

Ageing Well Without Family

A report investigating the views of individuals living in Lancashire without local support from family.



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1. Executive Summary

This report is intended to inform local policymakers, health services, and community organisations about the experiences of individuals ageing without family in Lancashire.

In early 2024, the Healthwatch Lancashire team sat down to evaluate the feedback we received in the previous year from the public to inform our 2025/26 workplan. We took experiences that we heard over the last year whilst out at groups, events and meetings and ran an online survey to understand our community's health and social care priorities and concerns.

From this survey, a large number of respondents expressed their interest in seeing Healthwatch Lancashire investigate the needs and concerns of individuals as they age without family.

This project follows similar research conducted by [Healthwatch Cumberland](#), [Older People's Commissioner for Wales](#) and [Ageing Without Children](#), which all studied the unknowns and concerns of individuals ageing without the support of children or family.

These studies identified that there is evidence to suggest a need for planning and policies that recognise the challenges facing those ageing alone. Building on the views of our community and research previously completed, Healthwatch Lancashire set out to understand what ageing looks like for those who do not have family in our patch.

Some of the key concerns revealed by our research included: loss of independence, finances, and lack of good healthcare and staying healthy.

This project aims to highlight concerns and priorities for individuals ageing alone in Lancashire and provide tailored recommendations to support their future.



Glossary of terms

Ageing without family – Individuals who have no children, or whose relatives are not local or unable to provide support.

Next of Kin – The person legally or informally responsible for contacting/decision-making in emergencies.

[More information here.](#)

Power of Attorney (POA) – Legal document allowing someone to make financial or health decisions on behalf of another.

[Click here for more information about POA.](#)

2. Methodology

Our project employed a mixed-methods approach, which included an online survey and personal experience case studies.

Our engagement with the public for this project focused mainly on groups with individuals who may be experiencing loneliness or who attend as part of their social activity, including East Lancashire Voices Self Advocacy Group, Garstang 'Talkin Tables' and Age UK Day Service Ormskirk. As a result of this engagement, a large proportion of the individuals we spoke to were aged 45 and above.

We recognise that ageing well can be a priority for everyone regardless of age, which is why we were conscious to hear from individuals between 16 and 45 and attended groups such as Team Rise Day Centre in Brierfield and Rossendale Youth Council.

Our survey was available online and promoted through social media and Healthwatch Lancashire newsletters, with physical copies available to complete with our engagement team at events and groups.

We recognise that some individuals choose not to participate in online research or do not have the means to do so; therefore, our engagement team focused on meeting groups in various patches of Lancashire, including East, Central & West, and North and Coastal.



During our analysis phase, we spent a lot of time sifting through responses and found that a large majority of participants told us they had family locally who could support them. This is contradictory to our research and could be down to a few reasons, including language & tone of the survey or promotion. These responses will not be included in this report but will be analysed and included in a supplementary report to be published in the summer this year.

Our survey included questions aimed at understanding issues such as what ageing looks like to them and their knowledge of a Power of Attorney or Next of Kin.

Survey

- A total of 35 people who do not have family locally completed our survey, which was available online and in physical form. An easy-read version of the survey was available online and in physical formats.



Public engagement

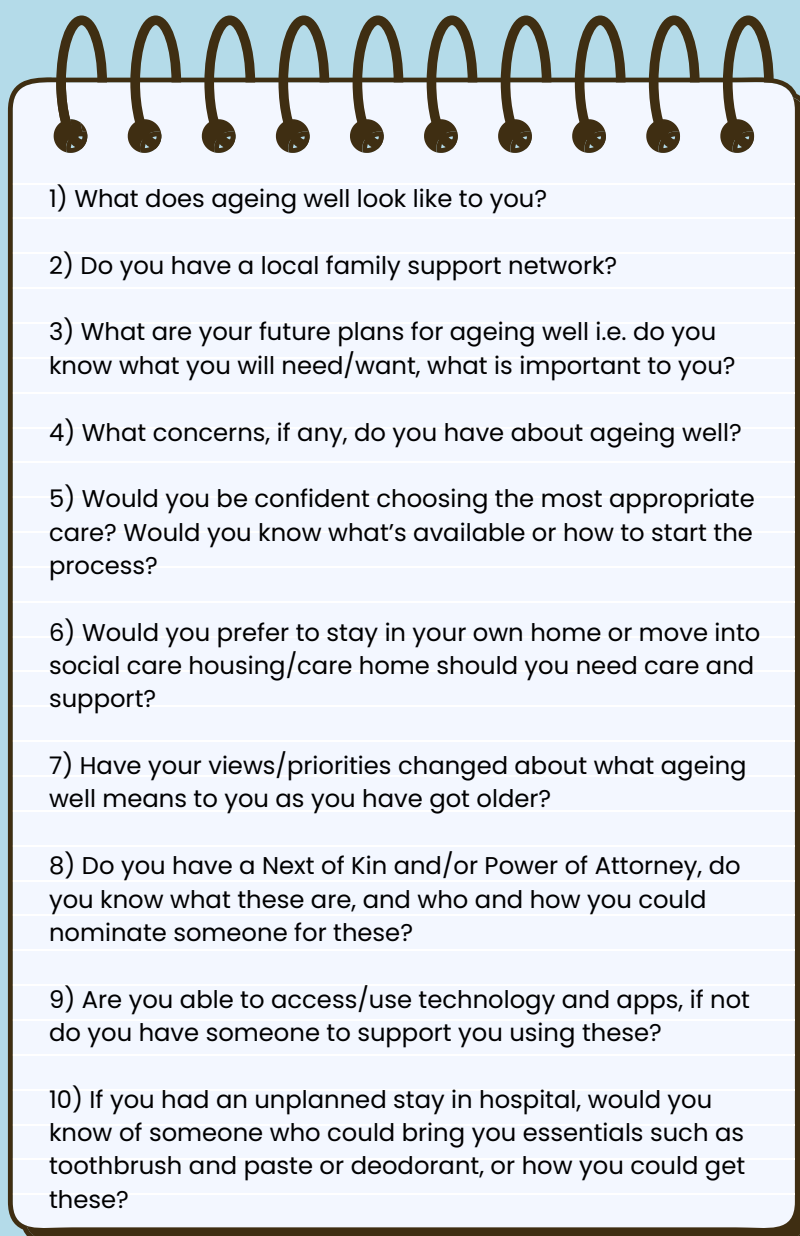
- We spoke to 60 people with some experience of ageing well without family at targeted events across our region.



A steering group was formed pre-project launch in order to generate survey questions and produce an engagement plan covering as many age groups and areas as possible. Our steering group included: NHS Lancashire and South Cumbria Integrated Care Board (ICB), Lancashire and South Cumbria Foundation Trust (LSCFT) Experience, Lancashire County Council, South Ribble Borough Council and Talkin Tables.

The questions below guided our in-person conversations and guided discussions during focus groups and personal experience case-study interviews, allowing us to gather a range of data and views through various methods.

When analysing our data, we reviewed individual survey responses and case studies highlighting common themes and concerns, which allowed us to fully dissect individual experiences and understand the needs of our community in Lancashire as they age.



3. Findings

In this section of our report, we break down the demographic data collected from individuals who participated in this project.

3.1. Conversation Demographics

Through engaging with the public at events, focus groups and through case studies, we have gathered 60 personal experiences. 18% of these personal experiences were from men in Lancashire, 26% from women, and 56% from non-disclosed respondents.

Of our 60 personal experiences, we spoke with women between the ages of 50 and 70 years of age, with most choosing not to disclose their age to us. Of men, we spoke with one man aged 18, 5 men in their 30's-50's and 4 men in their 60's-80's. The remainder of this gender group is from unassigned genders.



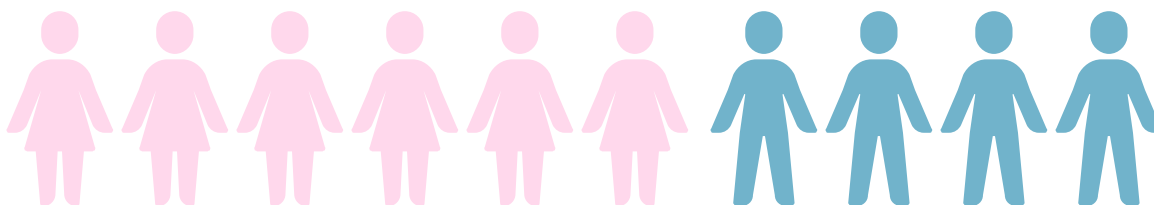
3.2. Survey results

(a) Demographic information

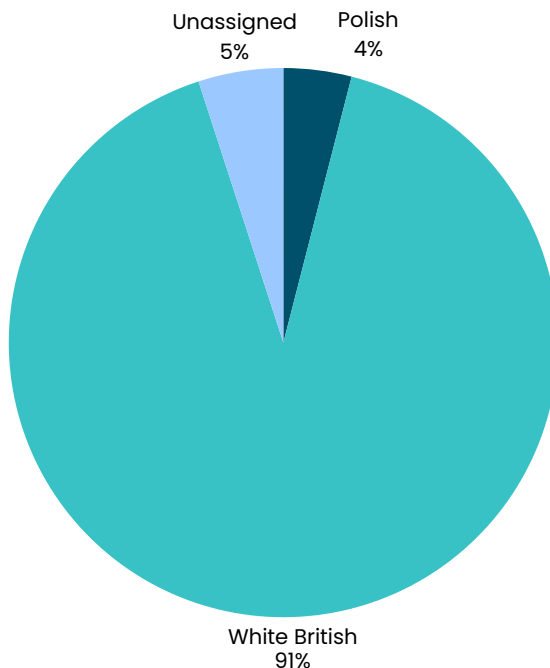
65% of survey respondents were women. This is not a surprise when you consider the life expectancy of women in England is 4 years longer than that of men.

This supports the findings by other organisations that they may spend more time towards the end of their lives living alone without their partners, friends or family around.

[Read More Here](#)



- Of our pool of women, 91% identified as White British, with a further 4% identifying as Polish and 5% choosing not to share their nationality.



- 35% of survey respondents identified as male, with 90% of these men identifying as White British, and 10% as White Irish.

During this project, we successfully captured a large age range of individuals who shared their views and perspectives on ageing well.

- 31% of the women we heard from were aged 65–84, 17% were 55–64 years old, and 14% fell into the 35–54 age range.



- 30% of men were aged 65–84, 50% aged 35–54 and 20% aged 55–64.

We must acknowledge that although this research project gathered valuable pieces of feedback from multiple voices across Lancashire, this survey and our conversations have not captured the diversity of Lancashire's population fully.

There is a significant overrepresentation of white participants.

3.2. Survey results


(b) Survey Findings

Our survey asked individuals to share their views on what ageing looked like to them, their plans for ageing well, and to describe their level of confidence when it came to choosing the appropriate care for themselves.

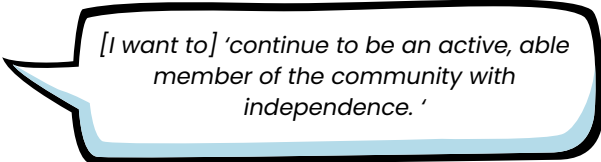
One individual shared that their hopes for ageing well were ***'I want to be healthy and independent.'***

Many participants told us that their future involved maintaining their independence. In fact, 48% referred to keeping their independence as their age and being able to ***'continue to be an active, able member of the community with independence.'***

What concerns, if any, do you have about ageing well?



'I want to be healthy and independent.'



[I want to] 'continue to be an active, able member of the community with independence.'

'I want to be healthy and able to do stuff on my own.'

'Getting old with my health and keeping my independence with my house, my money and being able to look after my kids.'

'Keeping my independence and being able to get out and about.'

One participant who is losing his independence shared concerns about becoming a burden to his two granddaughters, who have relocated for university.

'Keeping my independence as long as I can, as I don't want to become a burden to my granddaughters.'

The concerns shared with us in question one were echoed as the survey progressed, where we received mixed responses, which is showcased in the lack of faith many individuals had in the future.

Through analysing their responses, their top 3 concerns when it comes to ageing well were:

- Finances, including the cost of living, low income, retirement, state pension and the cost of care homes.
- Independence, not needing to rely on others and a large number of individuals were concerned about burdening others.
- Staying healthy, including many sharing concerns about their deteriorating health, with some highlighting their fears of memory loss, and sight loss leading to revoked driver's licenses.

Only 3 survey participants revealed that they had **no** concerns regarding ageing well.

The findings from this question have allowed us to develop the 3 key themes that we will now discuss in further detail.

Key Themes

Finances



40% of people.

Independence



48% of people.

Staying Healthy



60% of people.

Finances

40% of participants referenced some concern for ageing well, centred around their finances. These concerns varied from general day-to-day spending to affording a care home and even avoiding financially fueled scams.

'I am worried about how much it will cost to go in a care home if I need to.'

'I am concerned about being homeless, unable to financially support myself due to current and past government decisions.'

'I could not afford care unless things change and more options are available.'

'Cost of everything. I can't get to my doctors at all now, so there's no way to [get] help if you get sick.'

'I just want to be more healthy. I've set myself some weight goals and I am meeting them, but it's getting difficult with my condition getting worse.'

'I plan to keep working for as long as I can because I can't really afford to retire.'

Many participants in our survey shared their growing concerns about the current cost of living in the UK, with some referencing how much it would cost for a care home, and others being unable to visit their doctors due to rising costs, including transport and the costs of future care.

This is unsurprising, as we came across similar concerns during our Disability, Transport and Accessibility project, where many told us of rising costs to attend appointments at GP surgeries or hospitals, which were becoming a barrier to accessing health and social care.

[Read our Disability, Transport and Accessibility Report here](#)

Independence

48% of participants in our online survey provided insight into ageing well and how this heavily relies on retaining their independence. Concerns ranged from general day-to-day independence, like getting out and about, mobility issues surrounding public transport and the ability to care for themselves.

'Independence. I have physical issues which are getting worse, so losing my ability to go out on my own is a worry.'

'I am disabled and have long-term health conditions such as osteoarthritis, which are likely to get worse. I am worried about the impact this will have on my ability to take care of myself.'

One individual shared that they are currently experiencing issues with their sight, leaving **'my eyesight is deteriorating, which would take away my independence'** as one of their concerns for ageing.

Individual Case Study 83 years of age, White British

'When I retired, I was initially very active and took myself off on several holidays around the world. The best one was the trek around Czechoslovakia, where I managed to travel over 4,000 miles on my own. It was a great achievement.'

I had been planning my retirement for some time, and this allowed me to build up resources that let me do the things that I wanted to do when I was no longer working.'

I am currently on my own with no family and no other support network. I have found that there is not enough local support out there to make sure that people are looked after. I get frustrated with these organisations that can only signpost you to things. I feel like Citizens' Advice and things like Age UK just string you along, and it's not fair on people. I am lucky that I can look after myself. I was doing long-distance treks up until recently, when I got the dreaded Covid.'

I had Covid about a year ago, and it has changed my life and not for the better. My problem now is that it has really affected my ability to go out and do stuff. Normally, I would be fine, but I am getting quite lonely. All the support people do is signpost me to things. It doesn't help.'

Isolation is a real issue that I am currently facing. I have no family and I went to the social prescribers to get some support to find social groups out there where I can meet new friends and interact with people.'

It's something that I would feel the benefit of. I don't use social media, so I don't have the ability to find things using that. I had an appointment with the social prescribers. They didn't listen to me, and I felt like I was fobbed off.

They knew that I had problems with Long Covid and struggled to travel any real distances, and they suggested that I join a group at the Wildlife Trust at Brockholes, Preston. That is just ridiculous and not something that I was prepared for or even able to do. It's like they looked at their script and just went "That'll do" without thinking about what I really needed. It just felt like they were going through a script, and the first answer that fit was what they suggested.

I had a trip to Portugal planned for over the Christmas period and I have just decided that it's simply not worth going on it because of how knackered I am. I can't be doing with the hassle of trying to sort something out if anything goes wrong. I don't think I would cope with it. Last time I had everything scanned and searched and I am too old to deal with that again.

I am due to go to a group today that I was recommended to go to and I really can't be bothered. I don't really think it's for me, but it will get me out of the house for a few hours. I have had this one suggested to me by that social prescriber and it's better than the other ideas. The last group they sent me to was run by the local church which just wasn't my scene. I have nothing against them, but I didn't want to be encouraged to pray.

I have found that when I do go to the GP for support, you never get the same person, and that is something that is a concern for me as I get older. There are different things popping up since the Covid that have meant that I am feeling cut off from good service, and they don't fully understand what is going on with me. If I want to live till, I'm 100, which I do, I need their support, and I need them to know what's going on with me. Now they aren't instilling in me much confidence.

I had been seeing someone at the Covid clinic until around Feb last year and it's like they just got rid of the service that was making my life bearable. I challenged this and asked for an alternate provision, but that was just not forthcoming. All that I could get from my records as evidence was the summary of things that had happened with me. There was nothing that really helped me with my argument that I needed better support with Long Covid.

Getting old is becoming worrying and there is no meaningful support out there for people like me who are on their own.'

Staying Healthy

During our survey, 60% of participants made some references to staying healthy when considering their priorities and hopes for the future as they age.

Many of these individuals sought to remain active in their communities, which links heavily to our other key theme of retaining their independence.

As people age, it's natural for their concerns to shift and be more health-focused. In fact, three-quarters of midlifers (adults aged between 50 and 65), equivalent to 10 million, worry about staying healthy as they age.

'Its a nightmare getting older, you get more pain. Ideally, I want my "ageing" to be quiet, and it's just been a mess with my husband's health, then my own health. I have a long-term lung condition that has only just recently been diagnosed.'

'I want to get older and remain as healthy as possible. At the moment, that seems to be ok other than the issues with my sight.'

'Going forward, I have to be careful with my health, I've dropped a lot of fatty foods from my diet to reduce the risk of another stroke. But the risk is always there.'

'Continuing to be active and healthy and feel like I have a value to society.'

'Remaining physically and mentally well.'

'It's getting hard work with all my conditions I have, and accessing services should be better for someone of my age.'

'I have a lot of health problems and poor mobility, so just being healthy enough to enjoy my life would be good.'

'Ageing well means being healthy enough to live life to the full & not rely on others.'

What are your plans for ageing well? Do you know what you need/want/what is important to you?

During our survey, this question was answered by every individual who took part, with many sharing what their ideal lifestyle looked like as they looked towards their future.

Responses varied through different topics, including finances, burdening and ensuring those around them are secure in their future should they suffer any health complications.

'We have done work to make [our home] as energy efficient as possible and already try to eat well with meals prepared in advance to reduce costs. We access healthcare when needed.'

'Having a stroke has changed my priorities in terms of what matters to me. I just want to make sure that my daughter's future is secure in case something happens to me again.'

'I will continue to cycle and walk as often as possible. I will continue to do volunteer work. I will try to maintain good social networks.'

'I know I am going to die one day, that's impossible to avoid. I want to make sure I have a good plan in place for my family to inherit things and have things in place to be looked after. It's a bit tricky to plan, though. There are several illnesses in my family which I have been blessed with avoiding so far. My mother and grandmother died around 50-52, so if I make it past that age, I will be happy.'

'I have a funeral pre-payment plan ready for when I die. I haven't done much else. I know I need a will.'

'I don't have any plans, I'm just going day by day. I have a lot of health problems and poor mobility, so just being healthy enough to enjoy my life would be good.'

'I need to be debt-free before I can retire. I'm 66 years old and have worked all my life for nothing. I need a safe place to live as I don't own a house. Single older people are not entitled to a social home with more than one bedroom for family, friends or carers to stay overnight and they can't afford private renting.'

'I don't really have any plans, all I want to do is get older and have less pain from my condition.'

'I have made my house possible to function on level 1. I have had an extension built to include an easy-to-access shower room; I have easy access to my garden with outside steps and mobility handles. I have a comparatively new, small, "eco-friendly" car.'



'I don't have any specific plans other than trying to maintain being active, physically and socially. As I approach retirement and have more time available, I intend to join clubs and groups to help with this, e.g. a choir or walking group.'

'I can only hope that I do not take ill, therefore leaving my [disabled] daughter on her own. I need to know that she will have people who can help her when needed. I would like to have a support network around me, so I do not have to shoulder all the burdens on my own.'

Would you prefer to stay in your own home or move into social care housing/care home should you need care and support?

97% of survey respondents were sure they would like to stay in their own home, 3% did not share an answer to this question. This is no surprise as one of the top priorities for individuals in this survey is remaining independent.

Some individuals noted that although they would prefer to stay in their own home, it would need to be more accessible.

'I would rather die than go in a care home.'

'I would like to stay in my own home. However, it would need to be a more accessible home than I live in now (e.g. a bungalow).'

'I would prefer to stay in my own home if possible.'

'I want to stay in my own home. By the time I will be "old" it will be paid off. I don't want that to go to waste.'

Individual case study, female 75, White British

'I have come with my carers today for my appointment. I live on my own, so I have no way of getting out and about without my carers. I do have family, but they don't live near me, they live hours away, so they visit but they can't help anything major.'

'I'm not sure what I'd do without my carers as I can't drive, I can't really use public transport as I'm not really that good on my feet. Ageing well to me means still being able to get out and about, see people and join in with activities.'

'I'd hate to be stuck in the house full time, which I was at one point as I didn't have carers who would take me out, they were just home carers. I felt really isolated and I wanted to get out more. I would like to get out more than I am now, but I am happy that I can get out anyway. I'm not good with technology and I know a lot of things are going online now and that worries me as I would need support with that.'

'I want to stay at home for as long as I possibly can, I don't want to go into a care home, I know one day I might have to but not yet, I'm happy with my own home and surroundings.'

Would you be confident choosing the most appropriate care? Would you know what's available or how to start the process?

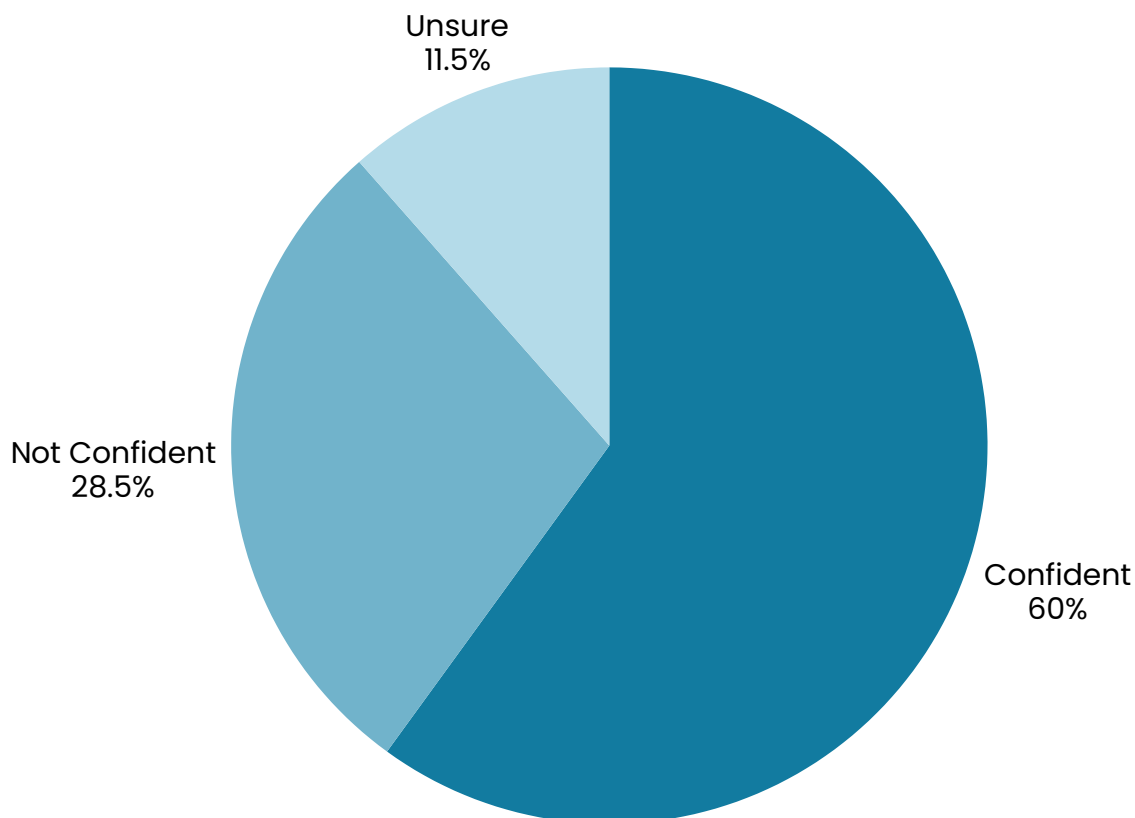
We also asked survey participants about their knowledge of choosing the right care for them as they age, with most participants stating 'Yes' they would be able to choose the most appropriate care.

These responses were mostly from individuals who had some experience working in health or social care or had previous experience arranging care for relatives.

60% of survey respondents told us that they would be confident in the next steps and choosing their care, with 28.5% responding no and 11% unsure.

Some noted that although they do feel equipped to choose the right care, availability and eligibility for these services are constantly evolving, which affects their confidence.

'Probably, I have worked in the NHS for 40 years and arranged care and services for relatives, but this is constantly subject to change in availability and change in eligibility.'



'Yes, I have had to sort things out for my sister, so I know the process. I have some paid care but some of them are awful at times and can be nasty and aren't putting my leg cream on like they're supposed to, they just don't care.'

'Yes, I would know there are charities out there who can help me out when I need to choose a care home or have carers in. I am fortunate that my job means I know what's out there but not everyone is as fortunate as I am.'

'Yes, I understand the procedures, but the cost of care has rocketed in recent years and is an issue for everyone who is not a multimillionaire.'

'Yes, I ran a care home, so I know what I want.'

'Yes, I know where to go and who to speak to.'

Others answered 'no' and shared that communication with professionals and a lack of advice left them without confidence in choosing the right care.

'I wouldn't know where to start. You can't get advice from doctors because they don't listen to you.'

'No. Most appropriate care is becoming unaffordable for a lot of people. It would be "cheapest care" which comes with health and quality risks.'

One individual commented that they 'can't answer that question until I know my state of mind when I need it, which is crucial to note as capacity changes during ageing, our thoughts, and confidence can deplete.

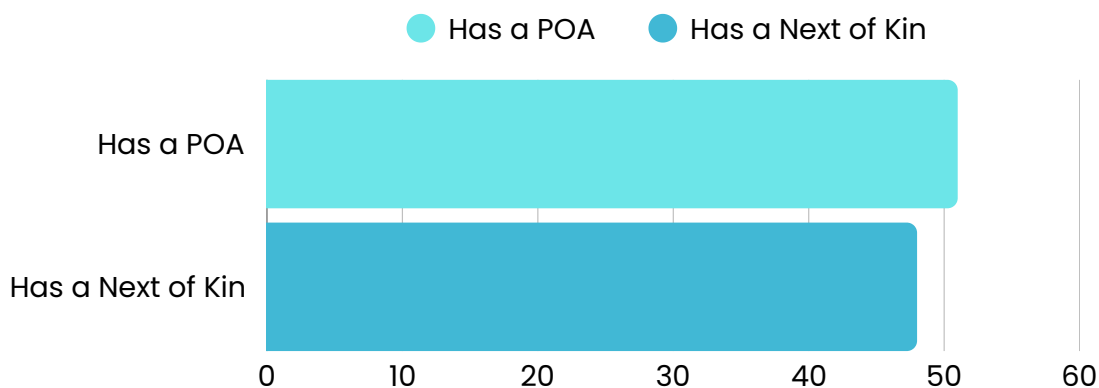
'I could not afford care unless things change and more options are available.'

Do you have a Next of Kin and/or Power of Attorney?

Research shows that a supportive and stimulating lifestyle can help the elderly stay active, engaged and connected to the world around them, and in many cases, this requires support.

[Read More Here](#)

Responses to this question were pretty equal, with 48% of having a Next of Kin or Power of Attorney and 51% answering no to both. 1% didn't respond.



'We know what they are and our friend is down as our Next of Kin; he sorts a lot out for us.'

'Yes, already done when I got married.'

'I used to, but they died. I have my neighbour down as an emergency contact at the hospital and doctors if anything goes wrong.'

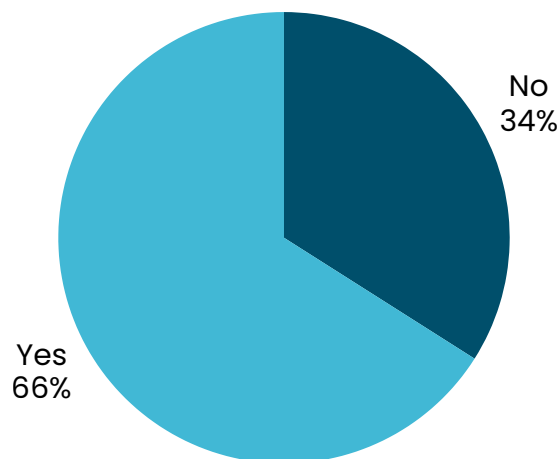
'I have a will, but I don't trust whether solicitors will actually do what I ask them to do.'

For those who did not currently have a Power of Attorney, some shared that although they knew what Next of Kin and Power of Attorney are for, they didn't have anyone that they could nominate to take on these roles in the future.

'I know what they are and the dangers of having a POA, and there is not anyone.'

Have your views/priorities changed about what ageing means to you as you have got older?

Only 34% of the participants told us that their views or priorities have not changed about what ageing well means to them as they've gotten older.



'I haven't really thought about it. Things just happen and you adapt as you go along.'

'Not really, it's a bit of a weird question to ask, I know I am approaching middle age, and it's a weird thought for me. In my head I am still 20.'

'No, things just get more difficult.'

'No, I have the same worries I have always had.'

For those whose views and priorities had changed, many factors as to why included health changes and financial strain.

'With the changes in my health, I can't do the same things no more, my finances are under strain.'

'I try to take more care of myself by trying to eat well and exercise as much as possible. My priority, apart from the above, is my daughter and her well-being. Because we have only been together, I am not sure how she would cope if I was not there.'

Are you able to access/use technology and apps, if not you have someone to support you using these?

When asked about their use of technology and apps, 52% of respondents shared that they are confident using technology and apps or have someone to support them with this. 14% were indifferent, 26% said no and 2% chose not to answer.

'Yes, but not a lot of people can. It's a growing problem that I come across in my line of work, where people who can't afford technology or internet are pretty much cut off round here.'

'Yes. We have provided a lot of support for my elderly father on this, but I am concerned that as I get older and technologies rapidly develop, there will be no one to support me with this (because I don't have any children or younger family).'

'Yes, I'm able to use technology and I'm ok making GP appointments online etc.'

'I am able to but frankly, I disagree with how much it permeates everything. It is a real barrier to me accessing health services.'

Those who answered 'no' shared that they found applications and technology to be complicated and, in some cases, useless.

'No, I can't use apps and the fact they want everything on apps frightens me.'

Other responses shared mixed ability, with some feeling confident using the internet, but sharing those apps caused some problems.

'Not too bad on technology but when you feel confident things are updated and you have to start again. The NHS app works for me but the one for the GP doesn't.'

'I am able to access the internet, although I do not use apps that much.'

'I have my iPad, but I don't like all those apps, they're a bloody menace.'

Individual case study, Male, 45–50 years of age, White British

'We are all getting older and we want to get old gracefully. I have a lot of stress-inducing things in my life at the moment, which means that the thought of getting older is actually quite daunting.'

I am in a strange situation because I am a carer for someone but there isn't anyone there who can look out for me. I am worried about the number of apps for things that we are expected to use, which is a concern because when I get older, I will struggle to cope with things due to my disabilities. I don't have any family around who could help if I had to go to the hospital, and if something happened, there wouldn't really be anyone there who could help the person I care for.'

Individual case study, Male, 45–54 years of age, White British

'I am worried about apps... We will need to use them for almost everything when we are older and we may have forgotten how to use them, which places yet another barrier in our way for things when it's difficult enough with a learning disability, let alone someone who is normal.'

I am worried about changes to career provision. Will I be able to get the right cover for myself when I am older. With the changes that are being made to benefits and things like that I am worried that I wouldn't qualify for support.'

Individual Case Study, Female 70's, White British

'I also really worry about technology and how this has changed over time, I have always rung my GP and made an appointment but they've now told me to download an app and I have to go on that to make an appointment, I really don't like it and it's just not me but I feel I don't have a choice and have to deal with it.'

I had a fall a few weeks ago and couldn't get into my GP, so I went to the walk-in centre, and they checked me over, but they told me to follow up with my GP. I got through to them, but they told me the next appointment isn't for 16 weeks, but if I go on the app, I can get a face-to-face earlier. I feel this excludes a lot of people who aren't able to access online or an app.'

If you had an unplanned stay in the hospital, would you know of someone who could bring you essentials such as a toothbrush or deodorant or how you could get these?

14% of survey responses said they would not have anyone to bring them the essentials if they had an unplanned stay in the hospital, with some citing that this is due to vulnerability.

'No. I have items ready on a spare bed. My neighbor who is listed as next of kin, is a carer for a very sick wife.'

'No, I wouldn't know who could help me, I'd be stuck.'

'No idea, I'd be on my own, I'm classed as vulnerable.'

'No, I'm avoiding the hospital as long as I can.'

Those who answered yes shared how friends and support groups would often be the ones who would bring them essentials.

'I've been in hospital recently and I had to rely on my friends to help me out last minute because my daughter lives so far away. My friend dropped everything and took me to the hospital, and if I didn't have him, I would have been stuck.'

'My neighbour would help me.'

'Yes, I think my friends or neighbours would do this.'

'If I went in hospital, my partner couldn't be there straight away as he works at the other end of the country. I am amicable with my ex, who would probably be on hand to help me, but I don't want to say I could count on that.'

'A friend may help me, or someone from the Rainbow Centre would probably help – they are really nice and helpful.'

Any other comments

At the end of our survey, we gave the public the opportunity to provide any other details they wanted to share. Not everyone chose to leave comments, but these have been used alongside other survey data to inform of our upcoming recommendations to local health services and decision makers in Lancashire to improve ageing well across our county.

Here are some of their responses:

'I think more research is needed on ageing well without children as more and more people are choosing not to have children.'

'As an ex-serviceman I have a pension which covers most of my costs and I can-do part-time work. I struggle with some elements of regular life and have received a lot of support to live "normally" I am worried this will disappear in the next few years due to poor funding.'

'Ageing and end of life planning are areas we are still struggling with as a society. We need to have frank and uncomfortable conversations to establish the best models of care rather than tinkering at edges.'

'Without groups like Food for All I'd be stuck.'

'I just want things to be easier. Having a long-term condition really impacts on me and being unable to get appointments at my doctors just doesn't help. I phoned the other day and was told that I would have to wait three weeks before they could book me anything as I wasn't seeing it as an emergency, I might've got better by then.'

'Total lack of support for the elderly, signposting / passing you on is not support.'

'As many services as possible should be kept at Kendal hospital. Next should be Lancaster, there is talk of Preston or Barrow being used as our nearest hospitals which are too far.'

Any other comments, continued.

'I have real concerns about my future because I was unable to have children and won't have anyone to look out for me and neither are there any other family members who can provide support and advocate for me when I need it. I don't believe I can rely on the care system to help me unfortunately because I have concerns about the capacity of the healthcare and social care systems.

It's under-resourced and struggling to cope with demand re caring for older people now and this situation is likely to get much worse by the time I need to rely on its support for myself. The social care system needs a lot of attention and through overhaul, however despite lip-service by recent governments this has been kicked into the long grass because it's too difficult and expensive for them to tackle.

Sadly, the abolishment of organisations like Healthwatch will make this worse.'



3. Conclusion

This project explored what ageing well really means for people living in Lancashire who may not have a local support network. It highlights the concerns and priorities they have for their future. Our findings show that ageing without family can result in specific challenges and cause uncertainty as to how they will manage whilst ageing.

One of the most prominent themes was independence, which many shared would relate to staying active, being able to look after themselves and continue to be a part of their community. Almost half of the respondents mentioned independence as a key priority, and most people shared that they would prefer to stay in their own homes rather than move into a care home or social housing. But some referenced that their current homes may need some adaptations to be safe and accessible.

Finances were also a prominent theme as many shared their concerns about affording everyday expenses, retirement, and care. Concerns around being unable to pay for care if needed also alluded to a lack of confidence in the current social care systems and whether they will be able to support people in the future.

Health and well being was another key area of concern as participants spoke about long term conditions, declining mobility and worries about memory loss or losing their licence. Individual case studies highlighted how health problems can lead to loneliness, reduced independence and difficulties accessing local services. Some participants also highlighted that some organisations often only signpost rather than provide one-on-one practical support.

Confidence in choosing care options varied, with some individuals drawing on their personal or work experience to say they felt they would know how to arrange care, particularly those who had worked in health or social care or supported relatives. Others told us they would not know where to start looking. Some common barriers include eligibility changing frequently for certain support, costs, and a general lack of knowledge or advice. This suggests that many people ageing without family or a local support network may struggle to navigate the system alone.

This research also identified gaps in support regarding future planning and legal arrangements. Around half of the respondents shared that they had a Next of Kin or Power of Attorney, but many did not. This was mainly down to not having anyone they could ask. This is a major issue for those who are ageing without family, as these arrangements are crucial for decision-making and supporting someone who becomes unable to make decisions on their own.

During this research, we wanted to understand how advances in technology would or are affecting those who are ageing well without family. From our research, over half of the participants felt confident using technology or were confident they could talk to someone for assistance. However, many found apps and online systems challenging or worrying, with some feeling that moving services online makes it harder for older people or those without digital skills to access healthcare and support.

Finally, many participants shared their concerns about health and social services and described difficulties getting GP appointments, a lack of continuity in care and dissatisfaction with social prescribing. We discovered that some felt services are under-resourced, causing worry regarding support being available when they need it.

Overall, the findings show that people ageing without family in Lancashire face a range of practical and emotional challenges. Whilst many are trying to plan and remain independent, there are clear gaps in support, information and confidence. This research highlights the need for better planning support, clearer information, accessible services and policies that recognise and support people who are ageing alone, all of which will be referenced in the final section of this report, our recommendations.

4. Recommendations

- Local authority and commissioners create county-wide campaigns encouraging older people to attend social groups and volunteer, etc., for their well-being, ultimately helping with their mental health and loneliness.
- Encourage service providers to accommodate non-digital access to services, including appointment booking. Services should know their patients and who is capable of using certain technology (could be on an individual's record).
- Commissioners to ensure assistance is available for the ageing population to prevent health conditions and further decline in well-being. E.g. making sure health services are locally available, can deliver prescriptions, or ensure those requiring patient transport are aware of how to request it.
- Consider learning from established services such as Healthier Fleetwood and applying those lessons to hub-focused models, as neighbourhood working takes focus.
- Redirect funding from care homes to home care when individuals are leaving the hospital, in order to make people more comfortable.
- Local authority and commissioners to work with local Healthwatch to run targeted campaigns with communications focused on awareness, hosting sessions and support groups for those who don't have or understand Power of Attorney, Next of Kin and wills. For both older people and younger people to learn.
- Establish 'Ageing Services' within GPs and appropriate services, which double as hubs featuring helpful organisations like Macmillan and Age UK, to promote local partnerships.
- Refine the process of annual health checks, which are currently infrequent and rely on GPs being able to deliver holistic health checks and ensure the general well-being of the individual is taken into account.
- Work with local Healthwatch to promote the '[Gov Tell Us Once](#)' service to raise awareness and help individuals with the process.

Response from the Lancashire and South Cumbria Integrated Care Board

Thank you for your 'Ageing well without family' report, which provides insight from people living in Lancashire without local support from family. We welcome this work and recognise the importance of planning and delivering services that enable people to remain independent, stay connected to their communities and access the right support at the right time.

As detailed in the ICB's recently published [Five Year Strategic Commissioning Plan](#), our aim and objectives run right across the life course, which includes ageing well. By March 2030, we aim to create a seamless journey to support people to age well across Lancashire and South Cumbria, leading to better outcomes and improved experience for our population living with frailty.

In line with NHS England guidance and the government's 10 Year Health Plan, the ICB will prioritise the development of neighbourhood models as the primary vehicle for delivering the shift to community-based models of care. Moving towards a neighbourhood-based approach will allow more care to be delivered closer to, or at home, improving people's access, experience and outcomes while supporting long-term sustainability.

The ICB has detailed several commitments to neighbourhood health which include:

- Enabling older people to stay well for longer: Strengthen proactive, neighbourhood-based support that promotes independence, stability and prevents deterioration – contributing to some of the lowest emergency admission rates in the Northwest by 2035.
- Helping people who need hospital care recover well at home: Increase the proportion of people – especially older people and those with frailty – to return home and remain independent, achieving leading recovery outcomes by 2035.
- Empowering communities and the voluntary sector: Strengthen volunteering, peer support and community assets – building local participation, resilience and connection through a commitment to careful paced co-production.

Furthermore, the ICB's Central Lancashire place was selected as one of seven sites for the National Frailty Improvement Collaborative which is focused on learning how to transform care for people living with frailty. We will work with the national team, local partner organisations and place-based frailty services, to further develop and scale our frailty offer.

Outside of developing new models of care, we also recognise the positive impact timely and targeted campaigns can have. For some years we have supported the cards for kindness campaign, which aims to reduce isolation and loneliness among older people, as well delivering the 'good health starts' campaign which covers neighbourly support. We will continue to support relevant partner campaigns which aim to reduce loneliness.

Thank you again for sharing this report and for the valuable contribution it makes to our understanding of the needs and experiences of people ageing without family support. We welcome the opportunity to reflect on its findings as we continue to work with partners to develop services and support that help people to remain independent, connected and well.



Lancashire and South Cumbria Integrated Care Board

5. Appendix

Engagement Event	Area
The Rainbow Centre	Morecambe
Garstang Talkin Tables	Garstang
Communities Together Festival of Culture	Lancaster
Peer support group for blind and partially sighted (N-Vision)	Fleetwood
The Rainbow Centre	Morecambe
Blue Flamingo	Preston
Preston Pride	Preston
Adlington Food Club	Chorley
Pure Gym	Preston
Parbold library	Parbold
Ormskirk Hospital	Ormskirk
Clayton Green Library	Chorley
Regenerage Carers Group	Lostock Hall
Hesketh Bank Food Club	Hesketh Bank
Renew hope	Lostock Hall
Age UK Day Service	Ormskirk

Engagement Event	Area
Chorley Shopmobility	Chorley
VI Forum	Preston
Burnley Football Club in the Community Over 50s Group	Burnley
Veterans in Community Coffee Morning	Clitheroe
Beacon Rossendale Event	Haslingden
Pendle Female Friendship Forum	Nelson
Pendle Food For All	Nelson
East Lancashire Voices Self Advocacy Group	Accrington
Rossendale Youth Council	Rawtenstall
Clitheroe Warm hub popup	Clitheroe
Team Rise Day Centre	Brierfield
Barnoldswick Library Butterfly Memory Café	Barnoldswick

Ageing Well Without Family

Our project investigates what ageing well means for people without family support, their challenges, and how services can improve to create positive change.

Scan the QR code to share your views




healthwatch
Lancashire


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