner City PCN, North & South Gloucester (NSG) PCN, and Aspen PCN in Gloucester; Tewkesbury, West Cheltenham, Newent and Staunton (TWNS) PCN in Tewkesbury; Berkeley Vale PCN, Stroud Cotswolds PCN, and Severn Health PCN in Stroud & Berkeley Vale; North Cotswold PCN and South Cotswold PCN in the Cotswolds; and Forest of Dean PCN in the Forest of Dean.

The views shared in this report represent only the individuals who engaged with us at the time and do not necessarily reflect the perspectives of the entire community these terms aim to describe.

Collaboration

We worked in partnership with local health and care providers, voluntary organisations and community groups to enhance engagement and assist with survey distribution.

Key messages & recommendations

Independence & wellbeing

Key messages

- Older adults want to stay independent for as long as possible, but this means different things to different people.
- Many older people want to remain in their own homes, but homes are not always suited to their changing needs.
- Feelings of loneliness increase with age; social groups, transport assistance, and community activities are critical to maintaining independence and wellbeing.
- Many older people delay seeking support until their needs become urgent. While they currently feel independent, there is often uncertainty about what help is available and how to access it. This may result in not leaving enough time for effective planning.
- Small, practical solutions can make a big difference in helping people stay independent at home.

Recommendations

- Gloucestershire County Council and the Integrated Care Board (ICB) should build on the existing work of the VCSE sector - including initiatives like the Voice of Older People Panel - to co-produce a future preparedness initiative for people aged 65–74, in line with the Age Friendly Community approach. This should include accessible information, supportive conversations, and practical guidance to help people think ahead about their future care, housing, social and support needs, without fear or stigma. The initiative should be embedded in trusted settings, such as community groups, faith spaces, and social clubs, to encourage informal, peer-led discussion. This work should also include focussing on the triggers and life events which can increase isolation and Public Health’s role in linking housing, health and care, supporting people to make plans to downsize or move to more appropriate housing, and where they require more practical support.

- Gloucestershire County Council should work with Domiciliary and Assisted Living Care Providers to share and promote simple ideas and tools—like hot water dispensers or other low-cost aids and apps—that support independent living. Service providers, Social Prescribers and VCSE organisations should include these kinds of tips in their conversations, outreach, and materials to help people find manageable solutions that meet their everyday needs.
- District and Borough Council planning teams should continue working with property developers to prioritise ‘homes for life’ - well-designed, accessible housing that supports people to live independently as they grow older. This includes considering the needs of people who may wish or need to move later in life, ensuring that suitable, future-proof housing options are available within local communities.

Technology

Key messages

- To help narrow the digital divide, digital support hubs are becoming more common in Gloucestershire. Our findings suggest that some communities that would benefit from this kind of support are not currently accessing it.
- People are open to using technology to support their independence, but it is important it is introduced in the right way.
- Confidence, cost, complexity, and concerns around security and privacy are barriers to accessing technology to support independence.
- Some feel pressure to use technology when they do not want to.

Recommendations

- More investment in digital hubs and services to increase capacity to be able to reach more people who are socially isolated, housebound, or who face language barriers. Statutory and VCSE services should raise awareness through providing accessible information around hub locations and outreach services they provide to help ensure more inclusive access.
- Service providers need to recognise that not everyone wants - or is able - to embrace technology. Services should remain accessible and inclusive by offering non-digital options alongside digital ones.
- When promoting digital tools to support independence, organisations should take time to build confidence and trust. This includes clear explanations and demonstrations, support with setup, and reassurance around privacy and safety.

Joined-up care

Key messages

- Many reported frustrations with poor communication, fragmented services, and delays in support, particularly after hospital discharge, feeling that the system was under-resourced, difficult to navigate, and lacked follow-up care.
- Satisfaction with the coordination of health and social care is mixed, with many expressing frustrations over poor communication and access issues.
- People identified differences in service quality and access between urban and rural areas in Gloucestershire and notice differences in quality and accessibility of GP services. For example, limited transport options and fewer available activities for rural residents.

Recommendations

- Local health and care teams should be supported to develop a deeper understanding of their communities, enabling them to respond to local needs and reduce inequalities in access and outcomes. Enhancing the Primary Care Network (PCN) model in line with the government strategic approach to neighbourhood health and the Integrated Neighbourhood Team approach. This should involve all community health and social care services, including Adult Social Care, Gloucestershire Health and Care Trust, Primary Care and the VCSE sector, alongside those with lived experience, to wrap around local populations to ensure services are better tailored, more coordinated, and responsive to the needs both urban and rural populations.
- Through the Integrated Neighbourhood Team approach, ways of ensuring safe and effective sharing of medical records and relevant information between health and care organisations should be prioritised so that people do not have to repeat their story multiple times, for example, people with long term health conditions who require ongoing healthcare and support. There should be a clear focus on improving follow-up and coordination between services, so that people feel heard, supported, and not left chasing progress. While this is a longstanding and complex issue, it must be treated as a key area for improvement, with peoples' lived experiences at the centre of system change.

Transport

Key message

- Transport is an issue affecting access to health services, social opportunities, and community participation, particularly for those facing mobility challenges, low confidence, language barriers, or digital exclusion.
- Some expressed frustration with new bus stops that rely solely on digital timetables, assuming everyone can access information online.

Recommendation:

- When allocating appointments, consideration should be given to where the most convenient time and location is for those who don't have access to their own transport e.g. hospital appointments or where a GP practice operates across multiple sites, health care navigators/receptionists should identify the closest site to the individual to avoid missed appointments.
- Gloucestershire Integrated Care Board and the County Council should provide dedicated, long-term funding for community-based schemes that help build confidence in using public transport. These programmes should be inclusive of all ages and designed with accessibility in mind, including funding for community members who can offer translation and language support, ensuring they are accessible to those with limited English and diverse linguistic needs.
- Consider commissioning flexible "odd jobs" for younger people, students, or stay-at-home parents to escort individuals to social groups or appointments. This would not only provide meaningful work but also ensure people can access services and community activities more easily.
- Healthwatch Gloucestershire, VCSE sector and statutory sector to work closely with Community Rail Network to share feedback and experiences with transport providers in Gloucestershire.
- Healthwatch Gloucestershire, VCSE sector and statutory sector to raise awareness and promote Community Transport initiatives across the county that can fill gaps in service not provided by local buses and trains offer more personalised services and meet more specific needs of particular groups or individuals in the community.
- In addition to digital displays, bus stops should provide alternative methods for accessing timetables, such as physical timetables or phone-based options, to ensure accessibility for those who may not have reliable internet access or digital devices.

Access to services

Key message

- Culturally appropriate care is essential to building trust, encouraging engagement, and ensuring equitable access to services. In Gloucestershire, a lack of culturally sensitive environments and practices - such as appropriate food options, prayer spaces, gender-specific activities, and staff awareness - means some residents are disengaging from local services or relocating to areas with more inclusive provision.
- People prefer to access services in spaces they already attend, such as community centres, religious venues, or familiar groups.
- Individuals prefer face-to-face information and support, especially from trusted people, with interpreters when necessary. This ensures that people feel comfortable asking questions and receiving answers in a familiar and supportive environment.

- Many community members have valuable skills and experiences they want to share. However, they are unaware of how to develop these into sustainable projects, activities or businesses.
- Some struggle to clearly express their needs during GP appointments and would benefit from practical communication support.

Recommendations

- Service providers and VCSE organisations should offer the chance to visit community venues or service locations ahead of activities or appointments. This can help reduce anxiety, support those with cultural or religious needs, and make services more accessible to those who feel unsure about new environments.
- Gloucestershire County Council to ensure cultural inclusion audits are completed as part of the quality assurance framework for care providers. These audits should bring together organisations such as Healthwatch, VCSE representatives, cultural and faith leaders, Equality, Diversity and Inclusion leads, and local service users. The audit should focus on identifying practical improvements in care service environments, food provision, staff training, and accessibility.
- Statutory and VCSE sector to tailor services and events to be culturally sensitive by including gender-specific activities where necessary and accommodating cultural preferences like food, language, and religious practices.
- The Gloucestershire Integrated Care Board (ICB) and Gloucestershire County Council (GCC) should formalise community connector relationships who reflect the underrepresented communities they serve by investing in paid roles. It may not always be possible to include every community within service teams, but organisations should aim for those delivering and promoting services to represent those they are trying to reach. Community connectors must be resourced and recognised as essential roles in inclusive service design, communication, and outreach.
- Statutory services and VCSE sector to continue to utilise the NHS bus as a mobile outreach service to help people to access support in a welcoming environment with the right cultural and language support. For example, the Friendship Café, the Ukrainian Centre, and the Polish Community Centre in Gloucester. Our findings suggest these visits should be themed around raising awareness of available support e.g. understanding assistive technology, accessing social care, and managing long-term health conditions.
- NHS Gloucestershire should develop and share simple tools, such as a factsheet with key phrases or tips, to help people prepare for GP appointments. This could include stating how many issues they want to discuss at the start and helping patients feel more confident, heard, and supported during consultations. Service providers and VCSE partners can help distribute these tools in community settings.

Having a voice

Key messages

- Older people want to be heard, respected, and included—but many feel ignored or excluded from decision making.

Recommendations

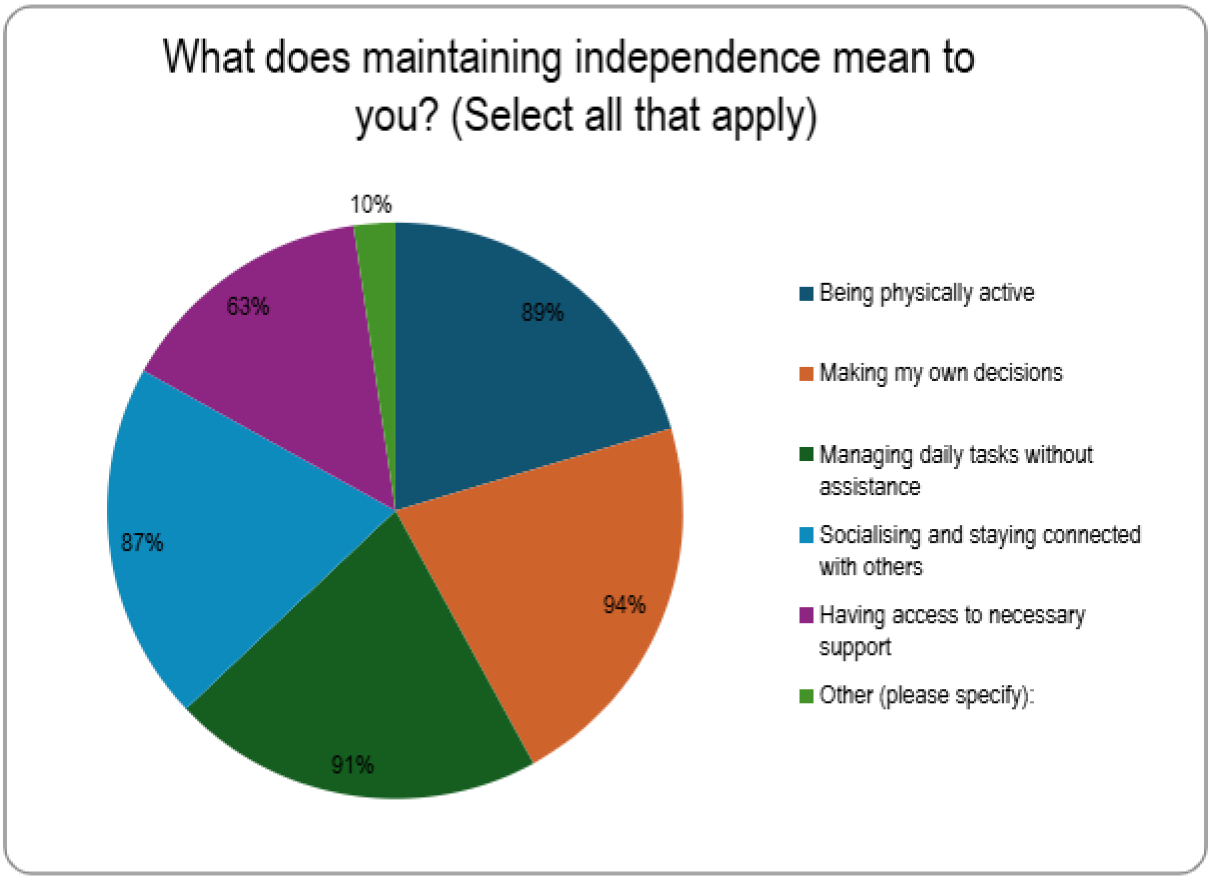
- We support the investment of One Gloucestershire in developing the Age UK Gloucestershire and the Gloucestershire Older Persons' Association new Voice of Older People panel. This will have the potential to influence and shape stakeholder and partner policies and plans for the older people of Gloucestershire. The panel should be representative of the county's diverse older population, including those from minoritised ethnic backgrounds, rural areas, and those with disabilities. It should also be accessible for people to take part in different ways (e.g. in person, online, by phone), and raise awareness of the panel through local community networks.

Survey Results

Perceptions of independence

What does maintaining independence mean to people over 65?

The graph below shows that people feel that being physically active, making their own decisions, managing daily tasks without assistance, socialising and staying connected with others, and having access to the necessary support required, is important to maintain independence.



However, our analysis showed some differences between age groups in what people felt was important for maintaining independence. Fewer in older age groups said that being physically active was part of what independence meant to them—91% of those aged 65–74 chose this option, compared to 87% of those aged 75–84, and 74% of those aged 85 and over.

A similar pattern was seen with managing daily tasks without assistance. While 93% aged 65–74 and 91% of those aged 75–84 included this as part of what independence meant to them, the figure dropped to 77% among those aged 85 and over.

Those who chose the ‘other’ option gave a range of various responses. We classified them into the following categories:

- Having access to transport. Predominantly affordable, efficient public transport, especially buses but also access to their own personal transport
- Personal freedom
- Access to support services e.g. hospital, GP, care packages
- Being self-sufficient
- Being part of the community
- Having financial independence and enough money
- Affordable exercise facilities e.g. gym facilities

- Being able to have a holiday
- Internet access
- Access to shops

How important is it to people to stay in their own home to maintain independence as they age?

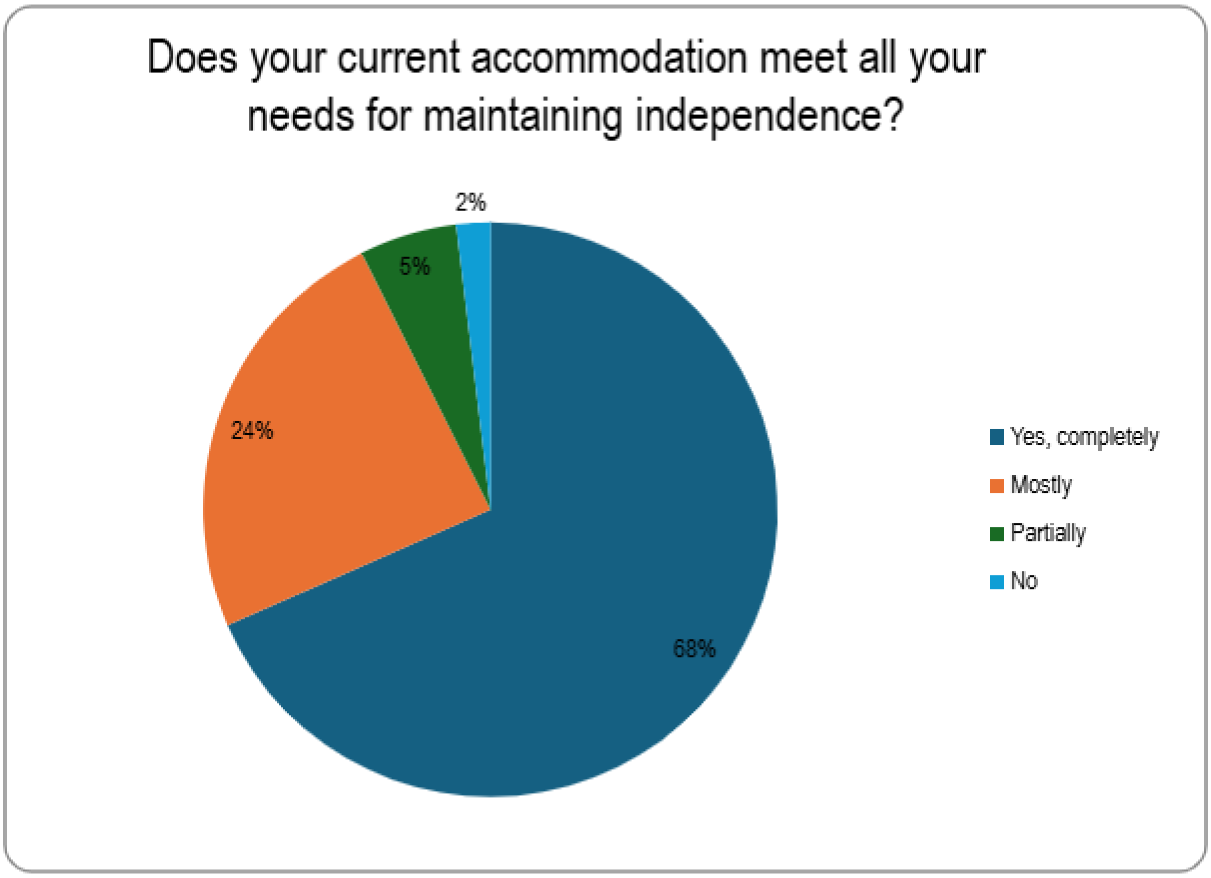
84% of respondents told us it was extremely important to them to remain in their own home as they get older.

- 12% said important
- 3% said somewhat important
- 1% said it was not important

When we looked at the results by age group, this feeling stayed fairly consistent, though it did dip slightly among the oldest respondents. 97% of those aged 65–74 and 75–84, said staying in their own home was either extremely important or important. This dropped slightly to 90% for those aged 85 and over.

Does people's living accommodation meet their needs for maintaining independence?

The graph below shows us that most people who completed our survey told us their accommodation meets their needs.



However, when we looked more closely at the responses by age, some differences emerged., Only 55% of those aged 85 and over said their home completely meets their needs, suggesting that as people age, their living environment may become less suited to supporting independence.

What would help improve people's home environment to support their independence?

We asked what would help improve their home environment to support their independence. We categorised the responses, which are summarised below:

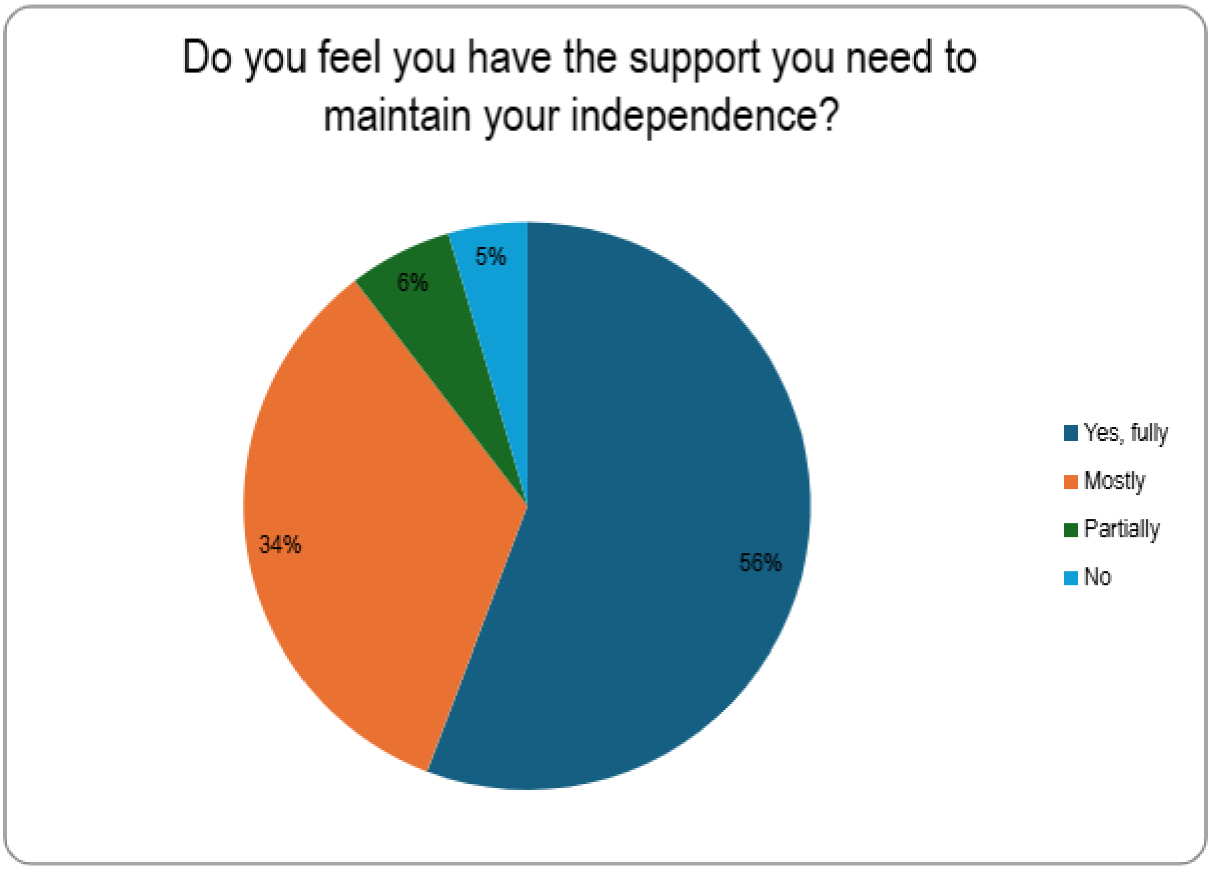
Theme	What people told us	Examples and Statistics
Home adaptations	The most frequently mentioned need. Many identified changes that would help them remain safe and independent in their homes.	Adaptations included stair lifts, walk-in showers, downstairs toilets, wet rooms, and grab rails. Around 1 in 3 respondents mentioned specific home modifications.
Accessibility improvements	Concerns about getting in and out of their homes, especially those using mobility aids.	Requests included level access, wider doors, safer gardens, outdoor stair lifts, and handrails.
Suitability of housing	Some live in homes that they expect will become unsuitable in future. Moving to more accessible housing was mentioned.	Respondents mentioned homes on multiple floors, no lift access, or needing to downsize.
Domestic and practical support	A significant number said help with day-to-day tasks would support their independence—especially as their health declines.	Support needs included housework, personal care, meal prep, gardening, and DIY. Others wanted a list of trusted, affordable service providers.
Transport and community connection	Local infrastructure can either enable or limit independence—especially in rural or poorly connected areas.	Requests included better public transport, well maintained bus shelters, dropped kerbs, and bus routes near home. Some asked for community hubs within walking distance.

Social and emotional wellbeing	A smaller but important group mentioned loneliness and wanting opportunities to connect socially, particularly those living alone.	Social spaces, local events, and proactive outreach from community groups were suggested.
Future planning	Many said they were coping well *now* but anticipated needing support later. Some had already begun adapting their homes in preparation.	Responses often included phrases like *"not needed yet"*, *"might need in future"*, or *"already planning"*. This suggests a need for early intervention.

.

Do people feel they have the support they need to maintain their independence?

While the majority of survey respondents said they feel they currently have the support they need, further analysis reveals a more complex picture, particularly when age and personal circumstances are considered.



When we looked at responses by age:

- 61% of those aged 65–74 said they always feel they have the support they need
- This fell to 51% for those aged 75–84
- And dropped further to just 39% for those aged 85 and over

These findings suggest that as people grow older, they are less confident that the support they need will be available, particularly as their needs increase.

Additional comments revealed five key themes:

1. "I don't need support-yet"

Many said they were currently independent and didn't feel they needed any help. However, this was often accompanied by uncertainty about the future. Several noted they didn't know where to turn if things changed or if they were unsure what support was available. Some assumed help would be there when needed, while others were more cautious due to concerns about service availability and staffing shortages. Comments suggest that many delay seeking support until their needs become urgent, rather than planning or accessing help in advance.

> *"I don't need support at the moment, but I'm sure it would be there."*
>
> *"I won't really know until I need help."*
>
> *"Because of the uncertain costs of care and the possible future shortage of carers, I cannot be certain that I will be able to recruit home carers if needed in the future."*

We noted that during conversations during group visits, many expressed discomfort or hesitation when asked about planning for future support needs. Comments such as "I don't need this yet" or "I'll think about that when I get to it" suggested that, for some, thinking ahead was difficult. These insights point to the importance of sensitive, empowering approaches to early planning that normalise and support conversations about ageing and future care.

Unfortunately, this was unable to be explored further at the time and could be an area for future exploration.

2. Family is key, but not always nearby

Family members, particularly adult children, were often described as a source of support. This included help with shopping, transport, personal care, and emotional reassurance. However, those without nearby relatives, or any family at all, described feeling more vulnerable or uncertain.

> "Having my daughter's family close by means they can help if I need things."
>
> "My family don't live in this area."

> "I live alone and don't have anyone I can regularly rely on."

3. Gaps in formal services and professional support

Some described unmet needs, particularly around accessing carers, physiotherapy, or GP appointments. A few commented on poor communication, slow follow-up, or support disappearing after bereavement or a crisis.

> "I had been sole carer for my wife who was severely disabled with MS. While she was alive, the help from community nurses etc was very good, but when she died and I was in a very vulnerable state, all assistance disappeared. I was highly traumatised, but there seemed to be no recognition of the situation which I have seen in others who have given over their own lives to care for another when their reason for life suddenly ends."
>
> "I have to go to my daughter to shower and often sleep on the sofa as the stairs can be very difficult."
>
> "Not enough support from health services to support me as a carer or my husband to enable him to be more independent. Living with a disability is not well supported especially access to physio, neuro physio, and especially if hands on is required."

4. Low-level but meaningful support makes a difference

Several respondents mentioned receiving occasional help from neighbours, friends, church groups, or community members. While not formal care, this informal support played a significant role in helping people stay independent and socially connected.

> "Despite having extremely poor balance and mobility I am able to do most things for myself but greatly appreciate help with shopping and lifts to doctor and hospital and other medical appointments and to social events offered to me by kind local friends as my family do not live in this area. I also appreciate help and support from my local Anglican Church."
>
> "Friends give me lifts to medical appointments and social events."

5. A sense of isolation or uncertainty

Some participants expressed feelings of loneliness, disconnection from services, or confusion about where to get help, particularly those in more rural areas or without digital access.

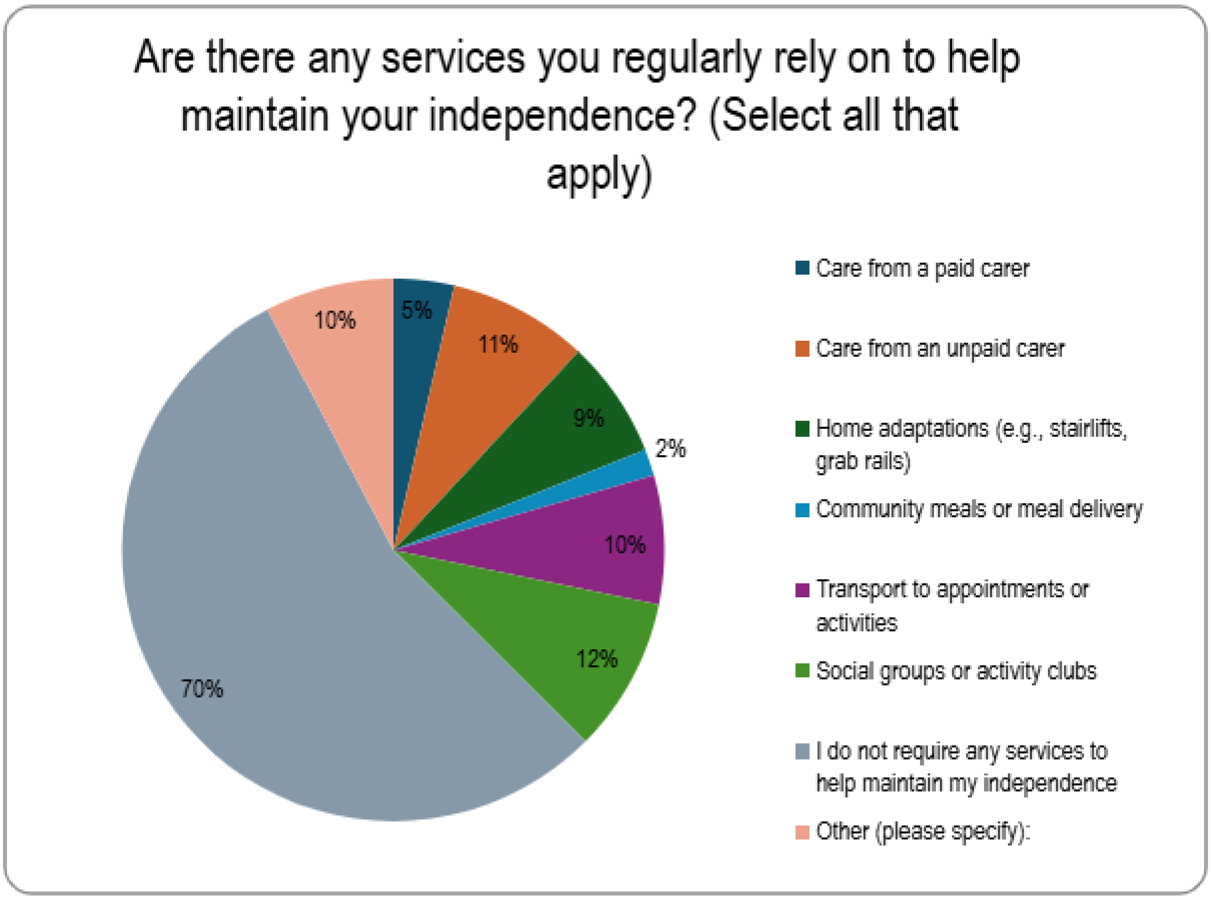
> "I don't know who or where to ask."
>
> "I don't know what to say, I am very alone at the moment"

> "We have had no support at all, when my husband needed a doctor, I couldn't get one so called my daughter who got an ambulance. We can't walk far and just feel there is no longer a local community councillor to ask. We have been in our home over 60 years and used to have local police officers or councillors and you could just knock on their door. Also, the old doctors' surgeries used to have community services like a nurse and welfare services. None of this exists anymore, you're just left isolated."

This feedback highlights that many currently feel independent, but that confidence in support declines with age and is heavily reliant on informal networks. It also underlines the importance of early planning, clear information, and community-based support to maintain independence over time.

What services do people regularly rely on to help maintain their independence?

The majority of respondents (70%) said they do not require any services to help maintain their independence, suggesting most feel self-sufficient. Among those who do use support, unpaid carers (11%) and social groups or activity clubs (12%) were the most commonly relied-upon services, highlighting the importance of informal support networks and social engagement. Transport assistance (10%) and home adaptations (9%) were also key for some, pointing to practical needs around mobility and accessibility. Only 5% reported relying on paid carers, and just 2% used meal delivery services.



What services do people regularly rely on to help maintain their independence based on their age group?

As age increases, so does the reliance on both informal (unpaid carers) and formal (paid carers, home adaptations, transport) support to maintain independence. The sharpest contrasts appear in the 85+ group, where only 1 in 4 say they do not require services. Social connection and mobility services become especially critical in later life, alongside practical in-home support.

Age 65–74: The vast majority (78%) of the respondents did not require support services. Where help is used, it tends to be occasional and informal. Only 6% rely on unpaid carers, 4% on paid carers, and 6% on home adaptations. Social or practical services like transport or group activities are used by less than 6%.

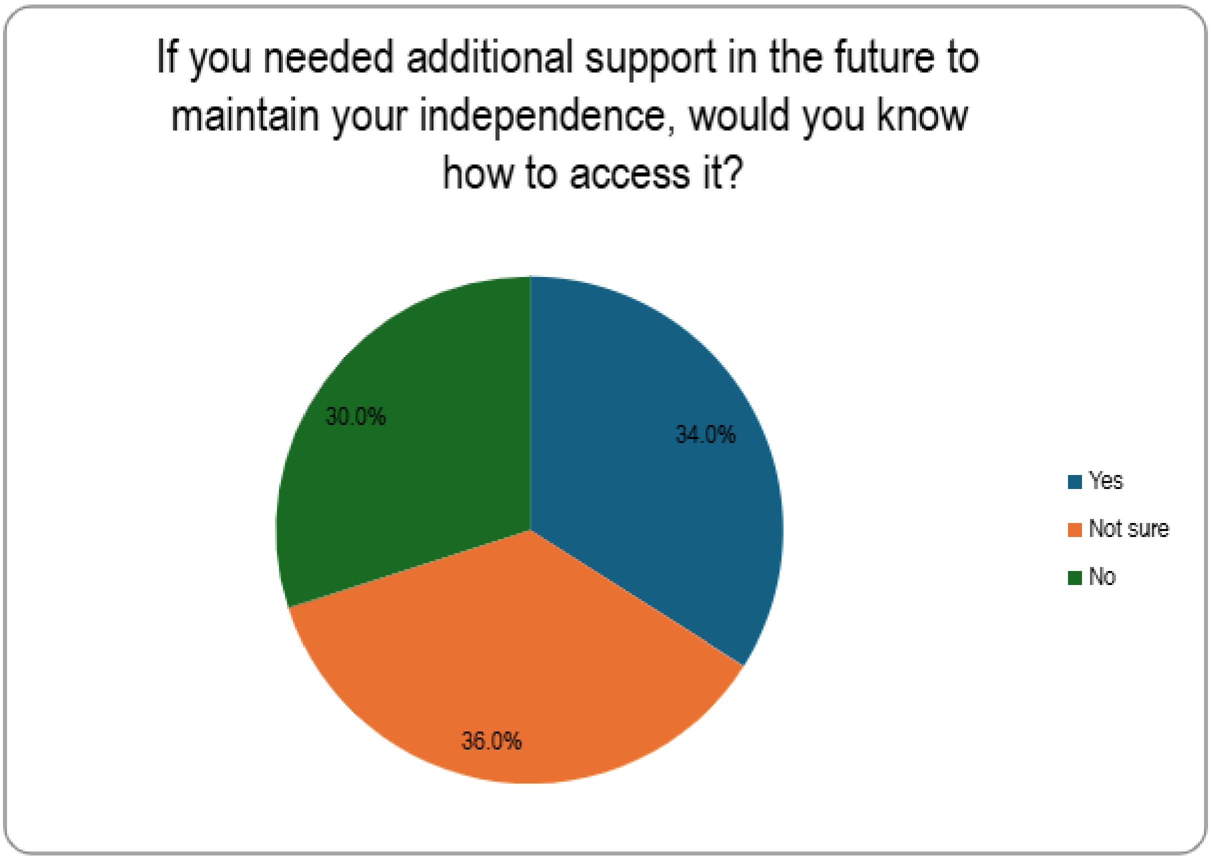
Age 75–84: Independence begins to decline, with 65% still managing without support. Use of unpaid carers (12%), home adaptations (10%), and transport services (12%) all increase. Social group use nearly triples compared to the younger group.

Age 85+: Only 25% say they do not require services to maintain their independence. Reliance on unpaid carers jumps to 43%, with 18% using paid carers and 29% needing home adaptations. Social clubs and transport are each used by nearly one-third, reflecting the growing importance of practical and emotional support in this group.

	65–74	75–84	85+
I do not require services	78%	65%	25%
Care from an unpaid carer	6%	12%	43%
Care from a paid carer	4%	3%	18%
Home adaptations	6%	10%	29%
Transport to appointments	5%	12%	32%
Social groups or activity clubs	6%	17%	32%
Community meals	1%	3%	7%
Other	9%	12%	7%

We asked people if they needed additional support in the future, if they would know how to access it.

When asked if they would know how to access support to maintain their independence in the future, just over a third of respondents (34%) said yes. However, the majority were either unsure (36%) or said they would not know how to access help (30%), highlighting a need for clearer information and guidance about available support services.



Thoughts and feelings on the use of technology to promote independence

How familiar are people with assistive technology that helps manage health and daily activities at home?

43% of those who answered this survey question said they were not familiar with any assistive technology. 35% said they were familiar with assistive technology but did not use any, and 22% said were familiar and they already use this technology.

What types of technology will people consider using (now or in the future) to support their health and independence?

While the question specifically asked about technology preferences "now or in the future," we noticed a large number of those who responded “no I definitely do not want this”. When we analysed this further by looking at the qualitative responses that accompanied this, it may be that people interpreted the option to reflect their current preferences rather than their future needs.

This could affect how the data is interpreted, as some individuals who selected "No" may still be open to using these technologies later on in life. As a result, the "No" responses should be viewed with this context, acknowledging that current preferences may not fully reflect future openness.

Most respondents showed interest in using assistive technologies, particularly personal alarms and emergency alerts and remote health monitoring.

Interest in smart home devices, medication reminders, and virtual consultations was moderate (around 57–58%), but these also saw higher levels of uncertainty and curiosity, suggesting many need more information or reassurance before adopting them.

Across all categories, a significant number of respondents were either unsure or wanted to learn more, highlighting a possible need for greater education and support to help people make informed decisions about using technology to maintain independence.

Technology Type	Yes (%)	Unsure (%)	No (%)	Don’t Know What This Is (%)	Want to Learn More (%)	Response Total
Personal alarms and emergency alerts	75%	11%	10%	1%	3%	346
Smart home devices	57%	22%	12%	3%	6%	350
Medication reminders	58%	16%	20%	2%	4%	336
Remote health monitoring	61%	18%	13%	2%	6%	344
Virtual consultations with healthcare professionals	57%	15%	19%	4%	5%	343
Home adaptations (e.g., stairlifts)	52%	20%	24%	0%	4%	328

Reasons people gave when they said they would not consider using assistive technology

We asked if there were any reasons they might not consider using assistive technology to support their independence. 326 people responded to this question. The table below summarises the most common barriers selected, along with themes that emerged from written comments. It highlights not just practical concerns like cost and complexity, but also personal preferences, confidence levels, and openness to using technology in the future.

Theme	Details	Quote or Insight
Cost	31% of respondents cited cost as a barrier.	
Lack of knowledge	30% said they don't know enough about available technology.	*"Would be good to know it's there and how to easily access if needed."*
Don't feel it is necessary	29% currently don't feel they need assistive technology.	*"Not needed just yet."* *"I don't feel I need it at the moment."*
Complexity/ difficulty of use	28% were concerned about how difficult or complicated technology might be.	*"If it is mechanical, I would survive – if totally electronic, I would likely fail."*
Privacy or security concerns	18% mentioned privacy, data protection, or trust issues.	*"Technology can be very unreliable."* *"Security… vulnerability to hacking."*
Open to future use	Many said they don't need it now but would consider it if their needs changed.	*"Would be happy to use as necessary."* *"I have no problem using anything I need."*
Prefer personal contact	Some preferred speaking to professionals in person rather than relying on tech.	*"I prefer to speak to a health professional face to face."*
Already using tech	A few respondents already had assistive tools or felt confident using technology.	*"I already have an alarm system with personal call."* *"I use a smart phone and iPad."*

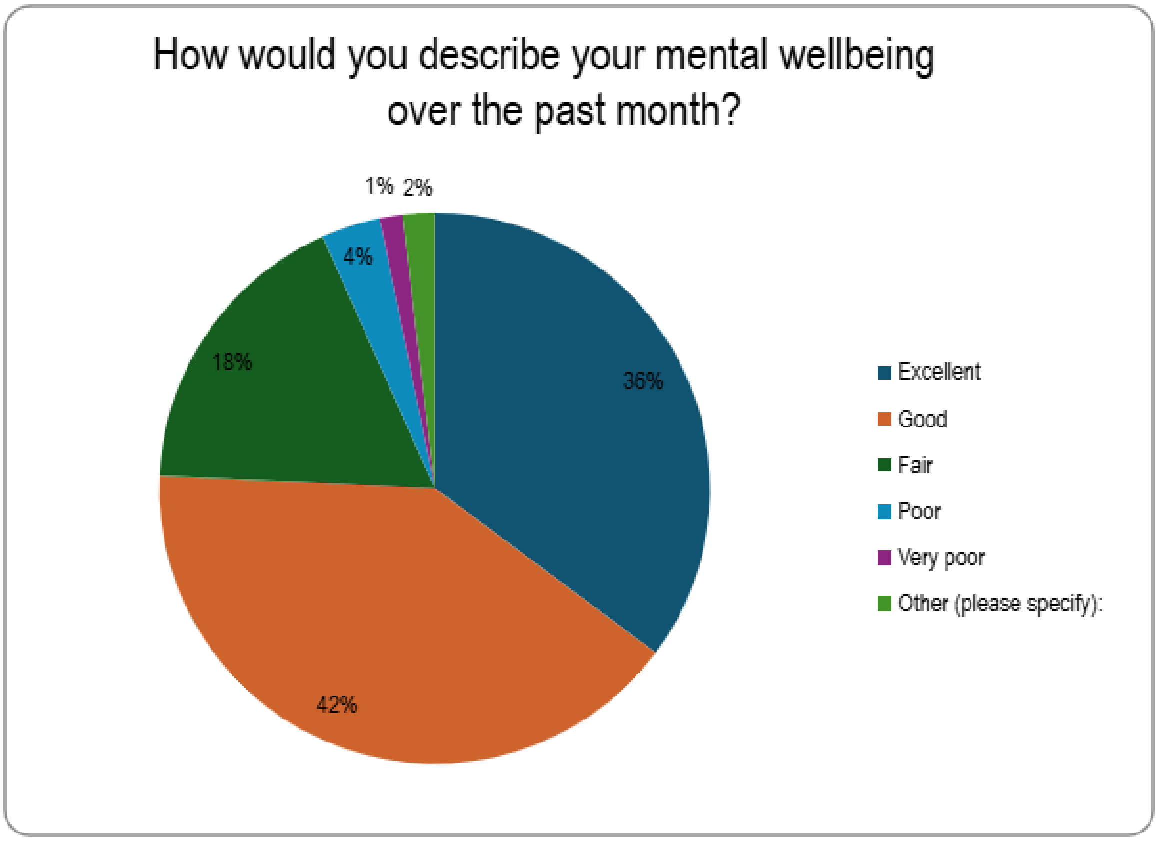
This suggests that while many older adults are open to using assistive technology, uptake is influenced by a mix of practical barriers (such as cost, complexity, and lack of knowledge) and personal preferences (like wanting face-to-face support or not yet feeling the need).

Importantly, a large number said they didn't need assistive technology yet – highlighting the value of early awareness and future planning. The findings show a clear need for accessible information, hands-on support, and reassurance around privacy and security to help build confidence and increase use when the time is right

Wellbeing

We asked people how they would describe their mental wellbeing over the past month.

When asked about their mental wellbeing over the past month, the majority of respondents reported feeling generally positive. 78% rated their wellbeing as either good (42%) or excellent (36%). A smaller proportion (18%) described their wellbeing as fair, while 5% said it was poor or very poor. These results suggest that most who completed the survey felt emotionally well in recent weeks, though a small minority were experiencing difficulties.



We then analysed the results further to explore whether any factors might influence mental wellbeing. When we looked at responses by age, there were no notable differences across age groups. However, there was a clear link between mental wellbeing and a sense of independence. Those who said they did not have the support they needed to maintain their independence—or only partially did—were significantly more likely to report lower levels of mental wellbeing. This group had much higher rates of fair, poor, or very poor wellbeing compared to the wider sample.

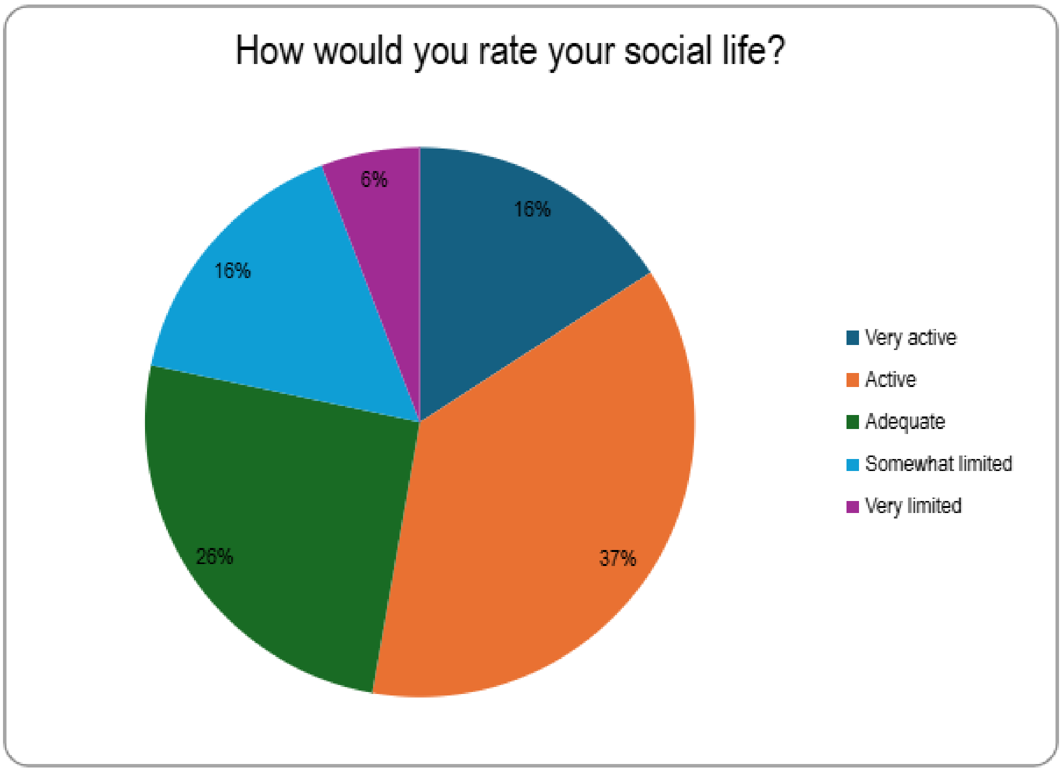
- Wellbeing is notably worse among those who don't feel they have the full support they need to maintain their independence. Only 40.5% of this group described their wellbeing as good or excellent, compared with 78% of the general sample.
- Rates of 'fair', 'poor', or 'very poor' wellbeing were more than twice as high in the group who lacked support (62%) compared to the general population (23%).
- In particular, the proportion of those reporting very poor wellbeing is more than ten times higher (10.8% vs. 1%).

This suggests a strong link between feeling unsupported and experiencing lower mental wellbeing. Those who do not have the support they need to maintain independence are far more likely to report struggling emotionally—particularly with fair, poor, or very poor mental health.

It reinforces the importance of timely, accessible support not just for physical independence, but also for maintaining emotional resilience and quality of life.

How do people describe their social life?

The majority of respondents rated their social life positively, with 53% describing it as either active or very active. Around 26% felt their social life was adequate, while 22% reported it as somewhat limited or very limited. This suggests that while most are socially engaged, a significant minority experience limited social interaction.



109 respondents left an additional comment after this question. Some told us the activities they do with friends, family, or alone in a positive light, others were much more negative.

Negative examples:

"I stay at home by myself with the company of my dog and my spouse when he can be here. I don't have any friends in the area and it's difficult meeting new people. Because of my health I can't always follow through with plans etc and I get very sad and lonely."

"My social life is limited as I have low energy levels and am easily overwhelmed."

"It is extremely difficult to get around. I can't use local transport as the bus stop is too far for me to walk and I can't stand for long periods of time (hourly bus). We have a couple of friends still alive. We try and meet up once a month, we try and get to town twice a week as we can visit the butcher, veg shop plus see a few people we know. One time we didn't realise our blue badge is not valid. We were told by our daughter who received a parking fine, so yet another place we can't have access too. We used to be able to access the hills free have picnic's etc. look across the countryside… it feels like there is nowhere to go. Pittville park is no longer accessible as you can't park anywhere."

"I am a coeliac and can't always find gluten free food when out."

"My husband is anxious and makes excuses for not going out, particularly in the car now that he has given up driving. As a consequence, my life has become much more restricted because of this. We used to enjoy getting out and about together every weekend but now he doesn't want to go further than the local shops."

Positive examples:

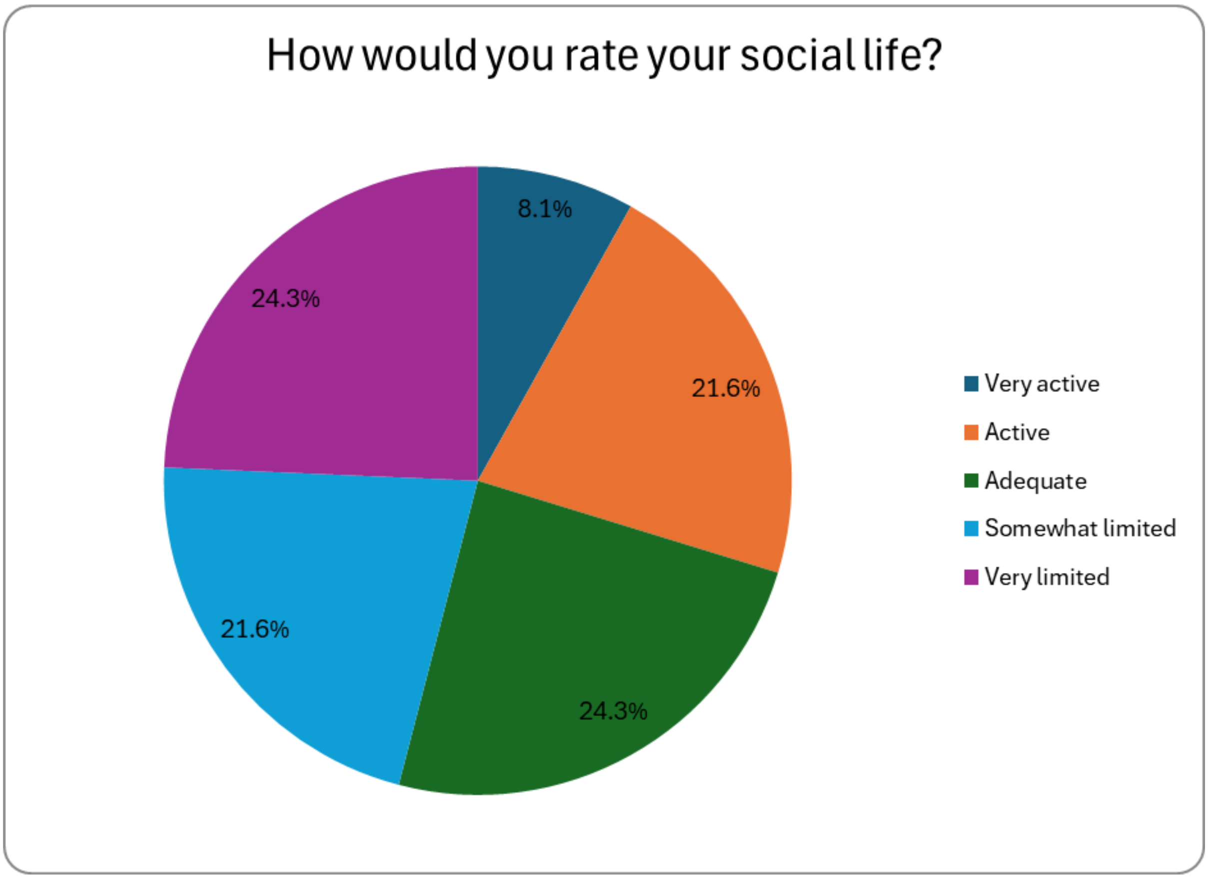
"I use local 'keep fit' facilities provided at [my local] village Hall and also attend other events here. I am a member of a film society, a local art group. I also have lots of local friends."

"I am involved with a local church, meeting friends socially, volunteering work, trying to keep fit, helping people weekly, caring for friend's children 2 nights a week so their single Mum can work."

“Horse riding, NWR, U3A, volunteer gardener, museum schools officer volunteer, crafting leader, book club”

“I am 87 and am and have been for decades a keen cyclist. Last year 2024 I cycled 9,000 miles.”

We filtered these results based on people’s ability to access support to maintain their independence. Those who reported lacking full support to maintain independence were more likely to have limited social lives, suggesting a potential link between unmet support needs and social isolation.



Do people feel they have support available to help with your mental wellbeing if needed?

53% of survey respondents felt they had support available, 16% said no, and 31% said they were not sure. The additional comments indicate mixed experiences, and many said they would reach out to their friends and family for mental health support.

“Not via the NHS; in my experience and that of others I know, the wait is so long that more and more are having to resort to pay for private care.”

"Access to my GP seems to be limited, so I am not confident I could get an appointment in an emergency."

"There isn't enough of this type of support available for either the elderly or the young."

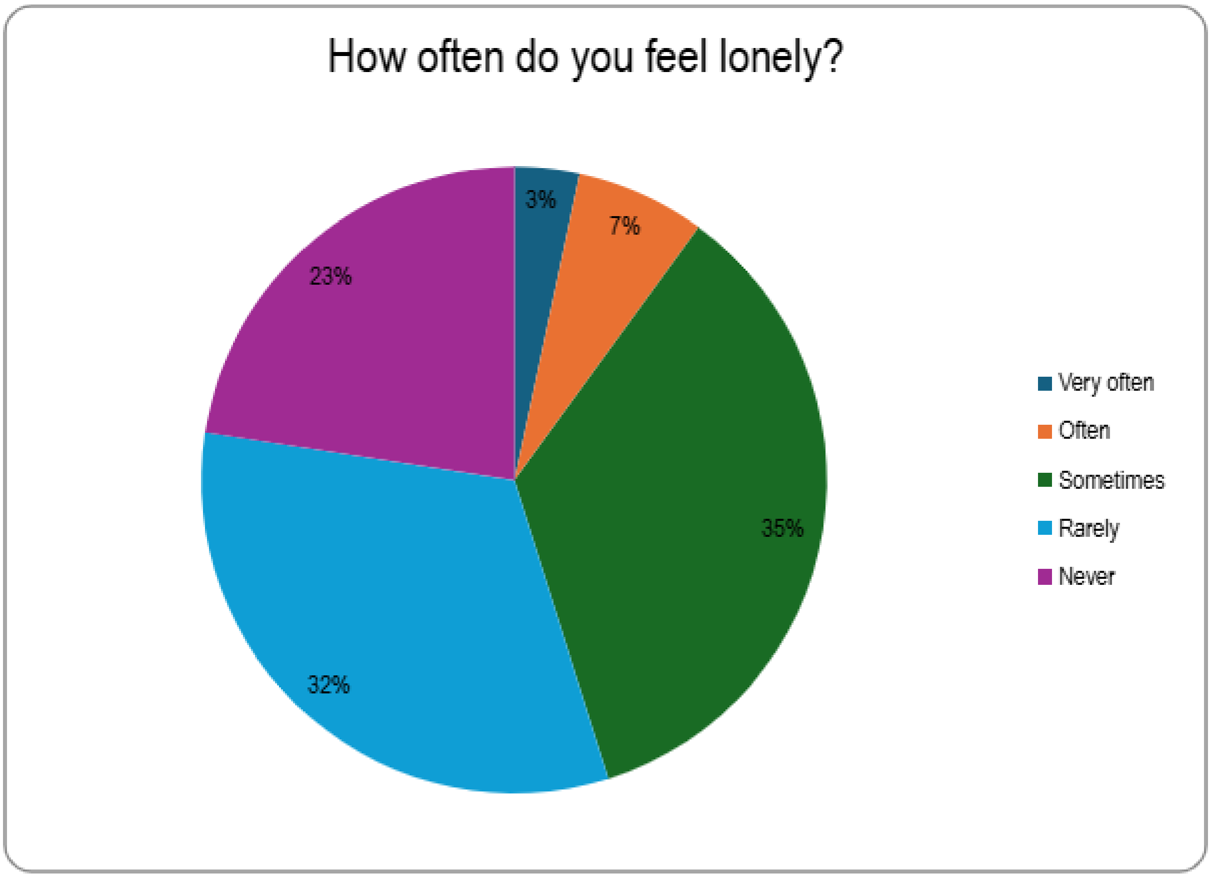
"I don't know how to access any help, and I don't want my Dr to think all my health problems are psychological, as has often been my experience being a woman with ME."

"I have been a member of a Men's Group for 23 years meeting fortnightly for 3 hours."

"I don't feel I need formal mental health support more like a trusted friend locally I can chat to in confidence when needed. "

How often do people feel lonely?

Most respondents reported only occasional or no feelings of loneliness, with 55% saying they rarely or never feel lonely. However, 45% experience loneliness to some degree—35% sometimes, and 10% often or very often. This suggests that while over half feel socially connected, a significant portion still experiences periodic or frequent loneliness.



Data filtered by age group:

Response	65–74	75–84	85+
Very often	3%	3%	3%
Often	4%	10%	10%
Sometimes	32%	37%	50%
Rarely	38%	25%	20%
Never	23%	24%	17%

From this information we can see that:

- Feelings of loneliness increase with age. While only 7% of the 65–74 group said they felt lonely often or very often, that figure nearly doubles to 13% in the 75–84 and 85+ groups.
- The 85+ group is the most likely to report feeling lonely "sometimes" (50%), and the least likely to say they "never" feel lonely (17%).
- Conversely, younger older adults (65–74) are most likely to report rarely or never feeling lonely (61%), suggesting stronger social connections or fewer barriers to social engagement at that stage.
- This pattern highlights a growing risk of loneliness and potential social isolation with increasing age, particularly from 75 onwards.

Do older people think they are valued for their contribution to society?

We asked participants whether they believe older people are valued for their contribution to society. This question was intentionally left open to interpretation. We didn’t specify who older people might be valued by e.g., family, government, employers, the wider public. We chose this approach to understand how people interpret the concept of being valued, and to keep the survey open and exploratory.

The majority of participants - 59% - said they *sometimes* feel that older people are valued, while 25% said *rarely*. Very few felt that older people are consistently valued, with most responses falling into the *sometimes* or *rarely* categories. This points to a general sense of ambivalence or conditional recognition.

The additional comments made reflected a wide range of experiences and viewpoints. One respondent noted that “due to the rapid pace of social change, often older people can feel out of touch and have little to contribute to a younger generation,” adding that modern family structures mean older people's childcare skills are less often called upon.

Another remarked that while some institutions take older people seriously - “political parties take old people seriously because we vote… the BBC is also alert to senior views” - others, such as banks and utility companies, “treat us all with equal indifference.”

Others highlighted systemic issues: “Too many services, too much listening, very little help,” one wrote. Another said, “Yes on a person-to-person basis, but many large organisations have systems and processes that work against the interests of older people.”

There were also comments on the role of older people themselves in shaping how they are perceived: “We won’t be valued unless we get out into the community,” one respondent suggested.

Overall, while individual experiences of feeling valued do exist, there remains a strong sense that older people’s contributions are often overlooked or undervalued, especially by larger systems and institutions.

Joined up care

How well do people think services work together?

We asked whether, when using community, health, or social care services, they felt these services worked together and communicated effectively to help maintain independence as much as possible.

45% of survey respondents said sometimes, 30% said most of the time, 14% said rarely, 6% said never, and only 5% said always. These responses suggest people have mixed experiences with a significant proportion feeling that services fall short in consistently supporting independence through joined-up working.

142 people shared comments on this question. While a small number described positive experiences, most respondents painted a picture of a system that is often disjointed, under-resourced, and difficult to navigate. Below we’ve grouped the main themes that emerged from these responses.

1. Poor communication and fragmented services

Many respondents expressed frustration that different parts of the system do not communicate with each other. Frequently mentioned are delays, repeated assessments, and having to retell their medical histories multiple times.

> “Hospital Trusts are not joined up so delays in passing on patient information. All services are overwhelmed and under-resourced at every stage.”
>
> “Departments don't seem to communicate with each other and the patients – or 'customers' as we are now called. My husband has been in hospital [for a long time], and I’ve had minimal information about him from anyone in the NHS.”
>
> “Often seems to be a lack of connection between hospital and GP surgeries. Their software systems don’t seem to be joined up.”

“I believe communication between doctors within practices, and between surgeries and pharmacies could be vastly improved... This would avoid having to 'start from scratch' explaining one's medical history every time.”

“With a range of medical issues, it could be handled more efficiently with less pain to me and more quickly, if information was shared including notes from years past. An updated summary at the front of files would be useful.”

2. Gaps in follow-up and continuity of care

Problems with follow-up support after hospital discharge were raised, with some describing complete breakdowns in care.

“My wife was assured of six weeks’ support from social services after a stroke. We didn’t see anyone for a month, then someone turned up for five minutes and never returned.”

“My neighbours' father died in hospital because, while waiting for a care package, he contracted COVID.”

“There are still gaps in healthcare services, particularly in follow-up to emergency or out-of-hours care. People still fall through the cracks.”

3. Difficulty accessing services at home

Some people expressed a strong desire for more home-based support, including GP visits and better access to professionals like opticians and district nurses.

“Trying to get an optician to come to the house is impossible but can be managed in town.”

“Bring back district nurses and doctors seeing one in one's home when needed.”

“We have become extremely frail yet cannot even get a home visit from a GP. We're given a call instead – the doctor hasn’t seen how pale we are, how low our oxygen levels are...”

4. Inaccessible or overwhelming systems

Several described services as confusing, hard to navigate, or lacking the right kind of information or support – especially for those without advocacy or digital access.

“[I had] no advice or help when I asked for information on facilities for people with special needs. Accessible information and knowing where to find it would be very helpful!”

> “Not always clear when to go to GP, pharmacy or A&E. No experience of community or social care services.”
>
> “Staff try their best and do talk to each other a bit, but they’re not as joined up as they should be. They seem to work on different systems and I often have to repeat myself.”
>
> “I think if you are able to find and pay for services yourself, they work well and feel as though they are working with you to provide what you need. If you are reliant on Social Services providing support, it is more of a lottery each day as to what help you will receive, from whom and when. It feels as though these services are run for the convenience of the provider, not the service user.“

5. Concerns about underfunding and political will

Others reflected on systemic issues, believing that the problems stem from long-term underinvestment and political neglect.

> “Social services are underfunded and where possible I keep well out of using them because of past experience.”
>
> “I witnessed many instances of uneven provision between health and social services, failures that were never adequately addressed by central government but which resulted much avoidable suffering for vulnerable people, particularly during 'transition' periods. The constant bugbear of 'bed blocking' - just to highlight one example - could be eliminated with better integration of services but this never seems to happen because there are always more urgent priorities... Until people realise that streamlined services can only be provided through targeted tax revenues, our ‘Getting to Denmark’ aspirations will continue to be frustrated.”
>
> “There is no social care system anymore. Just government that take away our heating allowance and extra taxes.”

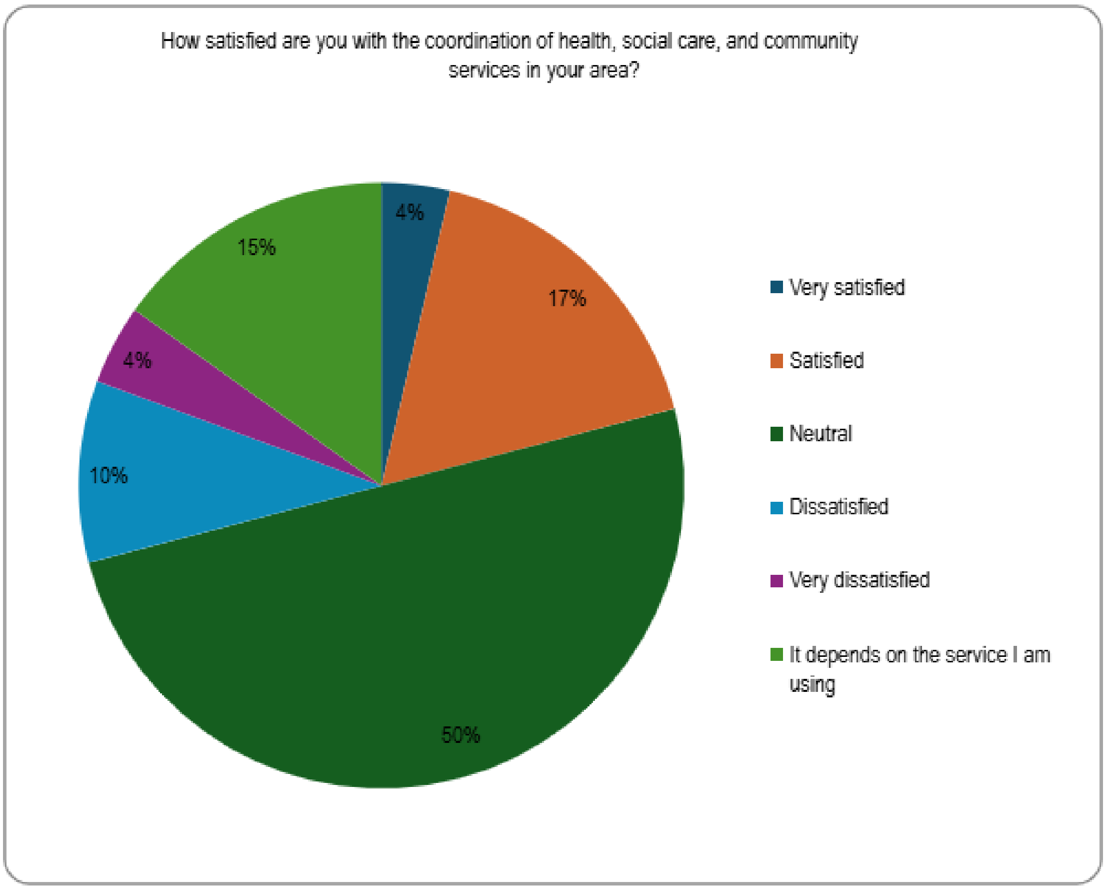
6. Positive experiences

While the tone of most responses was critical, a small number shared examples of good practice and effective coordination:

> “Health Access Centre in Gloucester is brilliant.”
>
> “My GP has a very efficient repeat prescription service which works well with my chosen pharmacy.”
>
> “The assistance offered by community services during and after cancer care is really excellent.”

How satisfied are people with the coordination of health, social care, and community services in their area?

We asked how satisfied they are with the coordination between health, social care, and community services. Most responses indicated either neutral or mixed feelings:



We also asked people to share more detail about their experiences. 89 individuals provided further comments. Their feedback reveals a wide range of experiences, with many describing specific gaps in coordination, communication, and consistency between services.

1. Communication gaps and fragmentation

Responses included poor communication between services and a general lack of joined-up thinking, especially across different parts of the health and social care system:

> "They don't communicate or cooperate with each other very well."
>
> "There needs to be more coordination and information sharing."
>
> "Health and social care do not work effectively together."
>
> "The various services never 'join the dots'."

Some felt that this disconnect was especially noticeable in complex care situations or when more than one specialist or service was involved:

"Medical support by doctors where several specialists are needed is not coordinated well. Physio services very fragmented."

2. Information sharing and continuity

A common concern was the lack of shared records or consistent follow-up, which meant people had to repeat themselves across multiple services:

"It would be useful if information could be shared to avoid the repetition of sharing the same information with multiple agencies."

"If tests are done to try to diagnose a health issue and the test is negative, you need continuity to actually diagnose the issue."

"Very little automatic follow-up, you have to ask what is happening."

3. Delays, perceived gatekeeping, and access barriers

Several described barriers that prevented them from accessing timely or appropriate care, often including long waits to speak to someone about their health. One person expressed frustration with having to speak to a care navigator first—and many in focus groups shared similar feelings. See page 38 for more information about the focus groups.

While care navigators are the appropriate first point of contact and play an important role in triaging care, it seems that people often just want to speak directly with a doctor or feel care navigators are gatekeepers when trying to access GP services.

"If I want to communicate with my GP practice I go and visit and talk to the gate guard and hope."

"It seems almost impossible to see anyone and having to explain why you want to [be seen by a doctor to] a Care Navigator with no medical training is very stressful."

"It takes usually at least 25 minutes to get to speak to anyone on the phone… and each call repeats 80 seconds of information… Please see if you can rectify this."

"GP surgeries don't have the capacity. Getting anything from our surgery makes me cry."

4. Positive local experiences

Although many reported challenges, there were also examples of efficient and compassionate local care, especially where specific services were well run or individual professionals stood out:

> "My GP practice is efficient and friendly… the pharmacy is good… Cotswold Friends in Cirencester, for the person I look after have been great."
>
> "I had very quick and efficient treatment for some skin cancer recently - doctor recognised symptoms and arranged for a hospital appointment quickly."
>
> "Reablement services in Stroud area work well on the reablement and care side."
>
> "Feel that our GP services are improving… more technology is being used, like blood pressure monitoring and reminders."

5. Understanding people's needs

Several participants pointed out that services often fail to consider the full context of people's lives, particularly for carers or those with complex needs:

> "When dealing with GP or hospital there is no thought given to home circumstances. I am a carer for spouse with dementia and that always needs taking into consideration."
>
> "As I get older and hear of difficulties… I feel there is not sufficient focus on checking out individual circumstances and the need for proper care plans."

6. Inequalities in access and concerns

Some raised concerns about disparities depending on ability to pay or where you live:

> "Access to dentists in the NHS is extremely limited, maybe non-existent, so I am forced to pay privately."
>
> "The dentist and opticians I use are really good. I pay a small monthly fee. However, the doctors are not so good as [they are] purely NHS."

Others expressed broader concerns about who gets help and why:

> "NHS overrun by people using it, usually because they have no jobs, savings, etc. to help themselves and rely on handouts… when they have not actually contributed."

Similar views were shared during informal discussions at group visits which reflects a sense of frustration with pressures on the NHS and who they feel may be responsible. The NHS is a universal healthcare system, free at the point of use and funded through general taxation, therefore this is a political issue.

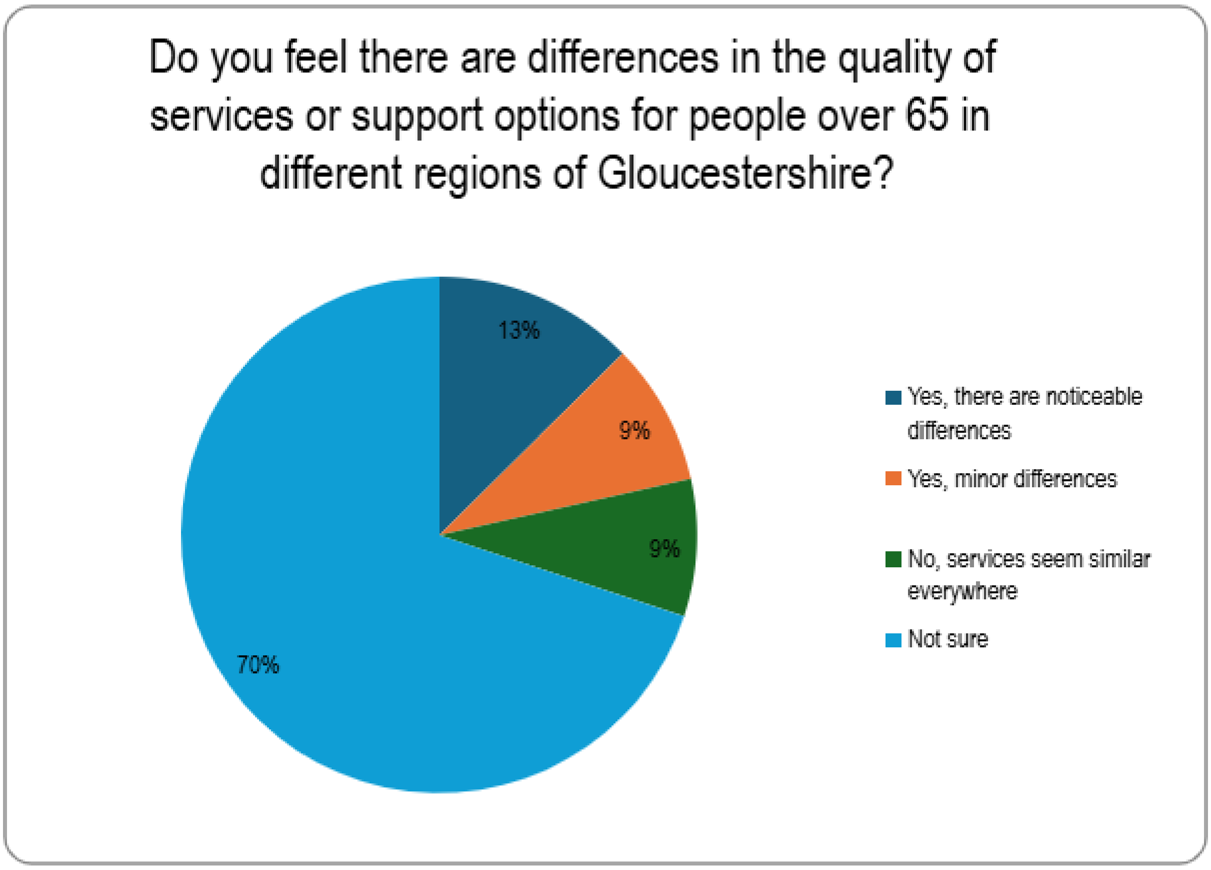
7. Fear, mistrust, and emotional strain

Underlying many comments was a sense of anxiety, mistrust, or sadness about services:

> "From my recent involvement with elderly people needing help I am worried about ever needing such services or help."
>
> "Getting anything from our surgery makes me cry."
>
> "In my personal experience the system can be petulant, dictatorial and on occasions very gracious—because someone actually cares and is not overloaded."

Do people feel there are differences in the quality of services or support options based on location?

We asked whether they felt there are differences in the quality of services or the support options available depending on where they live in Gloucestershire. While 70% of respondents said they were *not sure.*



52 respondents shared examples of the kinds of differences they've observed or experienced:

1. Urban vs. rural disparities

A recurring theme was that those living in rural areas feel they face more barriers to accessing services than those in towns. Distance from services, transport limitations, and fewer local resources were frequently mentioned:

> "Access for remote areas poor in some areas."
>
> "I live rurally so less on offer."
>
> "I am aware that living reasonably closely to a town helps access to services."
>
> "Rural areas are less well catered for."
>
> "Because I do not live in the big towns, I have to travel some miles to get to services."
>
> "Towns are better than villages!"

The practical implications of rural living were also raised, with one noting:

> "Rural residents have it very different to those who live in a town and can walk to the shops and services - you need to rely on a lift, a taxi or have a car, all of which can cost a lot."

2. Variability in GP and primary care access

Responses mentioned inconsistent access to GP services across different areas.

> "I struggle to access my GP in a timely way… Some friends seem to have no difficulty at all in getting an appointment with their GP while others have similar problems to me."
>
> "From my own experience it appears that some areas have much better access to things like GP appointments."
>
> "There seems to be marked differences in getting an appointment to see a GP and accessing an NHS dentist."
>
> "Doctors' surgeries vary in efficiency and support."
>
> "All surgeries seem to vary in their services. Some seem to be more caring and efficient than others."

One respondent gave a clear example of how this variation can impact access to non-clinical support:

> "Some local GPs have a social prescriber who can help support people with non-medical issues. Not all GPs have this facility - which is not fair and should not be postcode related."

3. Community services and social care

Some participants highlighted differences in the availability and coordination of community-based services, depending on location:

> "Forest of Dean has really good community support—their social care services check in with local doctors' surgeries."
>
> "Cotswolds have regular access to community services… the difference in care and support [compared to Gloucester Royal Hospital] was massive."

There were also reflections on past professional experiences that indicated differences in how generous or responsive support might be in various areas:

> "When I worked with [company name] I felt there were areas in the county where care packages were more generous than others."

4. Inconsistency within hospitals

One person raised an important point about differences in care quality within the same hospital, reflecting not just on geography but internal disparities:

> "When I was caring for my wife with end stage MS… even between different wards in the same hospital there was a complete lack of consistency. In some, we were treated with compassion and respect; in others, my wife was made to feel like a burden."

5. Perceptions and choices

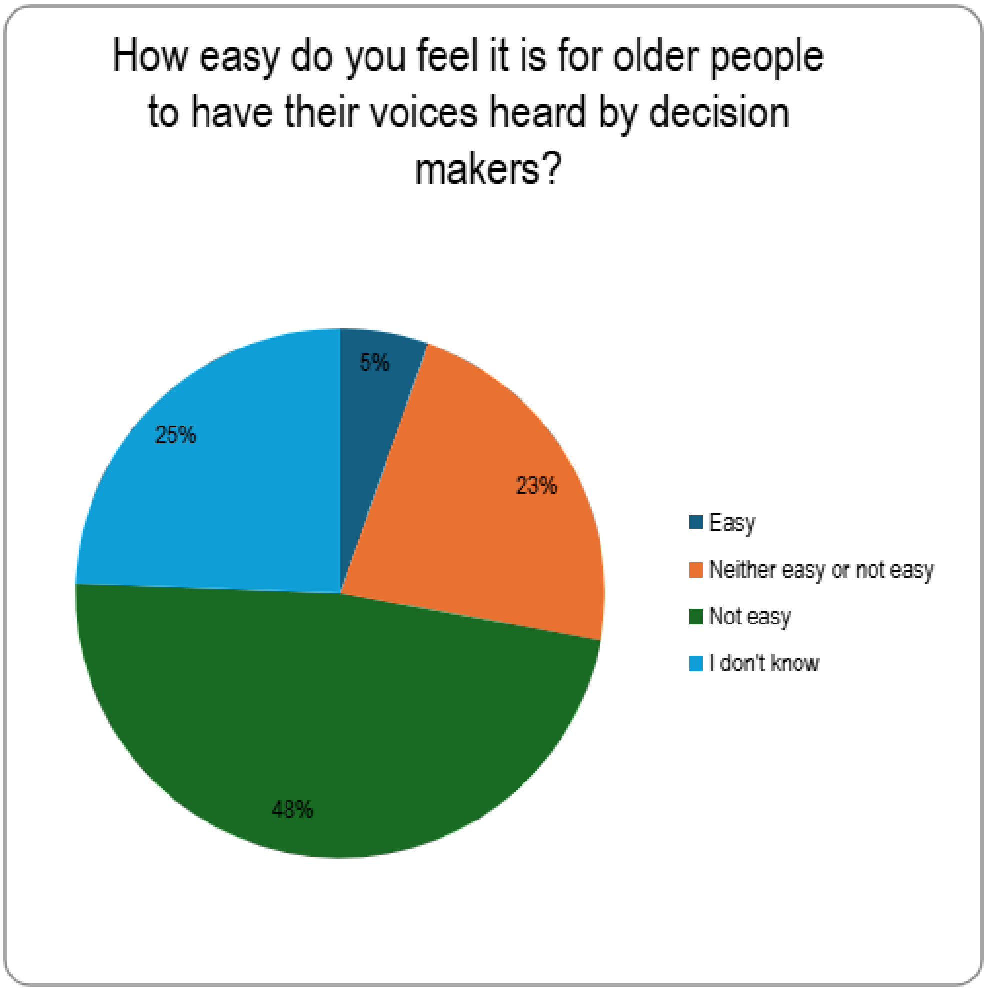
While some admitted they only had limited knowledge of other areas, a few noted they had consciously chosen where to live based on service access:

> "I really only know about Cheltenham. I have a sort of feeling I would not like to be in Gloucester or The Forest."
>
> "We elected to live in Gloucester because we thought it would be harder to access certain services if we lived in a more rural area."

Having a voice

Do people feel heard by decision makers?

The majority of respondents (48%) felt it is not easy for older people to have their voices heard by decision makers. Only a small proportion (5%) believed it is easy, while 23% were neutral and 25% said they didn't know. This suggests a strong perception that older voices are often overlooked or not effectively engaged in local or national decision-making processes.



49 respondents provided additional comments. Their responses highlight a strong sense of frustration, exclusion, and confusion about how to be heard, especially among older people and those facing health challenges or digital barriers. Several key themes emerged from this feedback:

1. Feeling shut out or ignored

People expressed a sense that their voices aren't being listened to or acted upon:

> "It feels as though we are not heard. I think most older people have the life experience and skills to make a difference."
>
> "We appear to have little input. Rarely if ever, asked."

> “Nobody listens to what is needed where we are.”
>
> “I really don’t think we have a voice as we get older, decision makers never ask what we want.”

Several described experiences of being sidelined due to age:

> “Just because we are ageing there is no reason to ignore us… Older people are the backbone and do not deserve to have no say.”
>
> “Seem to get to a certain age and then written off by decision makers.”
>
> “I think we ‘oldies’ are often regarded as ‘outdated’.”

2. Digital exclusion and access barriers

Technology was a recurring theme. Many felt excluded from decision-making because so much now relies on digital tools:

> “Having to use IT isn't easy for older people…Most older folk identify with their GP surgery so discussions should be based there to gather views.”
>
> “So many older people do not have smartphones – this is well known but ignored by health and most organisations.”
>
> “How are they expected to manage input/feedback if not technically minded and adept?”

Others described being forced into digital systems they weren’t comfortable with:

> “I do have one [a smartphone], but felt pressured by all the organisations I dealt with to have one in order for me to be able to deal with them.”

3. Lack of transparency and unclear routes

Many said it simply wasn’t clear how to get their views heard or how to influence decisions:

> “It is not easy for ANYONE to be heard. Who does one talk to?”
>
> “In all areas of life there is a huge lack of information as to how to get in touch with decision-makers.”
>
> “We need to be asked or informed how to contribute.”
>
> “It would be nice to have a forum for older people where they could go to obtain help of any kind - even if it was only a telephone number or a name.”

Some questioned the purpose of engagement exercises altogether:

> "Consultations often a paper exercise, decisions already made."
>
> "I'm filling in this survey and it will probably not even be looked at… just another tick box exercise."

4. System works better for the privileged

Some reflected on how social class, confidence, or health can shape whose voices are heard:

> "I think it is variable. For the articulate, quite healthy, middle classes its ok. For those who have dementia or are a burnout spouse caring for someone who has dementia they're unlikely to be heard. Similar for someone who is frail and housebound. Not sure the decision makers are hearing how upsetting it is for many older people stuck in A & E or how traumatised many are from their hospital experiences."

5. Cynicism, powerlessness, and distrust

Some comments went further, reflecting cynicism about politics or decision makers:

> "They only want your vote or your taxes otherwise they wish we would all just die and thereby solve the social care problem."
>
> "I don't believe people listen to anyone these days—especially when there is no money to change things!"
>
> "Because we are aging does not signify that we 'have lost our marbles.'"

6. Potential and willingness to contribute

Despite the challenges, there was also a strong sense that older people want to be part of the conversation:

> "It's a shame as we could be a real asset to the decision-making."
>
> "It's difficult… Mobilising younger retired people, such as myself, might help to fill that need."
>
> "It is up to the individual to make their voices heard."

Focus group findings

Perceptions of independence and wellbeing

Independence was a recurring theme across all engagement activities. Participants shared that while they appreciate support from family and the community, they want to live with dignity, confidence, and as much autonomy as possible. Many described the tension between valuing help and wanting to reduce their reliance on others.

Valuing independence, but struggling to maintain It

People told us they want to remain independent for as long as possible. Many linked this directly to their health - saying that when their health worsens, they need to ask others for help, which they find difficult or uncomfortable.

There was a strong feeling that no one wants to feel like a burden. Several described situations where they had to rely on children or grandchildren for basic things like making GP appointments, managing bills, or getting to the doctor. Often family members of those who do not speak English confidently, interpret on their behalf, which means they delay accessing care because they must wait for their children to take time off work.

While they were grateful, there was also a sense of guilt and frustration - especially when younger family members had to take time off work or seemed stressed. One woman shared that her family often helped, but “just do things for me” rather than helping her learn to do it herself.

Practical barriers to independence

Many of the barriers to independence were practical. For example:

- Not knowing how to access assistive equipment like grab rails, or who to ask about it.
- There was a strong interest in using technology (e.g., to manage bills or access services), with a need for help to learn how to do this.
- Home or community-based independence classes to teach useful knowledge, such as key healthcare terms, how to navigate systems, or how to use technology safely.
- Difficulties using the NHS App particularly due to language barriers and a lack of digital confidence.
- Small solutions helped. One person shared that they had bought a hot water dispenser to help manage independently at home.

A need for confidence-building support

Several participants explained that they would feel more independent if they had someone with them to build confidence - whether that was using the bus, navigating a new service, or trying out new equipment. In the past, services like the Complex Care team offered support like this, but programmes like this are often short-term. This becomes even harder in communities where English is not the first language. See more in the ‘transport’ section on pages 49 – 50.

Information and communication challenges

Many did not know how to access social care services. Some suggested that it would be helpful for someone to visit community groups and explain what’s available. Others said it was important that this person be from their community and be paid for their time, as this role often falls to volunteers who are not compensated.

Language barriers also played a significant role. Participants said interpreting services were often inconsistent. People told us they thought interpreters were not well-trained, didn’t speak the right dialect, or failed to explain things clearly. This caused anxiety, particularly when discussing medical information. They were often left unsure whether important health details had been translated correctly, or were confused about language used in health care settings and how this translated, which made them hesitant to ask questions or follow up. For example, some found it difficult to understand the difference between ‘physiotherapist’ and ‘occupational therapist’.

Trusted sources of information

Many felt most confident receiving information through their GP, for example via a text message or printed flyer. This was especially important for those who were not online, did not own a smartphone, or had limited English literacy.

The role of family and community

For some, multigenerational living was common and family support was valued, but there was a clear desire to avoid over-reliance. Several shared that asking family for help could be embarrassing or stressful, particularly when relatives were busy with work or frustrated. Some said they would prefer to ask an independent person for support, rather than always turning to their children or grandchildren.

Some participants said they rely heavily on family support but expressed a desire to reduce this dependence. They described wanting the tools and knowledge to help themselves but needing guidance to get there.

Family support is also essential for accessing health and social care services, as those who require a translator often rely on family to do this informally. This can lead to delays in accessing care due to waiting for their family member to take time off work to be able to help.

What people want:

- To stay as independent as possible, for as long as possible
- Better access to information about assistive equipment and support services
- Practical, culturally appropriate support to build confidence and skills
- Reliable interpretation that accounts for different dialects and context
- Clear, accessible communication — especially from trusted sources like GPs
- Paid community-based roles to help bridge the knowledge gap in accessing care

Thoughts and feelings on the use of technology to promote independence

In our focus groups, many participants expressed a strong interest in learning more about how technology could support their independence at home. When we discussed different types of assistive tools, there was curiosity about smart home devices, that can detect falls, temperature, mould and other voice-activated assistants that could be used to call for help or support. (See Carers UK website for a helpful list of smart home devices.)

Participants were especially engaged when they learned that devices like Amazon Alexa can be used to call an emergency contact. This sparked positive conversation, with several saying they would be open to using such technology, especially if it could help them feel safer and more in control in their own homes. Carers explained this would give them peace of mind too.

However, some were clear that they would need in-person support to feel confident using this kind of equipment. Simply handing someone a device is not enough. There is a need for someone to walk them through the set-up process and show them how to use it step-by-step.

There was also interest in the potential for technology to help overcome language barriers, particularly if devices could be set up to operate in a person's first language. This was seen as a promising way to support independence for those who do not speak English fluently, reducing their reliance on family members or interpreters for simple tasks.

Overall, the message was clear: people are willing and often enthusiastic to explore new technologies, but the right support—delivered in a friendly, personal, and culturally aware way—is key to making this a realistic and empowering option.

The importance of community space

Participants told us that their local community spaces were important places of connection, support, and identity. These spaces play a vital role in helping people stay socially active, and independent. At the Ukrainian Community Centre, group members meet regularly to crochet items for soldiers in Ukraine.

These kinds of activities, rooted in care and solidarity, highlight how vital community spaces are - not only for social interaction, but for emotional wellbeing and cultural identity.

However, not every group is able to have a designated community space. For example, at the time of engagement, there was no dedicated space for the Polish community.

While it's important that all community spaces are inclusive and welcoming to all, where there are large populations from specific communities, tailored support and dedicated funding can help ensure their unique needs are recognised and met.

Culturally appropriate support and care

Group members highlighted the importance of receiving care and support and taking part in activities in environments that recognise and respect their cultural and religious needs. This includes not only how services are delivered, but also the spaces in which they take place.

Creating inclusive spaces

Health and social care providers, along with VCSE organisations, can play a key role in making environments feel welcoming and appropriate for people from a range of backgrounds. Practical steps that were mentioned in focus groups included:

Access to prayer spaces:

Where possible, venues should offer quiet, private areas that can be used for prayer or reflection. This was seen as a simple but meaningful way to show respect for different faith needs. These spaces are also highly beneficial for individuals with disabilities, sensory sensitivities, or who are neurodivergent. Having a calm, low-stimulation area available can reduce anxiety, prevent sensory overload, and help people regulate in their own time — supporting better engagement and wellbeing. Ensuring these spaces are clearly signposted and respected as part of the venue can make a significant difference in helping people feel safe, considered, and able to stay for the duration of a session.

Visits to venues beforehand:

Participants said they feel more comfortable attending activities or appointments if they can see the space in advance. This helps to prepare, especially if they experience anxiety, are unsure what to expect, or have specific religious or cultural requirements.

Food hygiene and dietary considerations:

For many, it's not just important that food meets their dietary requirements — but that it is clearly labelled and prepared in a way that inspires confidence in its safety and appropriateness. There is a need to feel reassured that food has been handled with care and in line with their dietary practices. For example, some participants said they would only eat food that was certified halal or vegetarian and prepared in a kitchen that meets those standards.

We heard concerns that care homes in Gloucestershire do not meet these cultural requirements. Participants told us their family members have moved to Birmingham because they provide more culturally appropriate services.

Building trust and comfort

Culturally appropriate care goes beyond just meeting practical needs. It also means being mindful of how people are welcomed, spoken to, and included. This includes:

- Using clear, respectful language - avoiding assumptions or stereotypes.
- Representation - having staff or volunteers from similar backgrounds, or with cultural understanding, can help people feel seen and heard.
- Cultural awareness training - for both professionals and volunteers, to build understanding of different customs, dietary needs, religious practices, and community dynamics.

There was a strong sense that when cultural needs are respected, people feel safer, more welcome, and more willing to engage with services.

Transport

Transport was raised consistently as a significant barrier to access and inclusion. Many participants described difficulties in using public transport, with several emphasising that this was not simply due to cost, but linked to wider issues such as confidence, language barriers, and accessibility.

Language and confidence

Some shared that they do not use public transport because they lack confidence or do not speak English fluently. This creates anxiety for them about navigating unfamiliar routes or making mistakes, such as getting on the wrong bus or being unsure how to get home. One participant commented that the free bus pass “is useless if people don’t have the confidence” to use it. Another shared that, in the past, the complex care team had funding to support individuals in building confidence to use buses, but that this support is no longer available. Without such help, a bus pass alone does not meet people’s needs - particularly for those who are isolated, do not read or speak fluent English, or are new to the area.

Physical barriers and weather

Bad weather, limited mobility, and poorly placed bus stops were also mentioned as compounding factors, especially for those who do not live within easy walking distance. Several commented that getting to regular group sessions is already difficult, and that transport challenges prevent them from attending other activities or appointments that could benefit them. There was a strong feeling that transport plays a vital role in helping maintain their independence.

Access to services

One carer explained that without funding to support transport, some simply cannot attend - noting that this had been the case on the day of the focus group. Another reported that Barton Gate patients were sometimes sent to services in Quedgeley, Kingsway or Rosebank, which they found hard to reach due to limited or inconvenient public transport options.

Digital exclusion

Some participants also mentioned frustration with new bus stops that do not display physical timetables, assuming that everyone can access information digitally. While some welcomed the introduction of electronic displays, others pointed out that not everyone is digitally literate or owns a smartphone, which can further isolate those already struggling to access transport.

A key to independence

Overall, there was a clear message that transport is a major factor in people's ability to engage with services and community activities - not only as a practical concern, but as something that shapes confidence, independence, and a sense of connection.

Additional insights

Participants shared a range of experiences and reflections when asked if there was anything else they would like to add:

Frustration navigating care pathways

One described a complex and distressing journey to access help for severe knee pain. Facing delays and unclear communication from her GP and urgent care, she ended up waiting 12 hours in hospital for a blood test. Eventually diagnosed with arthritis via text message, she received no follow-up or support.

Challenges with hidden care needs

A woman supporting her husband, who she suspects has early-onset dementia, shared how hard it is to help when he won't engage with services. Another shared concerns about falling at home and not being able to alert family members.

Communication with GPs

Several said they find it hard to know how to express their needs during GP appointments. They would value simple tools like a factsheet with key phrases to help them describe symptoms and get heard. For example, knowing to state how many issues they want to discuss upfront was seen as useful advice.

Seeking care abroad

Some participants reported travelling to India and Poland for dental treatment and diagnostic scans, as they found private care overseas more affordable and accessible than in the UK.

What communities told us would help

Throughout our focus groups, participants shared practical and meaningful suggestions to improve their experiences of care, support, and inclusion. These ideas often reflected shared needs across communities, while also highlighting the importance of culturally sensitive and localised approaches.

1. Improve access through trusted, familiar spaces

Many participants said they would be more comfortable accessing services in venues they already attend, such as community centres, religious spaces, or established community groups.

Some suggested that services could send a representative to visit their groups first, explain what they offer, and build trust before expecting individuals to engage.

2. Provide in-person information and support

In most cases, people preferred information to be explained in person, ideally with someone they know and where appropriate, with an interpreter present. Participants emphasised the importance of being able to ask questions and receive answers face-to-face.

3. Build confidence in transport use

Language barriers and unfamiliarity with public transport made it difficult for some to travel independently.

Suggested solutions included buddy systems, small group trips to new services, or support workers accompanying them a number of times to build confidence.

4. Recognise and enable community skills

Across groups, participants said they had valuable skills and experiences they would like to share. What's missing is a clear way to get involved, funding or resources to make projects sustainable, and reassurance that their contribution would be valued.

5. Create gender-specific and culturally-aware opportunities

For faith-based communities, gendered activities were suggested to ensure comfort and participation.

Cultural food, language, and religious considerations should be reflected in any service design or engagement work.

6. Reach communities where they already are

Community WhatsApp groups, local places of worship, and community leaders were mentioned as ideal routes to share information and opportunities. There was concern that often community leaders are unpaid and the importance of having paid professionals in all aspects of care, service provision, and community engagement was highlighted.

Announcements during regular gatherings or through connectors are more likely to be seen and trusted.

Where communities have an established community hub base, many expressed a desire for a mobile hub or outreach service to visit their area on a set day. This would provide a trusted space where people can ask questions, get help with accessing services, and be signposted to support. It was felt that this type of service would be especially useful for those who don't speak English fluently. There was emphasis on the need for translation or interpretation to be available as part of this offer. Some suggested the NHS community bus would be a good model for this, though acknowledged it would need careful coordination and clarity around who holds responsibility for delivering it.

Community driven priorities

The following section outlines a range of community-driven ideas and needs to improve wellbeing, reduce isolation, and support healthier lifestyles across different cultural groups. These suggestions, shared through focus groups by community members, highlight opportunities for targeted activities and services that can foster a stronger sense of connection and improve overall quality of life.

Ukrainian community group:

- **Line dancing class for Ukrainians** led by a volunteer who needs funding and support with venue rent.
- **Fitness classes for women over 65** with health conditions, to help maintain physical wellbeing.
- **More visits from health services**, with professionals who stay to engage meaningfully.
- **Embroidery classes** to provide creative and cultural engagement.
- **Business support classes** for individuals
- A wish to **open a café at the Ukrainian centre** to build social connection—currently held back by lack of funding.
- Desire for **more activities at the community centre**, especially those that support education around health and food.

Chinese community group

- **Health education and prevention:** Diabetes was mentioned as a common concern. They would value more preventative activities and education focused on managing and reducing health risks within the community.
- **Opportunities to socialise:** There was a strong desire to have regular opportunities to connect socially, ideally at least once a month. Participants said this would help reduce loneliness and support mental wellbeing, but emphasised that funding is needed to make this sustainable.

- **Interest in technology lessons:** Many welcomed the idea of digital inclusion support, such as technology classes. However, they raised concerns about the quality of translation or interpretation, which they felt could be a barrier to understanding and engagement.
- **Support for existing spaces:** The Women's Guild was highlighted as a particularly valued space, with people travelling from across the county to attend because there are so few culturally specific spaces like it in Gloucestershire. Participants would like to see more activities offered there, and more community spaces created to meet this need.
- **Better access to outdoor spaces for adults:** Several commented that local parks and outdoor spaces often cater mainly to children, with few options for adults. There was strong interest in using outdoor areas in the summer for Tai Chi, dancing, and casual sports like table tennis. Some parks in Gloucester have suitable equipment, but access is inconsistent and often far from where people live.

Bangladeshi carers and cared-for group

- **Community cooking classes:** Some said they would enjoy taking part in community cooking sessions that focus on preparing healthier meals, especially if the recipes reflect their cultural traditions and tastes.
- **Regular visits from Healthwatch with translation support:** Participants said they would value a regular visit from a Healthwatch representative who could explain services, signpost to support, and provide information in person. They emphasised the need for translation support during these visits to ensure everyone can understand and engage.

Summary of shared themes across survey and focus groups

Although the survey and focus groups involved people from different backgrounds and communities — with the focus groups often including participants from minoritised backgrounds and the survey reaching a broader general population — there were clear areas of overlap in what mattered most. Despite the differences in context and experience, both sets of participants highlighted similar themes around communication, access to services, transport, and the importance of feeling included and supported in their communities.

This section brings those shared themes together, while recognising the differences in how they were experienced — and importantly, how they may require different solutions rather than a one-size-fits-all approach.

Theme	Survey Findings	Focus Group Findings	Shared Insights/Implications
Transport	Many struggled to access transport and told us that transport was important to maintaining independence and accessing health and care services.	Language barriers and lack of confidence prevents people using transport	Transport is a barrier across groups, some reasons e.g. distance and mobility issues are shared, but some reasons differ e.g. language barriers. Solutions need tailoring.
Wellbeing & Inclusion	Access to activities linked to positive mental health.	Community is key. Some groups need gender-specific and culturally familiar spaces to feel comfortable and safe.	Wellbeing is tied to meaningful activity and inclusion.
Access to Information	Unsure where to go for support or how to access help with independence.	Lack of awareness of VSCE/community services as well as health and social care support.	Need for clearer, more accessible information, ideally shared through trusted channels.
Technology & Digital Access	Interest in using tech for independence, but cost and privacy are concerns. Barriers due to confidence and lack of digital skills.	Interest in using tech for independence. Barriers due to language, confidence, lack of digital skills.	Digital solutions must be accompanied by in person training, support, and alternatives. How this is delivered should be based on the specific needs of the community.
Joined-up Care	Poor communication between services	The importance of trust and continuity was highlighted.	Clearer pathways and better continuity of care

	and across appointments.		build confidence in services.
Having a Voice	Many felt unheard, excluded from decision-making; older people often feel ignored.	Preference for in-person, community-based engagement; digital/linguistic barriers to being heard.	Engagement needs to be relational, not transactional, and culturally sensitive.

Current initiatives in Gloucestershire

Primary Care Networks and Integrated Locality Partnerships

Gloucestershire is advancing a more localised and integrated approach to health and care through the development of Primary Care Networks (PCNs) and Integrated Locality Partnerships (ILPs). There are currently 16 PCNs in the county, each comprising groups of GP practices collaborating with community, mental health, social care, pharmacy, hospital, and voluntary services to provide coordinated care tailored to local populations.

Each PCN is aligned with one of the county's six ILPs—Cheltenham, Cotswolds, Forest of Dean, Gloucester, Stroud & Berkeley Vale, and Tewkesbury. These ILPs bring together a broad range of stakeholders, including local government, NHS bodies, the Voluntary, Community, and Social Enterprise (VCSE) sector, housing, and community representatives. Their collaborative work focuses on integrating services and planning delivery based on the specific needs of their local populations.

This place-based model aims to improve health and wellbeing, reduce hospital admissions, and enhance the quality and accessibility of out-of-hospital care. By fostering strong partnerships at the local level, Gloucestershire is working towards more personalised, preventive, and community-focused health and care services.

More information on Primary Care Networks and Integrated Locality Partnerships can be found here.

Throughout this project, we became aware of some initiatives already underway in the county that aim to support older people and improve their health, independence, and wellbeing. While not all are widely known, many have the potential to be built upon or extended to reach more people. Below is a snapshot of some of the local work that aligns with the needs and experiences shared by participants in this project.

Voice of Older People' Panel

Age UK Gloucestershire, in partnership with the Gloucestershire Older Persons' Association (GOPA), has initiated the 'Voice of Older People' panel to gather insights from older residents on ageing well in the county. While this panel offers a valuable platform for older individuals to share their experiences and influence decision-making, it is still in its early stages and working to broaden its membership to reflect the diverse older population in Gloucestershire. More information can be found here.

Gloucestershire Community Rail Partnership Confident Traveller Programme

The Community Rail Network launched its Confident Traveller Programme in Gloucestershire in April 2025. This initiative is designed to support people who face barriers to using public transport—particularly those from underrepresented groups or living with physical, mental, or emotional challenges.

This kind of work is particularly valuable for people who feel anxious, isolated, or unfamiliar with the public transport system and has clear relevance for older adults wanting to stay independent and socially connected. More information about the Community Rail Network can be found here. For information on Gloucestershire Community Rail Partnership see here.

Gloucestershire Community Transport Initiatives*

*Correct at time of publication

Bledington Care Committee	Only available to Bledington residents		Tel: 01608 658525
Bream Voluntary Car Service	Mileage charges apply	bcvs@btconnect.com	Tel: 01594 560257
Community Connexions including Rural Rover for Tewkesbury and transport for the areas of Gloucester, Cheltenham, Cotswolds and Stroud	Home page - click here	Transport page - click here	Tel: 0345 680 5029
Cotswold Friends	Home page - click here	Transport page - click here	Tel: 01608 651115

Dursley & District Association -Transport of the Disabled and Elderly	£1.00 per mile. For social events and activities for elderly and disabled.	(No transport to hospital appointments please)	Tel: 01608 651415
Hedgehog (Cotswolds routes)	Home page - click here	Timetable page - click here	Tel: 01386 841849
Lydney Dial A Ride	Facebook home page		Tel: 01594 843809
Newent Dial A Ride a.k.a. Sheppard House Transport	Home page - click here	Transport page - click here	Tel: 01531 821227
Villager (North Cotswolds routes, Oxfordshire &Warwickshire)	Home page - click here	Timetable page - click here	Tel: 01608 811617 or 07771 624578

Stakeholder response

One Gloucestershire Integrated Care System

As part of our shared commitment to improving the health and wellbeing of One Gloucestershire Integrated Care System older people in Gloucestershire, we are responding directly to the insights shared through Healthwatch Gloucestershire's extensive engagement with residents aged 65 and over.

This response underpins our local Frailty Strategy and reflects our core principles of dignity, independence, inclusivity, and joined-up care.

1. Empowering Independence & Preventing Crisis

We recognise that many older people wish to stay independent in their own homes for as long as possible. We will:

- enable early conversations about planning for future needs, particularly for those aged 65–74, before health declines.
- Work with partners to co-deliver future preparedness sessions, helping people make informed decisions about housing, care, and support.
- Promote simple, low-cost assistive technologies and home adaptations, via social prescribers and community care providers.

2. Integrated, Neighbourhood-Based Care

To address concerns about disjointed services and poor follow-up, we are:

- Scaling up the **Integrated Neighbourhood Team** approach—bringing together GPs, social care teams, community health, voluntary sector providers, and lived experience voices to create joined-up local services.
- Improving the safe and effective sharing of patient information to reduce duplication and ensure continuity of care—especially after hospital discharge.
- Continuing to embed lived experience into service design ensuring older people shape the support they receive.

3. Culturally Appropriate & Inclusive Support

We heard clearly that not all services feel accessible or welcoming to everyone. We are committed to:

- Working with providers to explicitly influence culturally appropriate delivery
- Supporting delivery of outreach services (e.g., the NHS community bus) in faith and community settings with appropriate language and cultural support.

4. Tackling Transport Barriers

Lack of accessible and confident transport options is a major factor in social isolation and missed healthcare. We will work with partners to influence:

- Investments in **community transport schemes** and build confidence in public transport

5. Supporting Use of Technology Without Exclusion

Older adults told us they are open to using assistive technology—but confidence, cost, and support are key. We will continue to work with partners to:

- Ensure services remain accessible for people who choose not to use digital tools, maintaining face-to-face and telephone-based options.
- Promote the availability of accessible information, in multiple languages, to help people navigate health and social care services

6. Addressing Loneliness and Mental Wellbeing

Feelings of isolation increase significantly in later age, particularly beyond 75. In response, we will:

- Support the further development of **local community activities**, particularly for those aged 75+ and in rural areas, through VCSE partners.
- Promote intergenerational initiatives and neighbourhood-based mental wellbeing programmes.
- Strengthen access to low-level, non-clinical mental health support through peer groups, community spaces, and trusted volunteers.

Our Commitment

We recognise that ageing well is about more than just health care—it's about independence, social connection, meaningful contribution, and dignity. This response will guide our implementation of the Frailty Strategy across Gloucestershire.

healthwatch
Gloucestershire

Healthwatch Gloucestershire
The Vassall Centre
Gill Avenue
Fishponds
Bristol
BS16 2QQ

www.healthwatchgloucestershire.co.uk
t: 0800 652 5193
e: info@healthwatchgloucestershire.co.uk
𝕏 @HealthwatchGlos
f Facebook.com/HealthwatchGloucestershire