Westmorland & Furness Council

Community Conversation...

A Place Called Home

Your living choices in later life

Engagement report | August 2026

How would you like to live as you grow older?

How can you best stay independent and healthy?

What kind of accommodation would you prefer?

In March 2026 we held a **Community Conversation** to help shape the future of care and support for older people in Westmorland and Furness

A great place to live, work and thrive

Executive Summary

1. Purpose and context

Westmorland and Furness Council undertook an early-stage Community Conversation (March 2026) to inform Adult Social Care's "Future of Care Services" programme. The engagement explores residents' values, priorities, concerns and preferences around housing, care and support in later life, before any formal options or proposals are developed.

This was not a consultation on specific service changes, but a deliberate opportunity to understand what matters most to residents, how they think about independence and home, and how different models of housing and care are perceived once people are given clear information.

The main engagement activity was an online, mainly qualitative survey, which was supplemented by face-to-face engagement with paper versions of the survey at community groups for older people across Westmorland and Furness.

Reponses were received from 271 residents, nearly all of whom were in the target 50+ audience. Although not a scientifically representative sample, with females over-represented and Barrow underrepresented, there was a good spread across all Westmorland and Furness Communities and extremely positive and thoughtful engagement.

The findings provide valuable local insight that can be used to support strategic direction, policy priorities and future engagement.

2. Core message from residents

Across all sections of the engagement, one message dominates:

People want to remain independent, in a place that feels like home, for as long as possible – with support that enables, rather than replaces, their autonomy.

Independence does not mean no support, it means:

- Control over decisions and routines
- Privacy, dignity and respect
- Staying connected to familiar places, people and communities
- Support that is flexible, timely and proportionate

Residents do not reject help or care, but are concerned about loss of control, institutional living, and being moved away from home and community without choice.

3. What "independence" means to residents

For residents, independence includes:

- **Autonomy and control** – continuing to make personal choices about daily life, even if support is needed

- **Staying at home** – home is the anchor for confidence, independence and wellbeing
- **Managing everyday life** – particularly personal care, cooking, mobility and getting out
- **Mobility and transport** – especially critical in rural areas
- **Social connection** – independence is not seen as isolation
- **Respect and being listened to** – fear of decisions being made about them

4. What makes "A place called home"

Residents' attachment to home is strong and emotional. Home represents identity, memory, dignity and continuity.

Key insights include:

- A very strong preference to stay in one's own home for as long as it is safe
- Home must provide privacy, dignity and one's own front door
- Personal belongings, pets and routines matter greatly
- Adaptations are widely understood as essential to prolonging independence
- Institutional settings are unlikely to feel like "home"

However, residents are not unrealistic. Many are open to moving to different accommodation if it:

- Preserves independence and dignity
- Feels genuinely like a home
- Improves quality of life rather than diminishes it

5. Place, community and location are critical

If a move becomes necessary, remaining in the same town or village is critically important for most residents.

- Local friendships and informal networks support independence
- Familiarity reduces anxiety and helps people cope with change
- Proximity to shops, GPs and transport is as important as the housing itself

Moves away from established communities are associated with:

- Loss of confidence
- Increased isolation
- Declining wellbeing

A minority would consider moving further afield, most often to be closer to family.

6. Residents' biggest future worries

Residents' concerns are consistent and reinforce earlier themes:

1. **Affordability and cost of care** – fear of losing homes or life savings

2. **Loss of independence and control** – the dominant emotional concern
3. **Dementia and loss of agency** – especially shaped by family experiences
4. **Quality and dignity of care** – anxiety about overstretched systems
5. **Loneliness and isolation** – particularly for people living alone
6. **Transport and access to services** – especially in rural communities
7. **Being "forced" into residential care**
8. **Not being listened to by the system**

7. Staying in current homes: opportunities and risks

Residents clearly understand both the benefits and the risks of remaining at home.

Common anticipated difficulties include:

- Stairs and internal access (especially bathrooms and bedrooms)
- Declining mobility, frailty or memory
- Home and garden maintenance
- Loss of driving and poor public transport
- Heating, energy and ongoing costs
- Isolation and emergency response concerns

Some describe their situation as a fragile balance, where a single change in health or support could make their home unmanageable.

8. Future living preferences: clear hierarchy of choice

After being given accessible information about different housing and care models, residents expressed very clear preferences:

1. **Staying in their own home with adaptations and increasing care** – the clear majority choice
2. **Moving to a more suitable home** (e.g. single-level, smaller, adapted)
3. **Specialist housing with independence** (sheltered or extra care housing)
4. **Residential care** – very much a last resort

Only a very small minority would actively choose a residential care home unless needs become extremely high or complex.

9. Extra Care Housing versus residential care

When asked to choose between good-quality Extra Care Housing and good-quality residential care:

- Extra Care Housing is strongly preferred

- A significant proportion remain unsure, largely due to limited understanding or lack of local availability
- Residential care is chosen primarily for clinical or safety reasons, not lifestyle preference

Extra Care Housing is perceived as:

- More “normal” and less institutional
- Offering independence, privacy and dignity
- Providing reassurance without taking over people’s lives

10. What residents want the council to prioritise

Despite all options being presented positively, residents indicated clear priorities:

Highest priorities

- Clear, accessible advice and information about local options
- Adapting existing homes to be age-friendly
- Specialist support for dementia
- Development of age-friendly and affordable housing
- Alternatives to care homes, especially Extra Care Housing

Lowest priorities

- Expanding traditional residential care homes
- Increasing general retirement housing that has no care or support

11. Information gaps and what residents want next

A consistent message is the lack of clear, joined-up, local information.

Residents want:

- A single, trusted point of contact, offering human advice, not just digital systems
- Clear, local, place-based information on available options, before crisis points arise
- Advice that links housing, care, health, transport and finances
- Transparency about costs, eligibility and availability
- Reassurance about future Westmorland and Furness Council plans and that community engagement will lead to tangible change

Introduction

Community Conversation: A Place Called Home

Westmorland and Furness Council carried out a three-week Community Conversation from 9–30 March, 2026, titled **"A Place Called Home: Your Living Choices in Later Life."**

The purpose was to develop a deeper understanding of residents' knowledge, preferences, expectations, priorities and concerns regarding future living arrangements and care as they get older and their need for support may increase, to support the "Future of Care Services" programme.

A Community Conversation is "early engagement" to open a long-term conversation with residents, to gain their insight for policy and options development, increase awareness of the context and challenges being considered by the council, and also an opportunity to give information to increase understanding of specific topics.

The qualitative findings and inclusion of Westmorland and Furness resident voices from diverse geographies and communities complement two further papers commissioned by the council: an academic review of outcomes evidence for different models of housing and care for older people, and a summary of national opinion research findings on older people's priorities and preferences.

By probing residents' views on independence, community and "a place called home", it also provides an opportunity to validate established Adult Social Care approaches that prioritise people's independence and a widely understood preference to remain in one's own home if possible.

The engagement was also constructed to give information to respondents on models such as Extra Care Housing and Shared Lives, and explain potentially confusing terms typically used in private development marketing such as "retirement living" and retirement villages", before seeking residents' views and preferences on specific living options, from staying at home to a residential care home and options in between.

The Community Conversation information and activities were hosted on a new landing page on our enhanced consultation and engagement platform Citizen Space, which will host all engagement and consultation activities for the Future of Care Services.

Engagement activities

Residents survey

An online survey for residents was the primary engagement tool, promoted via targeted Facebook advertising, posters, social media, and promoted by partners such as Cumbria CVS, Age Concern South Cumbria and Age Concern North Cumbria. Paper copies of the survey were distributed to all council offices, all Westmorland and Furness Council libraries, and were made available to members.

The survey, (see Appendix 1), was of medium length and complexity and was a mix of qualitative and quantitative questions, plus demographic questions.

The purpose was to get people thinking and engaging about a serious and complex subject which many people avoid and/or have deep future concerns and worries about, and to provide genuine insight at some length about residents' feelings and worries.

As an early engagement exercise, this was not a public consultation survey on whether residents agree or disagree with one or more clear proposals, or a topic where everyone will have a strong, simple preference (such as domestic bins or 20mph zones). The survey was of some length and complexity, which brings a depth of insight but will also mean online respondents are likely to be overrepresented by the articulate, engaged, digitally aware and civic-minded, and underrepresented by residents who are less so.

To ensure access for people who are not online, paper copies of the survey were distributed to all council offices, all Westmorland and Furness libraries, and were made available to members, and the survey was promoted via posters at these venues, and in the community via Community Development colleagues.

The online residents survey was promoted via targeted Facebook advertising to residents aged 45+ across Westmorland and Furness, reaching 34,600 people and generating 1,000 landing page/survey page views.

A press release was issued to launch the Community Conversation. The survey was also promoted by partners including Cumbria CVS, Age Concern South Cumbria and Age Concern North Cumbria and there was additional promotion and sharing on LinkedIn.

The demographic characteristics of the respondents to the survey are described later in this report.

Stakeholder online survey

A separate stakeholder survey for Volunteering, Community, Faith and Social Enterprise (VCSFE) organisations, with a wider remit than housing and care, was also promoted via Cumbria CVS, Age Concern and social media. This had a very low response rate and will not be reported on at this stage. Submissions have been supplied to Adult Social Care senior leadership for information. It is anticipated that voluntary sector engagement with the Future of Care Services will be much stronger when there is consultation on tangible options, and the invitation and opportunity to co-produce future service models.

Face-to-face engagement in the community

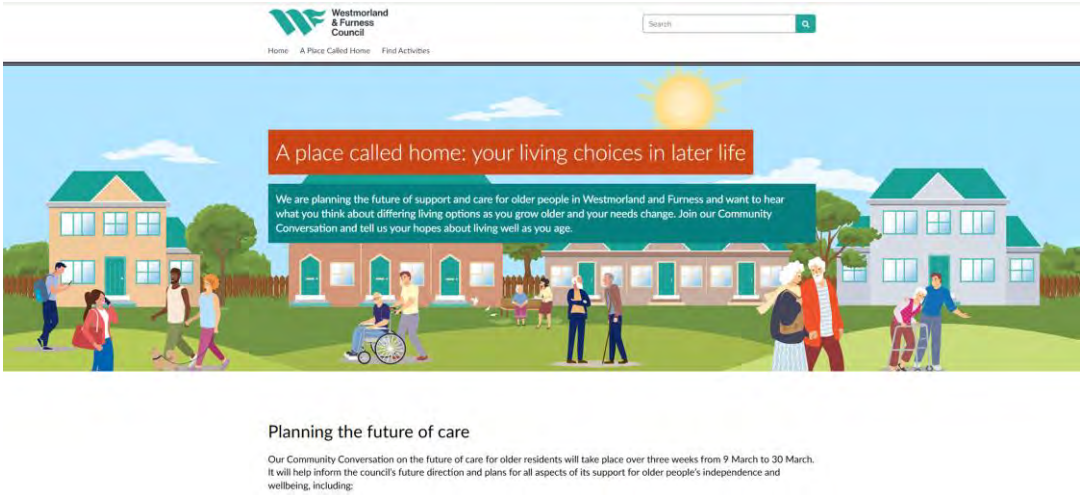
To ensure we were reaching a diverse selection of residents in all parts of Westmorland and Furness and older people who are not online, the online survey was also supported by council teams engaging directly with residents in Furness, South Lakeland and Eden through targeted outreach at community groups for older people.

Staff resources and the three-week campaign length meant we could only visit a small representative selection of Westmorland and Furness communities. These were:

- **Furness:** Barrow Island; North Scale, Walney; Abbotsvale, Barrow; Ormsgill, Barrow; St Aidan's, Barrow
- **South Lakeland**: Bardsea, Ulverston; Ambleside; Sedbergh; Kendal (2 groups);
- **Eden**: Appleby (2 groups); Penrith; Newbiggin.

Engagement involved chatting informally to nearly 400 older residents about the issues in the survey document, and encouraging them to fill in a paper survey there and then, or at home (or online if they preferred and were able).

The survey and information leaflets were also promoted and handed out in-store at Barrow Asda and Kendal Morrisons supermarkets to an estimated 225 residents, but the nature of the topic, the position of our stand in the stores and shopper behaviour did not lend itself to deep engagement on a complex personal topic.



Profile of respondents

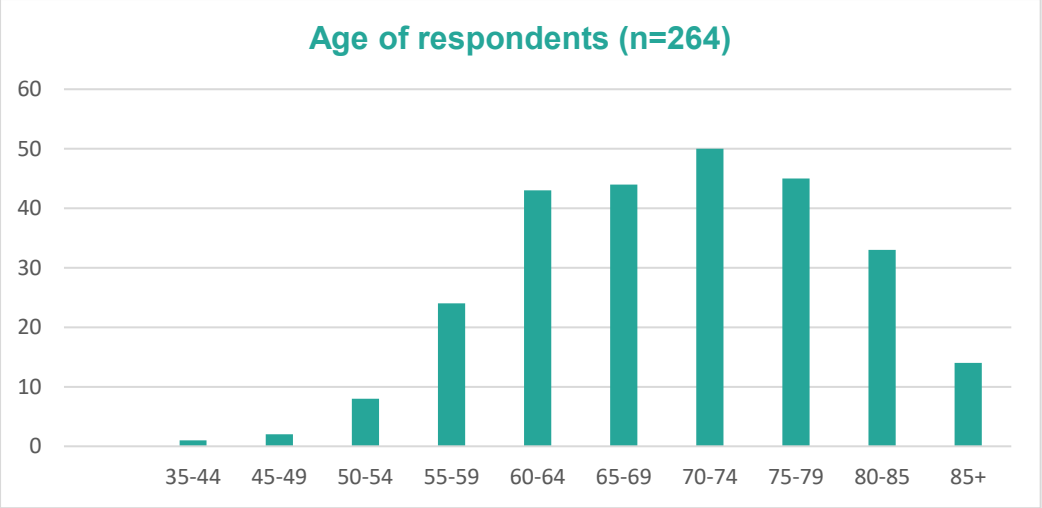
Number of responses

271 valid responses (resident in Westmorland and Furness) were received – 249 online and 22 paper copies. Westmorland and Furness Council staff were invited to take part in the survey as residents, not in their work capacity – 18 responded.

Age profile

The engagement was successful in reaching or appealing to the target audience of middle-aged and older adults who may (or may not) be considering their future arrangements for accomodation and care.

13% were under 60, 33% were in their sixties, 37% in their seventies and 18% were 80 or above. The spread of respondents over 60 broadly matches the age distribution of Westmorland and Furness. Over 85s were slightly overrepresented – probably due to the number of over 85s engaged with at community groups. Half of the respondents over 80 were via paper surveys shared at community groups and available at libraries.

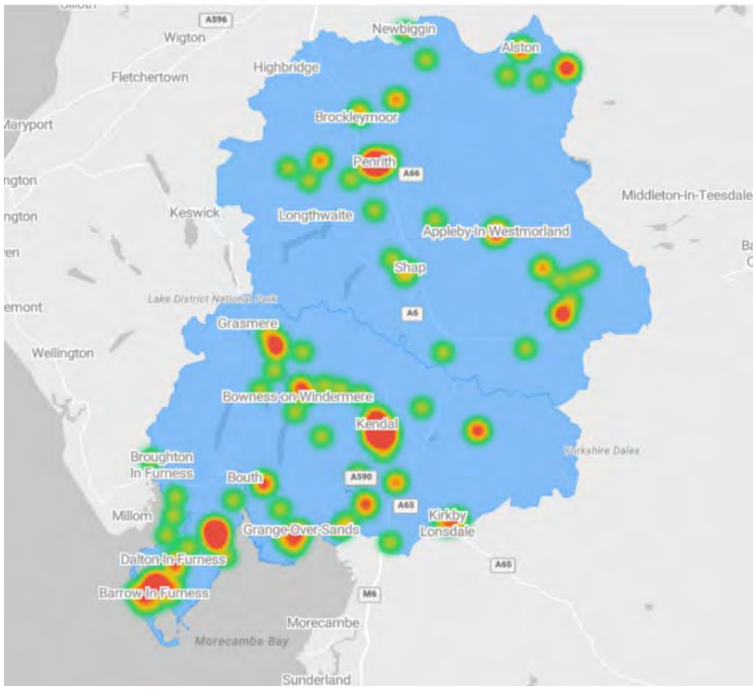


Age	Total	Percent of respondents
35-44	1	0.4%
45-49	2	0.8%
50-54	8	3.0%
55-59	24	9.1%
60-64	43	16.3%
65-69	44	16.7%
70-74	50	18.9%
75-79	45	17.0%
80-85	33	12.5%
85+	14	5.3%
Total	**264**	**100.0**

Location

179 respondents out of 271 provided a full postcode. Respondents had to be resident in Westmorland and Furness to complete the survey.

A good spread of responses was received from all communities, although Barrow was underrepresented compared to the overall Westmorland and Furness population, and South Lakeland overrepresented.



It does mean we heard more voices from diverse rural communities. For example we have 10 responses from the Alston area when a "proportionate" figure would be less than two, and may not have reflected all the concerns in that community.

Postcode	Post town	Responses	% of responses	W&F population estimate (2021)	% of W&F Population	Index (1.0 = proport -ionate)
LA13/14	Barrow-in-Furness	16	9%	56,061	25%	0.4
LA15/16/17/20	Dalton, Askam, Kirkby and Broughton-in-Furness	7	4%	13,299	6%	0.7
LA12	Ulverston	22	12%	20,203	9%	1.3
LA11	Grange	8	4%	9,945	4%	0.9
LA7	Milnthorpe	5	3%	5,056	2%	1.3
LA5/6	Carnforth	7	4%	4,928	2%	1.8
LA8/9	Kendal	35	20%	40,752	18%	1.1
LA23	Windermere	7	4%	8,307	4%	1.1
LA22	Ambleside	8	4%	4,890	2%	1.9
LA10	Sedbergh	6	3%	3,825	2%	1.8
CA17	Kirkby Stephen	9	5%	4,926	2%	2.3
CA16	Appleby	6	3%	6,407	3%	1.1
CA10/11	Penrith	33	18%	37,829	17%	1.1
CA9	Alston	10	6%	2,081	1%	6.5

Rurality

As well as requesting respondents' postcode, the survey asked a new subjective question about self-described rurality, in terms of population centre and access to services.

The 'Urban' category conforms to the Government definition of urban and rural, with Urban being a settlement of 10,000 people or more (which for Westmorland and Furness means Barrow, Ulverston, Kendal and Penrith.)

Government sub-divisions and definitions of rural have changed over time. To reflect Westmorland and Furness's geography of many small towns and larger villages, and to introduce an element of self-reported assessment of access to services, rural was divided for the survey into:

- "Rural town/village – smaller town or large village, with many services"
- "Rural – small village, with some services"
- "Remote – isolated, with no or very few nearby services"

Responses were as below (262 responses out of 271):

Option	Total	Percent
Urban – large town >10,000	98	37%
Rural – smaller town or large village, many services	54	21%
Rural – small village, some services	79	30%
Remote – isolated, with no or very few nearby services	31	12%

The split of 37% urban and 63% rural is not far from the overall Westmorland and Furness figure of 55% rural, suggesting we have a fairly representative sample in terms of rurality and access to services.

Sex

Respondents were 26% male and 74% female.

This may be as a result of higher female Facebook usage, especially among over 65s. The targeted Facebook adverts were targeted at both men and women but seen by 70% women and 30% men. In future this could be mitigated by additional adverts targeted at men.

The result may also reflect higher female attendance at community groups for older people, and likely to reflect traditional gender roles of women taking more responsibility within a heterosexual couple for planning for the future of the household, and more prepared to give thought and attention to a complex survey.

The survey is a self-selected sample, not a representative sample, but the response profile by sex may have implications for future Adult Social Care

communications – on the one hand targeting women for household future planning and information, while also encouraging men to engage more and think earlier through targeted tactics, and particularly ensuring potentially isolated single or widowed men are reached.

Ethnicity

Residents who provided an answer (256 out of 271) were:

- 57.8% White British
- 35.6% White English
- 5.1% White Welsh/Scottish/Irish/Other
- 0.8% Asian or Asian British
- 0.4% Irish Traveller
- 0.4% Mixed ethnic group

The total of 98.5% White compares with a Westmorland and Furness 2021 census figure of 97.6% White.

Disability

Of 264 responses, 36% said they had a disability or long-term health condition.

This is comparable to Westmorland and Furness 2021 census figures for the percentage of the population disabled under the Equality Act: 25% of 65-74 year-olds; 35% of 75 to 84-year-olds; and 53% aged 85 and over.

Only 93 provided additional detail. The most common answers were: mobility/gross motor (31); hearing (23); progressive conditions/physical health (20); manual dexterity (13); sight (7); personal, self-care and continence (7); memory or ability to concentrate (6)

Level of support

There were 265 responses out of 279.

Option	Total	Percent
Not receiving any support or care	208	79%
Receiving low-level help from friends and family (e.g. shopping, gardening, transport)	17	6%
Receiving low-level paid support (e.g., cleaning, gardening)	33	12%
Receiving regular support in the home for daily living from paid carers (e.g., washing, dressing, meals, medication)	6	2%
Receiving support in a residential care home	1	< 0.5%
Receiving care in a nursing home	0	0%

Housing

We asked respondents what kind of home they lived in and whether they owned or rented.

93% of 268 responses lived in a conventional home, with 13% already having adaptations fitted. Just 12 respondents (4%) already lived in specialist housing with support, or housing with care.

88% owned their own home with 80% owning outright, 8% with an outstanding mortgage. 8% were renting from a private or social landlord. Comparable figures for Westmorland and Furness as a whole are only available for the 65+ age range but show 83% home ownership and 17% renting.

TYPE OF HOUSING	TOTAL	PERCENT
A conventional home - with no special adaptations	215	80%
A conventional home - with adaptations fitted	36	13%
A conventional age-friendly home built new	4	2%
Housing with support - specialist housing such as sheltered housing or retirement flats	9	3%
Housing with care - specialist 'Extra Care Housing' with 24-hour personal care on site if needed	3	1%
Residential care home	1	0.4%
Nursing care home	0	0%

HOUSING TENURE	TOTAL	PERCENT
Own a property outright	207	79%
Own a property but still buying on a mortgage	22	8%
Own a share through a Shared Ownership Scheme	6	2%
Rent from a private landlord	8	3%
Rent from social landlord (LA or Housing Assoc.)	12	5%
Other	7	3%

Combined with the postcode analysis it is likely that our respondents are weighted towards better-off rural homeowners, and that social renters who may wish or need to move in the future to rented specialist housing for older peopel, are underrepresented. Less affluent rural and isolated residents are also well represented.

This is borne out by mapping of respondents' postcodes to Experian Mosaic population groups. The following five lifestyle groups predominate:

“Respectable Retirement” Retired singles and couples in established residences with comfortable incomes. Owns financial investment products

“Country Heritage” Self-employed directors, wealthy families in the countryside, in large older properties. Financially-savvy, enjoy time outdoors

“Modest Meadows” Rural locations, lower-cost housing, older retirees and working families, no mains gas, limited internet use

“Elderly Essentials” Retired singles and couples, Low affluence, Limited qualifications, Purpose-built developments for retirees, Carefully manage budgets

“Pension Prosperity” Wealthy retirees, Financially-savvy retirees, Own large detached properties, Established residents, Very high discretionary incomes

“Mature Home Keepers” Pre-retirement life stages, Low to no mortgages, Young adults living with parents, Long term residents

Categories representing families, professionals, singles and less affluent urban families were not highly represented.

What is important to residents?

Before detailed questions on future living preferences, we wanted to ask residents about was most important to them.

This was to give the opportunity to explore themes of “independence”, “home” and “community”, and concerns for the future, independent of and in advance of being asked questions on more tangible future individual preferences and policy priorities.

Understanding what residents value, and why, in their own words, is a key objective of an “early conversation” which provides insight into policy development.

The first four questions, under the survey heading *“What is important to you”* explored the themes of:

1. Independence
2. Home
3. Community and location
4. Concerns for the future

Independence

We asked: *“Thinking about the future, what does “staying independent” mean to you? What will be the most important things you'd like to continue being able to do independently, to live well as you grow older?”*

Six themes emerged:

1. Remaining in own home with appropriate support
2. Maintaining control, choice and autonomy
3. Mobility, transport and getting out of the home
4. Ability to carry out daily living activities
5. Social connections, community and avoiding isolation
6. Access to services, healthcare and suitable housing

Theme 1: Remaining in own home with appropriate support

A strong and consistent theme is the importance of remaining in one’s own home for as long as possible. Respondents frequently link independence to familiarity, comfort and identity, while also recognising that support, adaptations and external care may be needed over time. There is a clear preference for support models that enable continued residence at home rather than transition into institutional care.

- *“Independence means being in my own home with the right adaptions, possibly downstairs toilet to help me stay at home. Having familiar surroundings is comforting and feels safe. Living near to people you know and access to local amenities if needed. I would welcome assistance but living in my own space is more homely and better for a person’s wellbeing.”*

- *"To be able to stay in my home, with the help, support and adaptations needed to my home, regardless of being a council tenant or owning my own home. For my loved one's to be able to support me without them being financially penalised or out of pocket, if they are able to do so. To stay independent and have access to the community and community-led events."*
- *"Staying in my own home as long as possible and then a choice of good quality care homes and options. Dignity and choice is key. Looked after by well-trained staff who care. Being able to stay with my husband even if we have differing needs. Be able to stay in the community that I live."*
- *"I want to stay in my own home for as long as possible, while recognising that my relatives cannot give up their own lives to devote time and energy to looking after me. Rather, I would hope that they could remain able to continue social visits as at present, whilst allowing me to have realistic options for any medical support I might need."*
- *"To continue to live a full and active life being able to make my own choices, go where i want to and when i want to etc. Live in my own home until it is not safe for me to do so."*

In short…

- *"Remaining in my own home but with appropriate support and a range of community assets to engage with"*
- *"Living in my own home, with as little to do with the government, council, GP and NHS, as humanly possible."*
- *"Being able to live in my own home with minimal interference. Feed myself, toilet myself etc."*
- *"Stay in my own home surrounded by great neighbours and assisted by carers."*
- *"Continuing to do as much as possible for myself, in my own home, for as long as I am capable."*

Theme 2: Maintaining control, choice and autonomy

Independence is strongly associated with personal autonomy. Respondents emphasise the importance of making their own decisions about daily routines, care, lifestyle and future arrangements. Concerns are raised about losing control, particularly within formal care settings or through assumptions about capacity.

- *"Independence means being able to make my own choice about what I want to do every day - when to get up, what to wear, what to eat, what to do, where I want to go. I understand that some aspects may be limited - e.g., there isn't a bus every day - but as far as possible, I would like to have the same freedoms a younger person has. Or a person living in a household rather than on their own. That's pretty important - just because you are on your own, shouldn't mean that you lose independence or have any less choice."*

- *"Being able to make decisions about my health and care needs myself (provided I have mental capacity to do so) and being assisted, where necessary to do so. Living in my own home with support as required. If you have no family locally, it's really important to be able to access trusted, vetted care agencies to assist with a multitude of activities of daily living from personal care, shopping, domestic tasks and just as important mental and social stimulation."*
- *"Independence is making my own decisions or, if losing capacity, am helped to make decisions; is when I am listened to and my views are taken into account. If something I want is not possible then someone explains why and ensures that I understand."*
- *"Being in control of my life: financially, physically and socially. Making my own decisions about my daily routines and planning ahead. Taking physical care of myself: washing, dressing. Self-care of medication, foods I eat."*
- *"To continue to live a full and active life, being able to make my own choices, go where I want to and when I want to etc."*

In short…

- *"Decide on my activities, not to be pressured into being taken to those which others decide "it would be good for me".*
- *"Making my own decisions and seeing my friends and family."*
- *"Make my own independent decisions about every aspect of my life."*
- *"Eat what I like, do what I want etc."*
- *"Being able to make decisions about my later life."*
- *"Being in control of what I do."*
- *"The ability to meet daily needs and enjoy leisure pursuits and social interaction without assistance from other people."*
- *"Being able to continue to make my own choices where possible."*
- *"To be able to plan my day for myself."*
- *"Doing my own lifestyle, my own decisions, the freedoms to live as I wish."*
- *"Still having choices to do the things I enjoy." (Row 85)*

Theme 3: Mobility, transport and getting out of the home

Access to transport and mobility are critical enablers of independence, particularly in rural areas. Many respondents highlight dependence on driving and express concern about limited public transport, which affects access to services, social activities and healthcare.

- *"Independence means being able to age at home in my own community is important to me. This will require possible changes to my home but also to the wider community, e.g. a good frequent bus service, more benches to enable me to rest if I need to, local care services that are flexible and reliable."*

- *"I have lived with my wife in a remote rural location for the last 50 years. We are in our eighties and are in good health. We have transport and would use bus services for preference but services are not available. A bus service would give increased mobility."*
- *"I wish to main an independent lifestyle and this will require me to be able to access a bus. Where I live the nearest bus is one-and-a-half miles away. When this changes and I can no longer drive I will require access to transport. This will be a top priority but the need goes unheeded for our hamlet community only 4 miles from town."*
- *"I'd like to stay in my own home for as long as possible. That said, I don't live within walking or pavement scooter distance of shops, healthcare etc. so if I couldn't drive any more I'd need to decide whether to move into the centre of the village or arrange for deliveries and for transport to appointments."*
- *"As I get older, I would like to be able to get out and about to get my shopping, meet friends and keep active. I can drive now, but a bus service, walking and cycling are important should that become impossible for me."*

In short…

- *"Better public transport for when I no longer drive."*
- *"Living in my own home with sufficient transport links to other towns and villages"*
- *"Being able to get out and about and meet people so a good local bus service would be important."*
- *"Being able to get around town independently - go shopping and meet friends."*
- *"Access to a reliable and regular public transport system."*
- *"Being able to continue to drive to local shops."*
- *"Able to drive, shop and visit places."*

Theme 4: Ability to carry out daily living activities

Independence is frequently defined in practical terms, particularly the ability to manage daily living tasks such as cooking, cleaning, personal care and managing a household.

- *"Independence means staying in my home for as long as possible, to be able to shop independently, cook, clean and take care of my personal affairs. It means I will be in the community I know and like. I don't really worry about it all as I take each day as it comes but would consider help in the home if necessary or assisted living accommodation."*
- *"Manage my own cooking, cleaning and personal hygiene. Shop for myself. maintain close contact with family. Manage my own health. Maintain my hobbies."*
- *"Being able to attend to my daily needs by myself or with support if that becomes necessary but in my own home."*

- *"Being able to care for myself and being able to cater for myself. But as you get older you may need help, but the sort of help that suits me, not a one service suits all. I want to decide who, what and when."*
- *"Being able to live where I choose, comfortably, with the ability to care for myself concerning hygiene, cleaning, etc. and to be able to prepare my own meals."*

In short

- *"Being able to look after myself."*
- *"Be able to wash dress, shop, walk, drive, cook.")*
- *"Being able to take care of myself for as long as possible in my home."*
- *"Being able to do all activities of daily living."*
- *"Dress and undress, bathe, shop, cook, go for a walk."*
- *"Look after myself without external help."*

Theme 5: Social connections, community and avoiding isolation

Maintaining social relationships and community connection is a key component of independence. Respondents emphasise the importance of staying connected to friends, family, local groups and activities to support wellbeing and prevent isolation.

- *"Independence means being able to participate in a full active life with easy access to swimming, the countryside, exercise classes, with the community . Theatre and entertainment of all varieties, the social interaction brought by being in groups."*
- *"I am 79 years old. I looked for and have a residential place that acts as a 'backstop' if I become ill or need help in the future. I am surrounded by new friends and participate in social activities, trips out and gardening. Good mental health requires being connected to other people, being outdoors exercising and having less responsibility/worry."*
- *"I want to be able to continue to participate in the many wonderful community groups in and around Penrith. I want to be able to live independently and meet and socialise with a wide group of people, ideally both young and old."*
- *"Living independently to us means living in our own home, preferably it would be in a bungalow, in a small town or village setting within easy access to shops and health care, or on a bus route to same. Community is important to us, with neighbours around and facilities like a local pub or cafe for meet-ups. We worry that as we age and maybe can no longer drive, we will become more isolated."*

In short…

- *"Meeting up with friends and community groups."*
- *"Maintain close contact with family."*

- *"Having friends and family visit."*
- *"Being able to go out to meet friends."*
- *"Keeping in contact with people."*
- *"Have social contacts."*
- *"Access to sociable groups."*
- *"Being able to socialise, visit my local area."*

Theme 6: Access to services, healthcare and suitable housing

Access to healthcare, local services and appropriate housing is seen as essential to sustaining independence. Respondents highlight concerns about service availability, suitability of housing stock (particularly bungalows), and affordability of care and living costs.

- *"Independence means being able to live in modest affordable rented accommodation, preferably a bungalow. The reinstatement of the Mobile Library service is something I'd like to see. It is a vital means for people young and old who live rurally."*
- *"Living in my own home with support available as and when I need it, e.g. supported living and easy access to a thriving local community, but I will still value my privacy."*
- *"Being able to live in my own easy to care for and accessible home with access to help and support when needed. Doctors, dentists, pharmacies, opticians and banking close by as it is hard to travel far and afford long distance taxis."*
- *"Good access to transport links, particularly adaptable buses and bus shelters with seats at every bus stop - so often you see older people having to wait for a bus and stand in poor, wet, windy weather. Good access to health care, especially using technology and treatments that could be given at home. Good access to social activities that are elderly friendly but keep you young at heart. Good access to nearby nature, green spaces and wildlife."*
- *"I want to be able to access my family in town, food and other shops, the library, the doctor and the hospital in Barrow easily. Better local transport, there isn't a town bus down, or even near, the town road I live on."*
- *"A home is extremely important, and I do feel that not enough small bungalows are built - I would not want to live in a flat".*
- *"Planning are not providing enough bungalow accommodation or accessible accommodation for those who need it."*

In short…

- *"Good healthcare available and support when needed."*
- *"Having the financial resources to do this."*
- *"A warm home."*

- *"Help and support to be able to stay in my own home."*
- *"Accessible places in the community."*
- *"Live somewhere affordable and safe."*
- *"Able to access health care when needed."*
- *"Having a GP nearby."*

A place called home

We asked: *"What makes 'a place called home'? Do you want to stay in your own home for as a long as possible, or are you more open to moving to more suitable accommodation for when your needs increase?"*

Seven themes emerged:

1. Strong preference to remain in own home
2. Openness to moving if needs change
3. Importance of independence, control and privacy
4. Home as emotional attachment, memories and identity
5. Negative perceptions of care homes and institutional settings
6. Demand for suitable, local and flexible housing options
7. Role of community, proximity and social connection

Theme 1: Strong preference to remain in own home

A dominant theme is a clear preference to remain in one's own home for as long as possible. Respondents associate home with familiarity, security, independence and personal identity, and many express a strong reluctance to move unless absolutely necessary due to declining health or safety concerns.

- *"Home means having my books, art music and most importantly pets around me. I would want to remain at home for as long as possible, and that support would also mean helping to look after my animals. I want it to be recognised that individuals make different choices, and with capacity, decisions that are 'out of the norm' should also be respected."*
- *"I would much prefer to stay in my own home and have the ability to lock my own front door. As I currently have my elderly mother living with me, I have adapted the house for reduced mobility needs for her which might also be useful for me in the future! However, I am not completely against the idea of perhaps moving into a sheltered bungalow/flat which has shared communal areas and an events calendar to enable me to keep socialising as I age."*
- *"I would like to stay in my own home as long as possible. I have no family to help. I would be open to moving to somewhere more suitable when needs increase as long as it's not the provision that's provided at present in an undignified nursing care and residential home."*
- *"I love being at home, to me that means a warm, dry place with my own furniture and clothes around me. A place where my family can come to see*

me easily. We have recently downsized to a place we can manage easily now. However if that changes as we get older and less able we would consider another move hopefully keeping our independence."

In short…

- *"Stay here or find somewhere smaller."*
- *"My own home is important to me."*
- *"I want to stay in my own home even if my needs for care increase."*
- *"Stay in my own home as long as possible."*
- *"I would definitely prefer to stay in my own home."*

Theme 2: Openness to moving if needs change

While many prefer to remain in their current homes, a significant proportion of respondents recognise that moving may become necessary. There is conditional openness to relocation, particularly where accommodation is better suited to physical needs, supports independence, and is chosen rather than imposed.

- *"Home is where the heart is, not bricks and mortar, I would be happy to consider different types of suitable accommodation as I age. Having the right accommodation means I can live my own life longer."*
- *"I'd like to stay in my own home for as long as possible. However, I am acutely aware of the importance of moving into more appropriate accommodation while still physically and mentally able."*
- *"I would like to stay in my home if possible but if I am unable to go out much then I think I would probably want to move into accommodation that had other people around and activities planned otherwise I think I would be lonely."*
- *"I accept that I will need to move to a smaller house, but I'd rather do that than move into a home."*
- *"I would prefer to stay in my current home but appreciate that I may have to move if I become infirm and unable to manage on my own."*

In short…

- *"Open to moving if more practical."*
- *"I would be happy to move into more suitable accommodation if my needs increase."*
- *"Open to moving to more supported living."*
- *"Happy to move when things become too difficult."*

Theme 3: Importance of independence, control and privacy

A core component of what makes a home is the ability to exercise autonomy and control over one's environment. Respondents emphasise privacy, decision-making, and maintaining routines as essential features, often contrasting these with perceived restrictions in communal or institutional settings.

- *"A place that's private, a place where other people have no right to enter without my permission. A place that I can furnish to my own tastes."*
- *"Home is where i can do what I want - listen to my music, watch what i want on TV, not have to seek help or permission. Be able to choose when i want to talk to people."*
- *"Home is somewhere that I have decision making rights over how I live. It's somewhere that reflects 'me' and holds memories. I would if possible like to live at home. Care homes do not offer what home can - they are disempowering places."*
- *"Having control over my environment and what goes on in it, whether that is our house or supported living. Am in my sixties and hopefully a long way off having to think about such things but I like to think I would be open to the idea of moving somewhere more suitable if it was necessary and I like to think there would be a choice of suitable options."*

In short…

- *"Home is about feeling at ease, having confidence and making decisions"*
- *"I am an independent person so would not like to go into shared accommodation."*
- *"I don't wish to share, or comply with petty rules."*
- *"Freedom is important to me."*
- *"Privacy."*
- *"Feeling of security."*
- *"Somewhere that reflects 'me'"*
- *"Having my favourite things with me."*
- *"Where I can have friends and relatives to visit in private."*

Theme 4: Home as emotional attachment, memories and identity

Respondents frequently define home in emotional terms, highlighting attachment to memories, family life and personal identity. These factors often underpin reluctance to move, as relocation is seen as potentially disruptive to continuity and wellbeing.

- *"My home is where I have lived since just before I married and where I brought up my two sons. I have a lot of memories there and have no intention to move out of it."*
- *"Home is where one belongs. It is not necessary to own it, nor to lease it, but one needs to feel that it is "my" or "our" space that no-one can take away.*

One also needs to feel that one's home is one's own choice - that one has a choice over where it is and how it is arranged."

- *"Home is our safe haven. We intend to stay here as long as possible. We would move to a more suitable property if available."*
- *"I love my garden, listening to the birds singing and growing my own plants. Love space around me."*

In short…

- *"Home is where the heart is."*
- *"Home is where the people you love are."*
- *"Home is somewhere that reflects 'me' and holds memories."*
- *"Home is where I live and feel secure."*
- *"A place where my family can come to see me easily."*
- *"Having familiar things around."*
- *"Home = safe, comfortable, warm, dry."*

Theme 5: Negative perceptions of care homes and institutional settings

Many respondents express concerns or negative perceptions of traditional care homes, including loss of dignity, lack of individuality, institutional routines, and poor quality of care. These views strongly influence preferences to remain at home or seek alternative housing models.

- *"Under no circumstances do I want to move into residential care. These places are undignified and understaffed with residents all seen as an homogenous group who like to sing songs or pass a ball around."*
- *"Home for me means independence for as long as possible. A care home means slow death. Only if I'm forced to. Dependency is encouraged, independence discouraged. It's easier if they do things for everyone than have troublesome independents messing up their routine."*
- *"I do not want to move into 'assisted living' accommodation, or an old folks' home. I have visited these places and found them to be depressing, lacking in privacy and dignity, expensive to live in and staffed by underpaid workers with variable degrees of empathy."*
- *"Would rather stay in my own home given the lack of staff and genuine care in most care homes. To most people it's just a job instead of genuinely being concerned about their residents."*
- *"This depends on what the more suitable accommodation is. If it is a co living settlement where I can have private space, with support when I need it and access to social and activities when I want it then maybe. But if it is a home where I am treated as just another vegetable then no thank you, I will want to stay in my own place as long as possible."*

In short..

- *"Going into care appals me."*
- *"A care home fills me with total dread!"*
- *"Do not want to go in a care home as too institutional."*
- *"Dislike communal living."*
- *"I would hate any kind of shared accommodation."*
- *"I definitely do not wish to go into a care home!"*
- *"I don't want to move into residential case unless there is no alternative."*
- *"I have no desire whatever to enter any nursing home or care home."*

Theme 6: Demand for suitable, local and flexible housing options

Respondents highlight the importance of having access to appropriate alternative housing options, including bungalows, sheltered housing and supported living. There is a strong emphasis on remaining within existing communities and concerns about affordability, availability and suitability of current provision.

- *"I currently rent privately but would very much like to stay in this area where I've lived for 30 years. There are only two council bungalows available in the area and so demand is high and I worry that I will be forced to move away from here when I need more support."*
- *"We would love to see more retirement homes being built as there are many older people living in family homes that want to downsize but can still look after themselves. New builds are going up all the time but not enough for the older generation."*
- *"I would prefer to stay in my own home as long as possible. There are many retirement flats being built but they are not affordable, have high service charges and seem aimed at wealthy retirees moving into the area not local needs."*
- *"I would very much be open to moving to more suitable accommodation particularly as I am in Housing Association housing. There is a lack of suitable (bungalow) type accommodation available in the area."*
- *"Preferably stay in my own home, but open to move to more suitable accommodation, provided that it is my existing community. It is important that I stay within the same town and am not obliged to move away if there is no suitable accommodation locally."*

In short

- *"Stay here or find somewhere smaller."*
- *"Moving to a supported living facility would be acceptable."*
- *"If needed, an extra care housing facility in my home town."*
- *"Perhaps move to a sheltered bungalow/flat."*
- *"Open to downsizing to low-level accommodation."*
- *"Move into sheltered housing when the time arises."*

Theme 7: Role of community, proximity and social connection

Location and community context are important components of 'home'. Respondents emphasise the value of staying close to friends, family and familiar places, and express concerns about isolation if relocated away from established social networks.

- *"I would be prepared to move to more suitable accommodation provided it is near the community that I live in now so as to maintain friendships and contacts."*
- *"No, I want to stay in my home community amongst people who know me and to be able to socialise with neighbours and friends for as long as I can."*
- *"I would be happy to move as long as it is near family and friends."*
- *"I am very open to moving to more suitable accommodation but would wish to stay in the town where I know so many people."*
- *"My home is currently in a small community eight miles from town. I do NOT want to continue to live independently in such a location into old age. I would like to live independently for as long as possible in a larger community."*

In short…

- *"Live in a friendly neighbourhood."*
- *"Long-term neighbours who help each other."*
- *"Near family and friends."*
- *"Friends and neighbours nearby."*
- *"Stay in our community village setting."*
- *"Prefer to stay local."*
- *"Close to other people."*

Community and location

We asked: *"If you needed to move to more suitable accommodation in later life, how important to you will be staying in the same town or village, connected to your current, social and community support and activities?"*

Six themes were identified:

1. Strong preference to remain within the same community
2. Importance of proximity to family and informal support
3. Maintaining social connections and avoiding isolation
4. Familiarity, identity and sense of belonging
5. Conditional flexibility depending on needs and life stage
6. Practical issues – transport, services and accessibility

Theme 1: Strong preference to remain within the same community

A clear majority of respondents emphasise the importance of remaining in their existing town or village. This reflects strong attachment to place, familiarity with surroundings and a desire to maintain continuity in later life.

- *"I moved to my village three years ago and nothing will make me leave this area I love it so much. There are places you just feel at home and when this happens to take you away from it must be like a mini death in itself. As you age familiar things are a necessity, you have had years of change, old age and change are not good bedfellows."*
- *"It would be vital for me to stay in my town and be able to connect to my current support and activities. I would be extremely unhappy otherwise."*
- *"Our life has been in the village for over 60 years and church and community activities have been part of our lives. So staying in the village is extremely important to us."*
- *"Staying where I live is very important. I have lived in the same village all my life, as did my parents and grandparents. Moving away would mean my friends would not be able to visit regularly."*
- *"I think it would be very important to me to stay in the same town. My GP actually knows me and knows my needs. Feel safe here because I know the local tradesmen and who to trust. I know the local shopkeepers etc. Friends live here and can easily visit."*

In short…

- *"Having lived in my own town all my life it would be heartbreaking to have to leave in old age."*
- *"Important to stay in Penrith, for friends, family, transport, health care, and familiarity."*
- *"Very important to still live in Ulverston and keep connections."*
- *"It is vital that if it should be necessary I can stay in the area where I have lived most of my life."*
- *"You have often built up a lifetime of friends, connections and social support."*
- *"Very important - for community, healthcare, bus services and all our social needs."*

Theme 2: Importance of proximity to family and informal support

Proximity to family is a key driver of location preference. Respondents value ease of visiting and receiving support, particularly as mobility declines, and highlight the practical implications of distance for both themselves and relatives.

- *"Absolutely essential to anyone who has lived their life in a local community to be able to spend their last few years in that area where they have friends and acquaintances. I would NOT want to be moved miles away to a*

"suitable" home where I was a stranger and any friends or family I have would be expected to travel miles to visit. Older friends may not be able to drive, so unable to visit."

- *"It would be very important for me to stay in my local town so that friends and family could visit me, regularly. I would want to stay in the same town."*
- *"Staying where family and friends can visit you or you can get to see them in their homes or in social settings is extremely important to avoid feelings of isolation."*
- *"Very important. Everyone should be able to keep their community and family connections and not be "shipped" off to other ends of the county simply because that is where the accommodation is. Families have enough to worry about without long journeys to visit relatives."*
- *"I would like to be quite local (nearest town), so that family and friends could still visit without long drives or difficult commutes."*

In short…

- *"It is very important to stay in Barrow to be near to my family."*
- *"Being close to my family would be very important to me, so ideally I would want to stay in or around Kendal."*
- *"I would prefer to stay in the village where I currently live to stay close to family."*
- *"Very important to enable friends and family to visit me."*
- *"I would want either to stay in the same village, or move close to where my children live."*
- *"It is very important to stay in my local area as my partner will be elderly and my family are local."*

Theme 3: Maintaining social connections and avoiding isolation

Respondents highlight the importance of maintaining social networks beyond immediate family. Remaining connected to friends, groups and local activities is seen as critical for wellbeing and preventing isolation in later life.

- *"Exceptionally important, as I don't want to re-learn where all the amenities are or the services like GP etc. I also want to be able to socialise with those I know and don't think being elderly will lend itself to making new friends very easily."*
- *"Very important to stay in the same place, so friends can visit and I don't feel isolated."*
- *"Older people need to be part of society not locked away in large care homes. It's better for everybody in society to have intergenerational settings."*

- *"Extremely important to have friends, relatives, groups and activities very close by. Moving to a different town would leave me very isolated."*
- *"Very important in order to maintain social contact with friends. Being socially isolated is detrimental to mental health."*
- *"Very important to maintain social network and interests in my community."*

In short…

- *"Staying near my friends is very important, they keep me sane."*
- *"Stay in the same town to continue with social support."*
- *"I have friends and activities which are all local to me."*
- *"Very important to have familiar people around you."*
- *"Staying near things I am familiar with, friends I have met and groups I have attended."*
- *"Important because I have strong social connections here."*
- *"Very important to stay in the same place, so friends can visit and I don't feel isolated."*

Theme 4: Familiarity, identity and sense of belonging

Many respondents view their local area as integral to their identity, with familiarity providing comfort and stability. Long-term residence and knowledge of people, places and services contribute to a sense of belonging that respondents are reluctant to lose.

- *"Staying in the area I've lived all my life is very important to me it's what I'm familiar with and have memories here."*
- *"Always lived in same small town, would find it difficult to move out of area and would not feel comfortable."*
- *"I need to know the people around me, and they need to know me, and can probably help."*
- *"I've grown up in the community; I know a lot of the residents and would want to retain that familiarity."*
- *"Essential to stay in own community. Moving to a new home would be bad enough without losing sense of belonging to an area too."*

In short…

- *"Lived in the same small town for over 40 years and no wish to move away."*
- *"I love where I live - it's a small friendly community."*
- *"We have lived in Penrith all our married life."*
- *"Very important to remain in the same area."*

Theme 5: Conditional flexibility depending on needs and life stage

Some respondents express a more flexible view, indicating that while staying local is desirable, decisions will depend on health, availability of accommodation, or changing personal circumstances, including proximity to children.

- *"Depends on what stage I am at, how many of my friends are still alive and how mobile I still am. If I don't go out much I might like a new area with a lovely view. However if I am just slower generally I think I would prefer sheltered accommodation in my own area."*
- *"Preferable to stay in locality but realise it would depend on the availability of suitable accommodation."*
- *"It will be important that I have the choice to make that decision, whether that be in my home town, close to family or another location."*
- *"I would want either to stay in the same village, or move close to where my children live."*
- *"If I was mentally capable, then I would want to stay local to maintain links with others. If I lost mental capacity, I would still want to be local as my friends would be able to keep tabs and speak up for me if they had concerns about my care."*

In short…

- *"Would like to stay in Kendal, or within 15 miles of Kendal."*
- *"I think I would want to stay within my area, not necessarily my town."*
- *"Happy to move within a few mile radius if good transport links."*
- *"As long as suitable accommodation is either homelike or holiday like."*
- *"Staying in Kendal would be good, but I could adapt if necessary."*
- *"Prefer to stay but could adapt to elsewhere if needed."*

Theme 6: Practical issues – transport, services and accessibility

Access to services, transport and appropriate facilities is a key consideration influencing willingness to stay or move. For some respondents, staying in the same area is less important, prioritising practical accessibility, particularly in rural areas.

- *"It is important that supported accommodation is located in places with good public transport and as many services as possible within walking distance. Otherwise it is a prison."*
- *"If I needed to move I may prefer to move to a new location with better transport and a wider range of amenities closer to hand. I would seek to make new connections and join new activities there."*
- *"I'd be happy to relocate. Once I'm at the age where I require specialised accommodation, I'm much less likely to be active within my community."*

- *"My current social circle is widely spread. I'm not currently needing local support. It would be nice to keep the same doctor, optician, etc. but they may well be retired before I need to consider moving!"*
- *"For myself, the most important factor would be moving to somewhere with adequate mental stimulation and affordable comfort. If that meant moving even to a different country, I would definitely consider it, although the ability to maintain family ties would be very important."*
- *"Not so important - more important is bus service to hospitals. Probably urban or city area with better amenities. Happy to embark on new activities and meet new people."*

In short…

- *"Easy access for visiting friends/family would matter most."*
- *"A town/village with better transport links, shops, doctor etc."*
- *"A new location with better transport and a wider range of amenities."*
- *"Easy access to local shops and a bus service."*

Future concerns

We asked: *"Thinking about the future, what are you most concerned about when considering your future housing and care needs as you, or you and your partner, grow older?*

Seven themes were identified:

1. Affordability of care and financial pressures
2. Loss of independence, dignity and personal control
3. Concerns about quality and availability of care services
4. Physical and cognitive decline (mobility, dementia, health)
5. Fear of moving into residential care or losing home
6. Isolation, loneliness and lack of support networks
7. Housing suitability, accessibility and local infrastructure

Theme 1: Affordability of care and financial pressures

Concerns about the affordability of care and housing are widespread. Respondents highlight rising costs of care homes, home support and general living expenses, alongside worries about depleting savings, selling assets, or being unable to fund adequate care.

- *"Affordability. My health deteriorating and the associated costs depleting what I can then leave to my children and grandchildren. Isolation. Not being close (walking distance) to community resources."*
- *"Money - very high cost of care homes and care agencies. Possibility of getting Alzheimer's or other dementia - both parents did. Would like to avoid being stuck indoors all day with dementia, somewhere I don't know.*

Using all our money on care, so none to pass on to our son.
Lack of funding for Local Authority care in the future."

- *"Coming from a long-lived family I am concerned that at some stage my savings will run out because of the high cost of care."*
- *"I worry about the cost - will I be able to afford suitable housing? I worry about being able to afford any extra help I may need if my, or my husband's, health deteriorates to a point where we may need LOTS of help and support from carers."*

In short…

- *"The cost of care homes."*
- *"Whether we could afford to live in a supported living facility."*
- *"Being able to afford the bills."*
- *"Cost of care if more needed."*
- *"Having to spend my savings on help in the home."*
- *"Having enough money to choose where I live."*
- *"Affordability to stay in my own home, while still having access to support."*
- *"Costs, maintenance, lack of abilities to care for ourselves."*
- *"Costs, choice and availability."*

Theme 2: Loss of independence, dignity and personal control

Maintaining independence and control over decisions is a key concern. Many respondents express anxiety about becoming dependent on others, losing dignity, or having decisions made for them regarding housing, care or daily life.

- *"At the moment I am most concerned about someone telling me that I cannot stay in my own home and taking my house off me and putting me into residential care. These are my biggest fears."*
- *"Not having a choice where to spend my final days and having to move to somewhere I would not be happy to live. Being separated from my partner if our personal needs change and unable to care for other or become infirm but with different needs regarding care provision."*
- *"Being able to maintain my independence but knowing when I might need to enlist external help. I have no children so may need to rely on state/council help in future."*
- *"Mobility. Care needs. Loss of dignity. The costs. Losing my memory and becoming a burden."*
- *"Losing dignity, choices, and putting in a care home without your authorisation. It should be my choice."*
-

In short…

- *"Not having the opportunity to make my own decisions."*

- *"Being dependent. Mental degeneration into dementia like my father and grandfather."*
- *"That I am able to still make decisions."*
- *"Sudden deterioration and not being able to make my own decision."*
- *"Ability to remain where I choose."*
- *"Having others manage my finances."*

Theme 3: Concerns about quality and availability of care services

Respondents frequently raise concerns about the quality, reliability and availability of care services. Issues include workforce shortages, inconsistent care, poor standards, and lack of trust in providers, particularly within residential care settings.

- *"The cost of care homes and the quality of care I may receive with both care at home and in residential settings. I've recent experience of home care from my parents and the fact the carers are often rushed and only spend 10 minutes at a home when you may be paying for more is shocking."*
- *"Not having enough care workers, agencies or third sector groups to help you maintain your independence."*
- *"I am most concerned about the quality of social care services, the recruitment, training and accountability of care staff and the scrutiny of care homes. I speak as someone who has worked in care."*
- *"Availability of good, flexible home care, from trained, regular carers. I have seen first-hand how hard this is to find, also how care is often piecemeal, with a succession of new, sometimes poorly trained carers."*
- *"Poor quality care from underpaid and poorly trained staff. Maltreatment. Loneliness. Having to part with treasured possessions to fit into one room."*

In short…

- *"That there will be insufficient care available or that the cost would be prohibitive."*
- *"That the right help won't be available when we need it or we can't afford it."*
- *"Having people around me that can help us."*
- *"Getting the care we need in our own home."*
- *"Availability of care home places and costs."*
- *"Concerned there will be insufficient physical help at home."*

Theme 4: Physical and cognitive decline (mobility, dementia, health)

Many respondents identify future physical decline, reduced mobility and cognitive impairment (particularly dementia) as primary concerns. These are often linked to fears about safety, independence and increased care needs.

- *"I worry about becoming unable to walk and losing the ability to drive. I also worry about how to seek the best level of care - from experiencing caring for my parents I know that carers can be very good, or at the other end of the scale - not good at all."*
- *"Concerns centre on physical mobility and the dread of dementia."*
- *"I'm alone now. Big concern is becoming disabled by a stroke etc, losing physical abilities that need others to assist with daily tasks, so losing physical independence."*
- *"My major concern is gradual cognitive impairment reducing my capacity to care for myself."*
- *"I dread getting dementia, that's my main worry. I currently look after all the daily admin such as banking, insurance etc but what happens when I forget how to do these things? Who would I trust to help me?"*

In short…

- *"Losing my memory and becoming a burden."*
- *"Health issues."*
- *"Maintaining mobility and control over future accommodation."*
- *"Mobility, financial worries about adaptation."*
- *"Being able to cope at home."*
- *"Being able to manage around the house."*
- *"Ability to climb stairs, ability to care for one another safely."*
- *"Physical decline."*

Theme 5: Fear of moving into residential care or losing home

There is a strong concern about being forced to leave one's home and move into residential care. Respondents associate this with loss of autonomy, unfamiliar environments and potential decline in quality of life.

- *"Being forced to sell our home and lose our savings to go into residential care. The whole system is totally wrong, unfair and unacceptable."*
- *"I live alone and I have a dream of being put in a nursing home. I constantly assess my needs for now and the future and try to have everything put in place in my environment and my health etc."*
- *"That I may not have the funds to be able to afford the amount of care that I may need in order for me to remain in my own home."*
- *"Being forced into a nursing home because the care I need cannot be provided in my own home."*
- *"That I will have no choice but to go into a care home. I don't want that."*

In short…

- *"Keep away from a residential home."*

- *"I've seen care homes. I don't want to have to go into one."*
- *"Ending up in an institution, being kept alive, but not living."*
- *"Having to leave my home because I cannot cope."*
- *"No longer living in the place that is my home."*
- *"Losing dignity choices and put in a care home without your authorisation."*
- *"Lack of support to stay in my home."*

Theme 6: Isolation, loneliness and lack of support networks

Concerns about loneliness and lack of support are prominent, particularly among those without nearby family. Respondents emphasise the importance of social contact and the risk of isolation if support networks are not available.

- *"Lack of support because we have no family or relatives in Barrow. Our nearest relative lives 250 miles away. I strongly feel that relying on friends is/can be too much of a burden for them."*
- *"Being isolated not having family means don't have visitors so have to go out to things to see people."*
- *"We do not have any children, and so no-one obvious 'to look out for us' as we grow older and particularly if we get dementia and become vulnerable."*
- *"Growing older, most older people are growing old without the support of family (younger generation often move away) loneliness will feature heavily soon."*
- *"Being forgotten about because we become inactive and living in the far outpost of Westmorland and Furness."*
- *"I am concerned that some very impersonal form of digital/AI monitoring and triage scheme will be imposed on me as the solution to living independently."*

In short…

- *"Being lonely and not getting the help I need."*
- *"Losing touch with people."*
- *"Not becoming a burden on my family."*
- *"Being alone without access to appropriate support."*
- *"Having people around me that can help us."*
- *"Support for mental and physical health and having social company."*
- *"No children to help me with organising affairs."*
- *"Not having anyone to check on me if I was poorly."*

Theme 7: Housing suitability, accessibility and local infrastructure

Respondents highlight concerns about whether their current or future housing will meet their needs. Key issues include property suitability (e.g. stairs), availability of appropriate housing options, and access to transport, services and infrastructure.

- *"The right properties just don't seem to be available for our needs. We think that we will become trapped in a property that is really too big for us, when we know it would be a good home for a family. But without a smaller place in a village setting with good transport connections, there will be no options but to stay put."*
- *"All the new properties being built are expensive, unsuitable and aimed at wealthier families and couples. I would not want to be a leaseholder again as it is a nightmare."*
- *"My home is not conducive to supporting me if I have physical difficulties and there is no room to live downstairs."*
- *"I am concerned that my house is old, poorly insulated, and has no downstairs toilet/shower and I cannot afford to change that."*
- *"Rural public transport is very poor in our area and I'm half a mile from a bus route, up a steep hill. It will become more difficult to stay here."*
- *"Worst scenario is having to move home in my eighties. Suitable accommodation for my needs is hard to find. Social housing is impossible to get, or even desirable."*

In short…

- "*Maintenance, cost and accessibility."*
- *"Being able to manage outside steps and internal stairs."*
- *"Access to transport, shopping, services."*
- *"Proximity to shops. Bus service. House repairs."*
- *"Lack of suitable housing options."*
- *"No transport or shopping facilities in our village."*
- *"No suitable housing being built i.e. bungalows."*
- *"Easy access to services, shops and transport."*
- *"Public transport being available when we can no longer drive."*

Potential difficulties of staying in your current home

After asking residents about their current housing and type of tenure, and before was asked about future living options, we asked residents: "*What do you think thought might get more difficult if you stayed in your current home?"*

Seven themes were identified:

1. Difficulty with stairs and internal accessibility
2. Property maintenance, housework and garden upkeep
3. Declining mobility and physical health
4. Transport, access to services and rural isolation

5. Managing daily living tasks and self-care
6. Housing suitability and ability to adapt the home
7. Financial pressures and cost of running the home

Theme 1: Difficulty with stairs and internal accessibility

The most frequently cited issue is the challenge of stairs and internal layout. Respondents highlight that multi-level homes, upstairs bathrooms and lack of ground floor facilities may become increasingly difficult with age, particularly as mobility declines.

- *"Living at the top of a steep hill. Steps up to the front door. Stairs inside. Upstairs bathroom. Very difficult for ground-floor living should that become necessary."*
- *"Access to the bathroom when I can't manage the stairs any longer."*
- *"Our current home has four floors. My greatest concern would be finding it more and more difficult to use stairs."*
- *"The stairs and access to the flat is on uneven ground."*
- *"No downstairs toilet."*

Theme 2: Property maintenance, housework and garden upkeep

Maintaining a home and garden is a common concern. Respondents anticipate difficulties with cleaning, repairs, and general upkeep, particularly for larger properties or those with extensive outdoor space.

- *"Managing garden - a lot of small trees/large shrubs - costs of gardener. Maintenance of house - wiring, broken windows in conservatory etc."*
- *"Keeping on top of the maintenance of the house and garden if can't find people to do small tasks."*
- *"Coping with the stress of getting tradesmen in to do routine maintenance jobs and repairs."*
- *"Managing my home and garden."*
- *"House and garden maintenance."*
- *"DIY, light bulbs, painting, garden work, painting outside."*

Theme 3: Declining mobility and physical health

Respondents anticipate that declining physical ability will affect daily living tasks. This includes moving around the home, personal care, and the ability to continue routine activities independently.

- *"If become poorly and unable to look after myself and other family members."*

- *"Reduced physical ability to run house. Reduced physical ability to go shopping."*
- *"If our mobility decreases significantly as we age we don't have downstairs washing facilities, but this could be solved with a stairlift."*
- *"Getting about and climbing into the bath."*
- *"Going outside. Navigating steps and carrying things between the utility and kitchen."*
- *"Becoming unwell and no one knowing."*

Theme 4: Transport, access to services and rural isolation

Reliance on driving and limited public transport is a significant concern, particularly for those in rural areas. Respondents anticipate difficulties accessing shops, healthcare and social activities if they can no longer drive.

- *"Getting about if unable to drive as public transport is very poor not only in my area but generally in Cumbria as a whole for residents."*
- *"We are currently very reliant on being able to drive. Life would be very different and much more difficult if we were unable to drive."*
- *"Our village is losing services over the years and transport is poor so when I am no longer able to drive it will be difficult to shop or get to appointments."*
- *"Without being able to drive, I can't get very far - 1/2 mile track with three gates, three miles from nearest shops, doctors etc."*
- *"Locating healthcare and basic services will become harder to access because of the difficulties with public transport."*
- *"No access to personal alarm system to notify someone following a fall/accident/injury. The GP NEVER agrees to a home visit; we have to go to the surgery."*
- *"Transport/shopping/getting to doctors."*
- *"Transport, especially if and when I can no longer drive."*

Theme 5: Managing daily living tasks and self-care

Many respondents foresee increasing difficulty with everyday tasks such as cooking, cleaning, shopping and personal care. These challenges are often linked to both physical decline and the absence of informal support.

- *"Organising food shopping. Doing laundry. Haircuts. Nail cutting and foot care. I would add cleaning, but thankfully I already have an excellent cleaner."*
- *"Cooking, laundry, cleaning, travel, shopping."*

- *"Taking things out of the oven safely."*
- *"All the normal self-care and domestic activities taking."*
- *"Practicalities of everyday living e.g. cooking."*
- *"Ability to keep my home clean and safe on my own."*
- *"Shopping, paying bills, maintenance, cleaning, self-care."*

Theme 6: Housing suitability and ability to adapt the home

Respondents express concern about whether their homes can be adapted to meet changing needs. Issues include layout constraints, cost of adaptations, and structural limitations such as narrow spaces or listed building restrictions.

- *"Physical adaptations may be difficult due to the size/small spaces."*
- *"The things that could become a greater problem are things like design of taps, high cupboards and low down or poorly placed plug sockets."*
- *"We have a lot of steps in the house. The doorways are narrow and not amenable for enlarging because it's a quirky house. The garden is too big."*
- *"Access as there are external steps to the property although I am in a ground-floor flat. The option for a mobility scooter is not possible due to steps. I need an accessible shower to replace my bath but being a leaseholder means obtaining permission."*
- *"Ability to adapt house to meet needs as it is a listed building."*
- *"Already have a stairlift but using it may become more difficult. Need ground floor toileting and washing facilities. Need level access to garden."*

Theme 7: Financial pressures and cost of running the home

Ongoing costs associated with living in the home, including heating, repairs and general living expenses, are a concern. Some respondents highlight the financial strain of maintaining older or less energy-efficient properties.

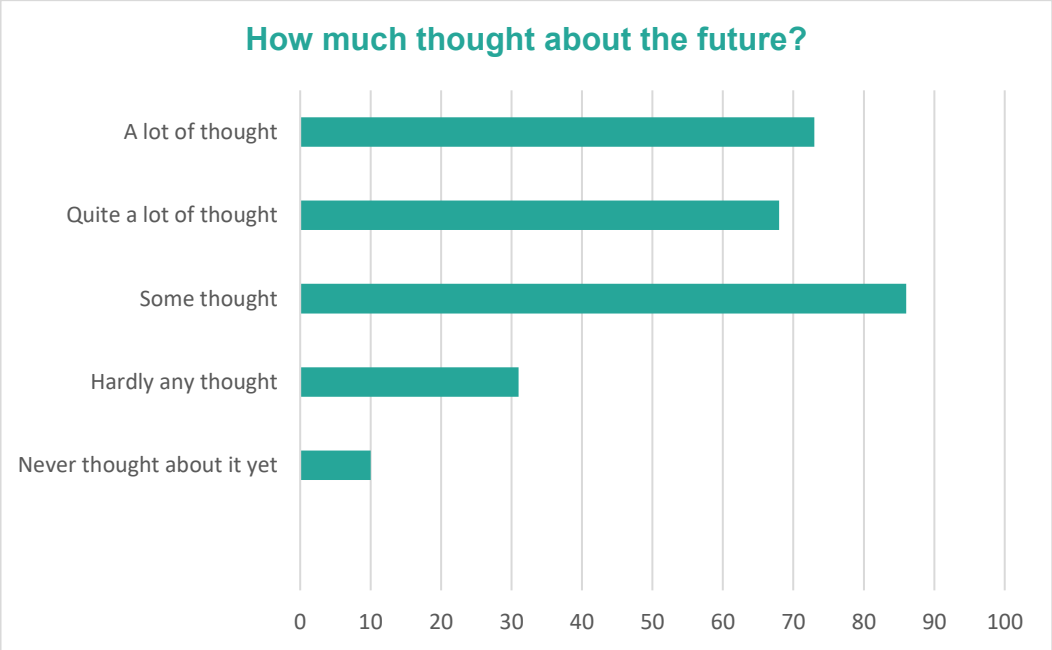
- *"Maintaining the building, making adaptions to the building, costs."*
- *"Costs of adapting my house."*
- *"Managing to live! I cannot afford to heat the property properly as an old farmhouse."*
- *"The heating system is all electric with old-fashioned storage heating. Electric immersion heater. Cost has to be constantly watched and controlled."*
- *"If my partner dies before me the cost of staying where I am may become impossible. That may mean moving out of the area to find affordable accommodation."*

- *"The cost of the upkeep."*
- *"Tax, council tax, utility bills."*
- *"Cost and ability to maintain and manage own home."*
- *"If the rent and/or heating costs were to increase even moderately."*

Future planning

We asked residents: *How much thought have you given to what kind of housing you would prefer to live in as you get older and may need more support?*

There were 268 responses:

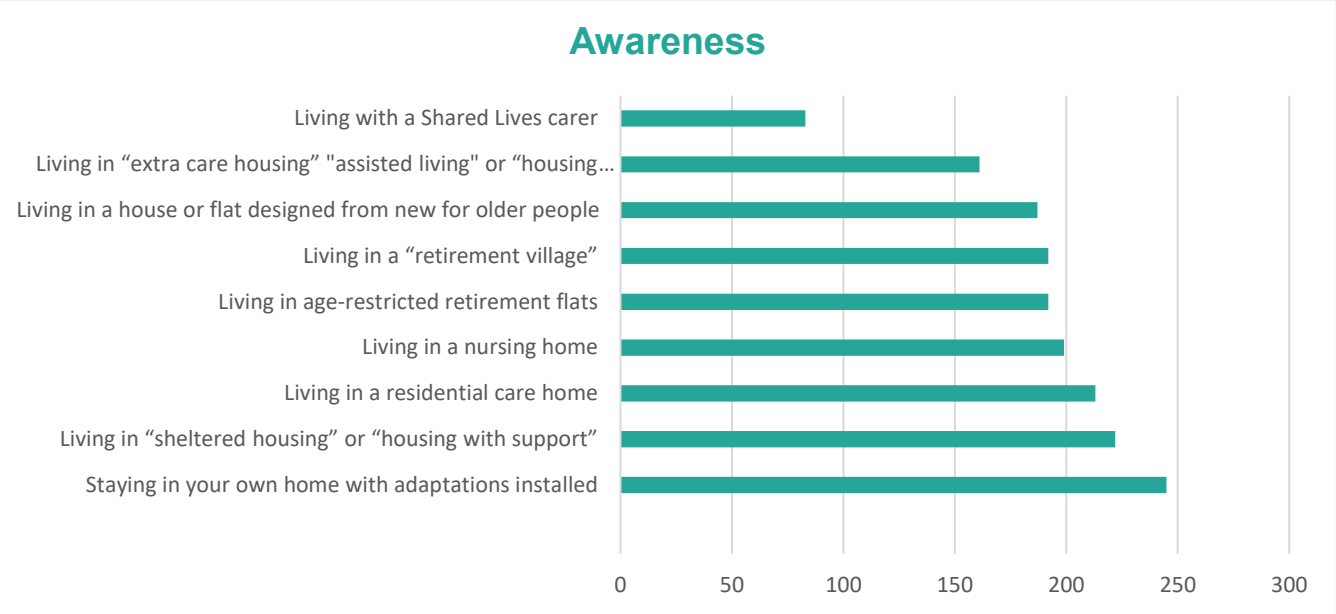


How much thought?	Total	Percent
A lot of thought	73	27%
Quite a lot of thought	68	25%
Some thought	86	32%
Hardly any thought	31	12%
Never thought about it yet	10	4%

More than half of respondents had already given a lot, or quite a lot of thought. Even so, as future responses demonstrate, there is a desire for much more information.

Awareness of different housing options

We asked towards the beginning of the survey and before further information was presented on different options: "*Here is a list of housing options for older people so that with the right environment and support they can go on living the best life possible. Please tick all the ones you have heard of, or are aware of.*"



HOUSING AND CARE OPTIONS	TOTAL	PERCENT
Staying in your own home with adaptations installed	245	92%
Living in "sheltered housing" or "housing with support"	222	83%
Living in a residential care home	213	80%
Living in a nursing home	199	75%
Living in age-restricted retirement flats	192	73%
Living in a "retirement village"	192	72%
Living in a house or flat designed from new for older people	187	70%
Living in "extra care housing" "assisted living" or "housing with care"	161	61%
Living with a Shared Lives carer	83	31%

As expected there was high awareness of the term "sheltered housing" and the option of a residential care home. Alternative names to sheltered housing, such as retirement flats, had slightly less awareness. Extra care housing had significantly less awareness - but 60% showed fairly high awareness. Unsurprisingly, Shared Lives had the lowest awareness at 31%.

A second question asked respondents which options they were *confident* they understood they key features of, as opposed to *awareness* of terms, but the responses did not add much additional information to the results of the first question, and are not included here.

Key question: future living preferences

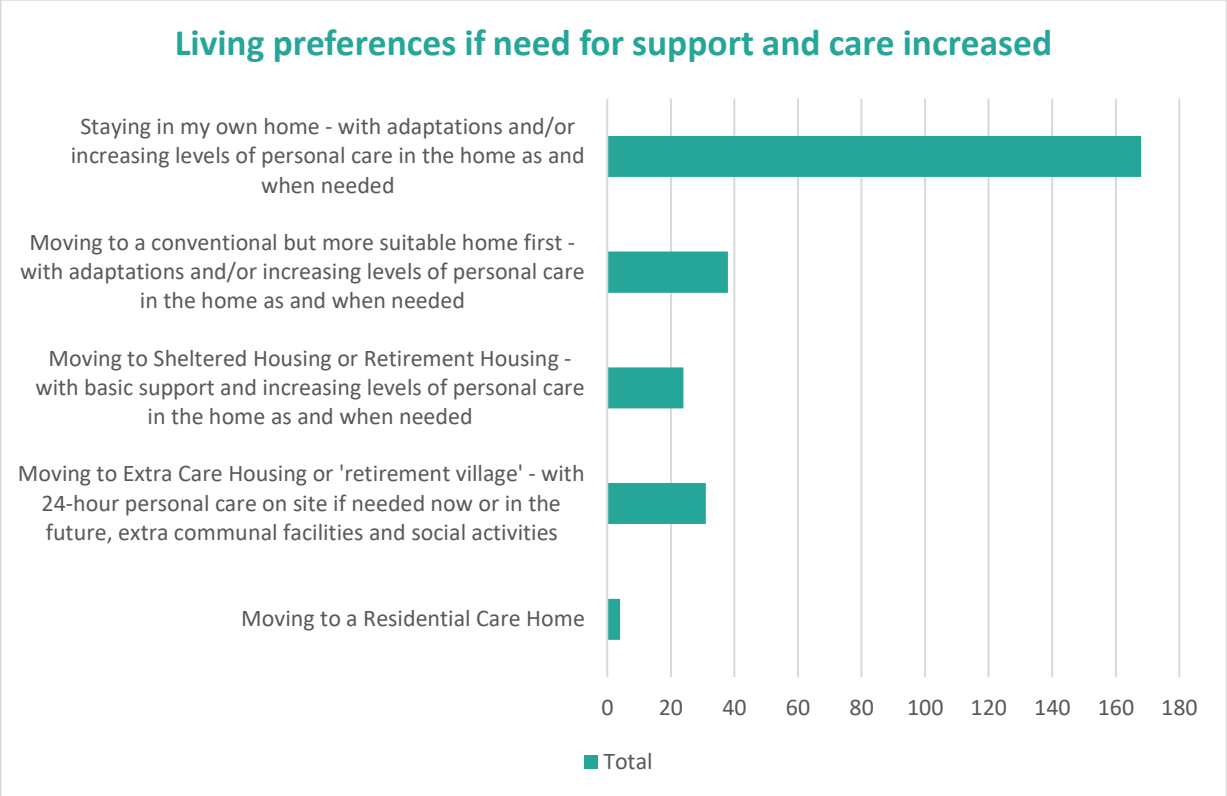
Residents' preferences if their need for support increased

After asking respondents to reflect on independence, home, community, and planning for the future, and testing awareness of different living options, we then provided detailed information on the following 6 options (see Appendix for a copy of the full survey and the information provided):

1. Staying in your own home
2. Sheltered housing/retirement housing
3. Extra Care Housing
4. Retirement villages
5. Shared Lives housing
6. Care homes (residential or nursing)

We then asked:

Q: If your need for support and care increased, which of the following options would you prefer?



Option	Total	Percent
Staying in my own home	168	64%
Moving to a conventional but more suitable home	38	14%
Moving to Sheltered Housing or Retirement Housing	24	9%
Moving to Extra Care Housing or 'retirement village'	31	12%
Moving to a Residential Care Home	4	1%

Staying at home with adaptations and increasing personal care when needed was the clear preference (64%), with 14% choosing moving to a more suitable home.

Nearly a quarter (23%) preferred moving to specialist housing with just 1% (4 respondents out of 265) preferring a residential care home.

Reasons given for answers

164 respondents expanded on the reasons for their chosen answer.

1. Staying in own home with adaptations and care

This is the most strongly preferred option, primarily driven by a desire to maintain independence, familiarity and personal control over daily life.

There is strong attachment to home, including memories, identity and long-standing community connections.

Independence, privacy and autonomy are consistently prioritised over communal or institutional settings. Concerns about care homes and communal living influence this preference.

There is some recognition that this option may depend on changing health needs and may not always be feasible long-term.

- *"Despite the best practices and intentions, any type of care facility means you end up having to fit the regime, rather than the other way round."*
- *"I definitely wouldn't completely rule out other options if they were necessary, however I am sure I would be much happier in my own surroundings with my own belongings and memories around me."*
- *"I have been and always will be as independent as I can be. I have plenty of interests, hobbies, enjoy music and current affairs."*
- *"My home is my sanctuary, I have access to my hobbies, open views, good neighbours, family and friends who can visit freely."*
- *"There is no place like home. I do not want to be surrounded by people I do not know and have nothing in common with, herded into activities that I have no interest in, with little to no privacy and professionals interfering in all aspects of my life."*

2. Moving to a conventional but more suitable home first

This option is seen as a practical step to maintain independence for longer, with smaller, accessible homes (e.g. bungalows) particularly valued. Financial considerations and housing market concerns influence decisions.

Some respondents describe this as part of a staged pathway rather than a final solution.

- *"A more suitable home for me might be a small bungalow within easy walking distance of a community, e.g. Penrith."*
- *"As I own my own home, I could convert part of it onto one level, but failing that I could sell and buy something more suitable perhaps."*
- *"It would depend on the type of care that I required. Advanced dementia then a residential home. Low level hip pain - then staying in my own home would be my preference."*
- *"It's hard. Move once? Move twice? How quickly will we become unfit? Most of our capital is in the house. How best to conserve it for future needs."*
- *"If I became less able, it seems sensible to move to a place which is smaller and easier to care for, and it would also free my house up for someone else."*

3. Moving to sheltered or retirement housing

Sheltered or retirement housing is viewed as a balance between independence and support, and something that might be necessary when independent living becomes difficult. Respondents value having their own space while benefiting from proximity to others and some level of on-site assistance.

It is perceived as offering reassurance and safety without full loss of independence. Social interaction and reduced isolation are seen as benefits, but there are concerns about service charges and limitations of accommodation.

- *"Compromise - offers community, social interaction, smaller property. Disadvantage - high service costs etc."*
- *"I feel that would be more sociable than being alone in my own home. I would have other people around me. Be able to live independently but have help there if needed."*
- *"I would want to stay in my home as long as I'm able to manage, but recognise there will be a time when I will need to move. Sheltered housing provides your own space, but with onsite support so someone to 'look out' for me."*
- *"I would feel safer in a complex rather than in a detached house with changing neighbours."*

- *"I would like to retain my own front door, but recognise it could be important to move before I get too frail to integrate into a new community."*

4. Moving to Extra Care Housing or a retirement village

Extra care housing or retirement villages are seen as desirable for combining independence with accessible support and social opportunities.

Respondents highlight the value of flexible care available when needed, without immediate dependence. Community living and amenities, and social activities are key attractions. Some note the limited availability locally, particularly in rural areas.

- *"I feel living in a retirement village will still give me that feeling of living in a community, having things on my doorstep, and feeling safe."*
- *"This sounds closest to the type of community mix that I mentioned before. Quality of life first and a good mix of people who are there to support each other because of the mix of needs. Without the forced nature of traditional flat arrangements, which has never really been an appealing way to live for me."*
- *"This is where I live now and it is lively; I have lots of friends and join in social activities. The cafe helps both socially and ensuring meals are available. It helps to know the staff and comforting to know they are always on hand."*
- *"I would like my own space but with help if needed."*

5. Moving to a residential care home

There was a single respondent selecting residential care as a preferred option and who gave their reasons. The response suggests an acceptance of care home provision as an inevitable stage and a wish to limit the number of future moves.

- *"If I can no longer stay in my own home and have to move, moving to an adapted home or sheltered housing seem like a stepping stone to the inevitable residential care home. I would sooner just move once and go straight to the care home."*

Across all the options, many respondents framed their choice in opposition to the prospect of a care home.

- *"A care home would very much be a last resort - the thought of living in just one room with minimal possessions is pretty horrific."*
- *"People in care homes all get treated the same. Vulnerability to abuse and infection."*
- *"I would like to stay in my home for as long as possible and be active rather than living in a care home and letting people take care of all my needs."*
- *"Would not like living in care home as no freedom or choices of what you can do. Loss of all dignity."*

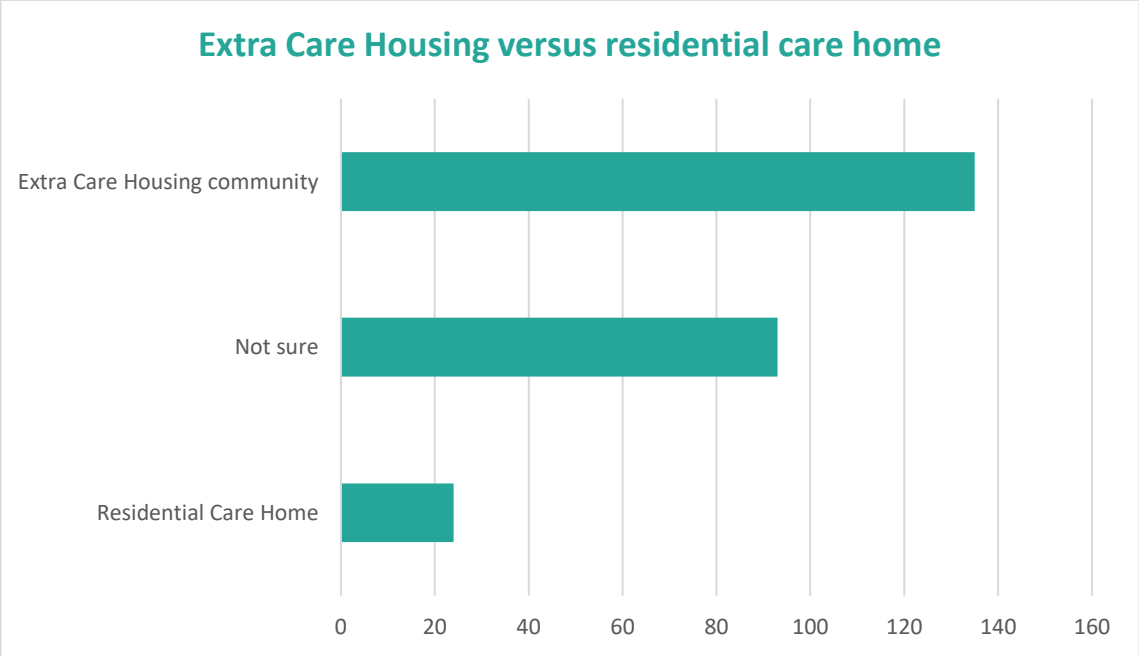
- *"I would prefer more individualised personal support rather than a residential care home which I feel would be more institutionalised."*
- *"Despite the best practices and intentions, any type of care facility means you end up having to fit the regime, rather than the other way round."*

Key question: Preference between Extra Care Housing and a residential care home

With the previous question expected to demonstrate strong preference for staying at home, to test interest in Extra Care Housing as an alternative to residential care homes, we then asked a forced choice question to seek a preference between Extra Care Housing and residential care.

To negate any concerns about poor quality care homes, and to remind respondents that Extra Care Housing is a community as well as bricks and mortar, the question was framed as follows:

Q: If your care needs were such that the only realistic options were moving to a good Residential Care Home or into a good Extra Care Housing community, which would you prefer?



There was a strong 54% preference from the 252 respondents for Extra Care Housing, with just 9% (24 respondents) choosing residential care.

A significant proportion, 37%, were still not sure, which reflects the fact that Extra Care Housing will be new to many people, and this would be a big 'final' decision. These people would like to know more. It would also depend where the living option was located.

Reasons given for answers

155 respondents out of the 252 who answered, provided reasons for their choice:

Preference: Extra Care Housing community

Respondents who prefer extra care housing emphasise maintaining independence, privacy and personal control, while still having access to care and emergency support when needed.

There is a strong preference for retaining independence, autonomy and dignity compared to residential care, with a value placed on having a self-contained living space, own front door, and own routine. Social interaction is valued, but not at the expense of privacy.

Extra care is seen overall as offering a more flexible, personalised and less institutional environment, with negative perceptions of residential care strongly influencing the preference.

- *"I don't want to be in a residential care home - having the same food at the same time as everyone else, having to listen to the same music or watch the same tv programmes in the communal lounge. I want something more personal, my own space with my own things where I can make. Brew when I want to - not having to wait for the tea trolley."*
- *"Offers more independent lifestyle. Offers own personal space rather than just ensuite bedrooms then communal lounges. More person-centred support."*
- *"Retains some level of independence, but more importantly - privacy! Residential care homes lack basic levels of privacy, choice and control, with people with varying levels of needs clashing with each other. Residential care will never be for me, I would rather die."*
- *"Residential homes are my idea of hell - staff overstretched, underpaid and undertrained. Facilities minimal for exorbitant fees. All autonomy destroyed, insufficient privacy and nothing to live for."*
- *"People need to be in a situation which is as close as possible to real-world living, where movement and social contact are part of the day. Without that meaning we all decline rapidly."*
- *"When you have cared for a previous partner you realise the importance knowing help is there in an emergency when you need it. It gives you peace of mind but at a price."*
- *"Less regimented than a care home where the only escape from the communal lounge is a small bedroom."*
- *"This option sounds more like normal life."*
- *"Sounds more individual and independent."*

Preference: Residential care home

Those selecting residential care homes when forced to choose between that and extra care housing tend to prioritise certainty of consistent, on-site care and supervision, particularly where needs are expected to be high or complex, or when mobility or decision-making is significantly reduced.

There are some positive perceptions of high-quality care homes, including facilities and structured support, and a desire to avoid multiple moves and instead transition directly when necessary. Local availability and familiarity with existing provision can influence choice.

- *"If I'm too cronky to stay in my own home I probably won't have the mobility to move around an extra care housing community, so the residential care home seems the better option for me."*
- *"To be sure that the appropriate staff were around when I needed them not coming and going."*
- *"Good residential care is like living in a three star hotel with everything provided and activities laid on. I wouldn't need to rent or own a flat."*
- *"If it's a well-run home I would have no objections if it was the best course of action for me."*
- *"Having 24-hour care and support would be vital, if I was unable to make these decisions for myself."*
- *"We only have a residential care home in my community so an extra care housing community would involve moving elsewhere."*

Preference: Not sure

A significant group of respondents are uncertain, often due to limited awareness or understanding of extra care housing models, and decisions are highly contingent on future health status, care needs and level of independence.

There is an emphasis on quality of provision rather than type of setting, and a recognition that affordability, location and availability will influence real-life decisions.

Some responses indicate that personal attitudes may change over time or with experience, and there is a desire to assess options in detail (e.g. visiting, researching) before making a choice

- *"Depends on quality of the establishment. Being looked after would be very important."*
- *"I would need to know more detail of what that would look like and visit some places in order to make an informed choice and it would also depend on my level of need."*

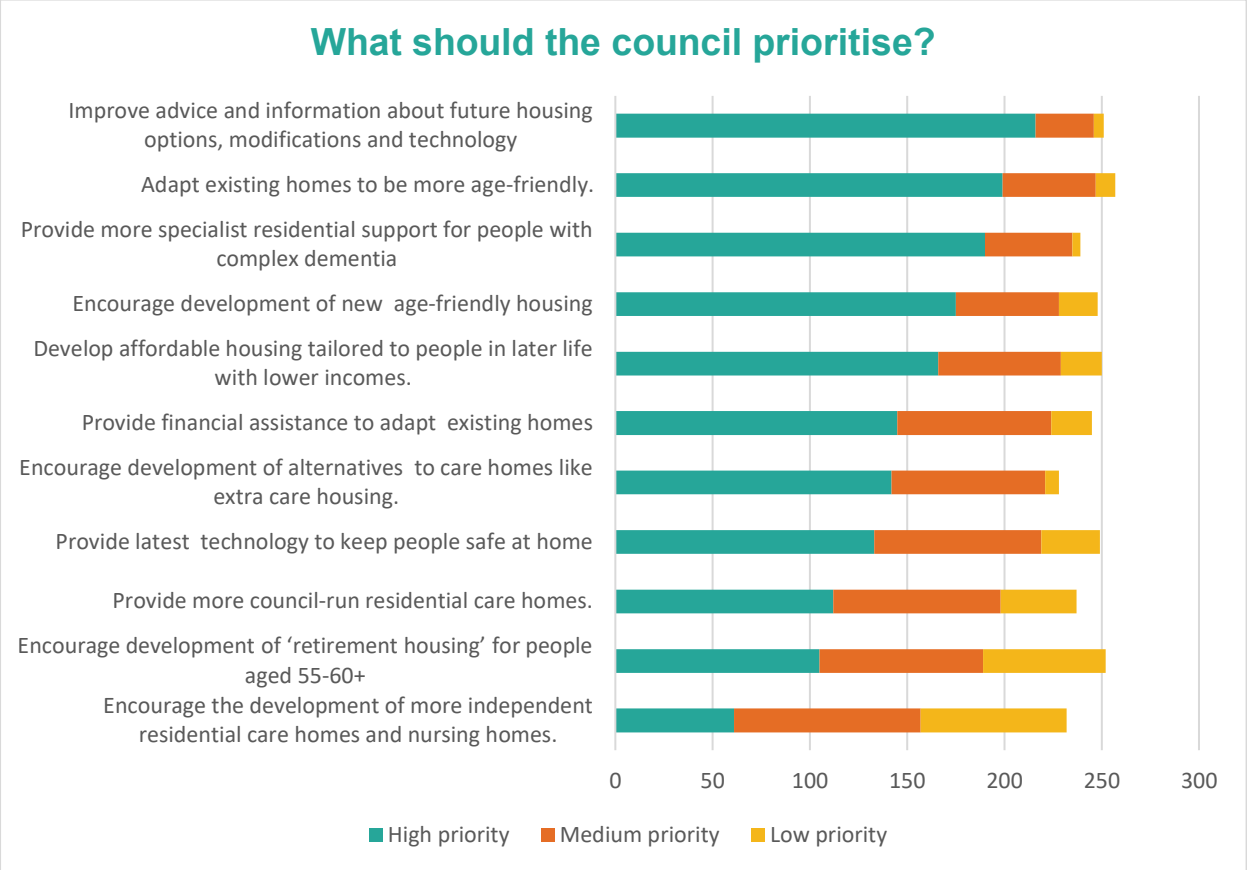
- *“I would be happy to find a very good residential care home which is inclusive and caring. It all depends on the attitudes of the staff and the quality of the care, rather than the type of provision.”*
- *“I'd consider both in relation to my longer-term needs e.g. if I had a deteriorating condition I'd choose where the most comprehensive care for the future would be. Also I'd have to visit the places to see which was the best fit for me.”*
- *“I am not sure enough about what the extra care housing community arrangements would involve. Do the carers come to wash, dress and give you medicine and then just go away and leave you until the next timed visit? A good residential care home can be much more involving and homely than that.”*
- *“I can't know now how I'd feel by the time I needed that level of support. My feelings would be so different.”*

Council priorities

Even though this is an early conversation before policy options development, we tested views on some more tangible policy ideas. The options were drawn from some of the major national surveys included in the council's commissioned report *"Older people's perspectives on housing: a summary of national evidence"*

Under the heading "What should the council prioritise", we asked:

Below are some suggestions for improving the living choices and support in Westmorland and Furness for people in later life. For each of these options please select whether you think these should be lower priority, medium priority or highest priority for the council.



It was anticipated that with all the options worded as positive ideas that there could be a tendency for many people to agree that they should all be high priority, and that respondents might not discriminate between the different options.

The results above have been ordered in order of the highest number of people saying it should be a high priority, and they do show some clear preferences among respondents.

Improved information is a clear highest priority, with home adaptations, specialist dementia support high up, followed by age-friendly, affordable and extra care housing.

Support for provision of more care homes was low, with more independent care homes clearly the least supported option.

Support for development of more retirement housing for people aged 55-60 plus was relatively low too. This might reflect the older age profile of respondents, or a feeling in some areas there is an oversupply of retirement flats without support. “Encourage more age-friendly housing” gained much more support.

What residents would like more information on

Just under half of respondents (123) answered the question *“What would you like to know more about in the future as you plan your living choices?”*

Themes identified were:

1. Clear, accessible information about local options

The most consistent theme is a desire for clear, detailed, and accessible information about housing, care and support options for later life. Many responses stressed the importance of localised information and place-based detail, with people wanting to know what exists in their own area rather than generic countywide information. This includes housing, care services, transport, and voluntary or third-sector support. Many respondents emphasised the need for information before a crisis point, so decisions can be planned rather than reactive.

Residents want to know where to go and who to speak to when they need advice. There is strong support for:

- A “one-stop shop” or single point of contact
- Human contact rather than automated systems
- Advice that joins up health, care, housing and financial needs

Suggestions included information points in GP surgeries, hospitals, and easily accessible online resources, alongside the option of speaking to someone in person.

2. Costs, funding and financial support

Residents frequently asked for realistic, transparent information about costs, including:

- What different options cost
- What is included or excluded in service charges
- Whether charges are means-tested
- How care and housing are funded now and in future

There is concern about affordability, fairness, and long-term sustainability, particularly for people with occupational and state pensions who may not qualify for support but still struggle with costs.

3. Support to remain at home

A significant number of respondents want more information about staying in their own homes for as long as possible, including:

- Adaptations and grants
- Home care and daily help
- Assistive technology (e.g. fall sensors, personal trackers)
- Household assistance and complementary services

People want reassurance that these options are available, funded, and easy to access when needed.

4. Future planning and reassurance

Some residents expressed anxiety about ageing and future care, and said they would value reassurance, regular updates, and visibility of council plans. This includes understanding:

- Long-term council strategies
- Whether services will keep pace with an ageing population
- How decisions from this survey will influence future provision

There is a clear desire to feel informed, supported, and not "left to navigate it alone".

Specific requests for information

Below are some specific requests for information raised by respondents:

Places

- Care homes available in Barrow
- Housing and care options in Kendal
- New social housing in Milnthorpe, particularly ground-floor or bungalow properties
- Development of retirement villages in Penrith
- Sheltered or extra care housing in Penrith
- Redevelopment of Edenside, Appleby (timescale and local eligibility)
- Development plans for Sedbergh
- Availability of accommodation near bus routes

Housing and care issues

- Extra care housing: availability, costs, and what daily life is like
- Waiting lists for housing and care options
- Renting vs owning in sheltered or older persons' housing
- Service charges and whether they are means-tested
- Grants and eligibility for home adaptations
- Availability of bungalows or single-level homes

Services, access and infrastructure

- Availability of public transport, including buses to shops and supermarkets
- Access to home services (e.g. podiatry, hairdressing) in rural areas
- Loss of specific services (e.g. Admiral Nurse, Eden Carers)
- Local voluntary organisations and community support roles
- Information availability in GP practices and hospital

Any other comments?

Respondents were asked at the end of the survey if they had any further general comments. Around one-third (89) responded. Many of the comments and themes were identical to answers to earlier questions and they are summarised here without any direct quotes from respondents.

1. Strong preference for independence, dignity and home-based support

Residents consistently stress that older people want to remain in their own homes for as long as possible, with care systems supporting independence rather than defaulting to residential care. Some respondents thought risk-averse professional decision-making can override personal wishes, leading to poorer quality of life and outcomes. Respect for the home as a personal, private space is seen as fundamental.

2. Quality, kindness and trust in care and advice

A recurring message is that the quality and humanity of care and advice matter as much as the type of accommodation. Respondents highlight:

- The importance of kindness, dignity, and respect
- The need for well-trained, well-paid, properly vetted staff
- Concerns about inconsistent standards, agency staffing, and profit-driven care models
- The need for independent advocacy and clear routes for raising concerns

Many express a strong distrust of private care provision and a preference for public or not-for-profit models.

3. Support for carers and people with dementia

Respondents said family carers are under-supported, often at significant personal cost to their own health and wellbeing. Dementia is repeatedly identified as a priority area, with calls for:

- Better local dementia-specific provision
- More support at home
- Easier access to respite and intermediate care

There is a strong view that supporting carers is both humane and cost-effective in the long term.

4. Lack of clear, joined-up information and human contact

Many respondents say that information remains fragmented, confusing, or hard to access. Key issues include:

- Not knowing where to go or who to speak to
- Confusion between NHS, council, and other responsibilities
- Concern that information hubs could become “talking shops” without authority to act
- Strong preference for speaking to a real person rather than navigating digital systems

Residents called for integrated advice covering housing, care, health and finances, delivered with empathy and clarity.

5. Housing suitability, affordability and local choice

Respondents highlight a shortage of appropriate, affordable housing for later life, particularly:

- Bungalows and single-level homes
- Semi-independent or extra-care options
- Mixed-tenure, non-profit models

There is frustration that many private developments are unaffordable or poorly located, and concern that rural residents have far fewer choices. Keeping people close to family, services and transport is seen as essential.

6. Financial pressure and “in-between” households

A cross-cutting theme is anxiety among people who are not poor enough to qualify for support but not wealthy enough to absorb rising costs. Respondents refer to:

- The impact of inflation, tax, and service charges
- Pensioners in private rented housing
- The risk of a growing “poverty trap” in later life

There is widespread concern about whether funding will be sufficient to deliver the future options described in the survey.

7. Transport, access and rural isolation

Transport repeatedly emerges as critical to independence, wellbeing and social connection. Respondents stress the need for:

- Reliable public and community transport
- Housing located near bus and rail routes
- Recognition that rural older people face particular disadvantages

Without transport, even good housing or care options can feel isolating.

8. Engagement, realism and confidence in delivery

While many residents welcome the survey and thank the council for engaging, there is clear scepticism about delivery. Common concerns include:

- Short consultation windows
- Whether results will be published or acted upon
- Whether options described are genuinely available or affordable
- A perception that councils move slowly and face severe funding constraints

Respondents want reassurance that their views will lead to visible change, not just further consultation.

7 Specific comments or proposals

Housing and care facilities

- Build an over-55s development in Grange-over-Sands, near Kent's Bank Road doctors' surgery
- Reopen Maudes Meadow care home (potentially as sheltered accommodation)
- More affordable, non-profit later-life housing in Kendal
- More dementia-specific care homes and services locally
- Intermediate or step-down care facilities following hospital discharge
- Include later-life-suitable homes in all large new developments
- Small, individual dwellings or clusters in rural settings rather than flats
- Mixed-tenure rental and shared-ownership models (example cited in Bentham)
- Stronger council leadership on affordable and adapted housing
- Innovative housing models (e.g. adapted studios, co-living, alternative planning uses)
- Retirement villages and extra-care housing (multiple locations mentioned)

Transport and access

- Improved bus services and community transport, especially in rural areas
- Ensure new older-people's housing is close to bus and rail routes
- Safe cycling and walking infrastructure (including A590 references)

Usefulness of the survey: do residents feel better informed?

We asked: *Having taken part in this survey, do you feel better informed about the housing options that might be available to you in the future?*

DO YOU FEEL BETTER INFORMED?	TOTAL	PERCENT
A lot more informed	26	10%
A bit more informed	142	53%
Made no difference	99	37%

268 answered. 63% said completing the survey had left them a bit more or a lot more informed.

Many comments were general final thoughts on all the issues covered in the survey as this seemed the first opportunity to do so. Such comments have been included in the survey question on “any other comments”.

Comments related purely to whether completing the survey was useful included:

- *“Because I am already "in the loop" with my mother, we do know quite a bit - the system is already very supportive and there is a lot of help and information out there. It is all a bit confusing though, working out what comes from the NHS, which part of the NHS, what comes from the Council, etc.”*
- *“I was already well informed but there is always something you can take away from things like this survey.”*
- *“I would describe it as food for thought and will perhaps gather more information for future perusal.”*
- *“Didn’t know about the shared housing option.”*
- *“In general terms, I am more informed, but not in the specifics of what is available or might become available in the short term.”*
- *“Made me realise I know little about the extra care and shared care options.”*
- *“I'm not sure all these options are actually available in South Lakeland.”*
- *“Hadn't heard of extra care housing.”*
- *“Yes, and thank you for raising this issue and surveying opinion. Everyone is different and people’s priorities change as the lose skills and independence. A range of options is very important.”*
- *“I am aware of a lot of this information but not everyone is so more advertising of the services and help available should be a priority too.”*

- *"I hadn't known about the 'Shared Care' option - and now I do, I can't think of anything worse. Having to adapt to how other people choose to live, after living alone for over 40 years, fills me with horror."*
- *"I feel a bit more informed, but I still don't know where I go to find out this information - who would I speak to/apply to if I wanted to be considered for residential housing?"*
- *"There is still a huge amount of information not available to people"*
- *"I feel more publicity about choices people can make and encouraging people to plan ahead including making wills, putting LPAs in place would be good to get everyone thinking."*
- *"Everyone wants the 'best', it is very difficult for you all to try and prioritise such a complex subject. THANK YOU for trying to do so."*
- *"Fine having the added information - thank you - this is helpful but won't make a difference unless more considerations given to a wider choice in rural areas."*

Usefulness of the survey: are residents thinking more about the future?

We asked: *Has this survey been useful in prompting you to think more about what you might need to live well in the future?*

HOW USEFUL FOR THINKING ABOUT THE FUTURE?	TOTAL	PERCENT
Very useful	26	20%
Quite useful	142	57%
Not useful	99	23%

77% of 266 respondents said completing the survey had helped think more about the future – with one in five saying it had been "very useful".

Comments included:

Prompting further thought and planning

- *"It is on my horizon, but it never hurts to think about it again.*
- *"In that it makes you think of what's ahead."*
- *"Mainly it helped solidify the views I already have and make me feel stronger about asking for assistance when I need it."*
- *"I was already aware of most of the options but it's been a useful reminder of the importance of looking ahead on such matters and, ideally, downsizing well in advance."*

- *"Thankyou. It's hard to think about being in need of social care but important to plan ahead. I will make a living will soon."*
- *"Because I dread having to go into 'the system' if I can no longer look after myself, I have put off thinking about my future care as the scenario seems too dreadful to contemplate!"*
- *"I have already given thought to my future needs but this survey has reminded me of the additional options that may be available should my needs change."*
- *"I intend to support my father to complete this; we have struggles to have proper conversations with him re these topics in the past but I think this might be a very helpful tool It has enabled us to talk about what I think is important."*
- *"It has made me realise my wife and I need to do more planning now while we are fit and able. We also need to clearly document our wishes."*
- *"Did not know all types of care available."*

Useful but we need specific local options

- *"It set out all the options quite clearly, but what it does not do is say where these facilities are in and around Kendal where I live already. Just giving theoretical options is not especially helpful without actually saying where these facilities can be found in the area or where one should go for advice."*
- *"The overwhelming concern is that there is no access to the accommodation I require. It's extremely worrying."*
- *"Seems more options might be available now than in the past. However, personal research and the ability to see these options in reality would be a starting point to enable one to have a better and realistic idea of what is now available."*
- *"You have listed options which is good but.... big question. What is the availability in our town?"*
- *"What I need and what is available are miles apart."*
- *"Quite useful but they would need to be more focused on rural communities to make an idea of choice possible all too often there isn't one - especially rural transport."*

Further engagement

We asked: *Would you like to take part in further engagement and consultation activities on Adult Social Care in the future, and on other Westmorland and Furness Council activities?*

129 respondents answered positively to one or more options and supplied an email address, with 113 wanting further engagement for Adult Social Care and 99 for Westmorland and Furness Council as a whole.

The Adult Social Care group will be communicated with further when this report is publically available, and could be invited to take part in future consultation activities such as focus groups or snap surveys.

Those interested in all Westmorland and Furness activities, along with the Adult Social Care list will be added to a potential new digital residents panel.

Appendices

Appendix 1: Community groups attended

Appendix 2: A Place Called Home survey

Note: This document contains some thematic analysis generated by Artificial Intelligence (AI). Quantitative analysis did not use AI. AI-generated content has been reviewed by the author for accuracy and edited/revised where necessary. The author takes responsibility for this content.

Appendix 1: Community engagement

DATE	GROUP	LOCALITY	APPROX. NUMBERS ENGAGED
Wed 11 March	Asda, Barrow	F	150
Thu 12 March	DWP Benefits bus at Furness General Hospital *Cancelled by DWP due to storm*	F	N/A
Fri 13 March	Be Well pop-up, Cavendish Park, Barrow Island	F	5
Mon 16 March	North Scale Community Hub, Walney Island, Barrow	F	60
Tue 17 March	Appleby Dementia Carers, Appleby Hub	E	5
Wed 18 March	Abbotsvale over 55 Group, Abbotsvale Community Centre, Barrow	F	30
Wed 18 March	Sedbergh People's Hall, Coffee and Chat group	SL	12
Wed 18 March	Ambleside Parish Centre Evergreens senior group	SL	20
Thu 19 March	Bardsea Malt Kiln Coffee morning, near Ulverston	SL	20
Thu 19 March	Waste into Wellbeing, Kendal People's Café	SL	50
Fri 20 March	Morrisons, Kendal	SL	75
Fri 20 March	Kendal Lunch Bunch, Kendal Parish Hall	SL	30
Tue 24 March	Be Well pop-up, Ormsgill Community Centre, Barrow	F	25
Tue 24 March	Penrith Salvation Army Coffee Morning	E	20

Wed 25 March	Be Well pop-up, St Aidan's Church, Barrow	F	12
Wed 25 March	Appleby Memory Club, Sands Methodist Church Hall	E	60
Wed 25 March	Newbiggin Hall Community Cafe	E	20
Fri 27 March	Penrith Leisure Centre foyer. Over 65s activities day plus Chatter Matters group *Cancelled due to W&F staff illness*	E	N/A
TOTAL			**594**

Appendix 2: Survey paper version

My parents need care and support, or may do soon, can I take part?

Yes. If you are a carer or are starting to think about the future care of an older relative, we would like to hear from you. Do also encourage your relative to take part in the survey themselves though, if they are able. To give your views as a carer or relative please tick the appropriate box on the next page.

Please do not answer questions on behalf of your relative, but give your own perspective about future provision of accommodation and care in Westmorland and Furness.

How do organisations and groups take part in the survey?

There is a separate stakeholder survey for Voluntary, Community, Faith and Social Enterprise Organisations and people who work or volunteer for them. Please visit: **consult.westmorlandandfurness.gov.uk/adult-social-care/a-place-called-home-stakeholder-survey/**.

Privacy Statement

In submitting this form, you agree to your feedback and comments being used for the purposes of informing the Adult Social Care future of care project. Any feedback and comments used will be anonymised.

The information will be accessed only by necessary staff at Westmorland and Furness Council.

Your data will be held securely and will not be distributed to third parties. You have a right to change or access the information collected in this survey.

When this information is no longer required for this purpose, Westmorland and Furness Council will dispose of your data.

To read our full privacy notice, visit our website: **westmorlandandfurness.gov.uk/your-council/data-protection-andprivacy /privacy-notice**.

1 Have you read our privacy policy and are you happy to proceed with this survey?

Yes, I'd like to proceed ☐

2 About you. Select all that apply.

I am a resident of Westmorland and Furness and want to complete the survey for myself ☐

I am a carer for an older relative or person in Westmorland and Furness and want to give my perspective ☐

Neither of the above apply to me ☐

Please tick if you are also an employee of Westmorland and Furness Council

I am an employee of Westmorland and Furness Council ☐

3 What's important to you?

We'd like to start by asking what's most important to you to be able to live well as you grow older and may be in need of more and care and support.

- What does **independence** mean to you?
- What does **home** mean to you?
- What does **community** mean to you?
- Do you have any **worries** about the future?

Thinking about the future, what does "staying independent" mean to you? What will be the most important things you'd like to continue being able to do independently, to live well as you grow older?

What makes 'a place called home'? Do you want to stay in your own home for as a long as possible, or are you more open to moving to more suitable accommodation for when your needs increase?

If you needed to move to more suitable accommodation in later life, how important to you will be staying in the same town or village, connected to your current, social and community support and activities?

Thinking about the future, what are you most concerned about when considering your future housing and care needs as you, or you and your partner, grow older?

4 Your living choices - awareness of options

Here is a list of housing options for older people so that with the right environment and support they can go on living the best life possible. Please tick all the ones you have heard of, or are aware of.

- Staying in your own home with adaptations installed for older people ☐
- Living in a house or flat specially designed from new for older people ☐
- Living in age-restricted retirement flats ☐
- Living in "sheltered housing" or "housing with support" ☐
- Living in a "retirement village" ☐
- Living in "extra care housing" "assisted living" or "housing with care" ☐
- Living in a residential care home ☐
- Living in a nursing home ☐
- Living with a Shared Lives carer ☐

For the same list of options, please tick those you are confident or quite confident that you understand what that option involves, and how it is different from the others

- Staying in your own home with adaptations installed for older people ☐
- Living in a house or flat specially designed from new for older people ☐
- Living in age-restricted retirement flats ☐
- Living in "sheltered housing" or "housing with support" ☐
- Living in a "retirement village" ☐
- Living in "extra care housing" "assisted living" or "housing with care" ☐
- Living in a residential care home ☐
- Living in a nursing home ☐
- Living with a Shared Lives carer ☐

5 Your current home

What kind of housing do you currently live in?

- A conventional home - with no special adaptations ☐
- A conventional home - with adaptations fitted ☐
- A conventional age-friendly home built new with adaptations ☐
- Housing with support - specialised housing for older people such as sheltered housing or retirement flats, with basic support and security of a daytime site manager and alarm system ☐
- Housing with care - specialised 'Extra Care Housing' where there is 24-hour personal care on site if needed, usually with communal facilities, which may include a restaurant, laundry, shop, or hairdresser, and social activities. ☐
- Residential care home ☐
- Nursing care home ☐

Which of the following best describes your current housing situation?

- Own a property outright ☐
- Own a property but still buying on a mortgage ☐
- Own a share of a property through a Shared Ownership Scheme ☐
- Rent from a private landlord ☐
- Rent from a social landlord (such as Local Authority or Housing Association) ☐
- I don't know ☐
- Prefer not to say ☐
- Other (Please specify below) ☐

What do you think might get more difficult if you stay living in your current home?

6 Your current support needs

What are your current support and care arrangements?
(For you or a partner in the same home)

- Not receiving any support or care ☐
- Receiving low-level help from friends and family (e.g. shopping, gardening, transport) ☐
- Receiving low-level paid support (e.g. cleaning, gardening) ☐
- Receiving regular support in the home for daily living from paid carers (e.g. washing, dressing, meals, medication) ☐
- Receiving support in a residential care home ☐
- Receiving care in a nursing home ☐
- Prefer not to say ☐

7 Your living choices - thinking ahead

How much thought have you given to what kind of housing you would prefer to live in as you get older and if you need more support?

- A lot of thought ☐
- Quite a lot of thought ☐
- Some thought ☐
- Hardly any thought ☐
- Never thought about it yet ☐

Give reasons for your answer (optional)

8 Your living choices - find out more

1 | Staying in your own home

Also called: mainstream housing, general needs housing, ordinary housing.

You stay where you are, with support brought in if needed.

Key features:

- Home adaptations (e.g., grab rails, ramps, stairlifts)
- Technology for safety: community/personal alarms, fall detectors, smart devices
- Support at home possible: equipment, home care, domestic help, meals services
- Can apply for social care assessment to check support needs
- Maintains independence and continuity.

2 | Sheltered Housing / Retirement Housing

Also called: retirement living, independent living, housing-with-support.

Self-contained flats or bungalows for older people (often 55+ or 60+), to rent or buy, with low-level support.

Key features:

- Own front door, usually 20–50 homes per scheme
- Visiting or on-site scheme manager/warden (support varies)
- 24/7 emergency alarm system
- Shared lounge; sometimes guest room or gardens
- No routine personal care, but care can be arranged separately.

3 | Extra Care Housing

Also called: very sheltered housing, assisted living, housing with care, retirement villages (private sector).

Self-contained homes (often flats), to rent or buy, with care available on-site.

Key features:

- Personal care available (washing, dressing, medication)
- Staff available up to 24/7 in most schemes
- Communal dining room, social spaces, activities
- Emergency call system linked to care staff
- Can be rented or owned.

4 | Retirement Villages

Also called: integrated retirement communities, continuing care retirement communities

Large developments of homes with extensive facilities, usually private sector.

Key features:

- Mix of bungalows, flats, or houses for older adults
- Domestic support and personal care available on-site
- Restaurant, shops, leisure facilities (e.g., gym, hairdresser)
- May include an on-site care home.

5 | Shared Lives Housing

You live in the home of an approved Shared Lives carer and share family and community life.

Key features:

- One-to-one, family-style support in a household environment
- Increasingly considered for older adults needing support
- Can offer strong social connection and continuity
- Usually for people who can live semi-independently.

6 | Care Homes (Residential or Nursing)

Residential settings with 24-hour staffing.

Key features:

- Residential care homes: support with personal care only
- Nursing homes: include on-site qualified nurses
- Communal living, meals provided, staff always available
- Suitable for people needing high levels of support or complex care needs.

9 Your living choices - future preferences

If your need for support and care increased, which of the following options would you prefer?

- [ ] Staying in my own home - with adaptations and/or increasing levels of personal care in the home as and when needed
- [ ] Moving to a conventional but more suitable home first - with adaptations and/or increasing levels of personal care in the home as and when needed
- [ ] Moving to Sheltered Housing or Retirement Housing - with basic support and increasing levels of personal care in the home as and when needed
- [ ] Moving to Extra Care Housing or 'retirement village' - with 24-hour personal care on site if needed now or in the future, extra communal facilities and social activities
- [ ] Moving to a Residential Care Home

Give reasons for your answer (optional)

If your care needs were such that the only realistic options were moving to a good Residential Care Home or into a good Extra Care Housing community, which would you prefer?

- [ ] Residential Care Home
- [ ] Extra Care Housing community
- [ ] Not sure

Give reasons for your answer (optional)

10 What should the council prioritise?

Below are some suggestions for improving the living choices and support in Westmorland and Furness for people in later life. For each of these options please select whether you think these should be lower priority, medium priority or highest priority for the council.

	Low priority	Medium priority	High priority	Don't know
Adapt existing homes of people in later life so the home is more physically accessible/ age-friendly.	☐	☐	☐	☐
Provide latest digital technology to assist and monitor people at home to keep them safe	☐	☐	☐	☐
Provide financial assistance to people in later life to adapt their existing homes to be more accessible/ age-friendly	☐	☐	☐	☐
Encourage development of new conventional housing that is more accessible/ age-friendly (e.g. smaller properties, bungalows, apartments with lifts)	☐	☐	☐	☐
Develop affordable housing specifically tailored to the needs of people in later life with lower incomes	☐	☐	☐	☐
Encourage development of 'retirement housing' - accommodation which is only for people aged 55-60+ and is designed to suit older people	☐	☐	☐	☐
Provide more council-run residential care homes.	☐	☐	☐	☐
Encourage the development of more independent residential care homes and nursing homes	☐	☐	☐	☐
Provide more specialist residential support for people with complex dementia	☐	☐	☐	☐
Encourage development of alternative accommodation to care homes like extra care housing	☐	☐	☐	☐
Improve support services to people in later life so people have better advice and information about future housing options, home modifications and support/ healthcare assistance	☐	☐	☐	☐

11 Final thoughts

Having taken part in this survey, do you feel better informed about the housing options that might be available to you in the future?

A lot more informed ☐

A bit more informed ☐

Made no difference ☐

Additional comments (optional)

Has this survey been useful in prompting you to think more about what you might need to live well in the future?

Very useful ☐

Quite useful ☐

Not useful ☐

Give reasons for your answer (optional)

What would you like to know more about in the future as you plan your living choices?

Is there anything else you would like to comment on?

Would you like to take part in further engagement and consultation activities on Adult Social Care in the future, and on other Westmorland and Furness Council activities?

Yes - Please tell me about future Adult Social Care engagement and consultation activities (enter email address below) ☐

Yes - Please tell me about future Westmorland and Furness Council engagement and consultation activities (enter email address below) ☐

No ☐

Your email address

12 About you

To help us ensure we have engaged with a cross section of residents, please complete the optional monitoring questions below.

To read our full privacy notice, visit our website: **westmorlandandfurness.gov.uk/your-council/data-protection-andprivacy /privacy-notice**.

Why we ask for this information

As a public authority, Westmorland and Furness Council is subject to the public sector equality duty set out in the Equality Act 2010 which can be viewed here **legislation.gov.uk/ukpga/2010/15/part/2/chapter/1**. This means that in exercising our functions we must work towards:

- eliminating discrimination, harassment, victimisation and other conduct prohibited under the Act
- advancing equality of opportunity between those with and without protected characteristics
- fostering good relations between groups with and without protected characteristics

One of our Equity, Diversity and Inclusion aims is to strengthen the knowledge we have about our individual service users and residents.

While sharing information about protected characteristics is not a requirement, having this information gives us more understanding of the experience and outcomes different groups of people have of our services, meaning we are better able to identify and tackle any inequalities.

It also makes it easier for us to work with individuals to develop services that are appropriate to them.

While sharing information about protected characteristics is not a requirement, having this information gives us more understanding of the experience and outcomes different groups of people have of our services, meaning we are better able to identify and tackle any inequalities.

It also makes it easier for us to work with individuals to develop services that are appropriate to them.

Data protection and privacy

The information you provide will be handled in line with the Westmorland and Furness Council privacy policy and in accordance with the Data Protection Act 1998.

We may use anonymised statistics and data to inform discussions and decisions, including to improve things. However, no information will be published or used in any way which allows an individual to be identified. All details are held in accordance with the Data Protection Act 1998.

The information that we are asking you to provide is informed by our duties under the Equality Act 2010, and includes information about your age, race, sex and health.

What age are you?

☐ 16-24 ☐ 25-34 ☐ 35-44 ☐ 45-59 ☐ 60-74 ☐ 75-79
☐ 80-85 ☐ 85+ ☐ Prefer not to answer

What is your legal sex (as recorded at birth)?

☐ Male ☐ Female ☐ Prefer not to answer

What is your ethnic group?

Choose one option that best describes your ethnic group or background

Asian or Asian British
☐ Bangladeshi ☐ Chinese
☐ Indian ☐ Pakistani
☐ Other Asian or Asian British background

Black, Black British, Caribbean or African
☐ African ☐ Caribbean
☐ Other Black, Black British, Caribbean or African background

Mixed or Multiple ethnic group
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other Mixed / Multiple ethnic background

White
☐ British ☐ English
☐ Welsh ☐ Scottish
☐ Northern Irish ☐ Irish
☐ Any other White background

Other ethnic group
☐ Arab ☐ British Rominchal
☐ Welsh Romany (Kale)
☐ Irish Traveller ☐ Scottish Traveller
☐ Eastern European Roma
☐ Any other ethnic group

Prefer to self-describe

☐ Prefer not to answer

What is your postcode? (optional)

How would you describe the place where you currently live, in terms of how urban or rural it is, and access to services now and in the future?

☐ Urban – in a large town or very near, with most services (Barrow, Ulverston, Kendal, Penrith only)
☐ Rural town/village – smaller town or large village, or near, with many services
☐ Rural – small village or near, with some services
☐ Remote – isolated, with no or very few nearby services
☐ Prefer not to answer

Do you have a disability or long-term health condition?

☐ Yes ☐ No ☐ Prefer not to answer

If yes, how would you describe your disability or long term health condition? (please select multiple options if necessary)

- ☐ No Disability
- ☐ Autism
- ☐ Behaviour and Emotional
- ☐ Hearing
- ☐ Learn or understand (Learning Disability)
- ☐ Manual Dexterity
- ☐ Memory or ability to concentrate
- ☐ Mobility and Gross Motor
- ☐ Perception of Physical Danger
- ☐ Personal, Self Care and Continence
- ☐ Progressive Conditions and Physical Health (such as HIV, cancer, multiple sclerosis, fits, etc)
- ☐ Sight
- ☐ Speech

Prefer to self-describe

☐ Prefer not to answer

Do you identify as Neurodivergent?

☐ Yes ☐ No ☐ Prefer not to answer

Returning this form

Please return your completed survey by Monday March 30, 2026, at 4.30pm to either Barrow Town Hall, Kendal Town Hall, Voreda House Penrith, or any Westmorland and Furness library, OR pop it into an envelope and post it free to **FREEPOST Westmorland and Furness Council**

Thank you for taking the time to complete this survey.

Westmorland & Furness Council

Translation Services

If you require this document in another format (e.g. CD, Braille or large type) or in another language, please telephone: **0300 373 3300**.

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