



Comisiynydd Pobl Hŷn Cymru

Older People's Commissioner for Wales

Spotlights on ageism:

**Highlighting the impact of ageism on
older people's everyday lives**



**An independent voice and champion
for older people**

The Older People's Commissioner for Wales

The Older People's Commissioner for Wales is an independent voice and champion for older people throughout Wales.

The Commissioner wants Wales to lead the way in empowering older people, tackling inequality and enabling everyone to live and age well.

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Introduction and Key Themes

While awareness and understanding of the impact of prejudice and discrimination has grown significantly, ageism remains widespread across the world and is often laughed off or dismissed.

Ageist language and imagery frequently appear in media, advertising and public discourse, commonly portraying older age as a period of decline, ill-health and frailty, as something to be feared rather than celebrated.



These stereotypes reinforce negative attitudes towards older people and can lead to discrimination in areas such as employment and access to health, social care and other public services. Evidence also shows that ageism has wider harmful effects, including on health, wellbeing, financial security and social inclusion, while limiting opportunities to age well.

When I launched Spotlights on Ageism in January, I said I wanted to shine a light on the realities of ageism for older people in Wales and the ways it manifests in people's everyday lives.

And the contributions shared by public service leaders and other experts working across key sectors, which I've brought together here, paint a vivid picture of some of the challenges and barriers older people are facing.

I'd like to say a big thank you to everyone who contributed for sharing their extensive knowledge, expertise and insight and for providing such impactful, thought-provoking pieces.

As you'll see, the contributions are rooted both in evidence and people's lived experiences, highlighting issues in specific areas that need to be responded to, as well as revealing a number of common themes that can help to prioritise action, as explored below.

It's clear that older people and their voices are often absent from the discussions and debate that inform policy and decision-making. While this exclusion is a form of discrimination in and of itself, it also results in policy and practice based on assumptions about older people.

This means that services are being delivered that often do not fully recognise or understand older people's needs, creating barriers to access, impacting on people's experiences and ultimately leading to worse outcomes.

This occurs both within service design – which may wrongly assume that the needs of all older people are the same, for example – as well as within service delivery itself, where a person's age may determine how they are responded to and/or the types of support they are offered.

Similarly, if older people's needs and the potential barriers they may face are not recognised, resources cannot be targeted effectively, leaving individuals at further risk of being excluded from services and support, which, in many cases, they have a right to receive.

On a more positive note, the contributions included a range of evidence about the positive impact that could be made by the right interventions.

Evidence-based, targeted support like this has a crucial role to play in enabling equity of access and better outcomes, and the next Welsh Government has real opportunities to use a wide range of existing research and data – including from my office – as the basis to drive forward change and improvements where they are needed.

Alongside this, growing knowledge and understanding about older people's experiences and challenging assumptions about growing older, which may be influenced by ageist attitudes, must also be a priority.

That's why in June I will be launching a new online training module primarily aimed at staff working at all levels across our public services, but open to all (more information below).

The module is designed to help those completing it to recognise ageism in a number of settings – including employment, services and the media, as well as within their own organisations – and consider the practical steps they can take to challenge or tackle it.

This is important and has the potential to reach a significant number of public service staff, but much more work is needed to ensure that service design and delivery is not undermined by ageism, and that public bodies are meeting their duties in terms of preventing ageism and age discrimination.

Ageism not only impacts on individuals in many ways, often significantly, but also influences society more widely, limiting the opportunities we all need to live and age well.

So tackling ageism will continue to be a key focus running across my work as Commissioner, as well as working with key partners to share evidence and intelligence, grow knowledge and inspire action against ageism.

Alongside this, I am also calling for a national conversation about ageism and its impact here in Wales, with the voices of older people at its heart, which would provide a strong platform for raising the profile of these issues, highlighting the injustice of ageism and age discrimination, and – ultimately – changing attitudes and behaviours.

While this may be uncomfortable and challenging at times, facing up to the realities of ageism is crucial to enable action to tackle it and ensure we all have the opportunities we need to live and age well.

So I hope you'll play your part and make your voice heard.



Rhian Bowen-Davies
Older People's Commissioner for Wales

Thanks and Acknowledgements

I would like to say a big thank you to everyone who contributed to my Spotlights on Ageism series, which has been brought together into this collection. The insights offered and evidence shared provide a helpful picture of key issues across a wide range of sectors, as well as how action to tackle these could be prioritised.

Tackling ageism and age discrimination remains a key priority for me as Commissioner, and these contributions will strengthen my calls for action and recommendations for public bodies made across the breadth of my work.

Many thanks to:

Steve Milsom, Cymru Older People's Alliance

Pippa Britton, Public Health Wales

Professor Sharmi Bhattacharyya, Royal College of Psychiatry Wales

Gemma Lelliott, Community Transport Association

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And thanks also to the members of their teams for the additional support they provided!



Age discrimination in Wales: Setting the scene



Steve Milsom

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Steve Milsom (an older person of 70) is writing here independently but is Secretary of Cymru Older Peoples Alliance, a member of the Steering Committee for the BSG Special Interest Group on Ageism and also an Age Cymru Trustee.

Introduction

Age Discrimination is prevalent and pervasive throughout our society. Although some progress has been made in recent years, as we enter 2026 – a year of political challenge and potential change in Wales -, now is the right time for concerted action. This article provides an introduction for a series of articles over the coming months to spotlight the problems caused by ageism and to discuss the potential solutions.

Defining Age Discrimination

The World Health Organisation (WHO Ageism) have defined ageism as “the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or ourselves based on age” The Centre for Ageing Better research over the last 3 years shows how ageism causes deep and lasting harm to people and society, directly and indirectly, exacerbating social divisions and inequalities and damaging our economy.

Raising Awareness

The last decade has seen a range of legislation and policies to address age discrimination. The United Nations Principles for Older People – which is embedded in Welsh law – says that older persons “should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution.” The Equalities Act 2010 is in place. Ageism and age discrimination has been a campaign issue in Wales for several years. Our Commissioner for Older People has made it a central plank of her work. We have a Welsh Government Strategy for an Ageing Society that sets out an agenda for change. The Ministerial Advisory Forum on Ageing has commenced work on a National Debate on Ageism. More broadly the British Society of Gerontology has launched a Special Interest Group on Ageism which has strong Welsh membership. Despite all of these positive developments, we still hear regular examples of how our society has not yet shown any substantial signs of change and ageism is still deeply rooted in the day to day lives of many older people. We must see a step change in raising awareness and understanding of age discrimination in society through a concerted National Debate and Action Plan over the next few years.

The language used is important in this debate. Using stereotypes (even unintentionally) is just a slippery slope to discrimination – they must be avoided. I am pleased that the British Society of Gerontology Special Interest Group – is looking to raise awareness of internalised ageing – acceptance of and incorporation of negative stereotypes into self-beliefs. I saw that plainly with my (late) mother who after her 90th birthday spent nearly a decade withdrawing from activities and life. We must do more to ensure older people and the professionals who support them understand this concept and how to avoid the negative consequences. If we refer to “older people” without any clarification or explanation, this generality or shorthand, is

guilty of treating people between 60 and 100+ as if they are all in the same bracket with the same circumstances, needs and wants. We must strive to not over generalise and must think diversely, critically, and positively about ageing and the effects on the individual, particularly where multiple deficits are prevalent (intersectionality).

Strategic Action

It is important that a strategic perspective is taken to addressing age discrimination. The following should be considered:

- Age Friendly Communities – in developing AFCs across Wales, ageism must be tackled using all of the 8 WHO Domains
- Cross cutting policies – National and local policies are required but must recognise the “inter relatedness” of many aspects that impacts on older people.
- Human Rights should be integrated with the age discrimination agenda to make ageing in Wales less “unequal” and end the unacceptable inequalities.
- Intergenerational solidarity must be driven through a new strategy that builds on the strengths between the old and young and ends the tensions being promoted by some.
- Political Commitment – the prospect of coalition in Government in Wales provides an opportunity to secure cross party commitment for improving and prioritising responses to ageism.
- Memorandum of Agreement between Welsh Government and Councils, Health Boards, public bodies to eradicate age discrimination in Wales by 2030
- Strengthen Welsh Laws – reconsider the need for specific primary and secondary legislation to enforce rules on ageism.
- Research Increase the level of funding for age-related research in Wales (currently only 3% of UK total)

Media Representation

Older people are often depicted in the media as dependent or out of touch, frail forgetful, technologically challenged. It encompasses both words and pictures. This is reinforcing negative stereotypes. undermining older people’s strengths and experiences. Ageism like this erodes older peoples’ self-esteem and self-worth. When society devalues and marginalizes us based solely on our age it is denying and diminishing the needs of future cohorts of older people. Further dialogue with media professionals about ageism is needed and training provided so that they better understand what ageism is and the serious impacts it has. This has been addressed positively for race, women, disability so why cannot age be included too?

Workplace Ageism

Ageism in employment can have significant implications for older people. If we experience age discrimination, we may face difficulties in finding new jobs or may be forced into early retirement. This can result in reduced income, depleted savings, and increased financial insecurity in later life and creates future pensioners in poverty. A recent research report set out the issues well. <https://www.thehrdirector.com/business-news/diversity-and-equality-inclusion/new-global-study-reveals-persistent-age-discrimination-workplace/> The Chair of the research company said, “Our findings clearly reveal a gap between what organisations say about diversity and inclusion and how they behave toward older workers in practice.” As a first step, we need our public organisations in Wales to lead by example and openly commit to end ageism in the workplace, especially in recruitment, training, career development, retention, and retirement.

Health and Social Care

Ageist assumptions in the NHS can result in older patients receiving inadequate care. We may be undertreated, have our symptoms dismissed as a natural part of ageing, or experience a lack of access to certain treatments. Greater transparency is needed about the age limits for regular testing. In my experience of caring for my late mother, getting a written dementia assessment proved impossible despite 3 doctors telling me she had dementia. More overt examples of ageism in hospitals and care homes such as in toileting and feeding must be avoided. More awareness raising and training is needed across the NHS.

Ageism is also prevalent in Social Care. The British Society of Gerontology Special Interest Group on Ageism is looking in depth at this. Ageism in social care covers issues such as fewer resources for older people per person than other client groups, “menu driven” services not real personalisation choice and control as promised, safeguarding outweighing wellbeing, lack of consideration of contribution and participation (as in the Social Care and Well-being Act 2014), fewer direct payments, support for self-funders (see 2014 Act) not available. The reform programme for social care in England and Wales must address these and other inequalities strongly.

Inclusive communities

Apps for parking cars, on-line only ticket purchases, closing banks and shops in favour of on-line access, online appointment booking, an increasingly cashless society are all examples of ageism in society that causes difficulties and distress in the lives of older people and leave them behind. Working with the private sector, Government at all levels should use their powers and position to address these issues.

Digital Exclusion and Digital Ageism

There are a number of barriers for older people (and others) in our digital world that must be tackled. Some of the potential solutions are:

- Information and advice – ensuring that access is not just on-line, and older people can have “hard copies,” as well as face to face access to help when needed.
- “Intergenerational Solidarity – collaborating with pupils and students who mentor older people in learning IT skills, social media.
- Community Hubs help and advice available locally with support for those who are new online users or those wishing to learn about getting online.
- Isolation and Loneliness – early identification of need, provide IT help and loan schemes or ‘try before you buy’ schemes with tablets ensuring that cost is not a prohibitive factor.
- Training should assess ability and provide tailored training to individuals, securing their online safety.

As recently highlighted by the Commissioner, Digital Ageism is an under considered issue that blights the lives of many older people who use digital devices but are not confident and are marginally included. While the fast-changing reach of technology has many benefits, its design and development “creates barriers to older people across a range of areas often as a result of poorly designed platforms and systems that assume digital literacy and are designed with younger users in mind.”

A new campaign aimed at “big business” and government is needed to raise awareness of digital ageism.

Conclusions

Whilst acknowledging the positive steps forward recently, I have to say that there is still a long way to go to achieve meaningful change and to get parity and seriousness of understanding and impact with the treatment of other isms in Society. However, by challenging stereotypes, enforcing fair policies, and fostering intergenerational respect, society can unlock the benefits of longer lives.

A future without ageism is not only fairer – but it also makes economic sense, it’s healthier, and makes for a more cohesive country. This article provides an overview of the ageism agenda but others to follow in the next few months will elaborate on key aspects that require action.

Steve Milsom

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Staying Active

Pippa Britton

Chair, Public Health Wales



Staying active as we get older isn't just about fitness—it's a gateway to new friendships, brighter moods, and feeling part of something bigger and in Wales we want to encourage more people over 60 to participate in sport and leisure through innovative programmes that challenge stereotypes around ageing.



Locally, we have a great opportunities for older adults to embrace physical activity and sport through the 60+ Active Leisure Scheme, which offers free or discounted access to leisure centres, community venues, and outdoor spaces across the country, for anyone aged over 60.

This isn't just about health; it's about challenging ageism, fostering inclusion, and strengthening the bonds that hold communities together.

Yet, the journey to an active lifestyle isn't always straightforward. Many older adults face real barriers: transport limitations, especially in rural Wales, can make it difficult to reach activities. The cost and reduced availability of free or low-cost sessions can be a challenge, and there's often a lack of awareness about what's available locally. Health concerns—such as fear of falls or chronic conditions—can discourage participation, especially when activities aren't adapted to individual needs and programs moving online mean that digital exclusion can leave some behind.

Having said that, there are some really great examples where people are able to access local venues, community halls, and independent living centres. We know that social connection is a powerful motivator—peer support, group-based activities, and volunteer-led sessions help people feel welcome and engaged. There is a role for people like GPs and social prescribers in signposting people, and many community groups work hard to ensure that older adults' preferences and safety needs are respected.

The impact of these efforts is clear in the numbers. According to the National Survey for Wales (2022-23), 70% of 16–24 year olds meet the Chief Medical Officer's Physical Activity Guidelines, but this drops to just 38% for those aged 75 and over. Activity levels often decline with age, and this just highlights the need for targeted support.

Since its launch in 2021, the 60+ Active Leisure Scheme has delivered over 10,750 sessions, attracting 154,500 attendances. In the past year alone, 5,552 people took part in 125 different types of exercise, proving the programme's growing popularity. It is funded by the Welsh Government with Sport Wales and is available in all 22 local authorities. We know that it isn't just about physical health too – taking part in activity helps combat loneliness and social isolation and people report better mental wellbeing and stronger social connections through regular involvement.

It isn't all statistics though and hearing from people who say things like “Usually at the end of a busy day, I will be in agony with my back. I don't get that anymore.” or “I thought exercise was going to make it worse... but no, it doesn't work like that. It's been an eye-opener.” or even “It's changed my life and I'm doing things now I could never do in my 30s and 40s.” tells us an amazing story.

Loneliness is a major risk factor for dementia, stroke, and heart disease, but the 60+ scheme embeds social participation into every activity. The scheme also challenges stereotypes about ageing. With activities ranging from pickleball and climbing to yoga and walking football, older adults are proving it's never too late to try something new. Participants report increased confidence, better mental health, and a renewed sense of purpose. As one person put it, "There's definitely been a stereotype about it being too late to get into climbing... this session blew that expectation out of the water."

What makes the 60+ Active Leisure Scheme truly special is how it aligns with the World Health Organization's eight Age-Friendly Domains. Activities in parks and leisure centres make spaces accessible and welcoming, local opportunities reduce transport barriers, partnerships with housing associations bring activities closer to home, and group activities foster connection and inclusion.



Looking ahead, leadership in Wales needs to address barriers at every level—individual, community, and policy. Recognising the impact on enjoyment, social connection, and inclusiveness can help shift the narrative from a purely health-focused approach to one that celebrates the joy and community of physical activity.

Wales is definitely trying to lead the way in supporting older adults to stay active, connected, and healthy. By breaking down barriers and fostering inclusive, community-driven programs, we can all work towards everyone having the opportunity to thrive—at any age.

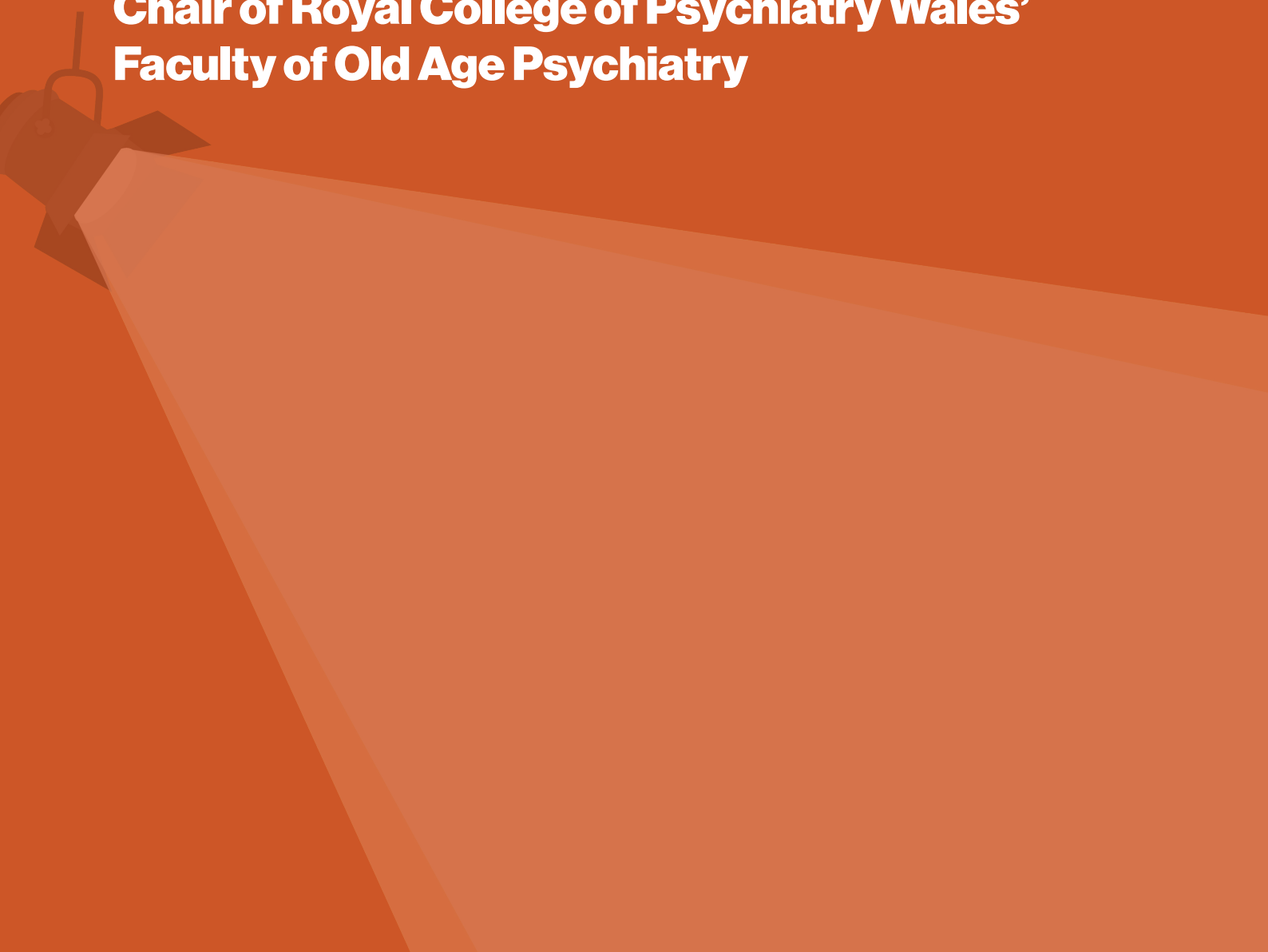
Pippa Britton



Mental Health

Professor Sharmi Bhattacharyya

**Consultant Old Age Psychiatrist and
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Ageism remains one of the most pervasive and least challenged forms of discrimination in healthcare. In mental health services, its impact on older adults is profound, persistent, and too often invisible.

Working as a psychiatrist in Wales, I see daily how older people with mental health problems face barriers that would be unacceptable for any other age group.

These barriers affect people with dementia, but also those living with functional mental illnesses, such as depression, anxiety, bipolar disorder, and psychosis.[1]

This is not simply a question of limited resources. It reflects entrenched attitudes, assumptions, and systems that have normalised inequity in later life.



The scale of need in Wales

Wales is ageing rapidly, and this is not a distant or abstract challenge. Current figures show that 898,383 people aged over 60 live in Wales, with numbers expected to approach one million by 2030.[2]

Dementia prevalence will also rise accordingly, from an estimated 55,700 people aged 65 and over today to almost 80,000 by 2040.[3] Age is one of the strongest risk factors for dementia, making these projections critical for service planning now rather than later.

However, dementia is not the whole story. Thirty per cent of older people in Wales report mental or emotional health as a challenge in the past year. [4] This includes anxiety, depression, trauma responses, complicated grief, and psychosis, alongside cognitive disorders. The scale of unmet need is substantial.

What ageism looks like in everyday care

Evidence shows how ageist attitudes and fatalistic assumptions continue to shape mental health systems, leading to the exclusion of older people from effective support.[5] Anxiety and depression are frequently normalised as an inevitable part of ageing, with low expectations of recovery.

In practice, this can look like:

- Minimisation of symptoms, framed as understandable responses to ageing or loss.
- Diagnostic overshadowing, where depression or anxiety is missed or cognitive change is assumed to be “just dementia”.
- Lower therapeutic ambition, with care plans focused narrowly on medication at the expense of psychological or social interventions.
- System-level invisibility, with older adults excluded from redesigned pathways or new investment.

Ageism is also measurable. Eight per cent of older people in Wales report being made to feel too old to access health services.[6] Behind this single statistic lie thousands of individual experiences that should give us pause.

Disparities in service provision: dementia is not enough

Across Wales and the wider UK, mental health services for older people have largely been shaped around dementia. While essential, this focus is not sufficient. Older adults with functional mental illness often face reduced access to care, particularly at age thresholds or where service remits are narrowly defined.

Evidence shows that both all-age models and rigid age-based service divisions can disadvantage older people, leaving them with fewer pathways, less specialist input, and more limited options.[7]

These disparities reflect longstanding underinvestment in older people's mental health services. The Royal College of Psychiatrists Wales has repeatedly called for a rebalancing of resources to reflect demographic change, clinical complexity, and levels of need.[8]

We are also aware of past examples where underspends in older adults' mental health services were transferred to other areas of mental health to offset overspends elsewhere. Such practices risk embedding institutional ageism by diverting resources away from older people rather than reinvesting them to address unmet need.

The impact is most evident in crisis care, where a widening gap persists in access to timely, home-based alternatives compared with working-age services. This means many older adults experiencing severe depression, acute anxiety, bipolar relapse, or psychosis continue to face fragmented and inadequate routes to support.

Psychological therapies: still too rare

If we are serious about parity, older adults must have access to evidence-based psychological therapies. Yet access remains limited.

Equitable care requires both access to statutory talking therapies and a workforce skilled in later-life mental health.[9] Despite this, older adults are far less likely than working-age adults to be referred for psychological therapies, even when levels of need are comparable.

Indeed, younger adults are around 80% more likely to receive therapy,[10] with inequalities widening sharply with age. Those aged 85 and over are up to five times less likely to be referred than people aged 55-59.[11]

Access is further constrained by structural barriers. Older people from racially minoritised backgrounds, those with disabilities or long-term conditions, and those who do not speak Welsh or English as a first language are less likely to engage with therapy services. Digital-first service design, including reliance on text-based communication, may exacerbate these inequalities among certain groups of older adults.[12]



In my experience, the result is predictable: older people are offered medication (sometimes repeatedly) while the drivers of distress – be they bereavement, trauma, loneliness, chronic pain, carer strain, financial pressure, or long-standing interpersonal difficulties – remain largely untreated.

Beyond medication: complex emotional needs in later life

There is growing recognition that some older people live with complex emotional needs, including presentations consistent with personality disorder or complex trauma. Historically, many were overlooked, mislabelled, or excluded from specialist interventions simply because of their age.

The Royal College of Psychiatrists Wales has been clear that older adults should not be excluded from specialist pathways, including those addressing emotionally complex needs. The College has highlighted the need to strengthen the evidence base for psychological therapies for older people with severe and trauma-related mental health difficulties.[13]



This matters because medication alone is often insufficient. In later life, polypharmacy and physical comorbidity make an over-reliance on prescribing potentially ineffective or harmful. Many older adults require safety, relational continuity, structured psychological therapies, and sustained community support – not symptom suppression alone.

Older adults as contributors, not dependents

One ageist narrative that continues to fuel underinvestment is the assumption that older people are less “economically productive”. This does not bear scrutiny when set against the evidence:[14]

- Nearly two-thirds of people aged 65 or over pay income tax, contributing over £800 million in Wales.
- PAYE contributions from older workers increased by more than 10% between 2023 and 2024.
- Nearly two-thirds of grandparents provide childcare, valued at around £325 million in Wales.
- Older adults are the most active age group in volunteering.
- Around 275,000 older people in Wales provide unpaid care, accounting for over half of all unpaid carers.

Failing to support older people’s mental health is both unjust and economically short-sighted. Mental health services must reflect the central role older adults play in families, communities, and the Welsh economy by supporting participation, contribution, and independence in later life.

Policy opportunity: all-age strategy and specialist care

The new Mental Health and Wellbeing Strategy for Wales adopts an all-age approach.[15] While welcome, this must not become a justification for one-size-fits-all care.

Later-life mental health needs are distinct. Multimorbidity, frailty, sensory impairment, bereavement, safeguarding concerns, care home interfaces, and higher dementia prevalence all shape assessment and treatment.

It is encouraging that the strategy recognises the need for a stronger focus on services for older people with complex needs. The challenge now lies in delivery: turning intent into age-equitable outcomes while protecting specialist expertise.

A call to action

Tackling ageism in mental health services requires more than awareness. It demands action.

1. Parity of esteem: Developing equitable crisis and community pathways for older adults with functional mental illness, not solely dementia-focused care.
2. Access to psychological therapies: Providing routine, age-inclusive referral routes with appropriate adaptations for impairment and comorbidity.
3. Workforce capability: Investing in the older people's mental health workforce, while strengthening later-life competencies across all-age teams.
4. Rebalanced investment: Aligning resources with demographic change and clinical need, addressing historical underinvestment.
5. Better data and accountability: Ensuring consistent reporting of older people's needs and outcomes, including access to therapies.
6. Co-produced services: Involving older people, carers, and communities in shaping effective later-life mental health care.

Ageism thrives when expectations are low and services are thin. The antidote – equity, ambition, and investment – is clear.

Older people in Wales deserve mental health care that is timely, compassionate, evidence-based, and free from ageist bias. Until that becomes reality, too many will continue to suffer in silence – and that is something we should no longer accept.

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Professor Sharmi Bhattacharyya

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Transport

Gemma Lelliott

Wales Director

Community Transport Association



What would you do if lack of transport meant missing a hospital appointment, being unable to work, or being trapped in your own home? For thousands of older people in Wales, this is not a hypothetical question. It is their reality. Ageism in transport quietly shapes lives and limits opportunities every day. It is not just an inconvenience; it is a barrier to independence, health and social connection.



Celebrating the role of older people in Community Transport

Community Transport is powered by vibrant, committed staff, volunteers and passengers of all ages, with a significant proportion aged 55 and over. Unlike many sectors, we do more than acknowledge the contribution of older people. We celebrate it. Their knowledge, experience and skills enrich our work every single day.

Think about the military veterans who now run local transport schemes with precision. Picture the volunteer drivers who light up when helping neighbours, or the former private sector managers who have discovered new purpose in the voluntary sector. And then there are the passengers who were once isolated at home but are now connected, independent and active in their communities. Without older people, Community Transport would be less rich, less capable and far less connected.

A story that shows the reality

One couple living in deeply rural Powys contacted a CTA member for help following Mr M's dementia deteriorating. As he became more unwell, it was increasingly difficult to navigate the limited public transport available, and Mrs M does not drive. With their only daughter living in England and no taxis available, they had been forced to miss important hospital appointments and their life was really starting to suffer. The Community Transport service was able to put support in place not only for those vital health appointments but also to help them get to local social groups and reconnect with their friends. Mrs M describes the help she is getting as "a huge weight off her shoulders".

Why policy makers must listen to older people

For decades, [motonormativity](#) – the unconscious bias that assumes car ownership is the norm – has shaped planning decisions and service design and this car-centred approach leaves non-drivers behind. Whether it is accessing work, health care or leisure, many public bodies assume people can drive or have family or friends to take them where they need to go.

With bus services across the UK experiencing [significant decline](#) and thousands of [concessionary card holders](#) yet to return to the mainstream public transport network following the Covid-19 pandemic, community-led transport has never been so important.

We know that the reality of public transport for older people is often long, complex journeys even when covering relatively short distances, or continuing to drive because of the loss of independence that may follow giving up their cars. We also know that losing access to transport leads to a decrease in wellbeing, an increase in depression and related health problems including feelings of stress and isolation, and increased mortality.

It's vital that as we navigate [significant transformation of the Welsh bus network](#) and legislation, older people and their communities have to play their part in feeding into these changes to make sure they work for everyone. For example, the couple I met this summer who wanted to get to church on Sundays and were forced to travel into Swansea and back out again, meaning a 90-minute journey which would usually take less than 15 minutes by car. Or the lady who was desperate to get to the panto to see her granddaughter perform, but was going to have to leave before the final curtain to get the last bus home. Community Transport is able to respond to these needs in a way that mainstream public transport rarely considers, and this is driven by our connection with the communities we serve.



If Wales truly wants to be the best place to grow old, transport must work for everyone. Every journey should open doors to independence, dignity and connection. Let's make sure that growing older in Wales means living well, staying connected and never being left behind.

Gemma Lelliott



Housing

Ruth Power

CEO

Shelter Cymru



Older private renters – a forgotten part of generation rent

It's well accepted that Wales is currently experiencing a housing emergency. An emergency that sees more than 10,000 people homeless and trapped in temporary accommodation, more than 170,000 (including almost 16,000 over 55's) stuck on waiting lists for a social home and hundreds of thousands of households at the mercy of a private rented sector that isn't fit for purpose.



This is also an emergency that can affect anyone, with an ongoing cost of living crisis and an acute shortage of safe, secure, suitable and affordable homes putting record numbers at risk of homelessness. However, often when we think about or talk about the housing emergency it is the impact it has on younger people that draws most focus.

We see this in debates around homeownership that focus on first time buyers, and we see it in the way that conversations about the private rented sector often focus on young people or young families. Of course, it's right that these communities are acknowledged in the housing emergency but at the same time we must also consider the impact that the housing emergency can have on older generations as well.

Take – for example – the private rented sector. Across Wales, this is now the second most common type of home for someone to live in, and despite traditionally being seen as a short-term option for younger people it is increasingly home to not just families but also to older people.

According to data from the 2021 Census more than 55,000 private rented households in Wales were headed by an individual over the age of 55.[1] Equivalent to around 1/4 of all private rented homes in Wales.

The reliance on the private rented sector to provide homes for older people is also a relatively recent phenomenon, one that has emerged over the last two-decades. In fact, between 2001 and 2021, the number of households headed by someone over 55 that rented privately increased by almost 140%. This significantly outpaces the overall growth in the private rented sector in this period.

And the expectation from organisations like Age UK is that these numbers will continue to grow in the coming years as we experience the long-run effects of a housing emergency that has prevented many people from accessing social homes or homeownership.

Despite its place as the second largest tenure Shelter Cymru believes that the private rented sector is fundamentally broken. For many people who rely on it, it is nothing more than a tenure of last resort, as both homeownership and social housing seem entirely unattainable. It's also a sector characterised by rapidly rising rents and a lack of security, with landlords in Wales retaining the right to evict without reason (powers that have been abolished in England and Scotland).

[1] Data from Census 2021, omits Bridgend which is unavailable.

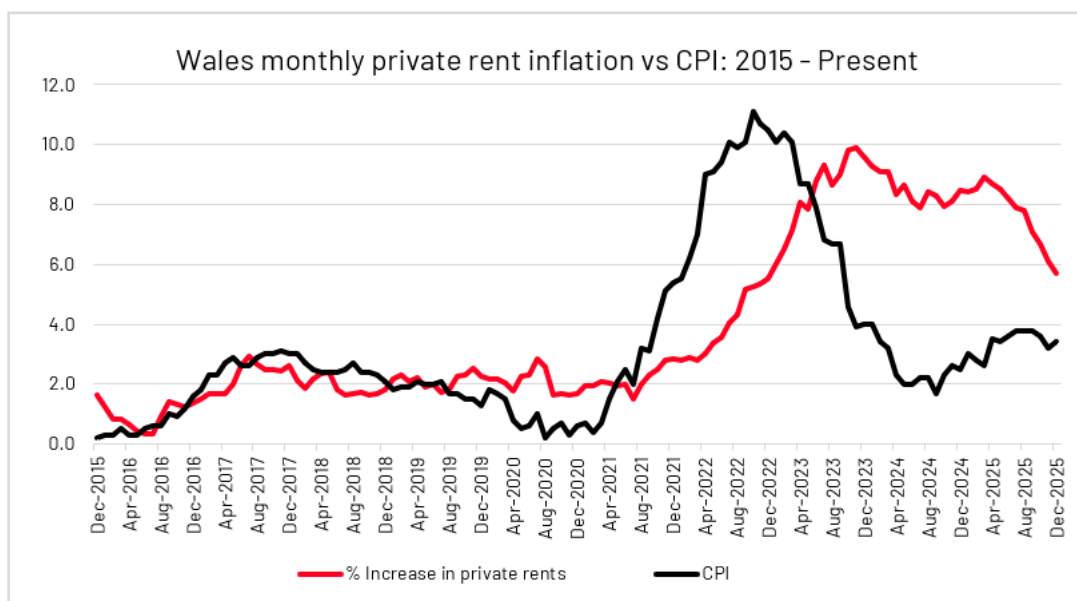
This risk of eviction without reason is something that Shelter Cymru is particularly concerned by, and that we believe may have a significant effect on older renters. For example, we know that many renters are currently afraid to ask their landlord or letting agent for repairs or adaptations to their home given a belief that eviction may follow. For older people in need of specialist adaptations to enable them to continue living in their home this may be a particular worry, as a landlord who has little interest in such measures may well exercise that right to evict, confident that they will be able to find an alternative tenant. An approach that – right now – would be entirely legal even if the tenant themselves were happy to cover the cost of such adaptations.



For the older person involved in such a case they then face the challenge of securing a new home, ideally with the adaptations they need. Given the current demand for homes in the private rented sector there is a very real chance that they may instead face homelessness with the loss of a private tenancy being the leading reason for people to be accepted by local authorities as being at risk of homelessness.

Yet, despite the very real risks that this current policy landscape poses to older people the voice of older people and the experience of older people is often absent from discussion and debate. A clear reflection of an ongoing association of the private rented sector, and the housing emergency more widely, with younger rather than older generations.

Even for those who do not need adaptations the challenge of renting privately at a time of significant rent inflation remains a concern. This is especially true for older renters in Wales, as Wales has seen and continues to see the highest levels of rent inflation of any nation in Britain. With average rents across the country rising by 5.7% between December 2024 and December 2025. This coming on top of a sustained period of above inflation rent rises.



Graffeg yn dangos Chwyddiant Rhent Misol Preifat Cymru o'i gymharu â'r Mynegai Prisiau Defnyddwyr: 2015 - Presennol. // A graphic showing Wales's Private Monthly Rent Inflation vs CPI: 2015 - Present.

Ultimately, what all this data is telling us is something very simple and something we also know from the advice services that Shelter Cymru provides across Wales: older people are increasingly reliant on private renting and increasingly struggling because of that.

At Shelter Cymru we are currently calling on all political parties in Wales to make reforming the private rented sector so that it works for people a key part of their plans to end the housing emergency. And ensuring that the experiences of older renters are included in that is absolutely key, because ending the housing emergency means ending it for everyone.

And we are determined to play our part in this, which is why (with the support of the Oak Foundation) we have committed to a multi-year project that will empower private renters and ensure that their voice is heard by those with the power to effect change. To support this we have established an advisory group made up of private renters that will help us develop this project. We are committed to making that group representative of the private rented sector – ensuring no voice is lost and no experience or issue is missed.

If you are a private renter and would like to be involved in this work then please contact Elen, our private renting policy lead, and the team at Shelter Cymru: policyandresearch@sheltercymru.org.uk

Ruth Power



The Built Environment

Max Hampton



Design Advisor

Design Commission for Wales

A Spotlight on Ageism in the Built Environment: Inclusive Design and Placemaking



As conversations about ageism gain momentum, it is increasingly important to recognise how it can be embedded not only in attitudes and language, but also in the physical environments we create. Outdoor spaces and buildings shape how people move around, how welcome we feel, and whether we are able to participate fully in everyday life.

Too often, these environments disadvantage older people – and, by extension, our future selves – despite the reality that Wales has an ageing population.

The way we plan, design and manage places plays a significant role in shaping these outcomes. Inclusive design and placemaking offer a way to address ageism by focusing on how people experience places in their everyday lives, supporting independence, connection and well-being as we age. In Wales, the [Placemaking Wales Charter](#) provides an important framework for this approach, placing people and community at the heart of decision-making and encouraging a more inclusive, holistic way of creating places.

Ageism in the built environment is rarely intentional. More often, it emerges from design assumptions and processes that prioritise speed, efficiency, standardisation and a narrow idea of the ‘ordinary person’. Streets that prioritise vehicles over people, public spaces with nowhere to sit or meet others, buildings with complex layouts or poor legibility, and environments that assume high levels of physical ability all send unintentional messages about who places are designed for – and who they exclude.

For older people, these decisions can create significant barriers. Outdoor spaces without seating, shelter or accessible toilets limit how long someone can comfortably spend outside their home. Uneven surfaces, poor lighting and unclear wayfinding can reduce confidence, increase the risk of falls and discourage everyday journeys. Roads designed primarily for cars, with wide carriageways, fast traffic or poorly designed crossing opportunities, can make it difficult to cross safely and move around with confidence. Buildings with unclear entrances or confusing internal layouts can feel intimidating or excluding, particularly for people with mobility impairments, people living with dementia, or those with Parkinson’s or sight loss.

The impact of these barriers goes beyond inconvenience. When people feel unsafe, unwelcome or unable to navigate public spaces, they are less likely to leave their homes, take part in community life or maintain social connections. Over time, this can contribute to loneliness, isolation and declining physical and mental health – challenges already recognised as significant issues for older people in Wales.

Importantly, ageism in the built environment does not only affect older people. Places that are difficult to navigate, uncomfortable to spend time in, or reliant on high levels of physical ability can also disadvantage children and disabled people, including people living with Parkinson’s,

sight loss or other long-term conditions. Inclusive design, which anticipates a wide range of needs and abilities from the outset, helps ensure places work better for everyone. Designing out ageism therefore benefits a much wider range of people, helping to create places that are inclusive, resilient and adaptable over time.

Addressing ageism requires a shift in how we approach design, planning and development. Rather than treating accessibility or age-friendly features as add-ons or tick-box requirements, inclusive design should be understood as integral to good design. Comfortable places to rest, clear and legible layouts, human-scaled streets, good lighting and shelter, and buildings that are easy to enter and navigate all contribute to environments where people can move with confidence and independence.

Outdoor spaces play a particularly important role in everyday life and well-being. Streets, squares, parks and routes between buildings are where people meet and interact with others, get fresh air and exercise, and feel part of a wider community. When designed to invite people to pause and spend time, rather than simply move through, these spaces – through seating, planting, active edges, protection from the elements and opportunities for play – create opportunities for social interaction across generations. For older people, informal and everyday contact can be a vital source of connection.

Buildings also shape how inclusive a place feels. Clear entrances, simple circulation, good visibility and access to natural light can make buildings more welcoming and easier to use for people of all ages. For people living with dementia, familiar forms, recognisable landmarks and consistent design language can support orientation and confidence, enabling continued engagement with public life.



A helpful way to challenge ageist design assumptions is to think about how places work for people over time. If outdoor spaces and buildings work well for people as they age, they will work better for everyone. This reflects the [8–80 concept](#): if a place works well for an eight-year-old and an eighty-year-old, it will work better for all. Ageing is not a marginal condition, but a shared human experience, and it is through good design and placemaking that places can respond to people’s changing needs throughout their lives.

In my role as a Design Advisor at the Design Commission for Wales, I see the value of addressing these issues early in the design process. Through our [Client Support](#) and [Design Review](#) services, we work with clients, designers and decision-makers to consider placemaking, inclusive design and the needs of people of all ages from the outset, helping to shape outdoor spaces and buildings that support inclusion, connection and well-being over time.

Ultimately, outdoor spaces and buildings communicate powerful messages about whose lives are valued. By recognising and addressing ageism in the built environment, we have an opportunity to create places across Wales that support independence, connection and community throughout life, ensuring they work not just for today’s population, but for the people we will all become.

Max Hampton

**Could you help take action
against ageism?**



We hope the insights and evidence shared across the Spotlights contributions have helped give you a better understanding of the ways that ageism continues to impact upon many aspects of older people's lives.

You may be feeling angry or frustrated. But hopefully you also feel inspired. Inspired to take action against ageism.

But how confident would you feel in recognising ageism within policies or practice, or challenging ageism if you encountered it - whether directly or indirectly?

If you'd like to find out more, then why not take a look at our Taking Action Against Ageism OpenLearn module, which you can access here: <http://openlearn.com/ageism>

This short course provides a range of helpful information about different forms of ageism and how to recognise these in different settings, including within employment, the delivery of goods and services, and in the media and advertising.

You'll also learn more about policy and legislation designed to protect individuals from ageism and age discrimination, as well as about organisations that can provide support to challenge these.

You can also download my Taking Action Against Ageism information guide, which provides a helpful summary to empower and support you.

Take a look here: <https://olderpeople.wales/resource/taking-action-against-ageism/>

Finally, if you'd like to contribute your own Spotlight on Ageism, to highlight the impact of ageism in the sector you work in, or its impact on the people you work with or support, then please get in touch: <https://olderpeople.wales/contact-us/>

***Working for a Wales that leads the way in empowering older people,
tackling inequality and enabling everyone to live and age well***



**Comisiynydd
Pobl Hŷn
Cymru**
**Older People's
Commissioner
for Wales**