Stoke-on-Trent

DPH Annual Report 2025

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City of
Stoke-on-Trent

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With thanks to Sarah Suleyman Omran, Maksym Ludynia, Pooja Jayakumar, Theo Grace, Padmanabhan Badrinath, Sue Reade and the Beth Johnson Foundation, St Johns School, Philip Hardaker, Councillor Jane Ashworth, and Chief Executive Jon Rouse.

Foreword by Stephen Gunther – Stoke-on-Trent Director of Public Health

Hello and welcome to this year's Stoke-on-Trent Director of Public Health Annual Report.

In 1910 the six towns of Burslem, Tunstall, Stoke-upon-Trent, Hanley, Fenton and Longton were federated into the borough of Stoke-on-Trent[1]. Fifteen years later, and 100 years ago, the borough was made a City by act of King George V[2]. Given the historic importance of this event, I wanted this year to take the opportunity for my annual report to look back on 100 years of the city, to see where we have been, the lives we have lived, and to think about where we may be in the next hundred years.

Last year's report focussed on mental health and mental wellbeing; an essential issue and a part of all of our lives[3]. Mental wellbeing is closely tied to the experiences we have had in life, to the situation we find ourselves in now, but also in our hope for the future. It remains a priority topic for us this year and will likely remain a key topic into the foreseeable future.

This report considers our past and our achievements, as well as identifying the areas that need more work and may need more of a focus in the years to come. It is a major part of all public health work to monitor and to evaluate the work you are doing, and this report aims to highlight the changes in the landscape of health since the city first gained that title and to explore those areas that perhaps are still posing us challenges today.

Stoke-on-Trent has always been a city of communities and community action, and in celebrating what we have achieved and where we aim to go, we can work more closely together to make those aims a reality, and to make Stoke-on-Trent a healthier, happier home.

Warm regards,

Stephen Gunther

Introduction from Portfolio Holder for Health and Wellbeing

Stoke-on-Trent is a city full of people who are proud of their heritage, of their home, of their town, of their team, of their identity. Over the past hundred years the city has seen many changes and has grown and evolved. The city has had challenges and successes and the people have changed and grown with the city.

Looking back over that history of Stoke-on-Trent there is such a rich tapestry of culture and creativity, of innovation and of production. Our whole city is marked by its history with 47 bottle kilns still standing across the city. Golden (the flame that never dies)[4] sitting in Chatterley valley, or The spirit of Fire[5] looking down on us in the city centre. We are a city that remembers its history and its heritage.

We are also a city that has faced hardship and faces it now, and as we look back on the past it helps us see what we can do together, and how we can overcome these hardships. With that in mind I hope as you read through this report you will feel the hope for the future of this city that I do, for the community we share, and for the great place we are making together.

Kind regards,

Councillor Lynn Watkins
Portfolio Holder for Health and Wellbeing

Introduction

The City

From a founding parish as early as the 7th century AD, to the bustling City it is today, Stoke-on-Trent has a rich and eclectic history[6]. The six founding towns of Stoke, Hanley, Burslem, Tunstall, Fenton, and Longton, collectively known as "The Potteries", officially became a City on June 5 1925 by act of King George V[7].

Figure1: King George V and Queen Mary arriving at Stoke Town Hall, Stoke-on-Trent, June 5th 1925. Image from The Sentinel and reprinted with permission from Stoke-on-Trent Live[8]

In the Middle Ages, Stoke was a small village in the Hundred of Pirehill. The name "Stoke" itself derives from the Old English word for "a place or village," indicating its origins as a rural settlement[9]. The town was part of the vast estates of the Anglo-Saxon kings and later the Normans [10].

The transformation of Stoke into a major industrial centre began in the 17th century with the establishment of pottery manufacturing in the area, driven by the local availability of clay, coal and water, and innovative kilns, especially in towns like Burslem and Hanley [11].

Early pioneers such as Josiah Wedgwood and James Brindley played pivotal roles in the development of the ceramics industry[12 / 13].Their expansion of the Trent and Mersey Canal in the 18th century facilitated the transportation of raw materials and finished goods[14]. From this, Stoke-on-Trent grew to international acclaim, having numerous factories producing fine china, earthenware, and other ceramics.

During the 19th century, Stoke-on-Trent underwent rapid industrialisation, transforming the small

villages into a thriving urban area. The introduction of steam engines, and the subsequent expansion of the railways, paired with the success of pottery production both domestically and internationally led to an explosion of population and economic development[15]. Simultaneously, an increase in coal mining activities and steel industries supported the city's industrial growth. As a result, the working-class population grew substantially, and Stoke-on-Trent became a focal point for industrial labour[16]. It is however important to recognise that this success was not obtained without harsh working conditions, poor health outcomes, and a significant reliance on child labour as well[17]. The city also faced issues with overcrowding, and poor sanitation[18].

In contrast, the 20th century was fraught with challenges for Stoke-on-Trent. The two World Wars had a significant impact on the city's economy and population[19]. The First World War led to the loss of many workers and disrupted industrial production. The Second World War saw air raids on the city, and much of the housing stock was damaged[20]. Post-war recovery saw the city benefiting from government housing programmes and a boom in ceramics production.

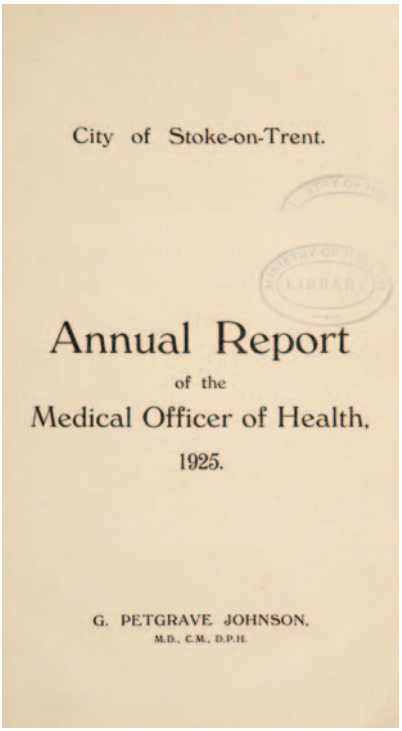
The 1970s and 1980s saw deindustrialisation, with a declining pottery industry due to international competition, and the closure of many coal mines due to exhaustion of coal reserves led to the closure of many factories leading to job losses and economic hardship for many in the region[21]. Despite this, Stoke-on-Trent worked to diversify its economy, and efforts were made to regenerate the city with new retail developments and cultural projects. In the 21st century, Stoke-on-Trent has focused on regeneration and revitalisation, with investments in infrastructure, tourism, and services[22].

Over time the City it has emerged as a centre for healthcare, education, and digital industries, alongside its pottery legacy. Modern Stoke-on-Trent is home to a diverse population and is known for its cultural attractions, including the Potteries Museum and Art Gallery, the World of Wedgwood, and historical sites related to its industrial past[23 / 24].

Though time has dimmed the flames of industry, the spirit of Stoke-on-Trent and its inhabitants endures, rooted in heritage and driven by a united population in the pursuit of a brighter future.

The Annual Director of Public Health's Report (ADPHR):

The ADPHR is a key feature of public health practice in the UK. It provides an overview of the health of the population in their local area and highlights key public health issues, challenges, and priorities. Its publication goes back to the 19th century, then under the jurisdiction of the medical officer[25].


City of Stoke-on-Trent.

Annual Report
of the
Medical Officer of Health,
1925.

G. PETGRAVE JOHNSON,
M.D., C.M., D.P.H.

Figure 2: The Annual Public Health Report for the newly founded Stoke-on-Trent city. Reprinted from Wellcome Trust, 2025. [26]

Legislative changes with the Public Health Act of 1936 gave local authorities greater powers over the protection of the health of the local population, and local health reports started becoming a formal mechanism to review public health changes[27]. This evolved over the century and with a growing understanding of the importance of public health data and evidence-based approaches, so came the modern ADPHR, focusing on key health indicators, health inequalities, and recommendations for action. The White Paper, "Choosing Health: Making Healthy Choices Easier", marked a turning point by increasing the focus on public health prevention and local health improvements. The ADPHR became a key tool for addressing health inequalities and implementing national health policies at a local level. A new theme was selected in each subsequent year to reflect a focus of the public health team's work and aims.

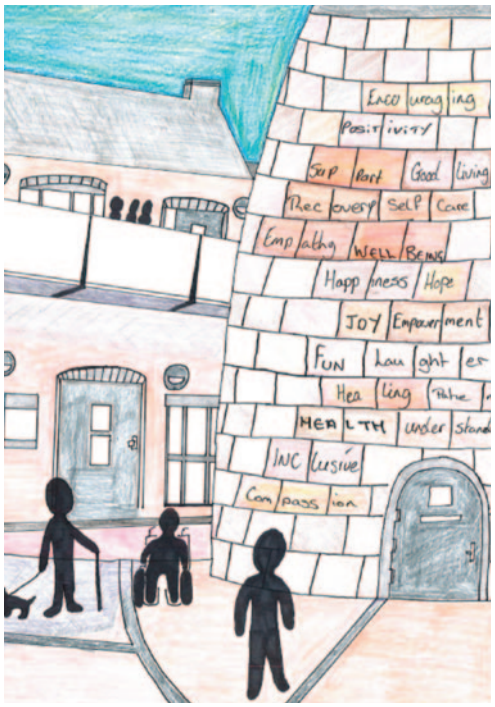


Figure 3: The Director of Public Health Annual Report for 2024, Reprinted from Stoke-on-Trent City Council, 2025.

Chapter 1

The Scene in Stoke-on-Trent in 1925

> LADIES AND GENTLEMEN,
>
> I have the honour to present to you the following Report for the year 1925, the sixteenth since the federation of the Pottery Towns.

The Officer of Public Health's Report for Stoke-on-Trent for 1925[63]

Population:

In 1925, the estimated population for the City of Stoke-on-Trent was 278,900 people. The population had been steadily growing since the turn of the century, with birth rates fluctuating in the years leading up to the city's founding.

The first world war had caused a notable decline, from a pre-war rate of 31.6 per 1,000 people, to a war low of 20.8 in 1917. This quickly recovered following the war's end with the rate climbing back up to 30.9 in 1920.

By 1925, the birth rate in the City was 22.9 per 1,000, which was higher than the rate for the majority of towns in England and Wales for the same year. Over the same period, death rates increased from 17.4 per 1,000 in the pre-war era, to 20.8 in 1917. Post-war death rate dropped to 12.8 in 1920, but by 1925, when things had resumed to business as usual, this had increased to 13.5, higher than that of the largest towns across England and Wales.

A significant proportion of this is due to infant mortality, which Stoke-on-Trent has been challenged with for almost a millennium. In 1921, Stoke-on-Trent had the highest infant mortality rate across the 105 largest towns in England and Wales.

Little is known about the migration practices in Stoke-on-Trent in that period, but would have followed the availability of labour opportunities.

Vital Statistics of Whole District during 1925 and previous years.

Year	Population estimated to middle of each year	BIRTHS			Total Deaths registered in the district		Transferable Deaths		Nett Deaths belonging to the district			
		Un-corrected Number	Nett						Under 1 yr. of age		At all ages	
			Number	Rate	Number	Rate	of Non-residents registered in the district	of Resi-dents not registered in the district	Number	Rate per 1000 nett Births	Number	Rate
1916	219,755	5,731	5,228	23.9	3,620	16.4	170	242	725	126	3,692	16.8
1917	215,116	4,992	4,591	20.8	3,473	16.1	149	231	579	116	3,555	16.5
1918	208,365	5,222	5,219	22.3	4,175	20.0	207	259	582	111	4,227	20.3
1919	239,316	5,638	5,635	22.5	3,897	16.2	192	174	628	111	3,879	16.2
1920	248,852	7,716	7,712	30.9	3,192	12.8	150	163	759	98	3,205	12.8
1921	245,600	7,132	7,132	29.0	3,714	15.1	209	142	959	134	3,647	14.8
1922	*274,300	7,135	7,115	25.9	4,056	14.7	221	111	818	115	3,946	14.3
1923	276,100	6,779	6,776	24.6	3,624	13.1	203	90	630	93	3,511	12.7
1924	278,000	6,751	6,722	23.7	3,979	14.3	240	82	677	101	3,821	13.5
1925	278,900	6,437	6,391	22.9	3,929	14.0	238	86	678	106	3,777	13.5

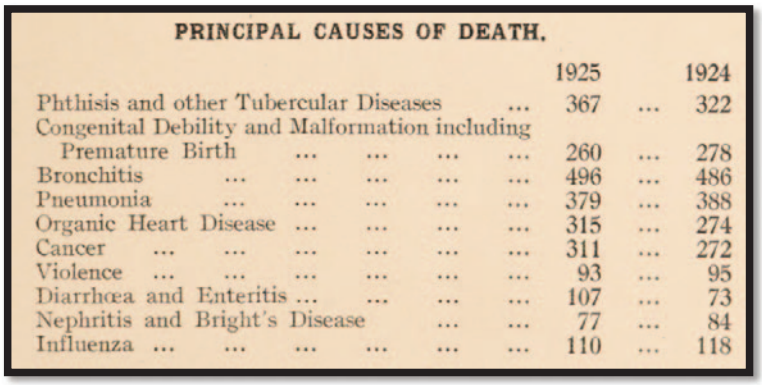
Area of District in acres (land and inland water), 20,759. Total population at all ages—267,611 at Census, 1921.
*As extended from April 1st, 1922.

Health:

The general health of the population of the City was inextricably linked with the social and economic factors governing the locality. The most common causes of death were bronchitis, pneumonia, and tuberculosis, which thrived in the lungs of the townsfolk, regularly exposed to the smog of the industrial factories, toxic clays and glazes in the potteries, and silica dust deep in the mines. At the time, Stoke-on-Trent was dealing with significant population density in relatively poor housing stock. For example, an average of 5 individuals would reside in each household and between 1921 and 1925, the City only managed to build 614 houses. This only served to spread conditions like tuberculosis, which thrives in damp, crowded conditions. Additionally, the housing shortage was also noted to contribute to the higher rates of infant mortality. Young babies do not have fully developed immune systems, and their exposure to other members in the household who are ill would have a disproportionate impact on their health.

Cases of infectious diseases like typhoid, diphtheria and scarlet fever were surprisingly few and far between, contributing to only 0.89 per 1,000 deaths for the population. Smallpox had already been eliminated by the time of the City's founding. During this period, developments in testing for Diphtheria and Scarlet Fever were employed in the City's Infectious Diseases Hospital, located in Bucknall, just off Eaves Lane. Deaths from diarrhoea and gastrointestinal infections were still prevalent, with an approximate 107 cases in 1925. All but 1 case were in children under 6. Table 2 shows the principle causes of death in the city of Stoke in 1925.

In response to higher levels of infant mortality compared to similar towns across the country, efforts were taken under the Maternity and Child Welfare Scheme to provide better and greater antenatal care for children, as well as approving a Maternity Hospital Scheme.

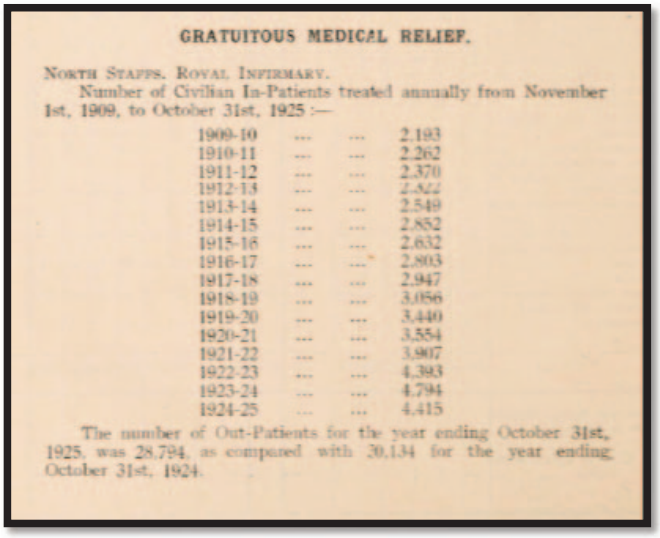


PRINCIPAL CAUSES OF DEATH.

	1925	1924
Phthisis and other Tubercular Diseases ...	367	322
Congenital Debility and Malformation including Premature Birth	260	278
Bronchitis	496	486
Pneumonia	379	388
Organic Heart Disease	315	274
Cancer	311	272
Violence	93	95
Diarrhœa and Enteritis	107	73
Nephritis and Bright's Disease	77	84
Influenza	110	118

Healthcare Services:

Engagement with healthcare services was notable over the decade preceding 1925, with growing numbers of hospital inpatients each year, more than doubling from 1909 to 1923. In 1925 there were 28,794 outpatient visits, compared to today where the Royal Stoke University Hospital A&E sees more than 150,000 people a year.



GRATUITOUS MEDICAL RELIEF.

North Staffs. Royal Infirmary.

Number of Civilian In-Patients treated annually from November 1st, 1909, to October 31st, 1925 :—

1909-10	2,193
1910-11	2,262
1911-12	2,370
1912-13	2,422
1913-14	2,549
1914-15	2,852
1915-16	2,632
1916-17	2,803
1917-18	2,947
1918-19	3,056
1919-20	3,440
1920-21	3,554
1921-22	3,807
1922-23	4,393
1923-24	4,794
1924-25	4,415

The number of Out-Patients for the year ending October 31st, 1925, was 28,794, as compared with 30,134 for the year ending October 31st, 1924.

Employment:

Employment in Stoke-on-Trent was heavily associated with the potteries and the warehouses associated with them, contributing to 39.9% of all workers in the city in 1921. Mining, engineering and bricklaying were the next largest employers.

It's important to note that the potteries employed a large number of female workers, in both the making of potteries, and the warehouse and packaging outlets. These reflected wider societal changes taking place as a result of the war effort.

	1921		1911	
	Number employed	% of total workers	Number employed	% of total workers
Pottery Workers ... 42,442 Warehousemen and women packers, etc. ... 4,876	47,318	39.9	47,921	42.8
Miners	17,256	14.6	14,088	12.6
Engineers and Ironworkers ...	7,631	6.5	4,958	4.4
Bricklayers and workers of Construction	5,949	5.0	5,114	4.6
Transport Workers	6,739	5.7	6,140	6.0
Professional occupations, including Doctors, Lawyers, Clergy, Nurses, Teachers, Public Officials, etc.	3,621	3.0	3,328	2.9
Domestic Servants	2,559	2.2	3,507	3.1
Waitresses, Laundry workers, Charwomen, etc.	1,560	1.3	888	0.8
All other occupations	25,942	21.8	25,862	22.8
Total Number employed ...	118,555	100.0	111,806	100.0

Housing:

Housing stock in the City was of relatively poor quality, with marked overcrowding, and poor sewage disposal infrastructure. Many homes did not have ready access to a toilet, with a large number still using covered ashpits. There were only 50,042 'water closets' in the city with more than 14,000 of those that did not even have flushing capability. In an attempt to encourage cleanliness, the City provided lime and whitewash brushes which they would loan to individuals to clean their homes.

There were 55,787 homes in the City in 1925, with the vast majority housing a working-class population. These were mostly available with a rent of less than £26 for the year (about £2,000 today!) and this would equate to a little over 5 full weeks salary, based on the average figures from 1925. Table 3 shows the variety of rents based on the type of property available.

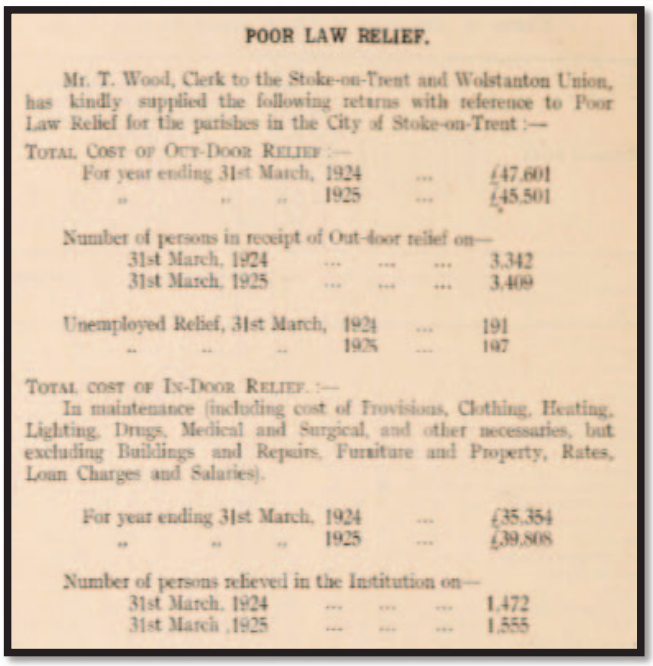
The population consists chiefly of the working classes. The nature of the accommodation and rentals of the houses is generally as set out below :—

	Weekly Rent.
(a) Houses with living room, scullery and two bedrooms ...	5/6 to 6/3 net
(b) Parlour, living room, scullery and two bedrooms ...	6/2 to 7/7 net
(c) Parlour, living room, scullery and three bedrooms ...	7/11 to 8/10 net
(d) Parlour, sitting room, kitchen, scullery and three bedrooms	9/9 to 11/- net

N.B.—Net means rent exclusive of rates.

Social Welfare:

The 1925 ADPHR details £85,309 of relief for those in need for 3,409 people across the town. This would be roughly equivalent to £5.3 million today. This was provided as part of the Poor Law Relief, a legal requirement under the Poor Relief Act 1601 which required taxes to be collected to fund food, clothing, and financial support for those in need, as well as public services like alms-houses, hospitals and orphanages.



POOR LAW RELIEF.

Mr. T. Wood, Clerk to the Stoke-on-Trent and Wolstanton Union, has kindly supplied the following returns with reference to Poor Law Relief for the parishes in the City of Stoke-on-Trent :—

TOTAL COST OF OUT-DOOR RELIEF :—

For year ending 31st March,	1924 ...	£47,601
" " "	1925 ...	£45,501

Number of persons in receipt of Out-door relief on—

31st March, 1924	3,342
31st March, 1925	3,409

Unemployed Relief, 31st March,	1924 ...	191
" " "	1925 ...	107

TOTAL COST OF IN-DOOR RELIEF :—

In maintenance (including cost of Provisions, Clothing, Heating, Lighting, Drugs, Medical and Surgical, and other necessaries, but excluding Buildings and Repairs, Furniture and Property, Rates, Loan Charges and Salaries).

For year ending 31st March,	1924 ...	£35,354
" " "	1925 ...	£39,808

Number of persons relieved in the Institution on—

31st March, 1924	1,472
31st March, 1925	1,555

Homelessness:

The City also housed 12 lodging houses, which accommodated about 386 people per night. Over the year, an estimated 85,635 people used these premises.

Conclusion:

To conclude, a century ago the city's population largely relied on employment in industries such as coal mining and pottery manufacturing, which has left a lasting legacy and is a source of great pride for the City. However, it also came at the expense of significant health issues, and difficult working and living conditions for inhabitants. These conditions contributed to poorer health, with high rates of respiratory diseases like pneumoconiosis and silicosis, stemming from exposure to industrial dust. Tuberculosis, cholera, and other infectious diseases were prevalent due to overcrowded housing and inadequate sanitation, as well as high infant and maternal mortality[28 / 29]. Malnutrition and limited access to medical care further worsened outcomes, particularly among the working class. However, over the course of the century, significant changes in the social make-up, political ideals, local policies and medical advancements have all contributed to a different face to the City's health today [68].

Chapter 2

A collection of health changes over the past 100 years

Chapter 1 provided an overview of the health of the residents of Stoke-on-Trent in 1925, and highlighted the significant challenges of the time period. In the century since then, the region's health has transformed, reflecting not only the broader social, economic, and medical advancements in the UK, but also the pioneering initiatives taken by local townsfolk in improving the health of their community.

Pre-War Period:

At the turn of the century, Stoke-on-Trent's population had been rapidly growing due to the expansion of the pottery industry, which attracted workers from rural areas. The population in 1901 was around 260,000, reflecting the boom in industrialisation.

World War I (WW1):

The 1918 Spanish flu pandemic had a significant impact on the population in the town of Stoke-on-Trent, killing 379 people directly from the flu and another 133 from related respiratory diseases[30]. With the outbreak of the first World War, thousands of men from Stoke-on-Trent enlisted in the army. Many were killed or wounded, leading to a temporary decrease in the working-age male population. The war caused widespread disruption to daily life including food shortages. This led to substantial health challenges through physical injuries sustained in the war, as well as the impact on mental health through shell shock (now known as PTSD). The industrial nature of the city also meant that it played a significant role in the warfront, with many of its workforce engaged in wartime production.

Figure 4: Aerial View of Victoria Ground, Home of Stoke City FC in 1935, reprinted with permission from Stoke-on-Trent Live

Interwar Period:

In the years immediately following WW1 a housing crisis boomed in Stoke-on-Trent. Many homes were in poor condition from years of neglect during the war, and wartime activities had diverted resources. A large portion of the population lived in overcrowded conditions which had significant impacts on health, with high tuberculosis rates, and higher infant mortality rates than the national average. Temporary housing solutions, including prefabricated homes and “Nissen huts” were used to accommodate people until permanent housing could be built[31]. Following this, Stoke-on-Trent experienced rapid recovery and growth, as the city rebuilt its economy and housing. During this period, the population continued to grow steadily, reaching about 330,000 by 1939. The interwar period also saw continued migration from rural areas of the UK, with people moving to Stoke-on-Trent in search of work in the pottery and coal industries.

World War II (WW2):

As Stoke-on-Trent was an industrial city, it came under heavy fire during the air raids of the second World War, with targeted bombing for large parts of North Staffordshire, where steelworks, coal production and munitions factories were based. Rural parts of Stoke-on-Trent housed evacuated children from large cities. Many homes and businesses were damaged, and the city saw the loss of civilian life. In addition, a large number of men from Stoke-on-Trent mobilised to the army, which led to a temporary reduction in the male population. The City's involvement in wartime production meant workers were often subjected to hazardous conditions. Many people suffered from exhaustion and stress due to wartime work, as well as the impact of air raids and bombings, which caused injuries and psychological trauma. Additionally, food rationing and shortages led to nutritional deficiencies and affected overall health. The war caused an increase in cases of mental health issues like anxiety and depression, which were not widely understood or treated at the time[32].

Figure 5: Bomb damage at Taylor Avenue, Maybank, June 1941, Image courtesy of The Potteries Museum & Art Gallery, Stoke-on-Trent

Post-War Period:

The post-war recovery period saw a significant focus on rebuilding healthcare services. The introduction of the National Health Service (NHS) in 1948 was a pivotal moment in improving health outcomes, with Stoke-on-Trent benefiting from increased access to healthcare services, addressing many of the health issues exacerbated by the wars. Vaccination programmes and antibiotics reduced deaths from infectious diseases, while public health initiatives addressed sanitation, clean water supply, and housing improvements.

The 1950s:

By the mid-20th century, life expectancy in Stoke-on-Trent had begun to rise. A decline in heavy industry began to emerge, partly due to foreign competition and depleted raw material. This came with significant economic challenges, including high unemployment and poverty, which adversely affected public health[33]. Alongside this, the Potteries undertook significant work to improve fume emissions from pottery firing, with widespread installation of smokeless methods, helping to ameliorate rates of respiratory issues.

The shift to service-sector employment reduced the prevalence of occupational diseases but gave rise to other health concerns. Behavioural and preventable illnesses, such as heart disease, type 2 diabetes, and obesity, became more common as diets and physical activity levels changed. Improvements in the technologies available for detecting disease contributed to a paradigm shift in the health of local residents. The 1950s saw the introduction of Mass Mobile Radiography, where X-Ray machines were brought in and used in high risk groups to identify evidence of disease from industrial exposures, and tuberculosis. These patients were then referred to respiratory doctors and thoracic surgeons for further management. An impressive 60,000 people were X-rayed annually, which was higher than the national average at the time, and by 1953, a whopping 43,000 residents of Stoke-on-Trent had been scanned[64].

In 1950, a local food poisoning outbreak occurred, where some chocolate eclairs and butterfly creams made by a firm of bakers in Stoke-on-Trent were found to be contaminated with Staphylococcus Aureus, a bacterium that causes rapid diarrhoea and vomiting. This was quickly addressed by the local public health officer, and following this, a public education programme and notices to food staffs regarding appropriate procedures to follow for the cold storage of foods was distributed.
All of these demonstrate small but significant measures that have had a profound impact on the health of the population as a whole[65].

The 1960s:

By the 1960s, the city was witnessing a period of expansion[34], following the 'baby boom' trend seen across the country. This growth was supported by government housing programmes and an expanding welfare state. The government, both national and local, initiated large-scale housing programmes aimed at addressing the shortage. In Stoke-on-Trent, the local council oversaw the construction of thousands of new homes, predominantly in the form of council houses. These were mostly built in new estates on the outskirts of the city, and many were brick-built, semi-detached homes designed to replace substandard housing in city centres. The council cleared slum areas in inner-city districts, which led to the displacement of residents and the demolition of the poor older housing stock.
Like many industrial cities in the UK, Stoke-on-Trent saw waves of immigration between the 40s and 60s. Workers from the Commonwealth, particularly from the Caribbean and India, were recruited to fill labour shortages in industries like ceramics and coal. This led to an increase in the city's ethnic diversity, though this shift was accompanied by some social and racial tensions, particularly during the 1960s and 1970s[35].

During this period, a significant public health crisis occurred as a result of the use of thalidomide, a medication prescribed to treat morning sickness in pregnant women, which was later found to cause significant birth abnormalities, including underdeveloped limbs[36]. Whilst this was a national issue, Stoke-on-Trent played a pivotal role in advocating for the victims through their representative, Jack Ashley, who initiated the debate in parliament and highlighted the importance of supporting those affected by the drug. Since then, he has been a strong advocate for disabled communities, and his legacy lives on today[37].

The 1960s also showed a great health protection intervention by the local Medical Officer for Health, Dr John S.G. Burnett, to improve vaccination rates in newborn babies. He suggested that every newborn had a letter sent to their parents within the first weeks of life detailing the need for immunisation, as well as providing a record card for the child. This resulted in an impressive 60% increase in the number of children under 1 who were immunised in 1960 compared to 1959 and demonstrates how key local policies can have significant impacts on the health of the local population.[69]

The 1960s also saw local success for Stoke-on-Trent, with the ambulance service winning the National Association of Ambulance Officers' Competition[66].

Figure 6: Stoke-on-Trent houses and Shelton Bar (1970) Reprinted with permissions from @Ken_Davis_Archive

The 1970s:

As the pottery and coal industries began to decline in the late 20th century, Stoke-on-Trent's population began to stagnate and even decrease in some years. Unemployment rates rose, and many people left the city to find work elsewhere. The population, which had peaked in the 1960s at around 340,000, started to decline due to deindustrialisation and economic challenges[67].

The 1980s:

The 1980s saw much political and social change across the country. Notably, the 1984-85 miners' strike significantly affected the local population in Stoke-on-Trent, including protests, and large rallies in Hanley to support local miners. Joe Wills was the North Staffordshire National Union of Miners president at the time of these protest, and described the significant impact this had on local communities particularly as mining brought in considerable job opportunities for many individuals on the poverty line[38].

In 1986, the Queen opened the Stoke-on-Trent National Garden Festival, now Festival Park, which worked to reclaim land formally owned by the steelworks and transform it into a green space with all manner of entertainment including a small railway, sculptures that highlighted the skills of local workers and activities such as jousting[39].

Modern Era:

In recent decades, Stoke-on-Trent has faced ongoing health disparities compared to national averages. Life expectancy remains lower, and rates of smoking, alcohol consumption, and poor mental health are higher than in many other parts of the UK. However, targeted public health campaigns have achieved significant progress in key areas such as smoking cessation and early cancer detection. The city has benefited from improvements in healthcare infrastructure, including the establishment of the Royal Stoke University Hospital as a major centre for medical services in the region[40].

Stoke-on-Trent's population has stabilised in the 21st century, reaching around 250,000 by 2021. The city faces ongoing challenges related to socio-economic factors, including pockets of poverty, health inequalities, and an aging population. In recent years, there has been renewed focus on regeneration, with initiatives aimed at attracting new residents and businesses. Additionally, international migration to Stoke-on-Trent, particularly from Eastern Europe (e.g., Poland and Romania), has contributed to some population growth[41 / 70].

When focusing on health, improvement in access to mental health services, and reducing preventable illnesses through environmental, education and community engagement are just some of the initiatives being taken by the public health team. These measures, when working with healthcare providers, local government and community organisations will further improve on the substantial health improvements already made over the last century, and allow the City to rise to its new challenges.

Figure 7: Modern Stoke-on-Trent Satellite View Attribution: Map data ©2025 Google

Chapter 3

Stoke-on-Trent Today

At the 100th anniversary mark, there's a lot for the community in Stoke-on-Trent to celebrate. From its rich history and vibrant culture, Stoke-on-Trent is a global name, and the year's long festivities reflect this.

Earlier in the year we celebrated the music that has shaped Stoke-on-Trent, with events like the City Music Service 100 Big Sing and Big Play, where children came together to take part in several concerts at The Victoria Hall. Soul on Trent to celebrate a music phenomenon that greatly impacted the city's culture.

A highlight of the celebrations was the People's Parade, which was held on the 7th of June 2025, in honour of the City's founding, and featured 1,000 community participants, with live entertainment, and specially made large scale puppets. The parade was powered by the true pride of the city, its people, with everything being pushed and paraded by the people of the city. Alongside this, a Party in the Park was also held with craft vendors, and a fun fair. The Big Centenary Tea Party took place on 8th July and broke a Guinness World Record for the largest cream tea party ever held across multiple venues!

Our legacy will also be out in full force later this year, with Stoke-on-Trent due to host an international ceramic symposium in November.

Figure 8: The People's Parade in Hanley, Centenary Celebrations, Stoke-on-Trent 2025 Image from The Sentinel and reprinted with permission from Stoke-on-Trent Live

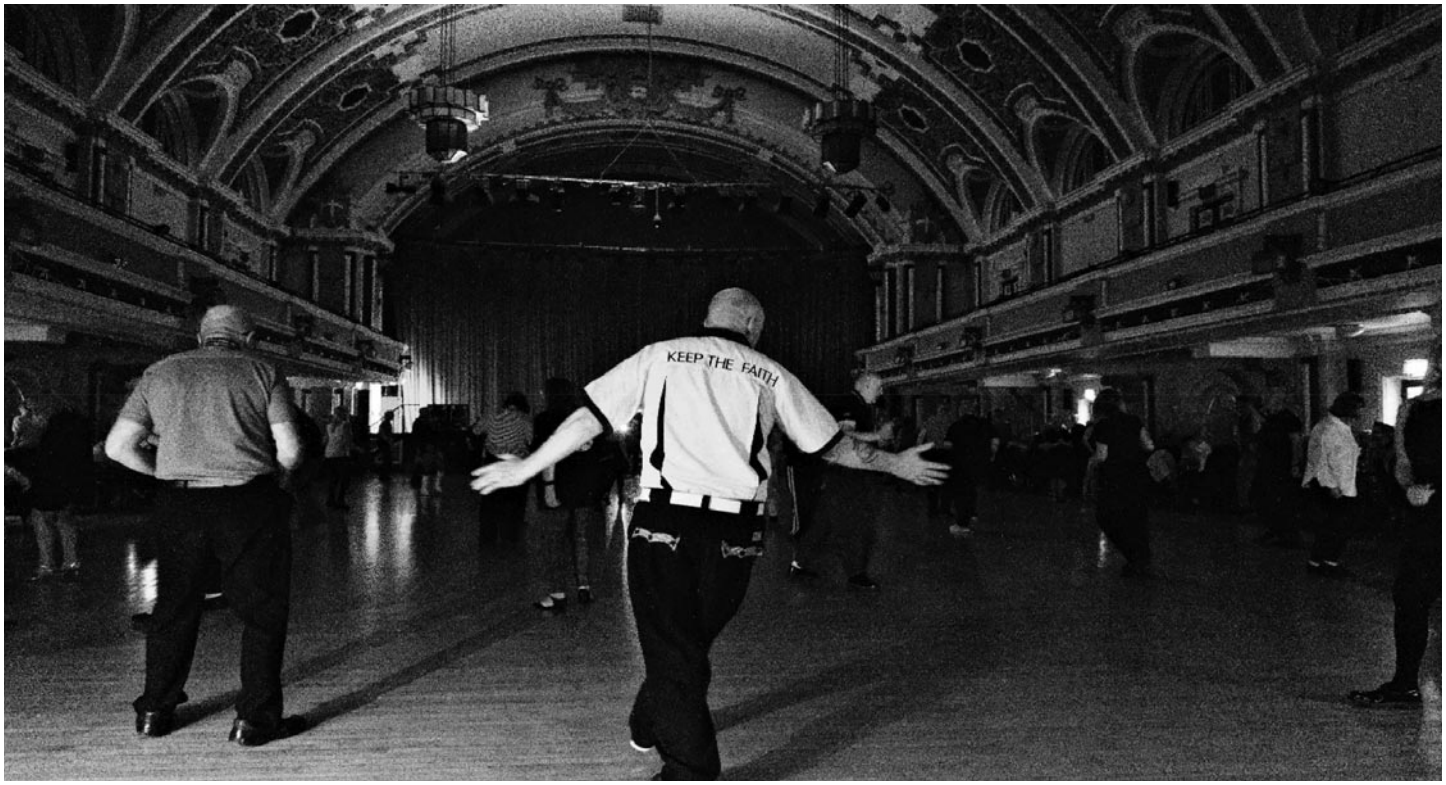


Figure 9: Soul on Trent, performing as part of the Centenary Celebrations. Image reprinted from Stoke-on-Trent 100.

Population:

Stoke-on-Trent has undergone massive transformations over the last century. Today, the population sits comfortably at over a quarter of a million people, with rich urban density. Men and women are near equal in proportion, and whilst the population is growing, it is also ageing, with an increase in older residents in the last two censuses[42]. These residents can offer us a wealth of knowledge on the heritage of the City, and we took the opportunity to speak to several elders with the Beth Johnson Foundation, to understand their lived experience of this great city, over the last century.

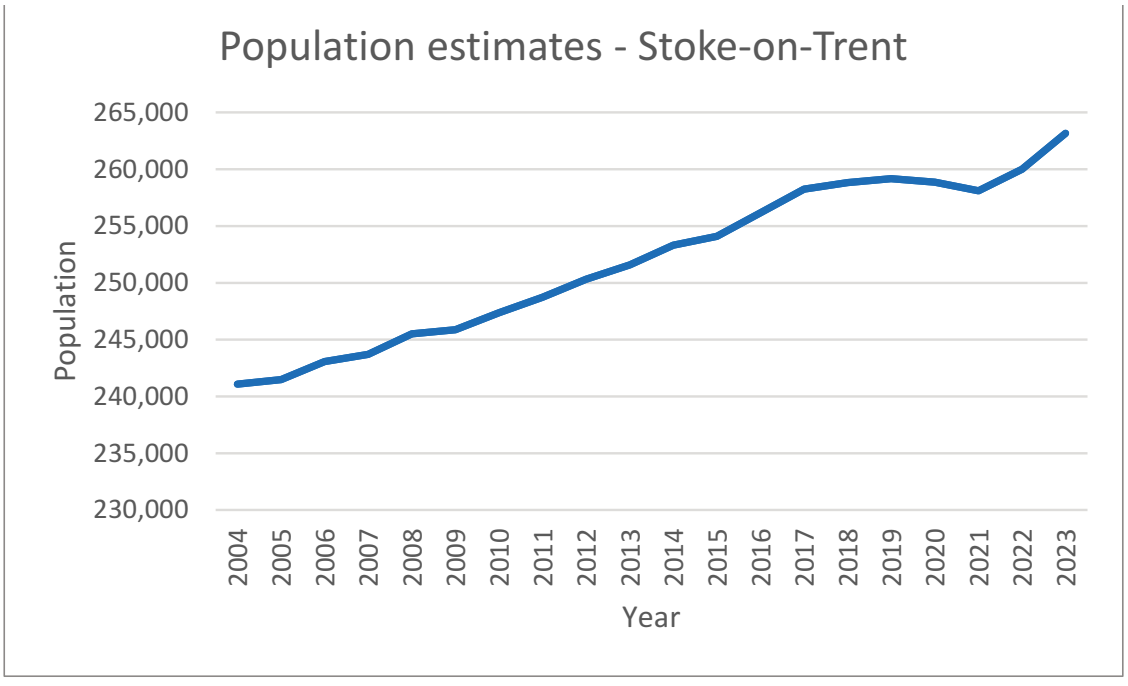


Figure 10 Graph showing total population estimates for Stoke-on-Trent between mid-2004 and mid-2023; Office for National Statistics (ONS) Population Estimates; Sourced from Nomis (ONS Crown Copyright Reserved)

Much like the rest of the UK, birth rates in Stoke-on-Trent appear to be declining. Reasons for this are variable – some are a part of the changing fabric of society, with expansion in educational and career opportunities for women, the changing role of women and broader shifts in family dynamics, and social pressures, like the cost of living crisis[43].

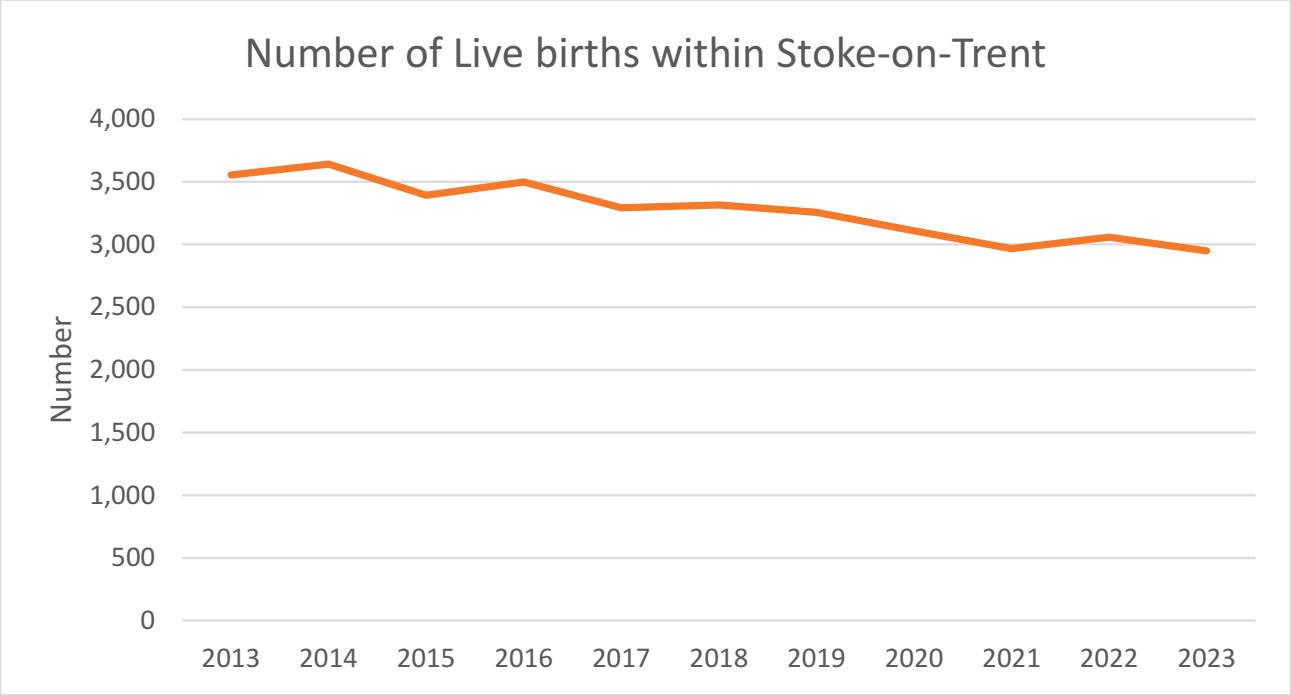


Figure 11: Graph showing Live Births in Stoke-on-Trent between 2013 and 2023; Office for National Statistics (ONS) Population Estimates; Sourced from Nomis (ONS Crown Copyright Reserved)

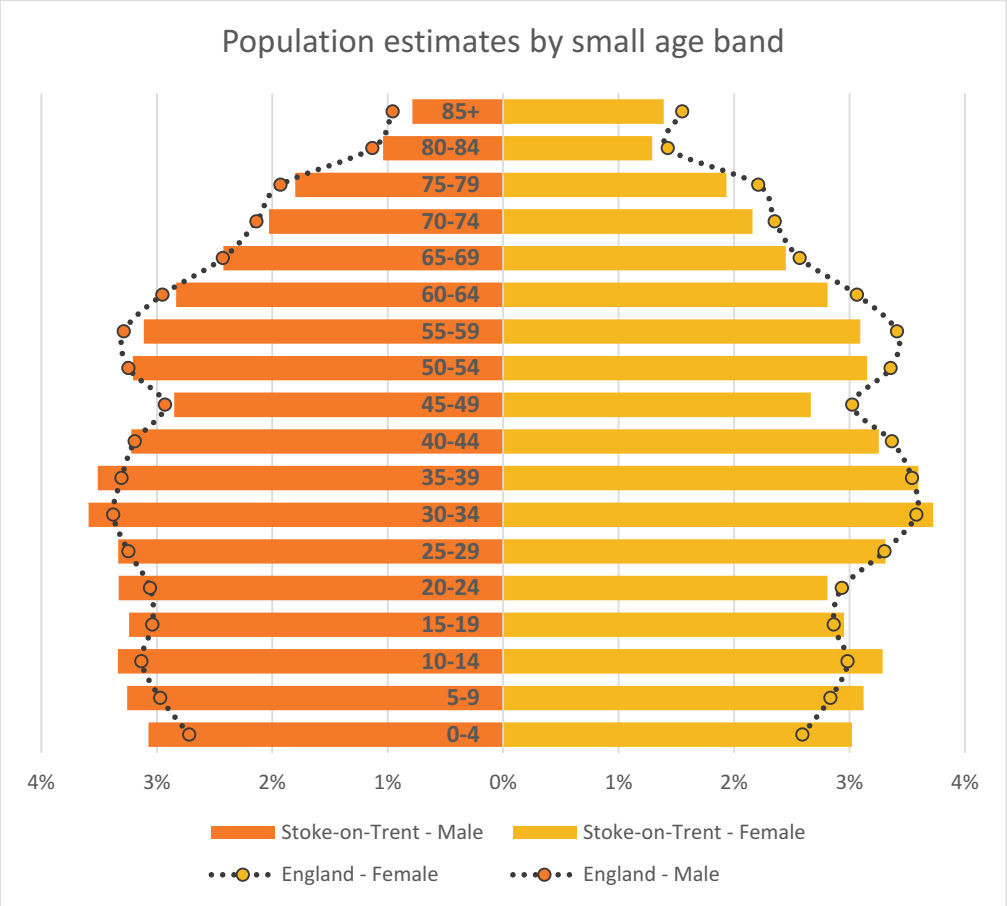


Figure 12: Age distribution pyramid by five year age groups for males and females for Stoke-on-Trent at the last Census (2021) Office for National Statistics (ONS) Population Estimates; Sourced from Nomis (ONS Crown Copyright Reserved)

Stoke-on-Trent has a predominantly white population with pockets of diversity. 9.9% of the population identifies as Asian or Asian British, 2.7% Black, Black British, Black Welsh, Caribbean or African, and 2.7% Mixed or Multiple ethnic groups, with 1.67% of Other ethnic groups[44].

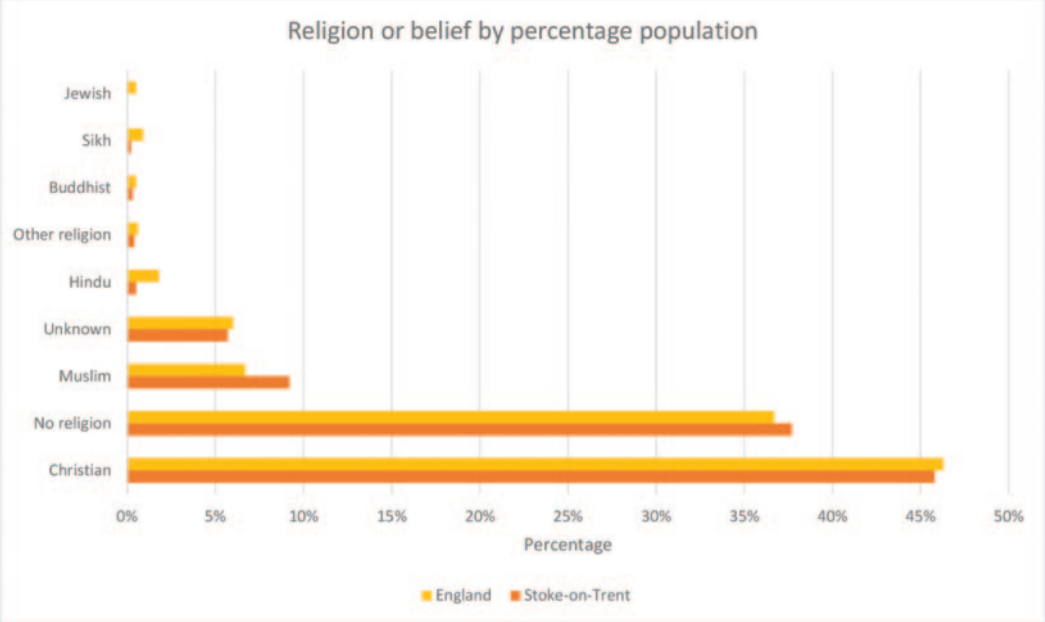


Figure 13: Ethnic groups in Stoke-on-Trent at the last Census (2021) Office for National Statistics (ONS) Population Estimates; Sourced from Nomis (ONS Crown Copyright Reserved)

Religious practice is varied. Whilst 46% of the population identifies as Christian, 37% now identify as without religion, which has grown in the last 10 years from 25%, and is a notable change reflected on by the City's elders, which can be explored in more detail in Chapter 4. 9% identify as Muslim, 0.5% Hindu, 0.3% as Buddhist, and 0.2% as Sikh.

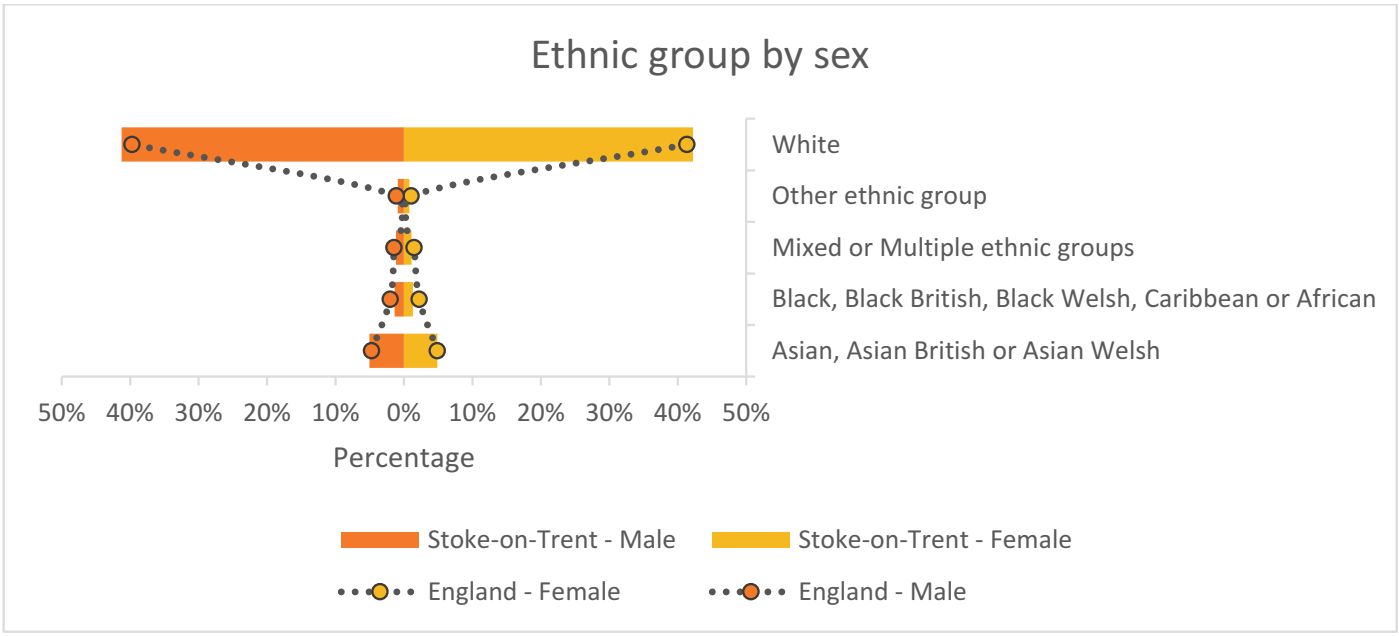


Figure 14: Religion in Stoke-on-Trent at the last Census (2021) Office for National Statistics (ONS) Population Estimates; Sourced from Nomis (ONS Crown Copyright Reserved)

89% of the population in Stoke-on-Trent identified as heterosexual in the last census, with the next largest category being that the question was not answered. This speaks to a large number of individuals who may not be able to or willing to disclose their sexual identity. There is a small but growing LGBT+ community across the city. Stoke-on-Trent Pride took place earlier this year for the 18th year on the 21st of June 2025, celebrating the local and global LGBT+ community and providing a safe environment for members and those who celebrate diversity.

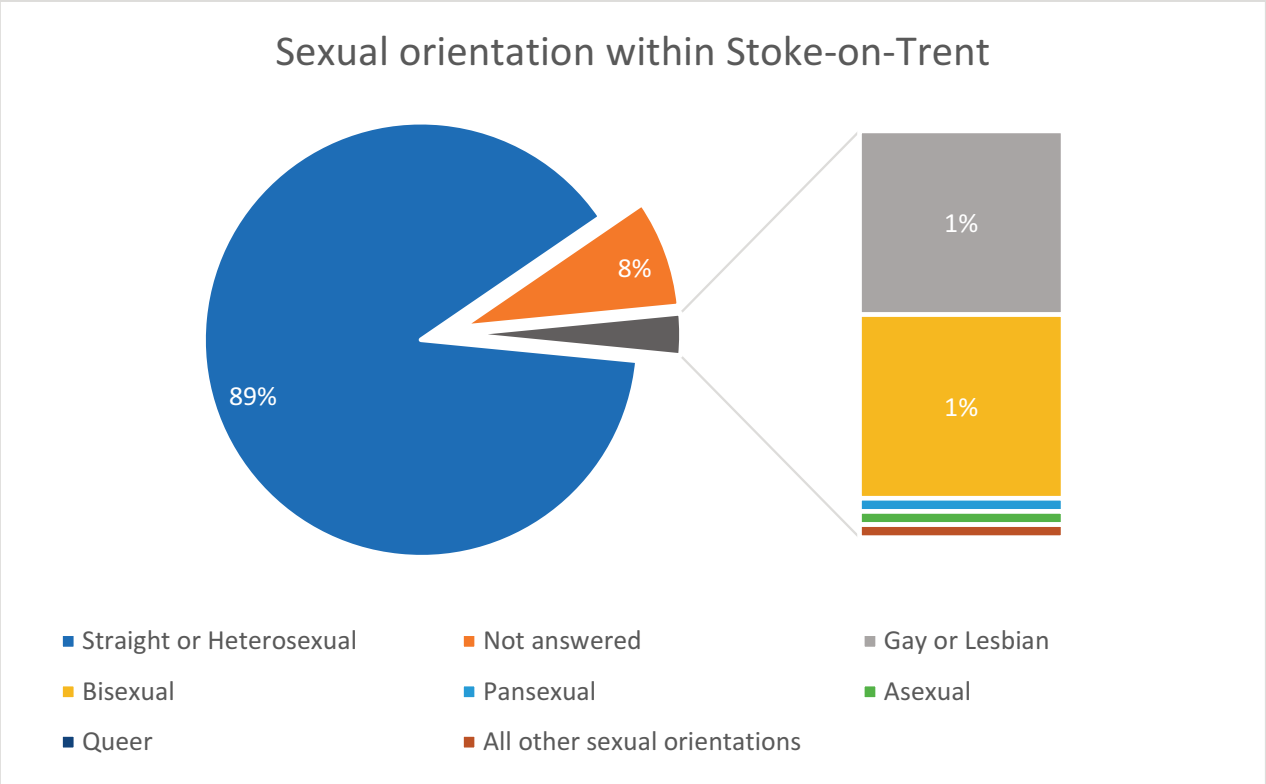


Figure 15: Sexual Orientation in Stoke-on-Trent at the last Census (2021) Office for National Statistics (ONS) Population Estimates; Sourced from Nomis (ONS Crown Copyright Reserved)

Overall, the percentage of people who were employed increased in Stoke-on-Trent, compared to the neighbouring West Midlands where this showed a decline. However, Stoke-on-Trent has a 2% higher economic inactivity rate than the UK average, with 23% (vs 21% nationally) inactive. The last census took place during COVID-19, which represented a period of economic decline and stress on labour markets. It reported that 6.4% of the population in Stoke-on-Trent were not in work due to long-term sickness or disability. This is compared to 4.5% in the West Midlands, and 4.1% across England[45]. However, the council is continuing to change this and focusing on helping individuals feel supported in whatever form of employment they choose.

Figure 16: Stoke-on-Trent Pride Day 2025 at Hanley Park, reprinted with permissions from Stoke-on-Trent Pride Team

Health:

The current life expectancy for men is 76, 3 years shy of the national life expectancy of 79, and 80 for women (vs a national of 83)[46]. Nevertheless, these figures show marked improvements compared to historic trends, reflecting the progress that has been made in the health of the city.

Overall, the general health trend in the city is largely positive, with the percentage of people in good and very good health in the city improving by 0.9% and 1.3% respectively since the last census. The percentage in bad or very bad health is a small and increasingly diminishing minority, accounting for 8% of the population in total, compared to 9% in 2011.[71]

Some health challenges have persisted over the last century – infant mortality continues to be a challenge today, with a rate of 7.6 per 100,000 in Stoke-on-Trent,[72] compared to a national average of 4.1 per 100,000. In 1925, infant mortality rates were 106 per 1,000 in Stoke-on-Trent, and 79 per 1,000 across England and Wales.[73] The Local Authority has created an Infant Mortality Steering Committee, which will publish its findings later this year, and include key interventions to improve on this. Health inequalities manifest in the population today, and a range of action is being taken to reduce these.

New health challenges have emerged – with obesity taking to the forefront of these. 74% of adults in Stoke-on-Trent are estimated to be overweight, compared to 65% in England.[74] Whilst historic data on obesity rates is difficult to find, we do know that far fewer people were overweight or obese 100 years ago. Obesity brings about a range of health complications, like stroke and diabetes. With respect to the latter, our local health system has paved the way for improved support, with an estimated 89% diagnostic rate, compared to the England average of 78%. Dementia diagnosis is also significantly ahead of the rest of the nation, with an estimated 91% of cases diagnosed in the region, compared to only 65% across England.[75]

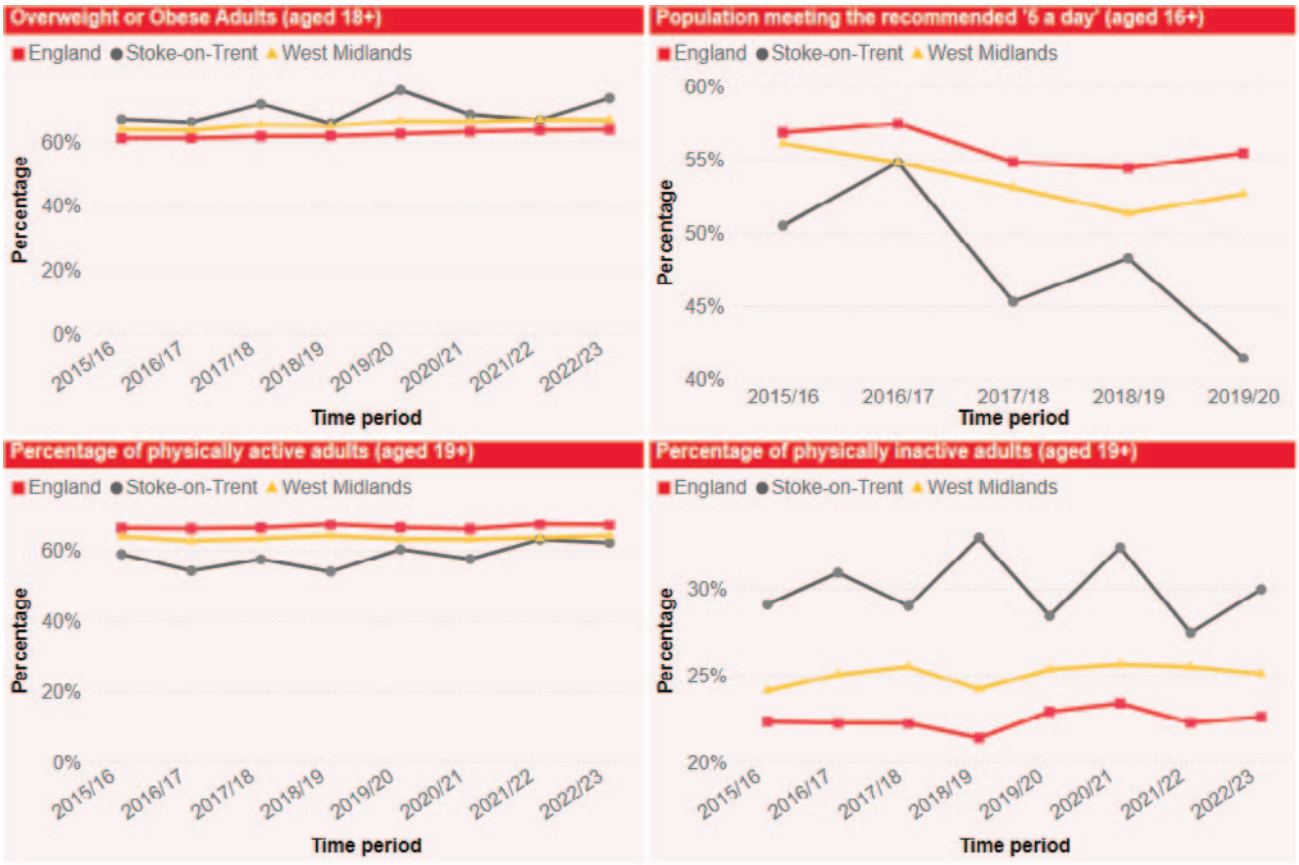


Figure 17: Graphs showing key trends relating to obesity, physical activity, and nutrition in Stoke-on-Trent, the West Midlands, and England between 2015/16 and 2022/23. Sourced from Fingertips.

From the last census, it became evident that mental health was an important public health issue in Stoke-on-Trent. Over 40,000 patients were registered with depression in GPs across the City in 2021/22. Suicide rates are notably higher in Stoke-on-Trent (14.7 per 100,000) compared to the national average (10.7 per 100,000), yet have been declining from historic values.[76] Last year's APHR focused on improving mental health in the region, and a number of initiatives were borne out of the report. The progress made on these initiatives can be explored in more detail in Appendix 1.

Linked to this is the impact of drugs and alcohol. With a recent reduction shown in the numbers of drug related deaths, we stood out from national and regional levels. Whilst waiting times are coming down, and the number of individuals completing treatment is coming up, this remains an essential area for further work. Since the Dame Carol Black independent review of drug use there has been key funding provided in this area that will allow a range of improvement both to services and to the recovery pathway[47].

As with the national pattern we have seen a continual decrease in smoking across the past decade. Through enhancing the provision of smoking cessation services and national policy changes we aim to see this continue to drop further. The number of new mothers smoking at term has also declined in Stoke-on-Trent, with an important impact on infant mortality rates.

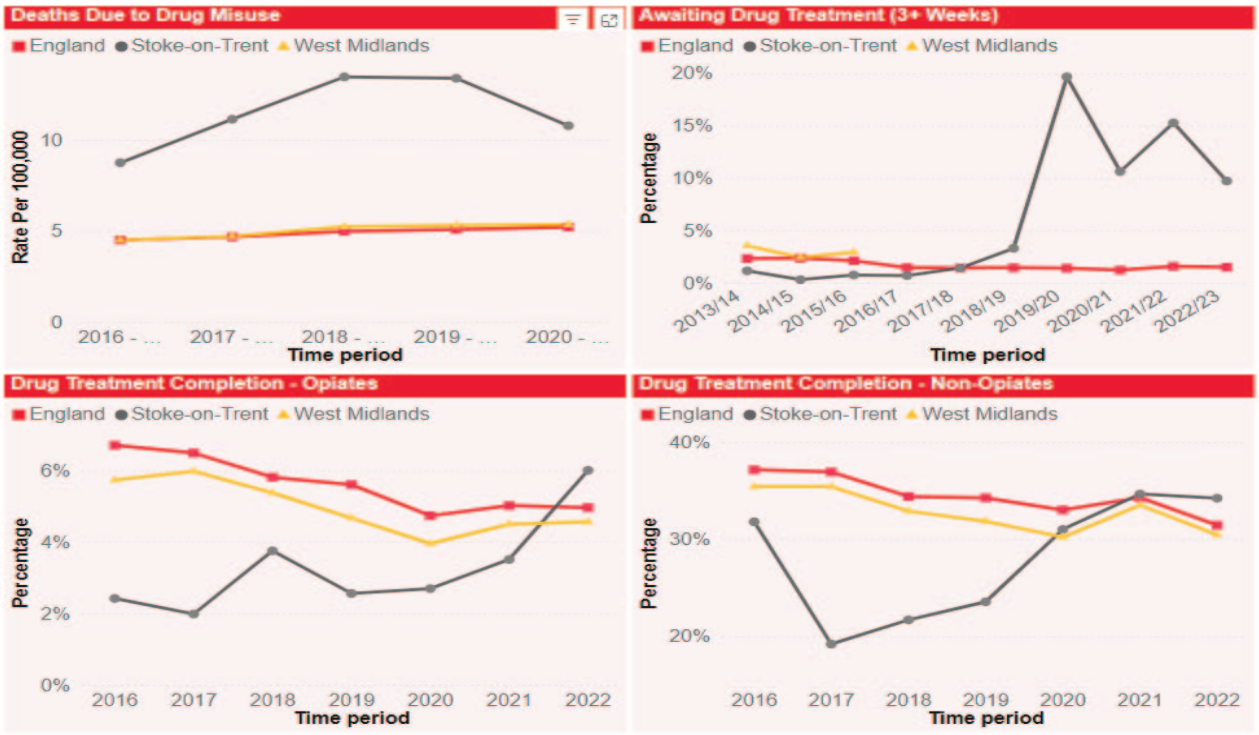


Figure 18: Graphs showing key indicators related to substance misuse in Stoke-on-Trent, the West Midlands, and England over time. Sourced from Fingertips.

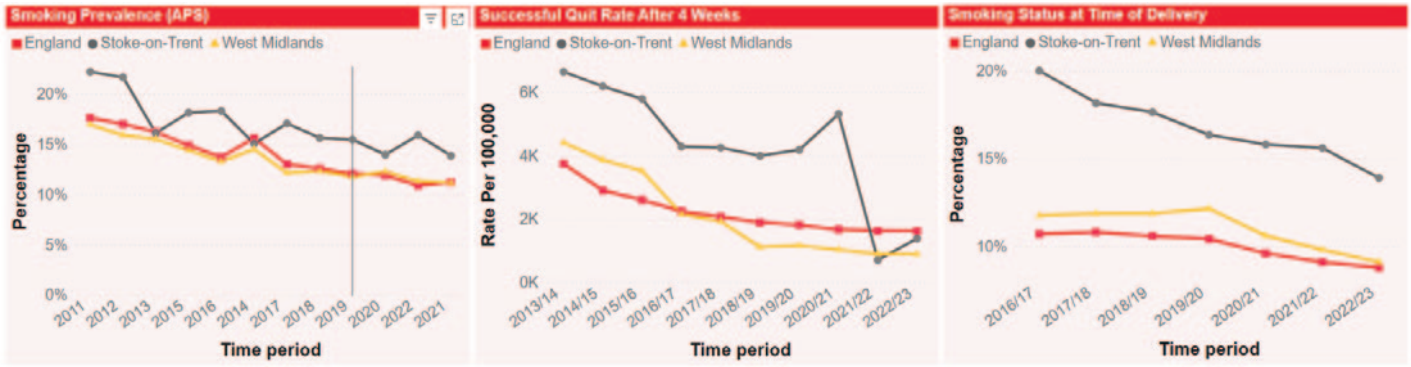


Figure 19: Graphs showing key indicators related to smoking and smoking in at risk groups in Stoke-on-Trent, the West Midlands, and England over time. Sourced from Fingertips.

Conclusion:

Overall, the health of residents of Stoke-on-Trent is a world away from the challenges seen in 1925 when the city was first founded, that are reflected in chapter 1. The challenges we face today are evident, however with co-operative working, a good foundation of health data, and the shared pride in the City we saw evident in the centenary celebrations, it is clear that the city of Stoke-on-Trent will only grow from strength to strength over the next century. In the next chapters, we will hear the reflections of elders of their lived experience of the last century, as well as the hopes and dreams of our youngest residents, and the plans made by members of our cabinet and government towards a better future for the city of Stoke-on-Trent.

Chapter 4

A look back, a look ahead (Voices of the Old and Young)

Figure 20: Centenary Launch Event, image reprinted from Stoke-on-Trent city council, 2025

"Be proud of the people because it's the people that make Stoke-on-Trent."

A significant part of our centenary celebration is the opportunity it provides to reflect on the wisdom of our elders, be inspired by the hopes and aspirations of our young, and help bring these two together, to make stronger communities that support all its members. In collaboration with the Beth Johnson Foundation, we set out to better understand the voices that make up the very fabric of our city.

Through a series of interviews with members across the six towns of Stoke-on-Trent, and intergenerational workshops with children from St Johns CE Primary School in Penkhull, we were able to explore the memories of our elderly population growing up in Stoke-on-Trent, and relate these to what our junior citizens are excited to see happen in Stoke-on-Trent.

Creating a Community:

It was truly wonderful to reflect on how extensive the impact community had on the interviewees growing up in Stoke-on-Trent. They described the generosity of local people, the community mindedness, and neighbourliness as factors they felt were well worth celebrating. Sometimes these were tied to organised structures, like faith, and other times attachments that formed through shared experiences.

City Pride:

Some participants talked about the pride they felt in living in Stoke-on-Trent, having a fierce loyalty to the city and pleasure in being here. Three quarters of the elderly residents interviewed went above and beyond in giving back to their communities through participating in volunteering opportunities. These included leading initiatives such as the Older Lesbian Gay Bisexual Transsexual (OLGBT+) group and the North Staffordshire Pensioners Convention. One person was also involved in supporting the Tea and Tech programmes. This highlights just how wonderful the sense of community is in Stoke, with one interviewee stating:

‘I’m sure I get more out of it than the people I help.’

They reflected on some of the challenges they have experienced, but felt that working through adversity was, in itself, a source of pride for them and their City.

One example was highlighted by a member who had been interviewed who had previously been an art teacher. He spoke passionately about the historical creative arts opportunities the city had developed and became recognised for, and wanted to ensure that these opportunities would be protected and available to future generations.

A sense of Belonging:

Another theme that emerged was the sense of belonging residents felt through living and working in the City. One participant described Stoke-on-Trent as his ‘green and pleasant land,’ highlighting the vivid memories and nostalgia older folks have experienced through being in Stoke-on-Trent, and how the town’s participants have been looking out for each other.

A simpler time:

As with all generations who look back at their youth in nostalgia, our City is no different, and the townsfolk described a time when they were involved in harmless mischief making, and played outside as a community. One person described how homeowners were proud of their homes and made sure their front steps were pristine and painted white, to which she responded they were ‘simply crying out for a muddy boot print to break up the whiteness!’

The increased traffic was highlighted as a specific challenge, which made children playing in the street a little less safe. They spoke of a time in their childhoods where only one family on the street would own a car, and how that made them the de facto drivers for all medical emergencies. The real sense of community, of being there for each other and for their lives being intertwined was evident in what they conveyed.

Reflecting on Change:

From discussions with our elders, we can understand some of the changes that the City has gone through, through the lens offered by their lived experience. They highlighted how busy life had become, and reminded everyone that it is just as important to create time to 'do nothing' to enable the spontaneity in life to take hold.

Social changes were evident, with some residents describing a time when 'the man of the house,' as chief breadwinner, had first choice in the home setting, and the move away from this traditional outlook. Many members of the group had been raised in Christian households, whose values they still shared, and reflected on the social shift away from this and its impact on them.

They highlighted how innovative technologies had transformed how they lived their lives, for example, they mentioned how homes would have patchy access to heating or electricity, and no indoor toilets! They recalled the day when their families were finally able to own a television, and how exciting this day was for them. They also grumbled about the growing use of mobile phones and social media, and highlighted the transformational impact this had had on their way of life, in giving more autonomy and freedom to people, especially those with disabilities. For example, one person highlighted how her visual impairment had been transformed with the use of computers, which enabled her to learn and pursue an education, which she wouldn't have been able to do with traditional teaching manners. They highlighted how attitudes towards people who are 'different' had changed, emphasising how much more integrated society had become and that 'people are more sympathetic.'

They highlighted how the movements of people had changed their society, that the world has 'become smaller' and reflected on social integration of individuals from different ethnicities. One pertinent quote is highlighted below:

"Be proud of your heritag - there's a lot to be proud of!

Love where you are!

Be happy!

Be proud of the peoplebecause it's the people
that make Stoke-on-Trent, in my way of thinking.

It's a big enough world
for all of us!"

Health Challenges for the elderly:

The health landscape in Stoke-on-Trent has changed dramatically over the last century. Equally significant are the health changes each person explores, and as part of the interview, the elders interviewed reflected on how these challenges had impacted them. They discussed the impact of the death of loved ones, particularly those lost young, and the shift in old age to what they described as 'pending mortality.' They talked about challenges from stress, and family trauma, and life-limiting conditions. These hardships are difficult to face, but an important part of life, and understanding and recognising this difference is key. One couple who were interviewed had both overcome cancer, and felt much happiness in having survived such life-threatening conditions. The wife continued to face challenges with dementia requiring additional support, and her husband continued to visit her in her care home. They highlighted the strength they'd found in each other and their relationship, with a poignant statement:

'We've had a good life, haven't we duck!'

Figure 21: Residents of Stoke-on-Trent who took part in the 'Stories from the Six Towns' report, reprinted with permission from the Beth Johnson Foundation, 2025.

Looking back, looking ahead:

The wisdom of our elders offers so much to us and future generations, and this is reflected on the messages that the elders wished to convey to future generations. They talked of pride in the City - because there's a lot to be proud of. On a personal level, they highlighted the importance of self-belief, taking each day as it comes, self-expression, and looking for the good in people. They emphasised the importance of working hard, but enjoying life, and as seems to be the trend for our elders, encouraged us to put our phones away just a little more!

Of those interviewed, just under half lived on the same street they'd been born in. None regretted living their lives in Stoke-on-Trent at all, in fact, the contrary was very much the case, with some participants proudly stating they wouldn't want to live anywhere else. The legacy these individuals leave us cannot be understated.

Alongside the voices of our elders, it's important to take the time to listen to the changemakers of the future, and we did just that for this report. As part of an intergenerational workshop with the elders interviewed, children at St John's School were asked about what they wanted to be when they grew up. The responses were as varied as our social makeup, with plans for artists, businessmen, chefs, doctors, engineers and of course, a footballer.

One student, who wanted to be an engineer, highlighted that his reasons behind this was "to create tools to help Stoke[-on-Trent]." The aspiring football player also wanted to play for the local team. It's evident that local pride continues to exist in our younger community. As part of the Civic Centenary celebrations, the youth council gave a passionate speech on what they wanted the story of Stoke-on-Trent to be in 2125. They talked about Stoke-on-Trent as a city of ideas, of makers, and of people "who know how to build something that lasts."

Reflecting on our industrial heritage, they discussed their hopes for a greener future, in the form of clean energy and smart infrastructure, with sustainability as a core premise. They talked about overcoming the challenges the city has previously faced, ensuring that there are opportunities for every child, family and neighbourhood and that the city remains united, 'building together, lifting one another, celebrating diversity, and never forgetting what binds us.'

Finally, they discussed their aspirations for Stoke-on-Trent to be a leading example of creativity, entrepreneurship, and importantly, community. A place where even now they're seeing "people who care – about each other, about the future, and about making this city the best it can be."

You can access the Beth Johnson Foundation short film in collaboration with the children at St John's School using the QR code below.

Chapter 5

Our Hope for the Future

When looking back over the past century, we can see a paradigm shift in the types and impacts of diseases we have faced, the diagnostic and treatment options in our armoury, and the global health landscape that has shaped our decision making. These last 100 years have seen the eradication of smallpox, the discovery of penicillin, the development of mass vaccination, and of advanced medical imaging systems like CTs and MRIs. We have also seen the emergence and spread of HIV, global pandemics like COVID, rising trends in obesity, environmental disasters brought about through global warming and growing resistance to antibiotics and vaccines in very different forms.

With so much change it is hard to know what the state of the world's health will be a hundred years from now, however looking forward, we think it's important to consider what we want individuals to reflect on, communities to foster, and local government to enable to better the health of our society.

What do you want to see in the next year?

> "I believe prioritising mental health is the key to building resilient communities, from a young age it is important that we have the tools to access, understand and manage our emotions. Through building our communities mental wellbeing we can work to a stronger, happier and healthier community. Last year I highlighted the importance of mental health in the annual report, and I want to see that momentum and the good work that has come from it continue."
> – Stephen Gunther, Director of Public Health (DPH) Stoke-on-Trent City Council

Mental wellbeing and mental health were selected as the theme of the 2024 DPH annual report and 9 recommendations were developed at multiple levels. For our residents, we recommend taking time to understand your own mental health, recognise signs of low wellbeing, and maintain a balanced diet, regular exercise and sufficient sleep. As members of the local government, we want to work for you and with you, and have already begun by building public resources to help foster better mental health and wellbeing and directing our community to access these resources as well as other services available. We have supported the establishment of community lounges, which offer a safe, welcoming space for people to connect and receive mental health support.

It was truly wonderful to reflect on how extensive the impact community had on the interviewees growing up in Stoke-on-Trent. They described the generosity of local people, the community mindedness, and neighbourliness as factors they felt were well worth celebrating. Sometimes these were tied to organised structures, like faith, and other times attachments that formed through shared experiences.

> "Across the city I think it is important that we are more active. It could be sports, walking, cycling, or any other physical activity. Fitness is crucial to health, and I want to see us making the green spaces more appealing, I want to see more people learning about their health and getting outside. Burslem and Hanley park both won the Green Flag award last year, and dozens of parks across the city. I am hoping to see more of us out and about over the year."
> – Councillor Lynn Watkins, Portfolio holder for Health and Wellbeing

Obesity is rising in the UK, and the consequences it has on people's lives, and society as a whole cannot be understated. Obesity is linked to over 200 health conditions, including significant contributors to morbidity and mortality like heart disease, stroke, and cancer. Importantly, obesity is rising in children[48], and is very much linked to healthcare inequalities, with communities worst hit by the rising cost of living crisis notably having higher trends[49].

For our residents, we recommend adopting simple measures like a bike ride or parkrun in some of our glorious green spaces, or a swim at the leisure centre, and we recommend doing this through communities, making use of the increased organised group fitness classes offered. We're also currently giving £100,000 a year to support walking groups, fund small outdoor activities, and create trails to guide people in community-led programmes that help people stay active.

What should be the priority in the next five years?

> "Stoke-on-Trent has the highest number of children in care per capita of any authority in the UK, and this is something we need to change. Through support, through care and through access to service jobs and housing, we need to make Stoke-on-Trent a place where people can raise their children safely and happily, where parents are supported as parents and as people."
> – Jon Rouse, Chief Executive

Stoke-on-Trent had 1,156 children in care in 2024[50]. This is proportionally more than in any other area in the country. Children can end up in care for many reasons. In March of 2024, we were proud to launch the Family Matters programme[51] to change this and support hundreds of families city wide. Looked after children are at higher risk of poor mental and physical health, of harmful alcohol or drug substance use. Supporting families to reduce the number of children in care is essential to give kids the best start in life.

> "I want people to be able to work in jobs they care about, and in jobs that care about them, in jobs that can support them and their families. Stoke-on-Trent has always been famous for its employment, with the potteries bringing a great many jobs and a great amount of prosperity. However, in the past hundred years we have seen this decrease and life has gotten harder. Covid and the cost of living crisis impacted all of us and over the next five years we need to turn this around and ensure people have work and have work that works for them."
> – Councillor Jane Ashworth, Leader of the council and portfolio holder for Strategy, Economic Development, Culture, and Sport

Currently, around 23% of the City's population are out of employment[52]. For those seeking employment it is important that we have jobs available locally, that people are provided with the right skills to perform these, and that people feel satisfied with the work they've produced. The Public Health Team is currently looking into better understanding our locally unemployed population by informing health data to develop targeted strategies to improve unemployment and support individuals in getting back to work.

What do you hope for in the next fifteen years?

> "We have many important challenges to address for everyone to have the best health and wellbeing they can have, but some of those with the greatest need are those struggling with alcohol or with drug use. All of us face challenges in life but for some the support, the help they need is out of reach when they need it most. Tackling the alcohol and the drug needs in the City will not be something that can be achieved overnight but as we invest in stronger supportive services, as those who have struggled champion these services, we can help more people and turn more lives around."
> – Councillor Lynn Watkins, Portfolio holder for Health and Wellbeing

Drug use in Stoke-on-Trent is and has been an issue for many years. UK wide there have been growing challenges in addressing drug needs as funding and with-it services, have dropped over the years. In 2019 Dame Carol Black undertook an independent review on drugs[53] producing national guidance and creating the Supplementary Substance Misuse Treatment Grant. This funding has substantially increased the support available for life changing health interventions. In Stoke-on-Trent this has enabled significantly more capacity to support, engage with, reach out to and work with the community. From lived experience forums, to increased support workers, and recovery lounges, the Community Drug and Alcohol Service (CDAS) has been working to improve the lives of some of those in Stoke-on-Trent with the greatest needs. Noreen's Recovery Lounge is one such example, and had its launch in September 2024. It provides a place for work experience, training and employment to those in recovery from drug and alcohol addiction. Services like Noreen's Community Lounge can make all the difference in people's recovery journeys.[54]

> "Building houses takes time, and it is time we cannot wait for when people are sleeping on the streets. The work we are doing to ensure people have a safe place to sleep is essential but it is not enough to help people find shelters, we need sustainable and sufficient housing for all our residents. No one should have to sleep without a roof over their heads."
> – Councillor Jane Ashworth, Leader of the council and portfolio holder for Strategy, Economic Development, Culture, and Sport

In the short-term shelters and other forms of temporary accommodation can both save lives and provide people with the keys they need to turn their lives around. These provisions will always be essential. However, nationwide there is a growing need for more, and more-affordable housing, and Stoke-on-Trent is no exception. Rental price inflation has gone up significantly, from 2% to 6% in 4 years. The median house price has gone from £86,000 to £460,000 since 2010[55]. Despite being more affordable than both national and regional averages, home ownership across Stoke-on-Trent remains below 60%. For many even affordable renting is beyond current reach. Around 800 families required a duty of relief from the council over 2023, and even with this support more than 20 people a year are still reported as sleeping rough.

Where do you think we could be in twenty-five years?

> "The discussions currently taking place in parliament put us on the cusp of a unique position. We could soon see the first members of a smoke free generation. One eventually with children growing up without ever seeing cigarettes in homes, bus stops and outside of pubs and night clubs. The impact of such a shift would be dramatic in terms of health outcomes"
> – Jon Rouse, Chief Executive

The Tobacco and Vapes Bill[56] stands to prevent people born after January 1st 2009 from being legally sold tobacco products, helping to create a 'smoke-free generation.' This is significantly needed as recent figures suggest that 11.9% of all adults smoke in the UK. [57]Recent legislation has also banned single-use vapes from June 2025. [58]The effects of smoking have been estimated to cost £12.6 billion to the UK each year. This includes direct costs to the NHS from managing the health effects of smoking, and the costs to local authorities from smoking-related social care needs. [59]In addition to the cost, there are tens of thousands of deaths attributed to smoking each year. Though this is decreasing as smoking declines, in 2019 there were still 74,600 deaths attributed to smoking[60].

> "As a centre of industry Stoke-on-Trent has faced challenges with air pollution as far back as the industrial revolution. Many lives have been cut short due to respiratory disease, and many have grown up with asthma, persistent coughs, and chest infections. Sometimes tackling issues like air pollution can seem like huge insurmountable challenges as we need to deal with motorway traffic, industry which is essential for jobs, and a dozen other challenges that make change seem a distant thing. But we are persistent, and whether nationally, regionally or locally we are working constantly to make the world a better place, even where it seems insurmountable, we can see the tides turning. We saw it with the ozone layer, and as we work together I think we are starting to see it with air pollution, and 25 years from now I hope we will be able to look back and struggle to remember why it ever seemed such a challenge in the first place. And this is one step in the wider climate change work that we need to address, storms are more frequent, flooding never seems to fully go away, winters are hasher and summers are hotter. Long term work is essential to our future and that starts with a plan, a vision, and with people caring."
> – Stephen Gunther, Director of Public Health Stoke-on-Trent City Council

In 2022 the Central Office for Public Interest identified that 97% of UK addresses breached at least one limit for toxic pollutants set by the World Health Organization. [61]According to the Joint Advisory Group on Air Quality, the main pollutants in Stoke-on-Trent are nitrogen dioxide (NO2), associated with busy and congested roads. As we see a transition to higher efficiency cars and electric vehicles we can expect this to decrease and with it to see improvements to the air quality across the City. Currently under discussion to be halted in 2030, in the 20 years after the sale we will see decreasing numbers of petrol and diesel cars on the roads, and with-it decreasing levels of toxic pollutants and the accompanying health concerns. Stoke-on-Trent has committed to cutting carbon dioxide emissions, to reduce heating costs, to fit more efficient lighting, to expand the uptake of electric vehicles and to prioritise work based on the data. The council has targeted the development of a local energy company by 2033 and to halve emissions by the corporate estate and its vehicle fleet from the numbers in 2022. Pairing these local initiatives with national programmes can help us change the course of our current global warming impact[62].

Conclusions

Our city has changed in so many ways over the last 100 years, and that time has brought many challenges with it, some of which we have successfully overcome, and some that persist today. Be it through local initiatives or national programmes, we will overcome these hurdles in the pursuit of greater health for our local population.

I think the most important message as we look back over the past, and look forward, is that as a community we are strong and resilient. We are creative and inspirational, we look after each other and we work together through hardships. If this report highlights anything it is the importance of planning over the long-term, of identifying the needs we as a community care about, and to make change happen.

Empowering communities has always been a key aspect of public health for me, and when reducing the inequalities across the city it is the most essential step I can imagine. We need to start young, empowering people to speak their feelings and to have a sense of hope and direction in the future. That hope comes from a sense of purpose and a sense that we can make change the way we plan, live, and engage with each other's, and build on our city's motto – "united strength is stronger."

I think this report shows us that we can make change happen and while we have identified some big targets for ourselves looking forward, that we can work to make a real difference in all of these areas.

Key recommendations:

For Individuals:

1. We need to continue our ambitious work to improve mental wellbeing, building on our status of the kindest City in the UK. Do one kind thing for someone else daily.

2. We all want to feel more energetic, sleep better and stay healthy as we age. Let's find ways to move more and encourage neighbours , friends and families to find ways to do so. Try a small change this week and build on it.

For the Community:

1. Many lives across our City are needlessly being cut short through alcohol, smoking, drugs and food related ill health. We need to all act together to keep doing the right things for our loved ones by protecting them from harm. This can include checking in regularly or knowing where to turn if something feels wrong.

2. We all want to live in a community where people feel connected, supported and valued. Let's build a community where no one feels like a stranger. Take small steps to bring people together more often.

For the Council:

1. Everyone deserves the chance to find meaningful work. As a City we need to create more job opportunities and provide support to those who may need it. Let's work together to make sure no one in our community feels stuck or left behind and has access to a good quality job.

2. We all want our community to be a place where people can live comfortably, affordably and safely. New homes can bring life to our City and help keep families close together. Let's work together to create a community where everyone has a place to call home and build homes fit for the future.

We all deserve a chance to live with dignity, have our basic needs met, and have the opportunity to thrive. Where needed, bring together, in our neighbourhoods, a range of essential services that create a solid foundation for our health. These can include improving access to healthy food and housing, support with alcohol and drug abuse, mental wellbeing and job seeking support.

ADPHR 2025 Recommendations (Appendix 1)

2024 DPHAR Recommendations	Actions Achieved as of July 2025
1. Make use of public spaces, community activities, volunteering opportunities and befriending services to reduce loneliness, create support networks and support community growth.	**Community Lounges** **Duration:** Ongoing through 2024/25 **Overview:** 18 Community Lounges across Stoke-on-Trent offer safe, informal spaces to access services and social support, including mental health help. The initiative is coordinated by the council's Communities Together team with various partners. **Key Impact:** • 4,000+ visits in 2024/25, with 237 people receiving direct mental health support. • North Staffs Mind sessions at Bentilee saw 300 visits, helping prevent crisis escalation through peer support. This model will expand to five more lounges. • Combined Healthcare now provides on-site Mental Health Practitioners in selected lounges. • Demonstrates effective "community-led support" and improved Adult Social Care Outcomes. **Young People and Loneliness** • **Mental Health Support Teams (MHST):** Deliver sessions based on the Five Ways to Wellbeing, focusing on "Connect" and promoting "mental wealth" via Wellbeing Ambassadors. • **Teenager Hubs:** Run by North Staffs Mind for ages 13–19, offering peer support, emotional literacy, and self-help tools in Family Hubs to tackle loneliness and isolation. **Voluntary Action Stoke-on-Trent (VAST)** • **Volunteering Support:** Over 613 volunteers placed, including 193 individuals facing barriers such as mental ill health, disability, or long-term unemployment. • **Support to VCSEs:** Eight organisations awarded Volunteering Quality Standards; 182 opportunities registered in 12 months. **Key Contributions:** • Supports services like Father Hudson's Caritas (70 volunteers running 14 community groups) and Citizens Advice (volunteers with lived experience and language skills). • Convened Volunteer Managers Network (86 members) and Volunteer Voices Forum. • Achieved Volunteer Centre Quality Accreditation (VCQA) from NAVCA. • Outcomes show reduced isolation and improved wellbeing among participants. **VCSE Healthy Communities Alliance** • **Partnership Approach:** A formal collaboration between the City Council and VCSE sector to build resilient communities and tackle health inequalities. • **Forums Include:** Mental Health (North & South), Children and Families, Social Prescribing, and Healthy Communities Forums.

	•
2. Encourage physical activity through promoting and organising group fitness classes, sporting events and recreational activities for all ages.	**Green and Blue Spaces Project** **Duration:** 2025–2028 (new project launched in 2025) **Overview:** A long-term investment to improve public health through enhanced access to nature and physical activity. **Key Features:** • Annual investment to improve wellbeing via parks, canals, and green spaces. • Funding supports walking groups, small outdoor activities, and interactive trails (e.g., QR-coded routes). • Focused on creating a sustainable, community-led programme that encourages regular activity and supports mental and physical wellbeing. **Active Wellbeing Service** **Overview:** Building on a wider, more inclusive programme of activities now available across local leisure centres. **Key Sessions (currently):** • Good Boost (pain management) • Navigate Menopause with Confidence • Pilates and Hatton Boxing at Dimensions • SEND swimming at Fenton Manor • Parent & Child Circuits at the Wallace Centre **Proposed developments** An active wellbeing service that will collaborate with partners to offer an expanded programme of behaviour change and wellbeing support. **Impact:** Supports all age groups and health needs, with targeted sessions for women, men, children, and people with long-term conditions—promoting inclusion, community connection, and better health outcomes, including mental wellbeing.
3. Empower people to participate in local decision-making processes to ensure representation and inclusivity and foster a safe community for everyone to be able to express their identity, share their culture and feel like they belong	**Community Decision-Making** **Overview:** Communities are at the heart of mental health planning and service design across Stoke-on-Trent. **How:** A mix of formal and informal engagement methods used throughout 2024/25, including consultations, social media, events, forums, and community outreach. **Key Programmes:** • Communities Together, Community Lounges, and the Prevention Concordat all use community voice to shape priorities. **Family Matters** **Launched:** March 2024 **Overview:** A city-wide, multi-agency programme offering early, community-based support to help families thrive. **Key Workstreams:** • Emotions Matter: Builds young people's resilience and wellbeing. • Enhanced Mental Health in Schools: provides mental health practitioner support to secondary schools in Stoke-on-Trent. Is a combination of targeted, early intervention support and a wider, whole-school approach to build emotional health and resilience within the school community. Many students have received one to one support and/or benefitted from peer support and workshop activities. Impacts include improvements in student mental health scores and reduced student absences. The service is expanding in 2025/26 to provide more support for parents and carers,

	improve referral pathways into community support services and embed early intervention. • Mental Health Literacy Training for youth workers, aligned with the upcoming Youth Strategy, ensures that those working with young people are confident in supporting mental health needs. **Young People's Lifestyle Survey** **Years:** 2024 and 2026 **Purpose:** School-based survey measuring physical and mental health, risk/protective factors, and lifestyle behaviours in children and young people. **Impact:** Provides schools and services with data to identify emerging issues and target support. Each school receives a report highlighting localised findings. **Young Commissioners** **Overview:** Young people are recruited and supported to co-produce services, ensuring their voice shapes local emotional and mental health provision. **Led by:** Public Health and the Commissioning team. **Expert Citizens** • **Focus:** Commissioned to evaluate mental health and addiction pathways in Stoke-on-Trent. • **Role:** Integral to shaping improved services for those with co-occurring conditions, in collaboration with Public Health.
1. Take a lead and work with partners to sign-up to the Prevention Concordat for Better Mental Health. This will strengthen the actions we can take in partnership with other organisations and provide a holistic approach to positive mental wellbeing	**The Prevention Concordat for Better Mental Health – Key Commitments and Impact** **Overview** The Concordat promotes a prevention-focused, cross-sector approach to improving mental health and reducing inequalities. It values the contributions of people with lived experience and encourages evidence-based planning across organisations. **Milestone Achievement** • In Spring 2025 the Health and Wellbeing Board, achieved Signatory Status, awarded by Office for Health Improvement and Disparities. • The recognition followed a significant partnership effort to strengthen coordinated mental health actions across the City. **Next Steps and Impact** • A shared Concordat Action Plan is in development, with agreed short, medium- and long-term mental health priorities. • New initiatives are being co-developed with partners and communities, with a focus on at-risk groups. • Emphasis on establishing joint governance and better impact measurement—asking "So What?" to understand outcomes and improve services.
2. Further strengthen our support of the loneliness partnership to raise awareness of loneliness and social isolation, reduce	**Loneliness and More in Common Partnership – Strategic Collaboration and Evolving Focus** **Background** The North Staffordshire Loneliness Partnership isa cross-sector group involving third sector organisations, local authorities, NHS staff, and housing providers.

stigma, and to promote connections between residents through volunteering opportunities, community social networks and befriending schemes	**The partnership aims to:** • Raise awareness and reduce the stigma of loneliness. • Promote social connection across all ages. • Improve environments and access to local activities. • Influence local strategic action on tackling loneliness. **Key Activity** In early 2025, the partnership hosted the 'Great Winter Get Together', an in-person event to identify action leaders and set new priorities. **Partnership Evolution** • In 2025, the Loneliness Partnership merged with the new More in Common Partnership, forming a new alliance focused more broadly on connection and barriers to connection. • The partnership signed an agreement with the Jo Cox Foundation, aligning with its national agenda on social connection. • Loneliness will remain a core strand within the new structure, with actions continuing from the original partnership plan.
3. Work to highlight existing local amenities, community events and third sector organisations providing services in our area to increase awareness of them and encourage their use by our residents, thereby enabling our residents to take their wellbeing into their own hands.	**Mental Health Communications Campaign** **Launched** late 2024 with a "Get Moving" campaign, followed by a Mental Health communications campaign (Nov 2024–Mar 2025). • Started with universal messaging, shifting to targeted groups (e.g., adult males at Christmas). • Weekly messages were co-produced with stakeholders, with real-time evaluation. The overall matrix for the Facebook social media campaign was as follows: Impressions (total of times a post has appeared on a screen) – 195.8 K Reach (number of times the campaign has reached different people) – 154.3K Clicks – 748 clicks across the campaign Shares / Reposts – 456 posts / reshares Likes / Comments – 422 likes with 72 largely positive comments. **Community Directory & Centenary Celebrations** VAST manages the Community Directory, an online resource for finding local services, support groups, and community activities. In February 2025, VAST's Annual Conference launched the city's Centenary year with the theme "Communities know communities best." **Events include:** • Heritage Open Days and an exhibition: "Donation of a Legacy" at the Dudson Centre. • Big Centenary Tea Party (8 July 2025), organised in partnership with city organisations and aiming for citywide participation – and potentially a world record attempt! **Partnerships and Targeted Wellbeing Initiatives** 5 Ways to Wellbeing Partnership

	Promotes simple, proven actions (e.g., connecting, being active) to boost mental health. • Early-stage partnership producing leaflets for GPs and pharmacies across Staffordshire and Stoke. **Integrated Support & Employment** Single Integrated Referral and Assessment Process (SAP) SAP is an early-stage, multi-agency system aiming to support vulnerable individuals through a "No Wrong Door" model. • Links services across mental health, substance misuse, housing, and community safety. **Inclusive Employability Hub** Delivered by the JET team, supporting economically inactive residents via personalised, wraparound support. **Key features:** • Collaboration with NHS 'Step On' mental health employment support. • Embedded within Community Lounges for accessible service delivery. • Funded until March 2026. **Additional services include:** • Genius Within referrals (neurodivergent support). • A MIND course to overcome emotional barriers to work. • Each intervention builds self-worth, confidence, and inclusion. **DWP Connect to Work (Starting Late 2025)** • A new voluntary, DWP-funded initiative. • Uses the 'place, train, maintain' supported employment model. • Targets disabled people, those with health conditions, or complex needs. • Delivered by JET with specialist IPS providers commissioned. • Contract runs for five years (to March 2030).

Stories From The Six Towns:

The lived experiences of older people in Stoke on Trent

Sue Read, CEO, the Beth Johnson Foundation, 2025

BJF Championing Positive Ageing

City of Stoke-on-Trent

With grateful thanks

This report describes a short but powerful project conducted by members of the Beth Johnson Foundation, and funded by Stoke on Trent city council, as part of their centenary celebrations in 2025.

This project could not have happened without the generous support of older members of Stoke on Trent, who gave their time so freely and shared their stories so proudly. St Johns Primary School, Penkull, as always supported their young children and their staff to be actively involved in this work. Such intergenerational approaches are extremely powerful ways of integrating the past with the future and ensuring the legacy of experiences can pass on to generations in so many different, creative and fun ways.

Personal thanks to Philip Hardaker, a good friend and wonderful ceramicist who has legacies across the city in many different buildings, parks and schools. Philip meets and engages with people of all ages, works his magic, and something unique and exciting inevitably happens.

Thank you all so much; your thoughts, memories and ideas will inform the next chapter and future generations of the city of Stoke on Trent.

Sue Read,

CEO, the Beth Johnson Foundation.

Storytelling is *'…part of the fabric of our society, culture, family and personal life…can be part of recreation, rehabilitation, and therapy. It is essential for mental health and wellbeing'*.

(Jennings, 2005: 27)

Introduction

The experiences of older adults are recognised as important, whether from a care facility perspective (Scheffalar, Janssen & Luijkx, 2021; Cook & Brown-Wilson, 2010), personal perspectives of lived experiences (Fudge *et al,* 2007) or as co-researchers (Durose *et al*, 2011; Buffel, 2018). Older people's voices and lived experiences can help to inform personal and responsive services, can actively contribute to policy and policy design, and can contribute to meaningful and creative research approaches to promote understanding (Wight -Bevans, 2020).

There is also a developing evidence base around the importance of intergenerational activities, such as helping vulnerable adults and increased community cohesion. Importantly intergenerational approaches are the most effective ways to reduce ageism against older people. Intergenerational practice creates opportunities for people of all ages to connect with each other, help spark new relationships, strengthens communities, and builds on the positive resources people of all ages have to offer each other (Who, 2024). These reasons have fundamentally informed the direction, content and format of this short evaluation to celebrate 100 years of living in the city of Stoke on Trent particularly from an older person's perspective.

According to the United nations, there is still limited access to good quality, affordable and equitable care that supports us to make the most of our longer lives – no matter who we are, where we live, or how old we are (UN Decade of Healthy Ageing progress report, 2021–2023). Therefore, anything we can do to address the inequities throughout the ageing process is worth doing, with intergenerational activities playing a useful role across this ageing continuum.

Overarching aims

As part of the 100 years celebration of the City (2025) we were invited by the local council to engage with local older community members to identify changes across the century through reflections and storytelling. Additionally, we recognised an intergenerational opportunity to explore the hopes and aspirations from our younger generation to inform where we want to be in the future. This short project involved a three phased approach:

Phase one: Aim

To interview older community members across the six towns of Stoke on Trent about their memories of growing up in the city.

Phase two: Aim

To adopt an intergenerational approach to share stories from older community members with children from St Johns CE(A) Primary School, Penkhull. Primarily, this involved two workshops which provided an opportunity to reflect on the past whilst simultaneously considering the future of what the younger generation want to see happen in Stoke on Trent: capturing their dreams and aspirations in meaningful ways.

Phase three: Aim

To develop a creative legacy to commemorate the centenary celebrations for older and younger members through intergenerational working across the ages. Philip Hardaker, a local renown ceramicist, was commissioned to facilitate the creation of two mosaics, one for the BJF, one for St Johns Primary School.

Recruitment

Members from the BJF used their established extensive links to invite older adults from across the six towns to become involved and also attended group meetings to inform local people what was happening and how they could tell their stories of living in the City. Recruitment was conducted using an informative flier (see Appendix 1).

Consent

Consent is always important when engaging and consulting with all individuals, especially around sensitive issues such as storytelling. A consent form was designed at the Beth Johnson Foundation for older members involved (see Appendix 2) where individuals were informed about the nature of, and rational for, the interviews. Permission to use their stories and take a photograph in their preferred venue, was sought. The School facilitated the consent process for children and their parents including existing processes for the permission of photography and filming.

Methods

Phase 1.

Using an intergenerational, narrative ethnographic approach to understanding the shared stories, we interviewed eight older people across the six towns of Stoke on Trent (Stoke, Fenton, Hanley, Burslem, Tunstall, Longton) in a variety of chosen venues.

Each interview was digitally recorded, transcribed verbatim, and a thematic content analysis of all interviews and stories was subsequently conducted by one person. Direct quotations and associated photographs to illustrate the lived experiences of the older person were used to illuminate the individual and collective characters and personalities of those interviewed.

An interview schedule was developed in conjunction with Council members (see Appendix 3) which included 10 open questions to promote consistency of approach and provide a flexible plan of engagement. At each interview, individuals were asked if they would like to become involved in Phases 2 & 3 of the project and give permission to be contacted at a later date. Everyone agreed to be contacted and be involved in these later stages.

Phase 2.

We organised two workshops (1.5 hours each) at Parkfield House, during June, with older community members sharing their experiences and younger primary school children to explore hopes and dreams for the future.

The first workshop involved the older community members describing their experiences and sharing their stories (based on some of the earlier interviews). Workshop two focussed on the children identifying their hopes and dreams for the future in Stoke on Trent.

The workshops were filmed to capture the essence of the work and to produce a short celebratory film that explains the content and process of the work undertaken.

Phase 3.

Three workshop dates were organised to take place at St John's CE(A) Primary School, Penkhull, during May-June. Initially, a short introductory session was organised for the ceramicist to talk about what the work would involve and to explore with participants (older and younger people) ideas of what they might want to include in the design of their tile to inspire thought and ideas.

Following this, two full day workshops were organised at the School where participants could drop in and design their tiles and an additional workshop was organised for older people to continue making their tiles at Parkfield House.

A final session was arranged a few weeks later at St John's CE(A) Primary School for children and older people to paint their tiles in preparation for the ceramicist to design the final mosaic.

This report will focus solely on Phase 1 of this work, the interviews, however we have included a small selection of photographs from all three phases in the photo gallery.

Photo Gallery Phase 1. Interviews with older community members

Photo Gallery Phase 2. Intergenerational storytelling sessions

Photo Gallery Phase 3. Tile-making Workshops

Sue Read, CEO, the Beth Johnson Foundation, 2025

Interview participants

Eight people were recruited and interviewed. Those interviewed comprised of four males and four females: six individuals and one married couple. Their ages ranged from 64 to 96, with a mean age of just over 85 years. Seven of the participants were over the age of 70 years. Interviews were conducted in a place of the participant's choosing, and included private homes (1), a nursing home (1), community venues (4) and one on-line due to ill-health but eagerness to become involved.

Analysis and discussion

The interviews lasted between 55-75 minutes and were transcribed verbatim. What follows is a thematic analysis of the interview transcripts.

The analysis of the seven interviews and associated sub themes are presented as Table one, where seven themes emerged and a number of sub-categories identified within the themes.

Table one: Thematic analysis of interviews (N=7)

Themes	Categories
Social cohesion	Attachments Community mindedness Neighbourliness Maintaining friendships over time Generosity of local people Faith
Pride	Fierce loyalty Pleasure Volunteering Working through adversity Staying power The arts, lots but now seem to be reducing
Belonging	Through living and working Staying put *'Green and pleasant land'* Vivid memories Nostalgia Looking out for each other
Simplistic stories	Fewer motor vehicles Freedom and safety to play Sharing resources (houses, food, toys, transport) Children's harmless mischief making
Changes	Movement: • Transient people

	• Rules of respect • Quiet and sneaky • We got old • More traffic -less barges! • World has become smaller Accessibility: • Increased autonomy and freedom • Integrated ethnicity • Improvements for disabled people • Computers and IT • Jobs were plentiful Busyness of life: • Creating time to relax (do nothing!) • Limited spontaneity • Everything is planned • Vandalism has reduced • Movement away from Christian teaching
Health and well being	Dying younger Understanding and recognising difference Stigma Hardship: • Inherent sense of loss • Death • Family trauma • Stress • Forced retirement • Life limiting conditions • Broken relationships • Pending mortality
Messages for the future	Pride: • Be proud of your heritage • There's a lot to be proud of • Be proud of the people • Love where you are Personal: • Believe in yourself, you can achieve anything • Be flexible • Be happy • Take each day as it comes • Take each day as it comes • Don't grow old! • Be yourself • It's a big enough world for all of us • Look for something good in people • You get nowhere unless you work • Work but enjoy life • Put your tele-comms away…

Sue Read, CEO, the Beth Johnson Foundation, 2025 7

In addition to the data specifically from the thematic analysis, a number of demographic details are worth mentioning. Of the eight people interviewed, three still happily lived in the house / street they had been born in.

> *I grew up in Fenton,*
> *I still live in Fenton,*
> *I don't want to live*
> *anywhere else.*
> *I love Fenton.*

All the family groups of those interviewed consisted of four family members (parents plus two siblings) with the exception of one five-member family, including a sibling who died early. Geographic reach was small, with a trip to London to visit relatives often seen as a great adventure and a rare treat. Such parochialism is still apparent today, with many people visiting international places for work or pleasure but always returning to Stoke on Trent.

A sense of social belonging was strong with people making attachments that, for some, lasted 60 years or more. That sense of belonging grew through living and working across the city, and one person described it as once being his '*Green and pleasant land*'. Many years ago, movement of neighbours was minimal, so children played together, adults grew up together, with some growing old together too. The lack of traffic meant that children played freely and safely in the local streets together. It seemed usual for a street to have one family with a car, and that family became the nominated drivers when accidents required medical attention. This was often described as a strong feeling of community mindedness, of neighbourliness, where you knew everyone and could always rely on help if you needed it.

Families and neighbours were closely interwoven, but you could also be alone if you preferred. There were no 'rules' but etiquette evolved as you grew with your family and those around you. There seemed to be a sense of fierce loyalty about living in the city, with no one interviewed regretting their lives in Stoke on Trent at all.

Everyone had clear memories of people, of family life, of routines, and were quickly transported back to their yesteryears as they reflected on their past and how it was to live in Stoke on Trent.

> *Everybody got on*
> *with one another.*

Housing was very different, with no heating (in most) or electricity (in some cases), no indoor toilets, and most remembering the day they finally had a TV, as the radio was the main form of communication in the early days. Football was still the 'international language'.

Some reflected on the unwritten etiquette of hierarchy in the home, that no longer exists. For example, you never read the newspaper until the 'man of the house' had read it first; you never helped yourself to Sunday tea (sandwiches) until the 'man of the house' had chosen his food first; extra meat was always provided to those male workers supporting the house.

Sue Read, CEO, the Beth Johnson Foundation, 2025

Probably the unwritten, unchallenged rituals surrounding respect. Having paper copies of newspapers is fast diminishing with social media and cheaper on-line access, anyway. One person fondly remembered harmless mischief making, as many homeowners were very houseproud, and their front doorstep was regularly painted white. One person described how the pristine step was '*simply crying out for a muddy boot print to break up the whiteness'*!

Those interviewed nostalgically remembered school years, most of which were described as enjoyable, with the exception of one person who went to boarding school, where the way of life was very different and often painful. Many remembered teachers and fellow student names and gave examples of the fun and the difficult times experienced.

With many families remaining static, and only moving because of work, stories of sharing resources (food, toys, transport, clothing, child minding etc.) helped people to work through adversity and challenges and engendered a sense of belonging, as one person reflected that '*What really struck me was the generosity of spirit of local people…*'. Houses often had multiple occupancy to save money.

Work seemed to be plentiful in the earlier years, and of the eight people interviewed, the majority held professional positions, including teaching, caring, finance, council work, engineering, driving, and traffic management. One person who used to be a teacher in the creative arts was passionate and spoke proudly about the historical creative arts opportunities across the city, and felt privileged to have been part of this development. However, he worried now that such creative art opportunities weren't generally being protected and were dwindling, so that he feared for the future.

> "The streets may not be paved with gold in Stoke but if we can keep young talents here it benefits the community."

Considering that the interviews were with retired community members, it was interesting (but not surprising) that six of those interviewed were involved in volunteering roles. Some were leading initiatives (such as OLGBT group; North Staffordshire Pensioners Convention), and some had multiple roles in different volunteering capacities (supporting dementia initiatives; facilitating Bereavement Friendship Groups; the church; supporting Tea and Tech programmes).

> "I'm sure I get more out of it than the people I help."

Generally, many volunteers are of the older age group since they probably have more time to volunteer, but there are often other reasons such as they perhaps want to give something back for a life well lived; or wanting to share the skills learned during their years of vast experiences.

Sue Read, CEO, the Beth Johnson Foundation, 2025

The majority of changes experienced by the interviewees focussed on movement, accessibility and the general busyness of life.

> If I didn't have any voluntary work now, I think I'd just be sitting at home, watching the telly and drooling in the corner! I'm busy, but I love it!

Families are no longer as static with movement centred around work opportunities, better or bigger houses, or growing families.

The married couple talked about '*More cars, less barges*!' and how noisier life had become as '*We got old*'. Older community members thought that the world seemed smaller, with travel more easily accessible. Whilst some grumbled about the growing use of IT, mobile telephones, media and computers, one person recognised that it had significantly changed her life. As someone with a visual impairment, computers enabled her to learn, to attend college, and were simply '*…a Godsend*!' as she wasn't taught to write in the traditional manner.

Accessibility was seen as better, with improved attitudes to differentness and disability noteworthy and more integrated opportunities, '*People are more sympathetic*'. There was a general sense of integrated ethnicity, increased autonomy and freedom of participation in work and social spaces and places.

Interestingly, a key change was about the busyness of life, and one person reminded us that nowadays, life is so busy that we have lost the spontaneity of just doing something when we fancy it and that we now have to '*create time just to do nothing*!'. An interesting concept, but very true in the stark reality of life. Of the eight people interviewed, five were practicing Christians, and there was a concern that there was a move away from faith and Christian teaching, which is worrying.

From a health and wellbeing perspective, there was an inherent feeling of loss across the ages as interviewees described a range of areas of hardship that they had overcome. As one ages, inevitable deaths increase, and family trauma, stress, forced retirement due to ill health, and living with life limiting and life changing conditions were changes difficult to live with.

Whilst the married couple had both experienced and overcome cancer, they described their treatment as good, and were happy to have survived such life-threatening conditions. The wife was now living with dementia and was living in a care home because of the deteriorating condition, but her husband visited her regularly and still lived in their family home. The love between these two people was almost palpable as they described their life together, and their happiness at still being together after so many years.

> We've had a good life, haven't we duck!

Sue Read, CEO, the Beth Johnson Foundation, 2025

Conclusion

It was indeed a privilege to have been able to meet, talk and record the stories from this small group of older community members across the six towns of Stoke on Trent. They let me into their lives and were delighted to tell me their experiences as they grew up. They shared their stories and experiences so freely and proudly; happy to reflect and leave their legacy of a life well lived.

I always concluded the interviews by asking people to leave messages for the future community members of the city, and their comments truly reflect their pride on being part of the city over the last century. It feels fitting to end with their messages for the future people of Stoke on Trent:

> Be proud of your heritage – there's a lot to be proud of!
>
> Love where you are!
>
> Be happy!
>
> Be proud of the people because it's the people that make Stoke on Trent, in my way of thinking.
>
> It's a big enough world for all of us!

Sue Read, CEO, the Beth Johnson Foundation, 2025

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Figure 19: Fingertips (n.d.). Smoking Profile - Data | Fingertips | Department of Health and Social Care. [online] Phe.org.uk. Available at: https://fingertips.phe.org.uk/profile/tobacco-control/data#page/4/gid/1938132885/ati/402/iid/92443/age/168/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1 (Accessed 08 July 2025)

Figure 20: SOT 100 (2025). Gallery – Stoke-on-Trent Centenary. [online] Stoke-on-Trent Centenary. Available at: https://sot100.org.uk/GALLERY (Accessed 08 July 2025)
Figure 21: Beth Johnson Foundation (2025). Stories from The Six Towns.

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