Age-Friendly Hertfordshire: Baseline Assesment Report

Author: Natalie Kelly

June 2025

Age-Friendly Hertfordshire

EMPOWERED

RESPECTED

CONNECTED

Hertfordshire age UK

CVS North Herts & Stevenage

Hertfordshire

Age Friendly Hertfordshire

Baseline Report Contents

➤ **Tip:** You can click on any section title below to jump straight to that page. Alternatively, use the panel on the left to navigate through the document.

How to Navigate This Report

This report presents the findings from the *Engage and Understand* phase of the Age Friendly Hertfordshire programme, drawing on the views of nearly 3,000 residents aged 55+ in Hertfordshire. It has been structured to help readers navigate the broad themes and detailed data insights.

Report Structure:

➤ **Tip:** You can click on any section title in the contents section to jump straight to that page. Alternatively, use the panel on the left to navigate through the document.

Eight Domain Sections:

Each domain section (e.g., Transport, Housing) includes:

- A short introduction to the domain
- A combined summary of key findings across survey and focus groups
- Actionable takeaways for policy and planning
- A summary of focus group insights
- A summary of survey findings
- A breakdown of each survey question, including:
  - A short narrative on what the data shows including links to wider research
  - A 'stat box' showing statistical differences by age and digital access
  - A graph of responses
  - Free Text Responses to Survey Questions:
    - Thematic summaries of free text comments, illustrated with word clouds and direct quotes to bring resident voices to life.

VIII. **Public Spaces (Outdoor Spaces and Buildings)**
IX.   **Transport**
X.   **Housing**
XI.   **Social Participation**
XII.   **Respect and Social Inclusion**
XIII. **Civic Participation and Employment**
XIV.   **Communication and Information**
XV.   **Community Support and Health Services**

XVI.   **General Reflections on Ageing Locally**

Captures residents' broader reflections on ageing and what matters most.

XVII. **Conclusion**

Sets the direction for the next phase of work: planning and co-producing solutions with stakeholders and communities.

XVIII. **Get Involved with Age Friendly Hertfordshire**

Outlines practical ways for residents, professionals and partners to stay informed, promote age-friendly approaches, and take part in the next phase of the programme.

XIX. **Full Reference List**

I. Introduction

This report serves as the Age Friendly Hertfordshire Baseline Assessment, developed as part of the Age Friendly Hertfordshire programme. By 2043, residents aged 65 and over are expected to make up 23.2% of Hertfordshire's population (Herts Insight, 2023), with a significant rise in those aged 85 and above predicted across the UK. These shifts present both challenges and opportunities, underscoring the urgent need to create communities that support healthy ageing and improve quality of life for people aged 55 and over.

The Age Friendly Hertfordshire programme represents a strategic response to this need. Funded by Hertfordshire County Council Public Health and jointly led by Age UK Hertfordshire and North Herts & Stevenage CVS, the programme is being delivered in partnership with local organisations across all sectors. It is part of a global World Health Organization (WHO) initiative which urges communities to adapt to an ageing population and is nationally supported by the Centre for Ageing Better through the UK Network of Age Friendly Communities.

On 1st October 2024, Hertfordshire was formally accredited as Age Friendly and was the first upper tier county to join the UK Network of Age Friendly Communities, alongside over 90 other areas committed to making their communities better for people as they age. This accreditation marked the official launch of the Age Friendly Hertfordshire programme. Yet, it does not indicate the work is complete, rather, it signifies the start of a structured and long-term journey towards change. Becoming an Age Friendly Community means a place has made a public commitment to listening to older residents, addressing inequalities, and working across sectors to build more inclusive and supportive environments for people of all ages.

Although this report focuses on residents aged 55 and over, many of the barriers identified, such as transport access, toilet provision, and clear communication, affect the wider population too. Making communities more age-friendly by addressing these issues benefits all age groups by adopting a preventative strategy, creating a more inclusive Hertfordshire for everyone. This aligns with Hertfordshire's Health and Wellbeing Strategy 2022-2026 (Hertfordshire County Council, (HCC) 2022), which adopts a Health in All Policies approach (WHO, 2018), embedding health, equity, and wellbeing into decision-making across all sectors such as housing, planning, and transport.

There are four stages in the Age Friendly cycle: *Engage and Understand, Plan, Act, and Evaluate*. This report marks the end of the first phase, *Engage and Understand*, and follows 12 months of listening, evidence-gathering, and building partnerships across the county. Central to this stage was engaging those aged 55+ directly, to understand what matters most to them and what changes are needed to make Hertfordshire a great place to grow older. These insights will now shape the *Plan* phase, where we will co-design a robust action plan with older residents and stakeholders to address the priorities identified. The final stages will focus on implementation and ongoing evaluation of progress.

The Age Friendly approach involves assessing and improving eight interconnected domains of community life, which reflect the physical and social environment people live in:
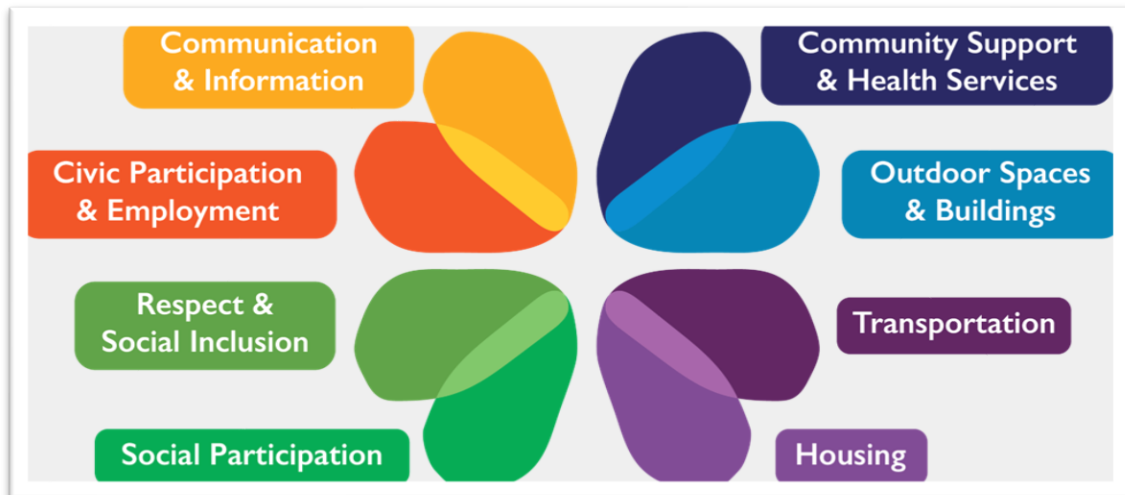
1. **Community Support and Health Services**: Access to affordable, timely and appropriate health and care services.

2. **Outdoor Spaces and Buildings**: Safe, clean, and accessible public spaces, including seating, toilets, and pathways.

3. **Transportation**: Reliable, affordable and accessible transport options that enable mobility and independence.

4. **Housing**: Affordable, suitable, and adaptable homes that support ageing in place.

5. **Communication and Information**: Accessible and inclusive ways for people to receive information and stay connected.

6. **Civic Participation and Employment**: Opportunities to contribute through work, volunteering, or civic life, regardless of age.

7. **Respect and Social Inclusion**: Feeling valued and respected, free from ageism or discrimination.

8. **Social Participation**: Opportunities to take part in meaningful social and leisure activities to support prevention of isolation.

Together, these domains provide a comprehensive framework for identifying barriers and opportunities to support people as they age. This report presents the findings from the countywide survey and a series of focus groups, which together, offer a detailed picture of experiences of those aged 55+ in Hertfordshire. These findings will inform the next phase of our Age Friendly journey.

II. Executive Summary

This report presents the baseline findings from the first phase of Age Friendly Hertfordshire, *'Engage and Understand'*, informed by nearly 3,000 residents across surveys and 12 focus groups. Although the data is not fully representative of the entire population, these contributions offer a strong starting point. They provide rich, resident-led insight into what supports and hinders ageing well across all ten districts of the county.

The findings reveal that while many adults aged 55+ are living well, too many face avoidable barriers that can limit their ability to stay healthy, connected and independent. These include inaccessible public spaces, infrequent and unreliable transport, insufficient communication including digital exclusion, and inconsistent access to health and community support. Language, visibility and experiences of ageism, both subtle and overt, also affect how older adults feel valued and included in daily life.

Several challenges were consistent across all age groups. Poor toilet access, a lack of rest spots, and unreliable transport were raised repeatedly as barriers to everyday independence, causing people to reduce time in public spaces. Additionally, unclear communication and signposting together with difficulty accessing information emerged as widespread issues, regardless of digital access. For example, many people, including those who are online, felt unsure where to turn for help or found local information unclear or inaccessible. Furthermore, across all ages, around 1 in

3 people felt treated with less respect due to age, and just 1 in 4 regularly saw positive representations of older adults in local media, highlighting the persistence of ageism in both systems and culture.

Importantly, this report challenges assumptions about ageing. Residents aged 55–65 were least likely to feel connected, confident, or informed, revealing a gap for those who are often working, caring, or managing health issues but not yet linked into community life or support. Meanwhile, those aged 66–75 were among the most physically active and engaged, with high volunteering rates, but showed some uncertainty around housing advice and winter fuel costs, patterns echoed across older age groups too. People aged 76–85 reported strong social ties and high group participation, but 1 in 5 regularly feel lonely and increased difficulty with transport and access to healthcare was seen. For those aged 86 and over, barriers were most acute, with the highest levels of loneliness, digital exclusion, and challenges navigating services safely and independently.

Yet, while services such as social groups, transport schemes or public seating may be available across Hertfordshire, our research demonstrates many residents are unaware of them or feel they are not relevant or accessible. This highlights a disconnect between service availability and how inclusive or visible they feel to residents. For example, some do not feel local offers were for them due to how it was promoted, particularly when language or imagery focused on much older adults. Others noted many offers were scheduled at times that excluded working-age people. These gaps underline the importance of co-producing not only services, but also how they are communicated. Local walking audits, older people's forums and virtual reviews can help identify these disconnects and ensure environments, messages and offers genuinely reflect community needs. To deepen understanding and move from insight to action, an ongoing process of co-design and collaboration is needed to explore and respond meaningfully to what residents are telling us.

Although this report centres on experiences of the over 55's, many of the improvements identified will benefit people of all ages. Making Hertfordshire more age-friendly helps create a more inclusive, accessible county for everyone. This reflects the Health in All Policies approach (WHO, 2018), adopted in Hertfordshire's Health and Wellbeing Strategy 2022–2026 (HCC, 2022), which encourages all sectors to consider the health and wellbeing impacts of their decisions.

This report provides a compelling foundation for action. It highlights the cost of inaction: isolation, inequality, and deteriorating well-being, but also the opportunity to build communities where people are empowered, respected and connected at

every stage of later life. Nationally, loneliness is estimated to cost health and care services £9,900 per person per year (Campaign to End Loneliness, 2022), and falls in older adults cost the NHS around £2.3 billion annually (Benedetto *et al.,* 2022). These national figures illustrate the wider system pressures that age-friendly, preventative approaches aim to reduce. Insights from this report will shape the next phase of the Age Friendly Hertfordshire programme: designing targeted, collaborative solutions with residents and local partners to create a more inclusive Hertfordshire for all.

III. Insights Across Age Groups

This section highlights the key findings across each age group, alongside shared barriers reported across all ages. It should be noted that while these findings offer valuable insight, they are based on the views of a sample and may not fully represent the entire population. Still, they provide a strong foundation for understanding the lived experiences of adults aged 55 and over across Hertfordshire.

Shared Insights Across Age Groups: Common barriers consistently affecting residents aged 55 and over, regardless of age or digital access.

- Toilet access is a major concern – Over half (56%) reduce time spent in public spaces due to worry about access to toilets (Q1e)

- Rest spots are insufficient – 51% feel there are not enough places to sit or rest when out (Q1d)

- Transport reliability is lacking – 41% say public transport is infrequent or unreliable (Q4d)

- Information is unclear – Fewer than half said the information they receive about local services is easy to understand (Q20c) and only 59% know where to go for help or support (Q22e)

- Loneliness is widespread – Overall, over 1 in 5 often feel lonely (21%, n=600), and a further 24% were neutral. The highest rates of loneliness were found in age 86-95 (32%) and 20% found in each of the other age groups (Q11c)

- Respect is lacking – 30% of people feel treated with less respect as they get older (Q13a)

- Perceptions do not always match provision - Though services may exist, many residents feel they are not relevant or accessible. For example, only 25%

regularly see positive images of older people in local media or communications (Q13b). Some felt local offers were aimed at "older" age groups, excluding them by language, imagery or scheduling.

Age 55–65: Risk of future isolation and unmet needs without early support.

- Least likely to feel connected to others or part of the community (Q13e)

- Most likely to not be part of a social group – 43% not active in any groups (Q8)

- Highest interest in joining new activities – 69% would like to join something new (Q9), closely followed by 66-75 (66%)

- Lowest confidence in connecting with others when needed, along with 86-95 years (Q11b)

- Highest percentage saying their care and support needs are not being met (Q22c)

- 25% would like to be in paid employment but are not currently working (Q16)

- Least likely to know where to find information about local groups and services, along with 86-95 year olds (Q11d)

Age 66–75: Active and engaged, with strong physical and social participation, though encountering barriers around heating costs and housing support, in line with wider patterns.

- Among the most physically active groups – 87% meet the recommended 30 minutes of daily activity (Q22a), with high levels maintained up to age 95

- Strongest levels of volunteering – 41% currently volunteer (Q17)

- 20% affected by Winter Fuel Allowance changes (Q6d), along with 86-95 years

- 21% do not know where to go for housing advice (Q6a), fairly similar to other age groups

- 19% report challenges accessing services from home (Q6b), again aligning with struggles in other age groups

Age 76–85: Contributing and connected, but facing increasing access barriers

- Highest sense of community connection, along with 86-95 year olds (Q13e), and highest ease in connecting with others when needed (Q11b)

- Participation in social groups remains highest – 72% are active in groups (Q8)

- Face challenges accessing and navigating public transport – 23% struggle (Q4b)

- 1 in 5 often feel lonely, similar to 55-75 year olds

- Declining confidence to find volunteering roles (Q18b)

Age 86–95: Experiencing the sharpest barriers to maintaining independence across mobility, safety, and digital access

- Steep declines in ability to access green and indoor spaces compared to other age groups (Q1a, Q1b)

- 24% feel unsafe when out alone – highest of any age group (Q1c)

- 44% find it difficult to access and navigate public transport (Q4b), which is twice the rate of other age groups, despite being the most reliant on it (Q4a)

- Highest level of loneliness – 32% often feel lonely (Q11c)

- Lowest digital engagement – 53% use the internet regularly (Q20e)

- Highest interest levels in digital training (20f) and scam awareness (20d)

Age-Friendly Hertfordshire

What Residents Say is Required

1. Outdoor Spaces and Buildings

Accessible toilets, Rest areas, Safe pavements, Signage

2. Transportation

Reliable service, Real-time, inclusive information (digital & non-digital), Strengthen links to essential services

3. Communication & Information

Clear, jargon-free, co-produced communication in multiple formats (digital & non-digital)

4. Social Participation

Inclusive, co-designed activities, Early engagement, Facilitate intergenerational connection

5. Respect and Social Inclusion

Challenge ageism, Respectful language, No assumptions, Improved representation in media

6. Community and Health Services

Joined-up, holistic, accessible support & signposting, Digital & non-digital comms, Community support

7. Civic Participation & Employment

Flexible work & volunteering, Address age bias in workplace recruitment & retention

8. Housing

Adaptations, Advice, Affordability, Energy support, Facilitation of meaningful connections

Age-Friendly Hertfordshire

Join us in creating an age-friendly community

Hertfordshire age UK

CVS North Herts & Stevenage

Hertfordshire

V. Emerging Priority Areas: Breakdown by Domain

Outdoor Spaces and Buildings

- Improve access to safe, clean public toilets and increase seating in town centres

- Maintain safe, accessible paths and pavements (e.g. trip hazards, overgrowth)

- Design welcoming environments for all mobility levels

Most raised concern across all ages: toilet access (Q1e) and rest spots (Q1d)

Transportation

- Improve reliability, frequency, and accessibility of public and community transport

- Provide clear, real-time, inclusive travel information, both digital and non-digital

- Strengthen links to healthcare, shops and social activities

Consistently reported as a major barrier to independence and inclusion (Q4b, Q4d)

Communication and Information

- Make local service information clearer, simpler, and jargon-free

- Ensure all information is accessible in both digital and non-digital formats

- Co-produce communication materials to check they make sense to residents

Fewer than half found information easy to understand (Q20c); digital access did not reduce confusion

Social Participation

- Increase inclusive, varied, and local social opportunities

- Support early connection – especially for 55–65s at risk of isolation

- Encourage intergenerational connection and co-designed activities

Strong demand to connect (Q9), especially from 55–65s, who are least engaged (Q8)

Respect and Social Inclusion

- Promote respectful language and challenge patronising terms

- Actively address everyday ageism and unconscious bias

- Improve representation of older people in local media, leadership and imagery

Around 30% felt treated with less respect (Q13a); only 25% saw positive representation (Q13b)

Community Support and Health Services

- Ensure joined-up, timely, and holistic support in accessible community settings, including non-digital options for access

- Improve awareness and access to preventative care and carer support

- Better tailored services for underrepresented groups

Raised frequently in focus groups, particularly the need for local, trusted points of access

---

Civic Participation and Employment

- Expand flexible, meaningful employment and volunteering opportunities

- Address age bias in recruitment, retraining, and workplace design

- Make roles more visible and inclusive for 55+ residents

55–65s expressed strong desire for employment (Q16), but many lacked confidence (Q18a)

Housing

- Support access to home adaptations that enable ageing in place

- Increase awareness of housing options and advice for later life

- Address heating affordability and energy efficiency concerns

Important in focus groups, but raised less frequently in comparison to other domains (Q6a, Q6d)

VI. Methodology

This section introduces the methodology of both the survey and focus groups, detailing how responses were gathered and analysed.

a. Survey

A countywide Age Friendly mixed-methods survey was circulated between 1st September and 30th November 2024 to Hertfordshire residents aged 55 and over. The survey sought to capture the views and lived experiences of older adults across the eight World Health Organization Age Friendly domains. The survey was shared widely across the Age Friendly network and through Hertfordshire community services, including health, voluntary, and local authority partners. These stakeholders actively promoted the survey among their residents and service users, resulting in an exceptionally high response rate and strengthening the reliability and relevance of the findings.

Responses were collected through a combination of binary (Yes/No) questions, Likert-scale items (ranging from strongly agree to strongly disagree), and open-text fields to incorporate detailed qualitative feedback. All responses were anonymised prior to analysis.

In total, 2,890 responses were received, representing exceptionally strong engagement. However, the sample was not fully representative of Hertfordshire's diverse population. The vast majority of respondents identified as White – English, Welsh, Scottish, Northern Irish or British (93%) and heterosexual (68%), with limited representation from minority ethnic and LGBTQ+ communities. This potentially limits

the generalisability of findings to more ethnically and socially diverse groups, where experiences of ageing, community engagement, and access to support may be shaped by intersecting factors such as culture, income, or language barriers (World Health Organization (WHO), 2015a). Despite this, the survey offered valuable insight into the needs and priorities of older adults, though the findings should be interpreted with this context in mind.

To help address digital exclusion and improve representation, paper copies of the survey were also made available. This decision was informed by existing evidence highlighting how excluding non-digital formats can underrepresent those with lower education levels, poorer health, or reduced access to technology (Kelfve *et al.*, 2020). Approximately 20% (n=578) of all responses were submitted via paper surveys, which enhanced the inclusivity and generalisability of the overall sample.

Digital and non-digital responses were collated in Excel, where formulas were used to calculate percentages, identify patterns across age groups, and compare digital versus non-digital responses. Closed-question data was analysed using simple descriptive statistics, such as frequency counts and proportions.

Free-text responses to the survey were analysed using thematic analysis. This involved reading and coding comments to identify recurring patterns and key themes. AI was used to support the initial organisation of qualitative responses by grouping broadly similar comments. However, all themes were manually checked, refined and interpreted by the researcher to ensure accuracy, context, and relevance.

Following the closure of the surveys, there was recognition of the underrepresentation of some populations. Therefore, a series of focus groups were conducted to engage communities facing barriers to participation and findings have been included in the analysis and write up. These are discussed in the following section.

b. Focus Groups

To explore the experiences of underrepresented communities and those facing barriers to accessing information or services, 12 Focus Groups were conducted between January and March 2025 across all ten of Hertfordshire's districts. In the 10th district (Hemel Hempstead), phone interviews were carried out with housebound residents. These sessions were supported by a range of local organisations, including Impactful Lives, HILS, HAWA, Herts Vision Loss, Age UK Hertfordshire clubs, Active Lifestyles, Garden City Hospice, Irish Network Stevenage, Reach Out Café, and Hertsmere Borough Council.

Each group explored two of the eight Age Friendly domains, selected by the focus group participants, guided by the question: *"What would good [selected domain] look like?"*. Feedback was themed into 'How to' statements. All outputs were collated and analysed using Excel.

To ensure fair representation of community voices, throughout the report we begin with insights from focused discussions before examining broader survey patterns.

Together, the survey and focus groups offer a robust understanding of the lived experiences, needs and barriers faced by older adults in Hertfordshire, laying the groundwork for action to reduce inequalities and create inclusive communities for all ages.

VII. Demographics

a. Overview of Respondent Demographics

This section outlines who took part in the survey, helping to contextualise the findings and highlight any gaps in representation. Whilst the response rate was strong across all districts and age groups, certain communities remain underrepresented, pointing to areas where future engagement should be strengthened.

The survey reached a broad age range, apart from those aged 96+, who made up less than 0.2% of respondents (n=4). Although their responses are included in the overall analysis, they are not broken down as a separate age group to protect anonymity, in line with common data disclosure practice for very small sample sizes.

Responses were more than twice as likely to come from women than men, which is consistent with national trends showing women are generally more likely to engage with community surveys, though still includes 891 male responses.

Over two-thirds of respondents identified as heterosexual, but 1 in 5 chose not to answer, and 1.2% identified as LGBTQ+. This suggests more work is needed to build trust and inclusivity with underrepresented groups.

Ethnic diversity was low, with over 9 in 10 White British respondents. Though this mirrors the general population in some areas, it highlights a clear gap in engagement from other ethnic backgrounds. More culturally tailored outreach is needed to ensure future surveys reflect Hertfordshire's diversity.

Every district was represented, with particularly strong responses from East Herts, St Albans, and North Herts. No district dominated the results, giving a balanced geographical picture.

4 in 5 completed the survey online, and 1 in 5 used paper forms. This shows the continued importance of offering non-digital options to avoid digital exclusion.

More than 1 in 4 (28%) provide unpaid care to an adult, yet only 10% of total respondents are officially registered as carers. This means approximately 65% of those providing unpaid care may not be accessing support. Furthermore, nearly 1 in 5 provide unpaid childcare so others can work, representing significant but often under-recognised contributions to healthcare and the economy.

b. Age Representation

Most respondents were aged between 66 and 75, making up just over a third of the total (1,030 people). This was followed by 781 people aged 76 to 85, and 731 people aged 55 to 65. A smaller proportion were aged 86 to 95, but this still represented nearly 8% of respondents, equal to 213 people. Only a very small number (just 4 in total) were aged 96 or over.

Due to only four people being aged 96 or older, this group has been included in the overall data analysis but not shown as a separate category to protect anonymity, in line with common data disclosure practice for very small sample sizes.

Table 1. Breakdown of the ages of respondents (Q34)						
Age Range	55-65	66-75	76-85	86-95	96+	Total
No. of respondents	731	1030	781	213	4	2759
Percentage %	26.50	37.33	28.31	7.72	0.14	100.00

Figure 1. Pie Chart of Respondents Age Breakdown
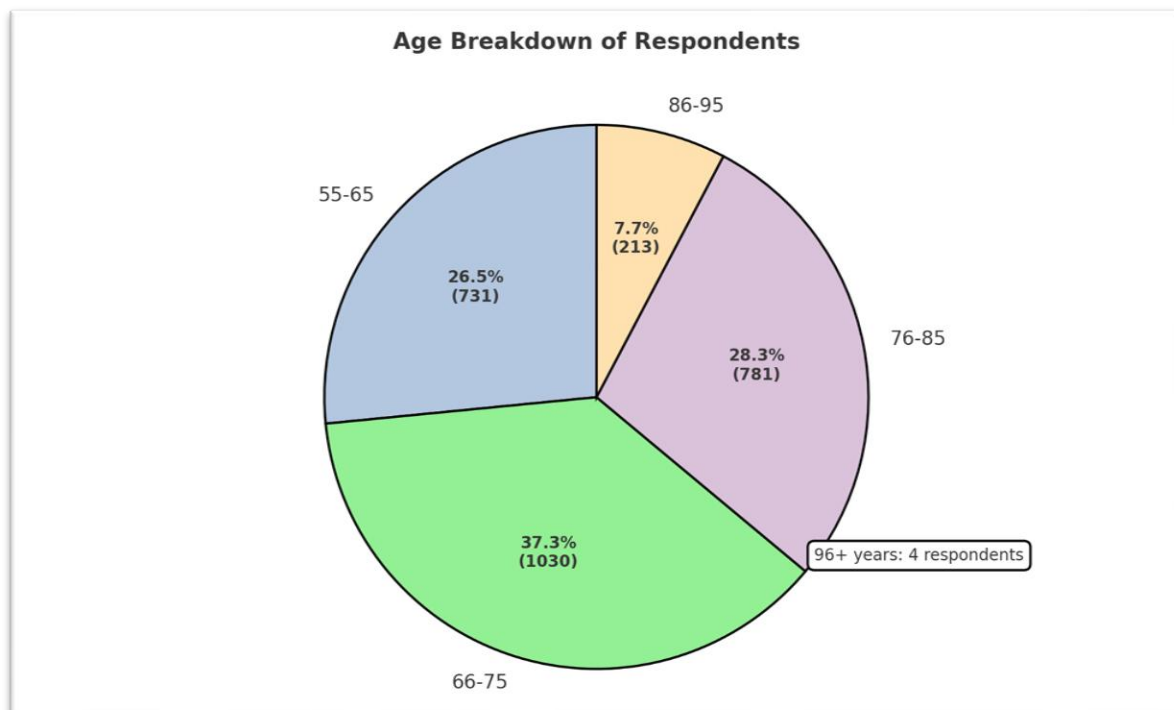
c. Gender Representation

61% of respondents were female (1,763 individuals), whilst 31% were male (891 individuals). Therefore, nearly twice as many women took part compared to men. This is consistent with national patterns, where research shows women are more likely to engage in surveys than men (Becker, 2022), and men may experience barriers such as stigma, social norms around masculinity, or a lack of tailored outreach (Johal *et al.,* 2012). Additionally, there was very little engagement from individuals identifying as LGBTQ+, who still face discrimination and barriers when accessing services, generating inequalities which continue to negatively impact access and outcomes (Baybrook, D. *et al.,* 2025). To ensure all voices are represented, it is vital services build trust and inclusion by working closely with underrepresented groups, using targeted engagement and ensuring environments feel safe and welcoming.

Table 2: Breakdown of the gender of respondents (Q35)						
Gender	Female	Male	Prefer not to say	Unclear	No response	Total
No. of respondents	1763	891	8	2	226	2890
Percentage %	*61.00*	*30.83*	*0.28*	*0.07*	*7.82*	*100.00*

Figure 2. Pie Chart of Respondents Gender Breakdown
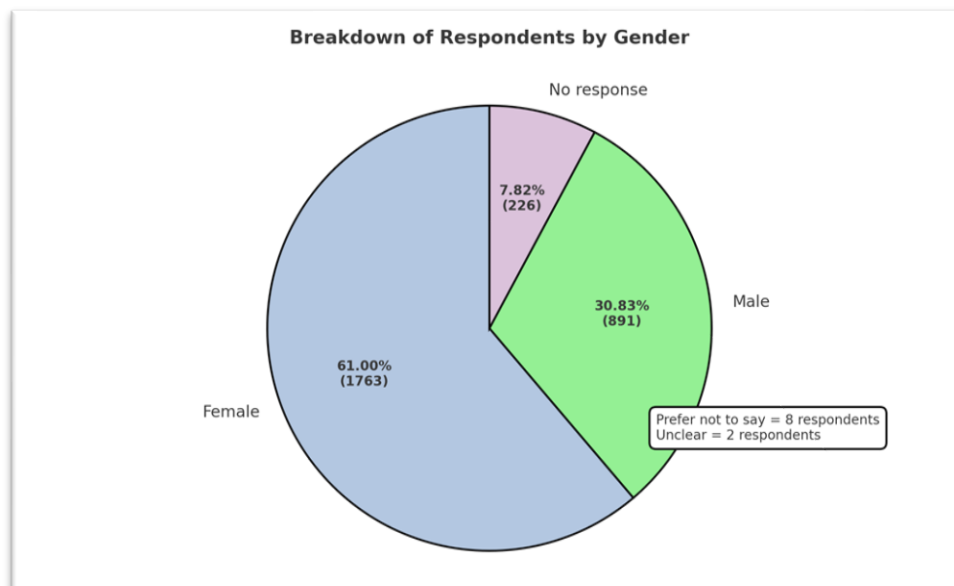
d. Sexuality Representation

Most respondents (68.3%) identified as heterosexual. However, a significant portion (20%) did not answer this question, and 8.2% selected unclear. Only 1.2% of respondents identified as LGBTQ+, and a further 2.3% preferred not to say. The low level of engagement from LGBTQ+ respondents reinforces the need to improve how services reach and include LGBTQ+ communities, as previously discussed in the gender section. To ensure services reflect the needs of all communities, it is important to build stronger relationships with LGBTQ+ groups, ensure inclusive language and practices are used, and create safe spaces that empower people to share their experiences and needs.

Table 3: Breakdown of the sexuality of respondents (Q36)						
Sexuality	**Heterosexual**	**LGBTQ+**	**Prefer not to say**	**Unclear**	**No response**	**Total**
No. of respondents	1973	35	65	238	579	2890
Percentage %	*68.27*	*1.21*	*2.25*	*8.24*	*20.03*	*100.00*

Figure 3. Pie Chart of Respondents Sexuality Breakdown

Breakdown of Respondents by Sexuality
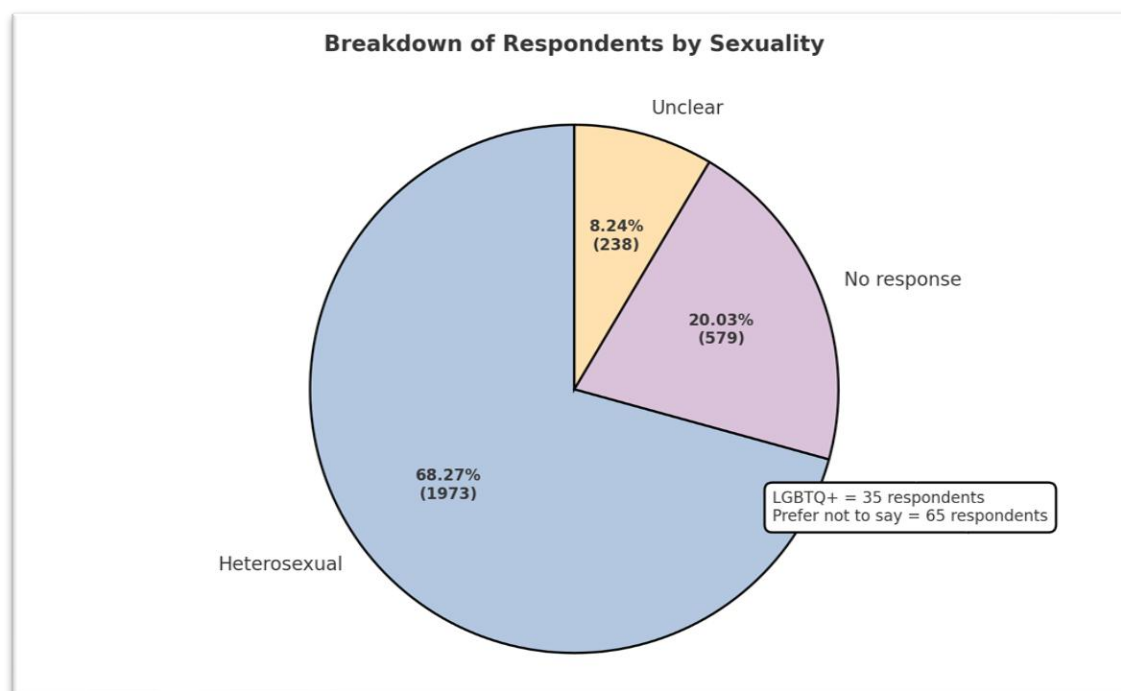
e. Ethnicity Representation

The vast majority of respondents (92.6%, n=2,440) identified as White – English, Welsh, Scottish, Northern Irish or British. The low representation from minority ethnic groups highlights the importance of inclusive engagement approaches that reflect Hertfordshire's diverse communities and ensure all voices are heard. The Centre for Ageing Better (2024a), emphasise how older people from ethnic minority backgrounds often face systemic barriers to participation, and underrepresentation in data and decision-making. They advocate better data collection, inclusive outreach, and more culturally competent services to reduce inequalities and support ageing well for everyone

Table 4: Breakdown of the ethnicity of respondents (Q37)	
Ethnicity	**No. of respondents**
White - English / Welsh / Scottish / Northern Irish / British	**2440**
All other ethnic backgrounds excluding White - English / Welsh / Scottish / Northern Irish / British	*196*
Total	*2636*

Figure 4. Pie Chart of Respondents Ethnicity Breakdown

Breakdown of Respondents by Ethnicity
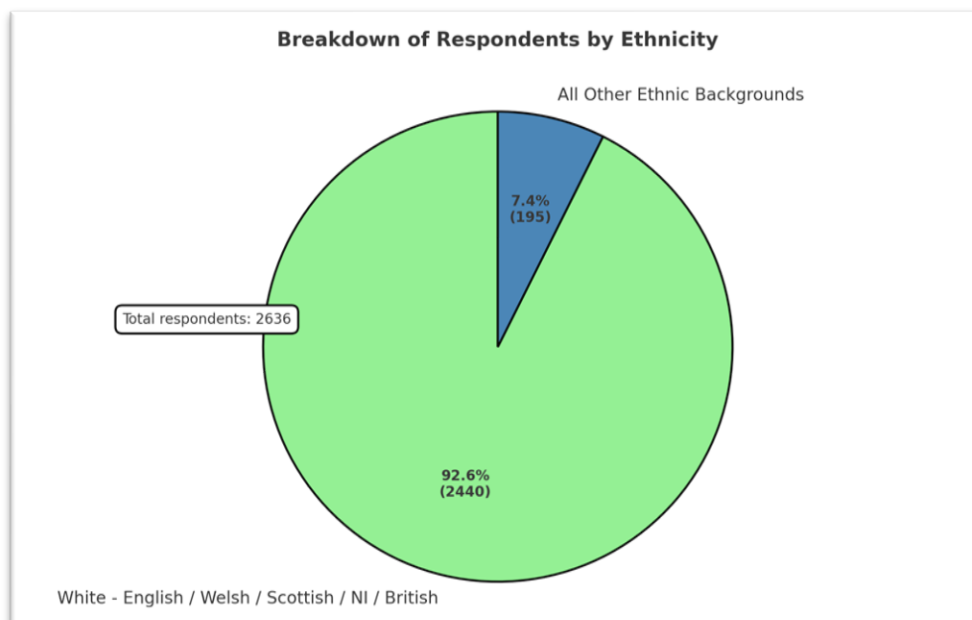
e. Ethnicity Representation Continued...

Table 5: Breakdown of all other ethnic backgrounds excluding White - English / Welsh / Scottish / Northern Irish / British (Q37)	
Ethnicity	**No.**
White - Irish	57
Asian / Asian British - Indian	48
Other ethnic group - Any other ethnic group	21
Asian / Asian British - Chinese	13
Asian / Asian British - Any other Asian background	11
Black/ Black British - Caribbean	11
Mixed/ Multiple ethnic groups - White and Asian	7
Mixed/ Multiple ethnic groups - Any other Mixed / Multiple ethnic background	6
Mixed/ Multiple ethnic groups - White and Black Caribbean	5
Asian / Asian British - Pakistani	4
Black/ Black British - African	4
White - Gypsy or Irish Traveller	3
Mixed/ Multiple ethnic groups - White and Black African	2
Asian / Asian British - Bangladeshi	2
Black/ Black British - Any other Black background	2
White - Any other White background	0
Other ethnic group - Arab	0

Figure 5. Bar Chart of All Other Ethnicity Breakdown
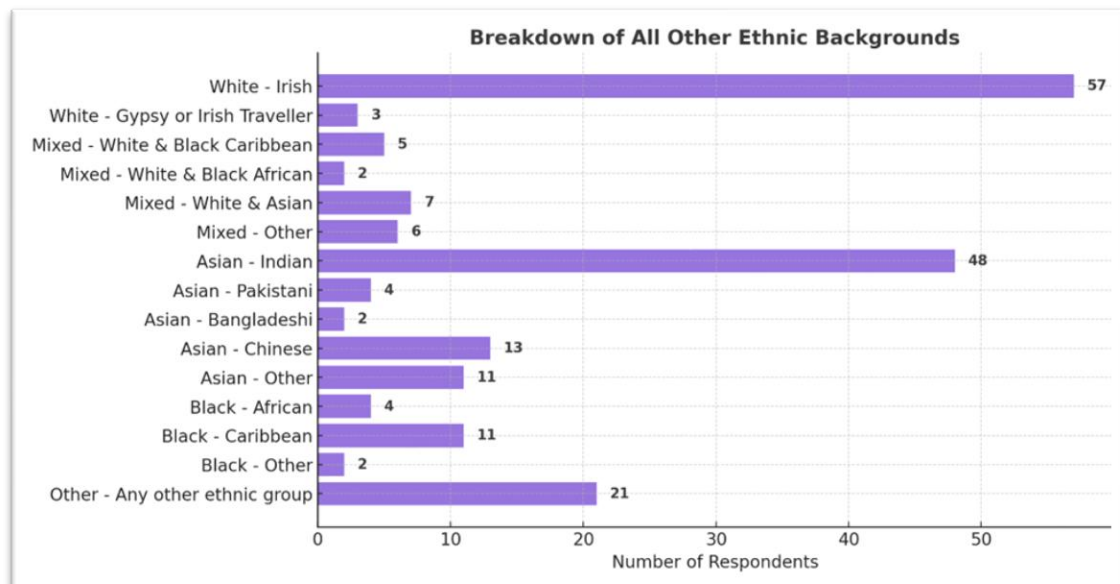
f. Geographical Representation

There was a fairly even spread of respondents across most districts, though some had slightly higher participation than others. East Herts had the highest number of respondents (440, 15.9%), followed by St Albans (391, 14.2%) and North Herts (359, 13.0%). The lowest response rate was from Watford (128, 4.6%). Overall, no single district dominated the responses, and most had a similar level of engagement.

Table 6: Breakdown of geographical location by district (Q 33)	No. of respondents
East Herts	**440**
St Albans	**391**
North Herts	**359**
Dacorum	**346**
Hertsmere	**245**
Three Rivers	**230**
Broxbourne	**210**
Stevenage	**206**
Welwyn & Hatfield	**206**
Watford	**128**
Total	**2761**

Figure 6. Bar Chart of District Breakdown
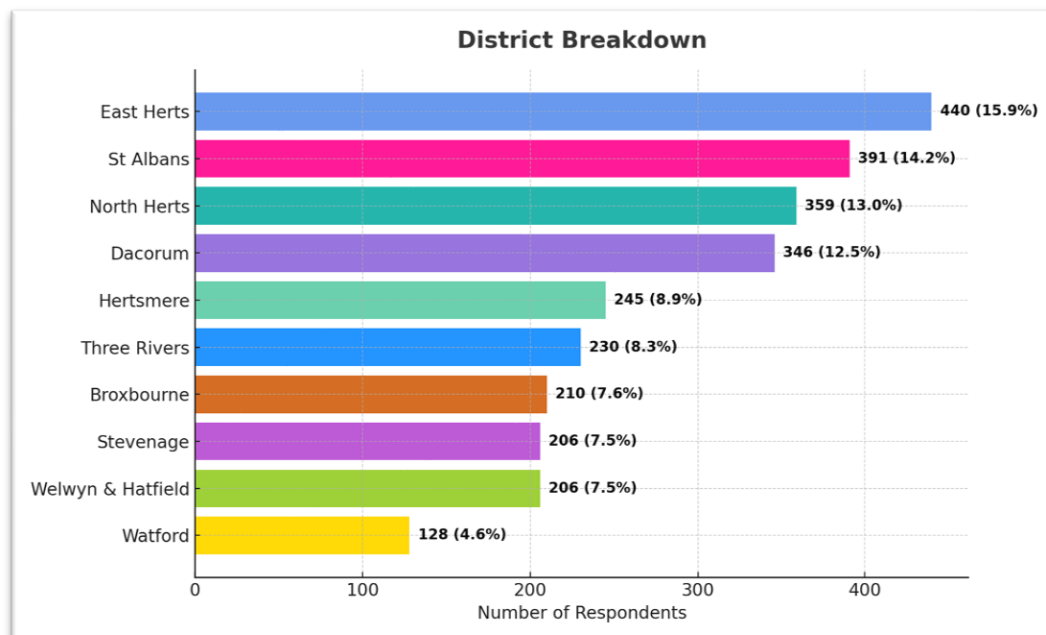
g. Digital/Paper Response: Format Representation

Of a total of 2,890 responses, the majority (80%, n=2,312) were submitted digitally, whilst 20% (n=578) were completed through non-digital formats such as paper surveys. This reflects the increasing accessibility and convenience of digital platforms for many individuals, regardless of age. Nevertheless, the substantial number of non-digital responses underscores the importance of maintaining alternative methods of engagement to ensure inclusivity. The Centre for Ageing Better highlights how millions of people over the age of 55 are not online, with age being a significant factor in digital exclusion. This digital divide can lead to underrepresentation of certain groups in data collection and decision-making processes (Centre for Ageing Better, 2024b). To ensure findings are representative and inclusive, it is crucial to continue offering both digital and non-digital avenues for participation. This approach helps capture a more comprehensive picture of the community's needs and experiences, particularly those who may face barriers to digital access.

Table7: Breakdown of digital vs non-digital responses	No. of respondents
Non-Digital	578
Digital	2312
Total	**2890**

Figure 7. Pie Chart of Digital vs Non-Digital Responses

Breakdown of Digital vs Non-Digital Responses

Total respondents: 2890

Non-Digital 20.0% (578)

Digital 80.0% (2312)
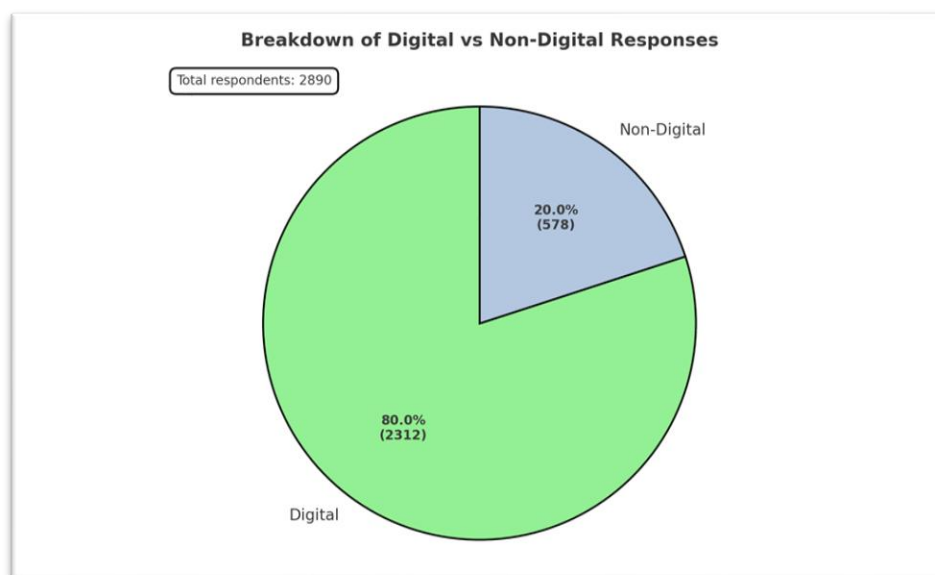
h. Do you regularly help anyone aged 18+ who wouldn't be able to manage without your support?

More than 1 in 4 respondents (28%, n=800) regularly help someone aged 18+ who would not be able to manage without their support. This informal caring role was most common in the 55–65 age group (36%), declining steadily with age to 28% in those aged 66–75 and 16% among those aged 86–95. Digital respondents were slightly more likely to report providing regular help (29%) than non-digital ones (26%). These findings reflect the significant but often invisible contribution those aged 55+ make as unpaid carers. Research identified unpaid care is valued at £162 billion per year in the UK (The Centre for

Ageing Better, 2024c), highlighting the need to better recognise and support this vital role across our communities. For example, through workplaces fully supporting flexible working, so carers can manage their caring responsibilities with paid work.

24. Responses Breakdown

Category	% Who regularly help someone aged 18+
Overall	28%
55–65	36%
66–75	28%
76–85	24%
86–95	16%
Non-digital vs Digital	26% vs 29%
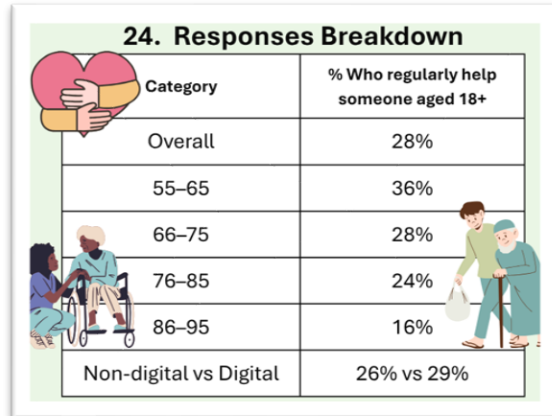
Figure h. Total Responses – Regularly supporting someone aged 18+

Do you regularly help anyone aged 18+ who wouldn't be able to manage without your support?

Yes: 800 (28.1%)
No: 2045 (71.9%)
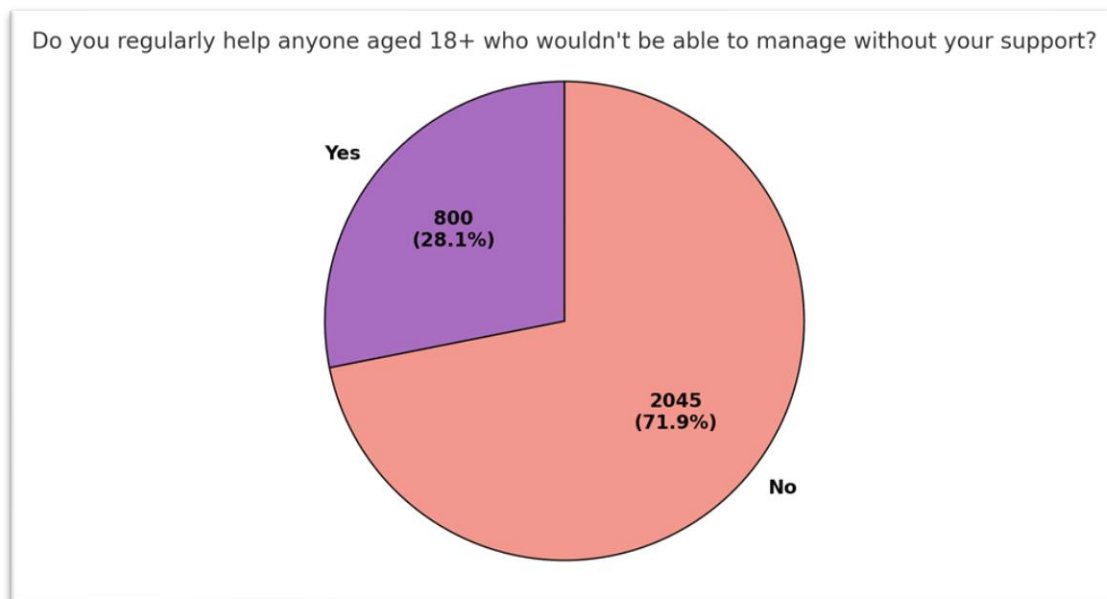
i. Are you registered as a carer?

Although 28% (n=800) said they regularly help someone who would not manage without their support (h), only 10% of total respondents (n=277) reported being registered as a carer. This means approximately 65% of those providing unpaid care perform caring roles yet may not identify as carers, access support or be aware of what is available. Registration as a carer was most common among the 55–65 age group (13%), and lowest among those aged 86–95 (6%). The gap between informal caring and formal recognition highlights a significant opportunity to improve awareness and access to carer identification, support, and entitlements, particularly as many people may not realise they meet the criteria.

25. Responses Breakdown

Category	% Registered as a carer
Overall	10%
55–65	13%
66–75	9%
76–85	8%
86–95	6%
Non-digital vs Digital	10% vs 10%
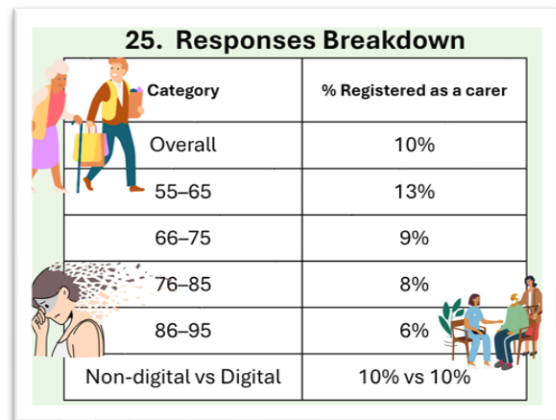
Figure i. Total Responses - Registered as a carer

Are you registered as a carer?

Yes — 277 (9.7%)
No — 2569 (90.3%)
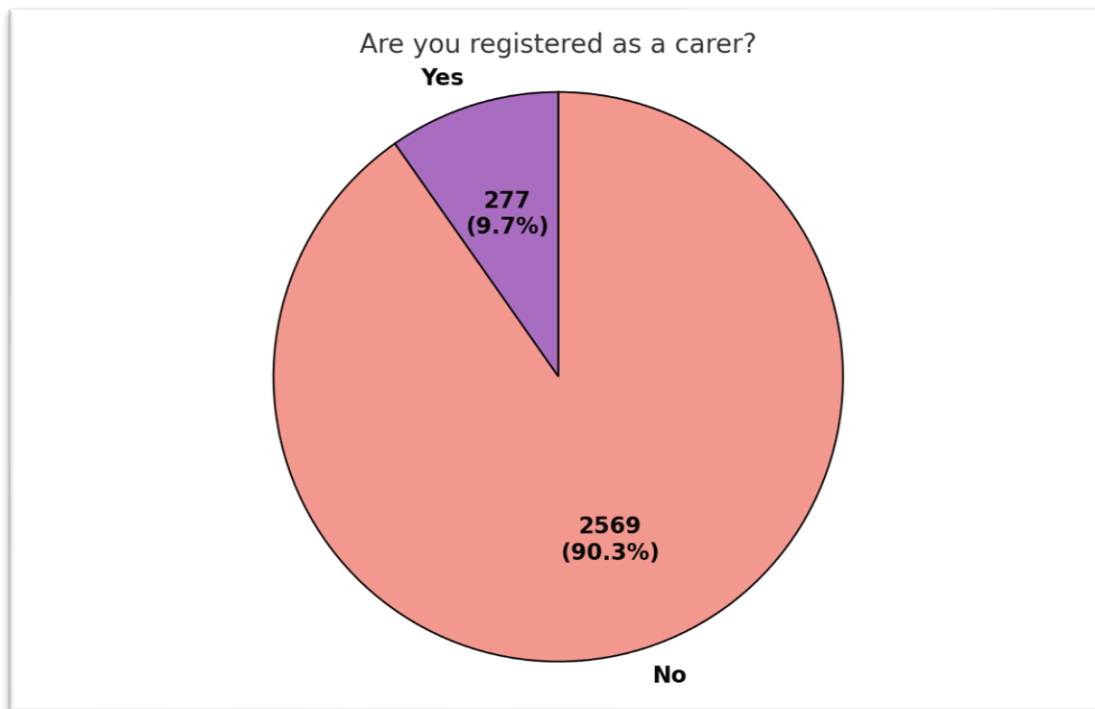
j. Do you regularly provide unpaid childcare for anyone under 18, e.g. so parents can work?

Nearly 1 in 5 respondents (17%, n=489) regularly provide unpaid childcare for someone under 18. This role was most common in the 66–75 age group, where over 1 in 4 (25%) reported providing unpaid childcare, suggesting many are supporting working-age family or friends. Rates were lower in older groups, dropping to 10% amongst those aged 76–85 and 2% in the 86–95 group.

Digital respondents were more likely to be providing unpaid childcare (19%) than non-digital respondents (11%). These findings highlight the often-overlooked intergenerational support provided by older adults and the vital role unpaid carers play in enabling parents to remain in work.

26. Responses Breakdown

Category	% who regularly provide unpaid childcare
Overall	17%
66–75	25%
55–65	18%
76–85	10%
86–95	2%
Non-digital vs Digital	11% vs 19%
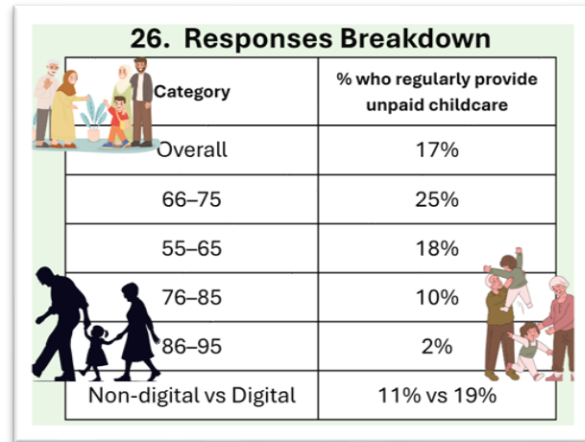
Figure j. Total Responses - Providing unpaid childcare

Do you regularly provide unpaid childcare for anyone under 18?

Yes — 489 (17.2%)
No — 2348 (82.8%)
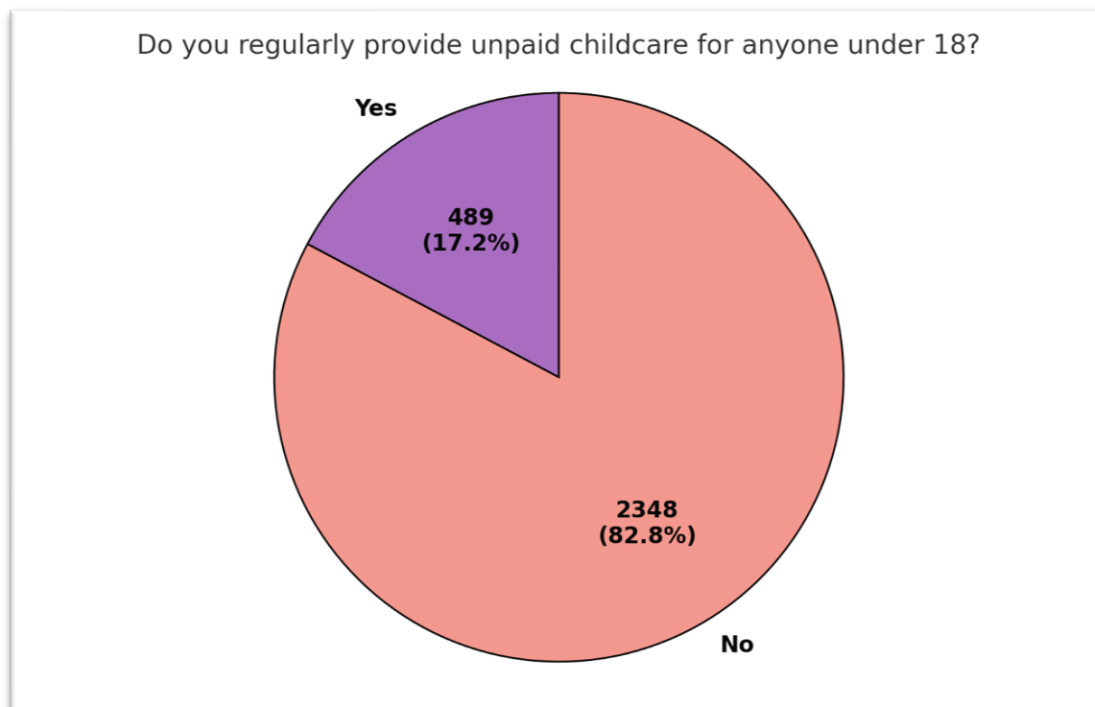
VIII. Public Spaces (Outdoor Spaces and Buildings)

This domain examines how accessible and welcoming Hertfordshire's outdoor spaces and buildings are for older residents. It considers the physical infrastructure that shapes participation in community life, from the condition of pavements and the availability of seating to lighting, signage, and public toilets. It also considers how safe people feel when using these spaces, and whether the design of the built environment supports independence, social connection, and inclusion. Access to well-designed public spaces is a vital part of healthy ageing, directly influencing physical activity, mental wellbeing, and community belonging.

i. How the Findings Align: Priorities and Insights

Survey and focus group findings provide consistent, reinforcing insights into the accessibility of Hertfordshire's public spaces. Both data sources highlight the same core barriers, particularly inadequate toilets, rest areas, and pathway conditions, though each offers a different lens. While the survey quantifies the scale of these barriers, focus groups bring the lived experience, describing exactly what good design looks like and how it could be improved. Together, they present a clear, community-driven blueprint for more inclusive public spaces.

Key Findings Across Both Sources

Across both datasets, older residents emphasised the importance of accessible infrastructure as a foundation for active and independent lives. The survey pinpointed widespread challenges around toilet access, insufficient rest areas, and safety concerns, especially among those aged 86 and over. Focus group participants added detail to these concerns, identifying specific solutions such as improved lighting, better pavements, and tactile signage. Both sources also highlighted the emotional and practical value of public spaces, including connection to nature, walking opportunities, and access to amenities.

The Combined Picture: The findings make clear that the most significant barriers to using public spaces are not complex or contested, they are widely recognised, tangible, and addressable through relatively low-cost infrastructure improvements. Rather than systemic or behavioural issues, many of the barriers identified relate to

maintenance, inclusive design, and practical layout. When benches are absent, paths are unsafe, or toilets are hard to find, older residents are effectively excluded from their communities. This is not about building new spaces from scratch but about upgrading what exists to work better for everyone. The clarity and consensus across data sources offer a strong mandate for action, and a clear opportunity to improve quality of life through age-friendly design.

Actionable Takeaways for Policy Makers:

- **Toilet Access is a Core Barrier:** Prioritise increased public toilet provision, run community toilet schemes ('Free to pee') and improve signage to existing facilities, addressing one of the most widespread issues across all age groups.

- **Install and Promote Rest Areas**: Increase seating and identify warm/cool rest venues along key routes to essential services ('Take A Seat' campaign). This supports inclusion for all.

- **Improve Pavement and Path Safety**: Allocate funding to repair uneven pavements and eliminate trip hazards.

- **Enhance Lighting Infrastructure**: Upgrade street lighting and footpath visibility to improve safety and confidence, particularly for evening travel or winter months.

- **Design for Mobility and Visibility**: Ensure public buildings and shops are accessible to people using mobility aids. Introduce tactile, high-contrast, and hand-level signage to support those with sensory impairments.

- **Provide On-the-Ground Support:** Develop volunteer-led navigation support in public buildings such as hospitals or libraries, helping residents with mobility, vision, or cognitive challenges.

- **Embed Inclusive Design in Planning:** Make accessibility features a non-negotiable part of all new developments and refurbishments, not optional extras.

ii. Focus Groups Findings: Inclusive access for paths, buildings and signage required

Focus group participants emphasised that accessible outdoor spaces are fundamental to independence and community connection.

When asked "what would good look like," the strongest themes were ensuring footways, buildings and signage are accessible for everyone. Participants also highlighted the importance of in-person support systems:

Focus Groups Quotes – What is required for good public spaces

"Pavements upgrading - so (they are) not trip hazards"
"Lighting in the evenings"
"Shops are accessible and able to accommodate mobility scooters"
"Hand level signage so you can feel it (If have visual impairment)"

"Having volunteers available at hospitals that can meet and greet and take you to where you need to go (if you have impairment or disability)"

The discussions revealed how accessibility is not just about physical infrastructure, though this was highlighted as important too. Instead, it is about creating environments where everyone feels considered, welcomed and supported. From tactile signage for those with visual impairments to volunteer support systems that help people navigate unfamiliar spaces, accessibility means comprehensive inclusion.

iii. Survey Findings Overview: Lack of toilet access, insufficient seating, and safety concerns are creating barriers to green spaces and community participation.

The main issues people are concerned about focus on inadequate infrastructure which creates barriers to accessing and enjoying public spaces, with problems intensifying significantly with age. The most pressing concerns are lack of toilet access, insufficient seating, and safety fears when out alone. Though most people can still access parks and indoor spaces, these access rates decline notably with age, creating a pattern where older residents face increasing exclusion from community participation and independence.

The majority (93%) can access a park or green space when they want to. However, this dropped to 82% aged 86-95, indicating barriers such as mobility, transport or path safety.

Most respondents (87%) can access indoor community spaces, but again, access declined with age, dropping to 75% at age 86–95. Though the overall picture is positive, around 150 people cannot access indoor spaces, suggesting room for improvement in transport, awareness, or accessibility.

Just under two-thirds (66%) of people feel safe when out alone. Feelings of safety decreased steadily with age, with nearly 1 in 4 people aged 86–95 reporting they feel unsafe, pointing to the impact of local environments such as pathway maintenance on confidence, particularly for older residents.

Over half (51%) feel there are not enough places to rest when out. This concern increased with age, from 44% of 55–65s to 63% of those aged 86–95, reinforcing the need for simple but essential infrastructure like benches to benefit all ages.

Toilet access emerged as a key concern, with more than half (56%) spending less time in public spaces because they worry about finding a toilet. This affected people across all age groups. With only 22% unaffected, this shows a clear need to improve toilet provision to support inclusion and independence for all.

Connection to nature was the most common reason people valued public spaces, followed by walking opportunities, access to amenities like toilets and cafés, and chances for social connection. People valued both the practical and emotional benefits of well-designed public places.

1a. I am able to access an open greenspace/park when I want to

Positively, almost all respondents (93%) said they are able to access an open greenspace or park when they want to. However, the trend shows ease of access gradually declines with age, in line with previous research (Freeman *et al.,* 2019). 96% of those aged 55–65 reported being able to access green spaces, but this dropped to just 82% in those aged 86–95. This may reflect growing mobility challenges, transport limitations, or inaccessible design in public spaces.

Although it is positive overall access remains high, the fact nearly 1 in 8 people in the oldest age group reported difficuties, highlights the need to ensure green spaces are safe, welcoming, and accessible for everyone, as access to green spaces is said to enhance the health and wellbeing of older adults (XU *et al.,* 2022).

1a. Responses Breakdown

Category	% Can access greenspace when they want to
Overall	93%
55–65	96%
66–75	94%
76–85	94%
86–95	82%
Non-digital vs Digital	88% vs 95%
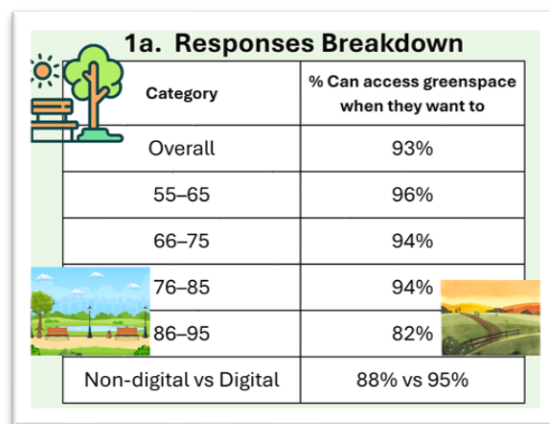
Figure 1a. Total Responses who can access a greenspace when desired

1a. I am able to access an open greenspace/park when I want to

- Strongly Agree: 1860 (64.6%)
- Agree: 825 (28.6%)
- Neutral: 97 (3.4%)
- Disagree: 69 (2.4%)
- Strongly Disagree: 29 (1.0%)
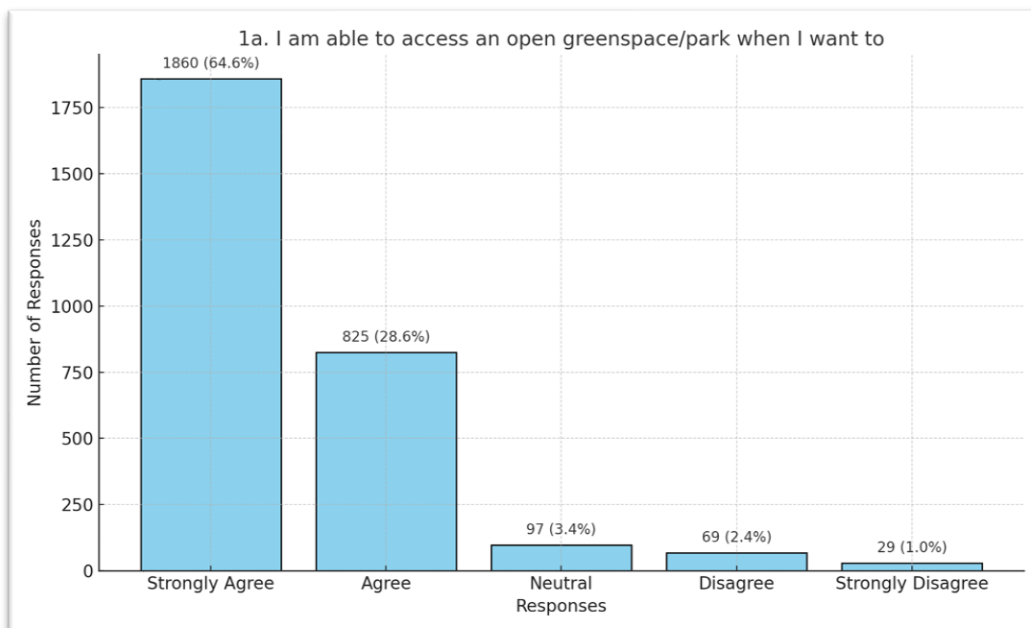
1b. I can access indoor spaces when I want to (e.g. libraries, leisure, community centres).

The majority of respondents (87%) can access indoor community spaces when they want to. However, a similar age-related pattern to greenspace access emerged: accessibility decreases with age. Whilst 88% of those aged up to 85 reported ease of access, this dropped to 75% among those aged 86–95, meaning 1 in 4 may face difficulties. Response rates were similar across digital and non-digital formats, suggesting communication about indoor community spaces is reaching both groups nearly equally, which could be explored further to share learning. Though positive overall, these findings continue to highlight how barriers to access can grow with age, underlining the importance of inclusive design. Nonetheless, despite these positive figures, nearly 150 people said they cannot access indoor spaces and a further 236 responded neutrally. Of those who said they cannot access indoor spaces, 100 were digital respondents and numbers ranged from 20 to 50 in each age group, showing there is still work to do to improve access and communication.

1b. Responses Breakdown

Category	% Can access indoor spaces when wanted
Overall	87%
55–65	88%
66–75	88%
76–85	88%
86–95	75%
Non-digital vs Digital	82% vs 88%

Figure 1b. Total Responses who can access indoor spaces when wanted

1b. I can access indoor spaces when I want to (e.g. libraries, leisure, community centres)
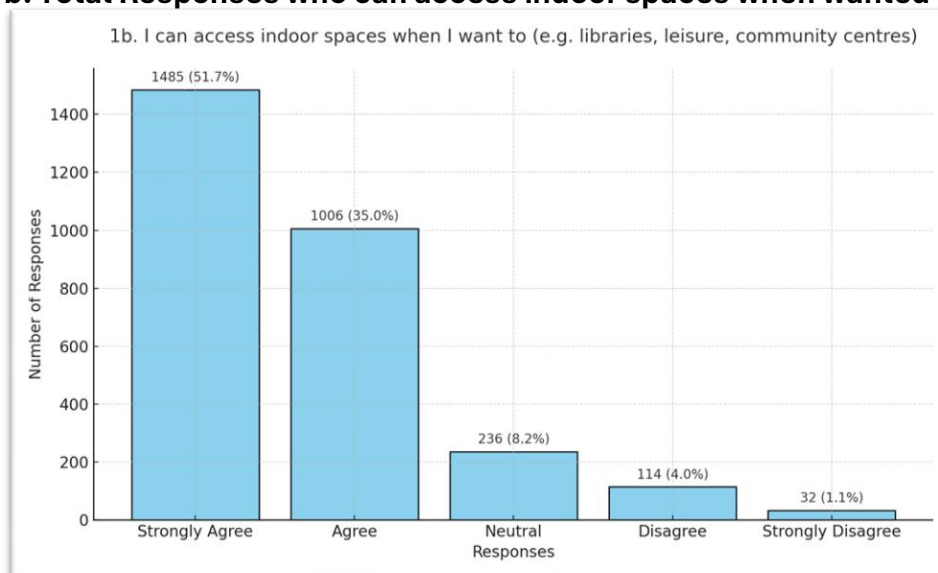
1c. Overall, I feel safe when out and about alone.

Around two-thirds of respondents (66%) reported feeling safe when out alone, but only 24% expressed strong confidence. This sense of security declined with age: 70% aged 55–65 feel safe, compared to just 59% aged 86–95. Notably, 24% of this age group feel unsafe, the highest proportion across all age bands. A total of 362 respondents do not feel safe, with non-digital respondents (57%) feeling less safe compared to digital (68%). This may reflect how older age groups potentially face more barriers to safety, such as mobility limitations, poor pavement conditions, or fear of crime. These patterns are consistent with wider research, which highlighted inadequate infrastructure and personal safety concerns are key barriers to active travel for individuals

in their 50s and 60s (Centre for Ageing Better, 2021a). Additionally, fear of falling is shown to lead to reduced activity levels and increased anxiety in older adults (Deshpande, N. *et al.,* 2009). These findings highlight the importance of exploring people's reasons for feeling unsafe and ensuring targeted, preventative action to create safer, more inclusive environments as people age.

1c. Responses Breakdown

Category	% Feel safe	% Feel unsafe
Overall	66%	13%
55–65	70%	11%
76–85	66%	10%
66–75	64%	13%
86–95	59%	24%
Non-digital v Digital	57% vs 68%	20% vs 11%

Figure 1c. Total Responses who feel safe when out alone

1c. Overall, I feel safe when out and about alone

- Strongly Agree: 676 (23.6%)
- Agree: 1204 (42.1%)
- Neutral: 617 (21.6%)
- Disagree: 285 (10.0%)
- Strongly Disagree: 77 (2.7%)
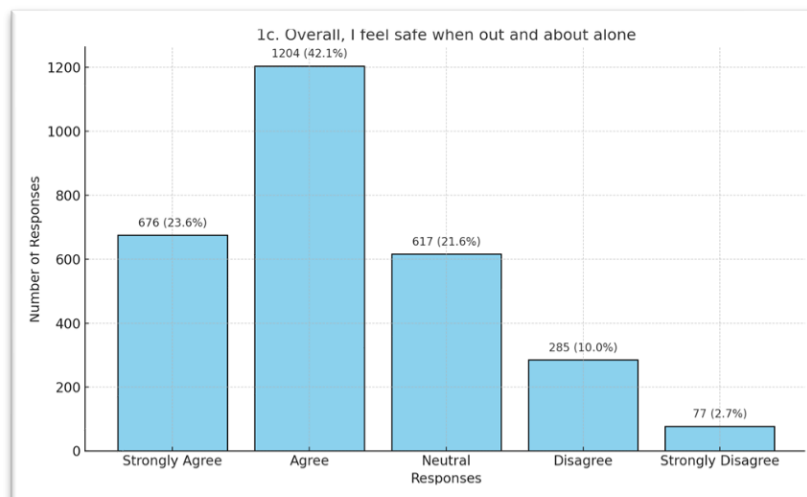
1d. There are not enough places (warm/cool venues and seats) to rest when out.

A staggering 51% of all participants felt there are not enough places to rest when out, reinforcing this as a priority concern across the county. Only a small proportion (15%) felt rest areas were sufficient. The issue became more prominent with age: while 44% of 55–65-year-old had this concern, this rose steadily to 63% at aged 86–95. Likewise, 63% of non-digital respondents felt there were insufficient rest spaces, compared to 48% digital. The data reflects how the trend remains consistent across age groups and formats, and supports previous research, which found availability of seating, rest points, and accessible warm/cool venues directly impacts older people's confidence leaving their homes (Centre for Ageing Better, 2025a), particularly for those managing health conditions or mobility limitations. Increasing public seating is a simple but effective way to encourage more walking, social interaction, and independence among all age groups, helping people stay connected, active, and engaged in their communities for longer.

1d. Responses Breakdown

Category	% Feel there are not enough places to rest
Overall	51%
86–95	63%
76–85	53%
66–75	51%
55–65	44%
Non-digital vs Digital	63% vs 48%

Figure 1d. Total Responses enough warm/cool venues and rest spots when out

1d. There are not enough places (warm/cool venues and seats) to rest when out about.

Response	Number
Strongly Agree	408 (14.2%)
Agree	1053 (36.7%)
Neutral	976 (34.0%)
Disagree	354 (12.3%)
Strongly Disagree	81 (2.8%)
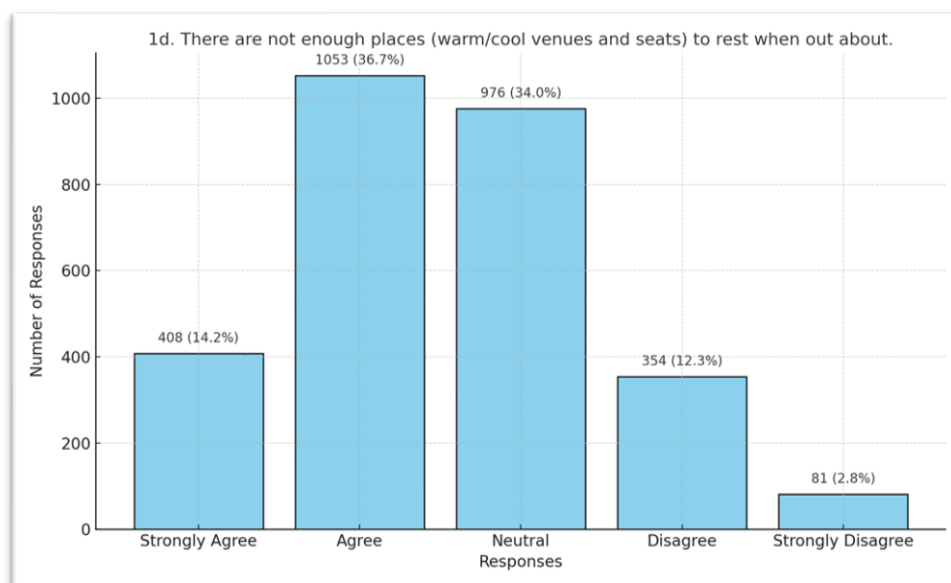
1e. Worrying about access to toilets reduces my time spent in public spaces.

These findings highlight another critical barrier to community inclusion, with over half of all respondents (56%) reporting reduced time spent in public spaces due to concerns about toilet access. Importantly, this issue was similarly widespread across all age groups, ranging from 50% among those 55–65 to 58% for the 86–95 age group. The concern was notably higher among non-digital respondents (65%), emphasising the need for targeted consideration. Only 22% overall were unaffected by these worries, underscoring how common this problem is across Hertfordshire. Wider research reinforces a lack of accessible toilet facilities significantly limits older adults' confidence and independence when leaving home, hindering physical activity, social participation, and overall quality of life (Centre for Ageing Better, 2025a). When people feel unable to leave their homes comfortably, they miss out on opportunities for social interaction, community participation, and maintaining overall well-being, further compounding risks of isolation and inactivity. Thus, addressing toilet access is crucial.

1e. Responses Breakdown	
Category	% Reduce time in public due to toilets
Overall	56%
86–95	58%
66–75	58%
76–85	56%
55–65	50%
Non-digital vs Digital	65% vs 53%

Figure 1e. Total Responses reducing time in public spaces due to toilet access

1e. Worrying about access to toilets reduces my time spent in public spaces

- Strongly Agree: 611 (21.4%)
- Agree: 972 (34.1%)
- Neutral: 653 (22.9%)
- Disagree: 448 (15.7%)
- Strongly Disagree: 166 (5.8%)
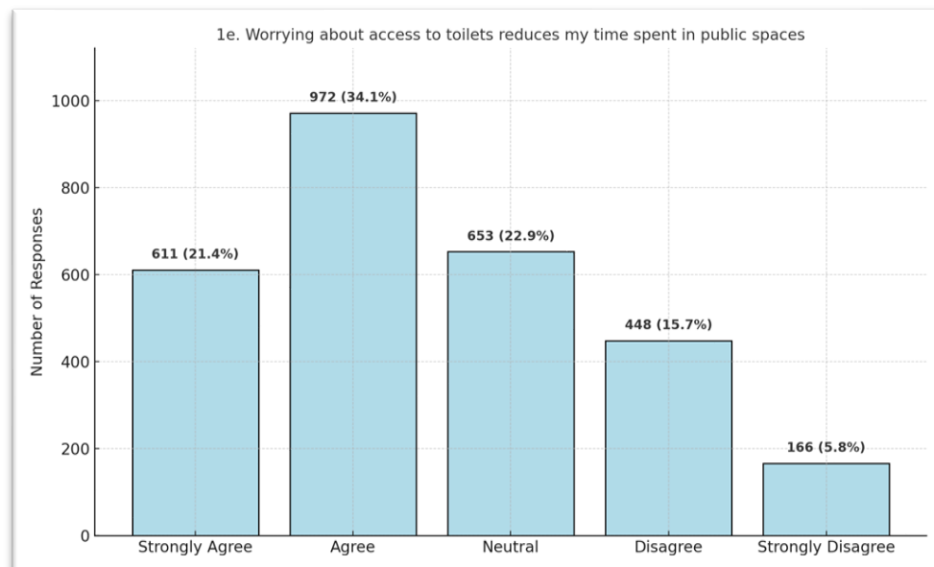
2. Please tell us the name of a public space in your area you enjoy going to (e.g. parks, public buildings, town centres) and why.
Summary of free text responses: Nature, walking, and amenities matter most in Hertfordshire's public spaces.

The most common reason people enjoyed public spaces was their connection to nature, including parks, woodlands, lakes, and open areas, which gave them a sense of calm, beauty, and space (63.2%, n=1,661). This was followed by opportunities for walking and physical activity (19.1%, n=502), often described as important for both physical and mental well-being. Others valued access to nearby amenities such as shops, cafés, toilets, seating, and parking (14.4%, n=378), which made outings more practical and inclusive. Social connection was also a key factor (6.9%, n=182), with some describing how these spaces help them meet friends or feel part of the community. Smaller but meaningful numbers highlighted the importance of peaceful or relaxing environments (5.5%, n=145), and places that feel clean, safe and welcoming (3.9%, n=103).

Figure 2. Qualitative summary of what people value most about public spaces

NB: *Percentages may add up to more than 100% because some people mentioned more than one reason.*

Figure 2i. Word Cloud - What people value most about public spaces

Figure 2ii. Resident Quotes - What people value most about public spaces

"Bishops park. But not enough benches so I don't go anymore - I'm very sad about this"

"Rothampstead Park – when facilities are open for toilets it's great, but often they're not which limits how long I can stay out."

"Being able to walk through the woods and hear the birds is the best part of my day."

"I love that the park has benches, clean toilets and a café — it makes meeting friends easy."

IX. Transport

This domain explores how Hertfordshire's transport systems support older people's ability to move around independently and stay connected to community life. It considers the accessibility, availability, reliability, and affordability of different options, including public buses, community transport, walking, and private vehicles. Transport is a critical enabler of independence in later life, allowing people to access services, maintain social contact, and participate fully in their communities. Without it, older residents risk isolation, missed medical care, and reduced wellbeing.

i. How the Findings Align: Priorities and Insights

Transport was the most discussed domain in the focus groups and a significant area of concern in the survey. Both datasets reveal consistent priorities: affordable, reliable, and accessible services, but offer different perspectives. The survey quantifies where the system is failing, highlighting how transport needs increase with age while access declines. Focus groups offer personal insight into why these failures matter, describing how transport becomes a lifeline when driving is no longer possible. Together, the data builds a powerful case for targeted investment in a transport system that works for everyone.

Key Findings Across Both Sources

Older residents across both the survey and focus groups identified reliability, access, and communication as the key transport challenges in Hertfordshire. The most pressing concern was the infrequency and unpredictability of bus services, closely followed by difficulty navigating services due to unclear or inaccessible information. Focus groups highlighted the importance of infrastructure, like sheltered bus stops and seating, and the need for community transport options for those no longer able to drive. Survey respondents confirmed that older and non-digital residents are most affected, often relying on public transport but struggling to use it confidently. Both sources reinforced how transport is not a standalone issue, but one that underpins access to services, social participation, and quality of life.

The Combined Picture

The findings reveal a transport system that becomes less fit for purpose precisely when residents need it most. As people age, their reliance on public and community transport grows, yet their ability to access it safely and confidently declines. These barriers are not just logistical, but deeply consequential: missed medical

appointments, reduced social interaction, and increased dependence on others. The clarity of resident feedback across both data sources provides a roadmap for improvement. Transport must be reimagined as an essential service for healthy ageing, with priority given to reliability, inclusive infrastructure, and information that works for everyone, not just the digitally confident.

Actionable Takeaways for Policy Makers

- **Service Reliability is a Core Priority**: Improve the frequency and reliability of local bus services, particularly routes linked to essential services and town centres, addressing the top concern across all datasets.

- **Inclusive Journey Planning Support**: Provide both digital and non-digital journey planning tools, ensuring older residents and non-digital users can plan trips with confidence.

- **Promote trusted travel advocates**: Partner with local initiatives such as social prescribers, Age Friendly Ambassadors, and run schemes like 'chatty bus' campaigns to provide friendly, approachable support that helps less confident residents navigate local transport options and feel reassured throughout their journey.

- **Bus Stop Infrastructure Matters**: Install or upgrade appropriate and inclusive seating and/or shelter at all bus stops.

- **Expand and Promote Community Transport**: Increase availability and awareness of accessible community transport schemes for those unable to use public buses.

- **Clear and Consistent Real-Time Information**: Ensure all users can access live timetable updates through both technology and physical displays at stops.

- **Staff Training and Communication Clarity**: Train transport staff on accessibility and ensure consistent communication about schemes such as bus pass use across different areas.

- **Route Planning with Proximity in Mind**: Prioritise stops near essential services and residential areas when route planning.

ii. Focus Groups Findings: Reliable, affordable and accessible transport essential for independence

Focus group participants identified transportation as their top priority, with 114 comments making it the most discussed domain. When asked "what would good look like," participants emphasised that reliable public and community transport is vital when older people can no longer drive, as it becomes their lifeline to maintaining day-to-day activities and community connections.

Focus Groups Quotes – What is required for good transport

"Having other transport options available if unable to drive"
"Having transport available to take you to local groups"
"Reliable bus service"
"Easy to read, accurate 'live' bus information on signs"
"Confident in using bus transport apps"
"Using common sense when planning routes and stops and considering proximity to amenities and to where people live)"
"For users and drivers to be clear of where the bus pass can be used"
"All bus stops to have seats & Ideally be sheltered"
"Accessible Community transport would be easily available"
"Accessible public transport"

The discussions revealed transport accessibility goes beyond just having services available. Participants stressed the need for reliable information systems when services are delayed, consistent signposting to alternatives, and basic comfort features like seating at bus stops. There was also notable confusion about free bus pass eligibility and usage across different areas, indicating a need for improved communication to raise awareness of schemes available. The overarching theme was that transport must be affordable, reliable and accessible both in terms of location and supporting people with varying abilities, forming the foundation for continued independence and community participation.

iii. Survey Findings Overview: Unreliable services, difficult access, poor information, and inadequate waiting areas

Survey data reveals a transport system failing those who need it most. Dependency on public transport doubles among our oldest residents, who simultaneously face the greatest barriers to access. Nearly half of people aged 86-95 find transport difficult to access and navigate, and 41% of all residents' view services as unreliable and infrequent. With 1/3 concerned about unsafe waiting areas and limited parking near services, the data exposes a transport infrastructure that becomes increasingly inadequate as people age, potentially forcing social isolation and dependence just as reliable and accessible alternatives become most critical.

Most respondents (77%) regularly drive themselves, while 65% walk and 36% use public buses. Public transport use increased with age, as did reliance on being driven by others, highlighting the growing importance of accessible travel options.

16% rely on public transport for day-to-day life, though this rose to 22% among our oldest residents. Non-digital users were more than twice as likely to rely on public transport, showing the importance of offline communication and support.

Around 1 in 5 find it difficult to access and navigate public transport. This challenge rose sharply with age, affecting nearly half (44%) of people aged 86–95, and was more common in non-digital participants.

Just under 6 in 10 know where to go for help to plan a journey with confidence dropping with age (37% at 86–95). Almost 1/3 of non-digital respondents were unsure where to get help, highlighting a need for inclusive information and support.

41% felt public transport is not frequent or reliable. Negative views were seen across all ages and across digital and non-digital users.

Nearly a third (31%) think waiting areas are not safe, clean or accessible. These concerns were especially common among those aged 86–95.

4 in 10 feel there are not enough parking spaces near services and shops, with consistent concerns across ages and formats, suggesting a widespread issue.

Reliability and frequency of bus services were the top concerns. Cost, access to train stations, traffic, and lack of walkable infrastructure were also highlighted. Residents repeatedly called for improved communication, better timetables, and step-free access.

3. Please indicate which of the following transportation options you use on a regular basis:

Driving remains the most common transport method, for over three-quarters of respondents (77%), followed by walking (65%). Public buses (36%) and trains (33%) were the most used public transport options. Cycling (9%) remains significant, up to age 75, while 4% (n=115) reported using community transport. Use of public buses increased with age, rising from 8% among those aged 55–65 to 19% in the 86–95 age group, reflecting a greater reliance on public transport in later life. The percentage of those relying on someone else to drive also more than

doubled in the 86–95 group compared to younger age bands. This data highlights the continued dominance of private vehicle use, but also points to the growing importance of supported and public transport options as we age, reinforcing the need to ensure accessible, reliable alternatives are available to maintain independence and mobility.

4a. Responses Breakdown

Category	% Use public buses regularly
Overall	36%
86–95	19%
76–85	18%
66–75	16%
55–65	8%
Non-digital vs Digital	20% vs 20%
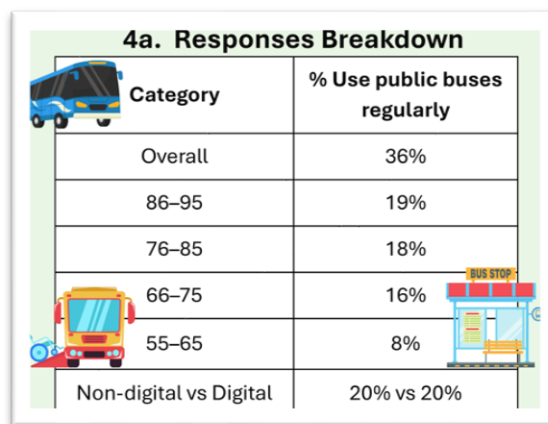
Figure 3. Types of Transport Used Regularly

Regularly Used Transportation Methods

Transport Method	Responses
Car - I drive myself	2210 (77%)
Walking	1869 (65%)
Public Buses	1047 (36%)
Train	959 (33%)
Car - someone else drives me	756 (26%)
Cycling	246 (9%)
Other	124 (4%)
Community Transport	115 (4%)
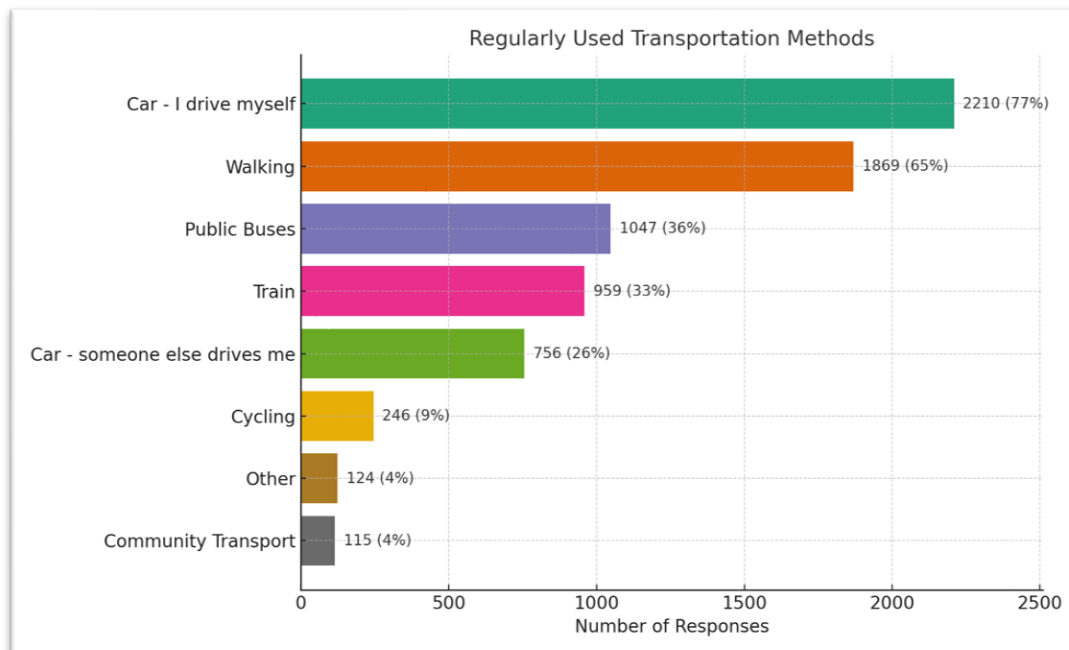
4a. I am reliant on public transport for my day-to-day life.

Just 16% indicated they are reliant on public transport, although notably, reliance among respondents increased with age. Those aged 86–95 was highest, with over 1 in 5 depending on public transport. Additionally, non-digital respondents were more than twice as likely to rely on public transport (29%) compared to digital respondents (13%), underscoring the need for transport providers to incorporate non-digital communication channels. These findings highlight the critical importance of inclusive transport solutions and communication strategies that reach all residents.

Previous research emphasises that reliable, accessible transport directly enhances quality of life by supporting independence, community engagement, and overall wellbeing (Centre for Ageing Better, 2019), reinforcing the importance of prioritising improvements in local public transport infrastructure and services.

4a. Responses Breakdown

Category	% Reliant on public transport day-to-day
Overall	16%
86–95	22%
76–85	17%
66–75	14%
55–65	14%
Non-digital vs Digital	29% vs 13%
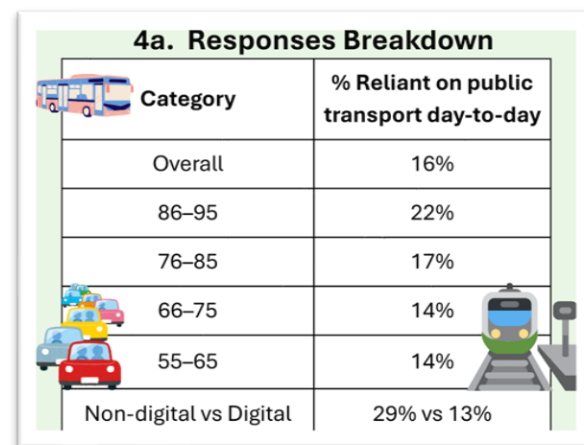
Figure 4a. Total Responses – Reliant on public transport
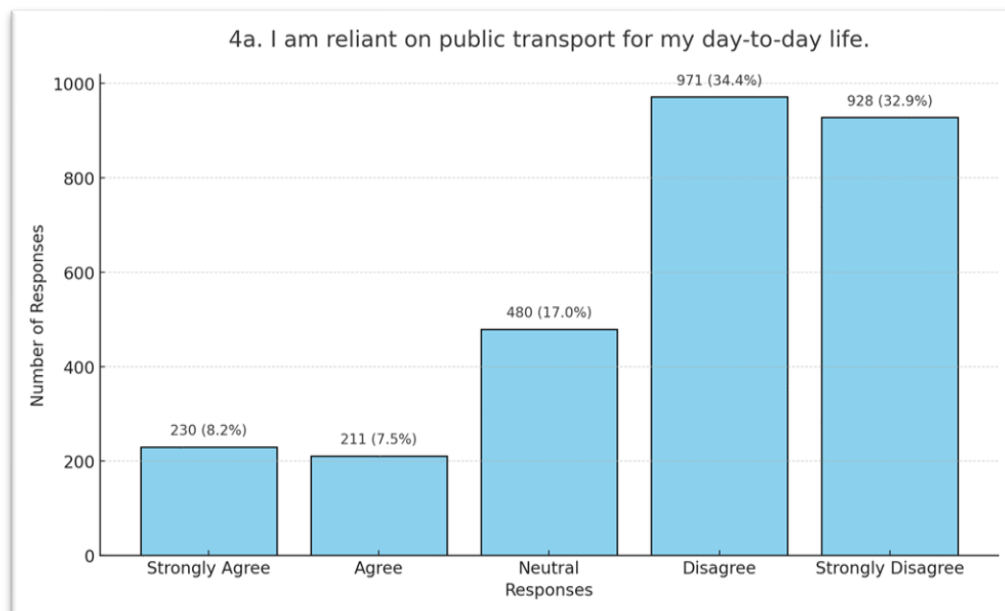
4b. It is difficult for me to access and navigate public transport.

Over one in five respondents (22%) find it difficult to access and navigate public transport. This difficulty increases notably with age, alarmingly peaking at 44% among people aged 86–95, the age group previously highlighted as most reliant on public transport. The trend is also more common among non-digital respondents (33%) compared to digital respondents (20%), suggesting digital exclusion in communications or confidence barriers using journey planning tools. Although it is positive to see Hertfordshire's Bus Service Improvement Plan (Intalink, 2024) to improve physical accessibility of bus infrastructure, non-digital information provision receives limited

attention. The plan notes printed materials remain available at key outlets, but there is little emphasis on ensuring digitally excluded residents can access information. It would therefore be advisable to ensure non-digital communication is considered equally alongside digital tools, to avoid reinforcing existing inequalities. Current access challenges may explain the low overall reliance (16%) on public transport seen earlier.

4b. Responses Breakdown

Category	% Find it difficult to access transport
Overall	22%
86–95	44%
76–85	23%
55–65	20%
66–75	18%
Non-digital vs Digital	33% vs 20%
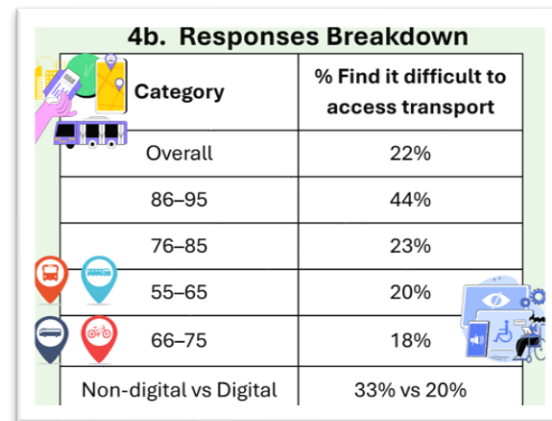
Figure 4b. Total Responses – Difficult to access/navigate transport
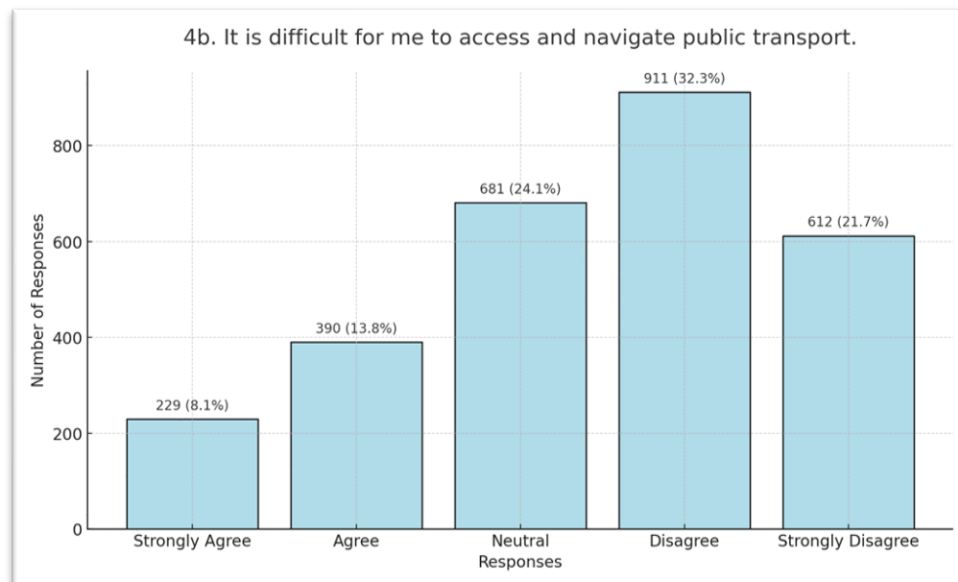
4c. I know where to go for help to plan a journey.

Just over half of respondents (59%) know where to go for help with planning a journey, but, as seen previously, this declines notably with age. Among those aged 86–95, over 1 in 3 (36%) felt they would not kow where to get journey planning support, compared with 16% of respondents aged 55–65. Moreover, nearly a third (29%) of non-digital participants do not know where to go for help, despite the same percentage (29%) relying on public transport for day-to-day life. Additionally, nearly 1 in five non-digital respondents would also struggle for where to get help planning

a journey. As previously highlighted, this suggests a digital divide may be contributing to uncertainty around journey planning, and highlights a need for better targeted, accessible information both online and offline.

4c. Responses Breakdown

Category	% Do not know where to get journey help
Overall	20%
86–95	36%
76–85	21%
66–75	17%
55–65	16%
Non-digital vs Digital	29% vs 18%
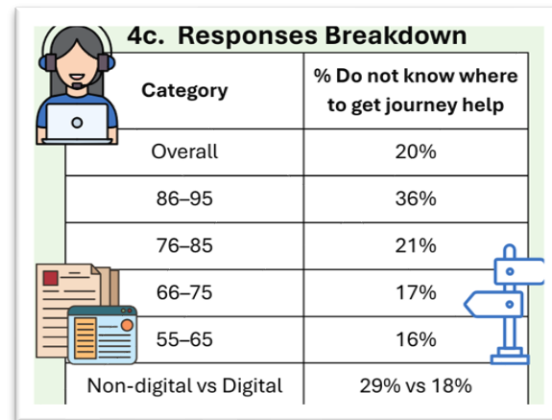
Figure 4c. Total Responses – Know where to get help to plan a journey

4c. I know where to go for help to plan a journey.

- Strongly Agree: 585 (20.7%)
- Agree: 1072 (38.0%)
- Neutral: 602 (21.3%)
- Disagree: 380 (13.5%)
- Strongly Disagree: 185 (6.5%)
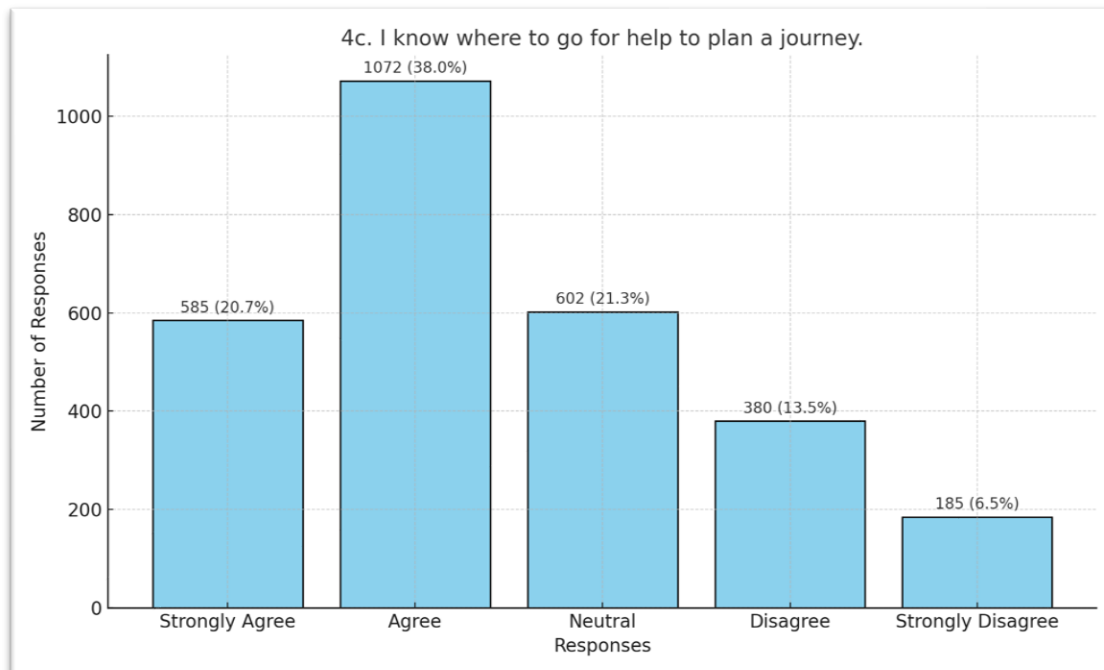
4d. There are frequent and reliable public transport options.

Fewer than 3 in 10 respondents (27%) feel there are frequent and reliable public transport options, while 41% perceive public transport as infrequent and unreliable. This widespread distrust may help explain the low reliance on public transport, with just 16% depending on it day to day. Negative perceptions worsened with age, peaking at 46% in those aged 86–95, but were seen across all age groups, raising concerns about adequacy for essential activities such as medical appointments and social connection. Both non-digital and digital respondents expressed similar levels of dissatisfaction (43% and 41%),

emphasising a need for universal improvements. These concerns reflect global findings that when older people are unable to move around easily, it can reduce social engagement, limit access to services, and increase risks of isolation and decline (WHO, 2015a). Improvements in transport, such as better accessibility and clearer information, can significantly increase trust in use, enhancing independence, participation, and quality of life.

4d. Responses Breakdown

Category	% Perceiving transport as unreliable and infrequent
Overall	41%
86–95	46%
66–75	42%
76–85	41%
55–65	39%
Non-digital vs Digital	43% vs 41%
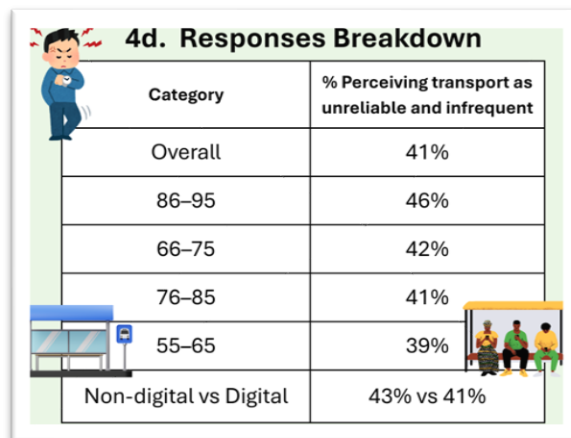
4d. Total responses – Perception of frequent and reliable transport options

4d. There are frequent and reliable public transport options.

- Strongly Agree: 147 (5.2%)
- Agree: 608 (21.5%)
- Neutral: 906 (32.0%)
- Disagree: 739 (26.1%)
- Strongly Disagree: 433 (15.3%)
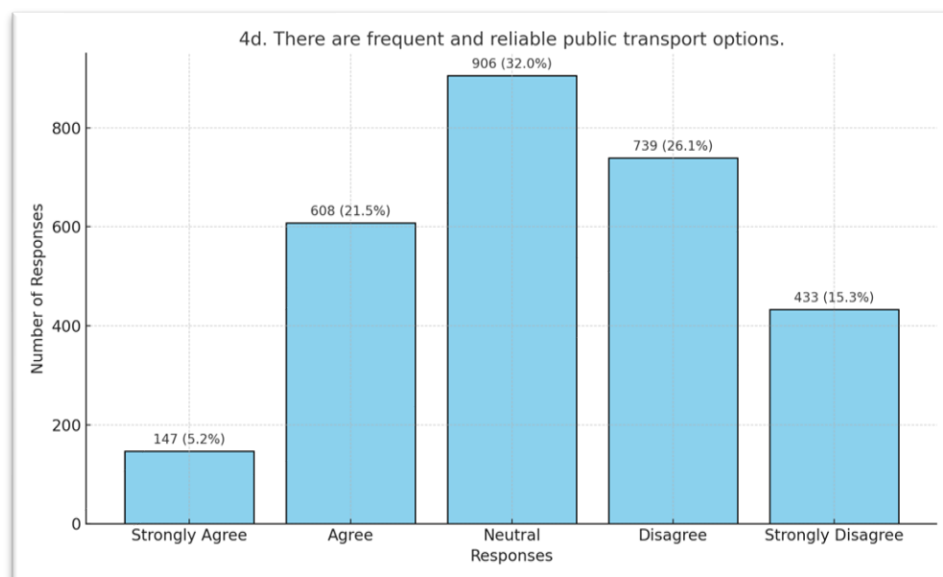
4e. Waiting areas (e.g. bus stops) are safe, clean and accessible (e.g have seats).

Nearly a third (31%) feel waiting areas are not safe, clean or accessible. Concerns are most pronounced in those aged 86–95, with 43% actively expressing dissatisfaction. Non-digital users were also more likely to report negative perceptions (38%). Nevertheless, the pattern was consistent across most age groups, and in fact, those aged 55–65 were slightly less likely to view waiting areas positively, indicating a widespread issue rather than one limited to older age. These findings raise concerns about how such conditions may deter public transport use altogether. Yet, mobility is not only essential for accessing health services and community resources, but also for maintaining social engagement, autonomy and quality of life (WHO, 2015a). Safe, accessible, and well-maintained waiting areas is a key component of mobility. Poorly designed or uninviting spaces may reinforce isolation and decrease confidence. Therefore, improving these environments is not only a matter of comfort, but a critical investment in healthy ageing, social inclusion, and equitable access to public life.

4e. Responses Breakdown

Category	% Think waiting areas are not safe/accessible
Overall	31%
86–95	43%
76–85	31%
66–75	30%
55–65	30%
Non-digital vs Digital	38% vs 29%
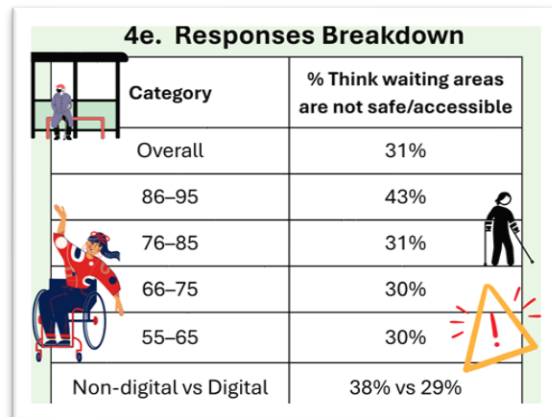
Figure 4e Total Responses – Waiting areas are safe, clean and accessible
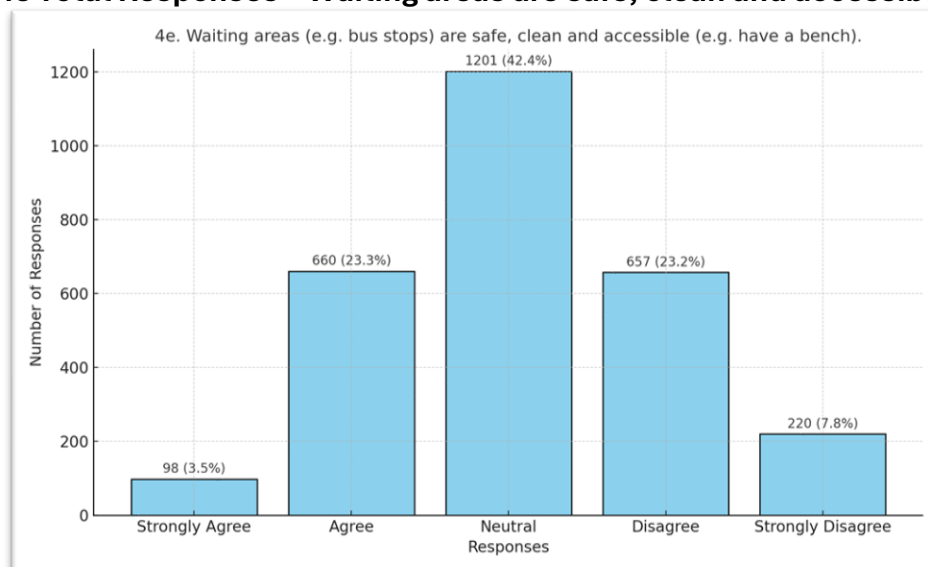
4f. There are enough parking spaces close to services and shops.

Just one in three respondents (33%) believe there are enough parking spaces close to services and shops, while 41% feel there are not. Dissatisfaction is high across age groups, with digital respondents echoing concern at the same rate. Suggesting limited parking is a widespread barrier affecting all age groups, potentially impacting access to essential services. This issue is compounded by the shift towards cashless parking systems, which a recent AA survey found can disproportionately affect older adults and low-income individuals (The AA, 2025). The

results demonstrated nearly half of motorists over 65 prefer paying for parking with cash and would avoid or leave car parks not accepting cash. The WHO (2008), report on falls prevention emphasises the importance of accessible parking, recommending priority parking bays be provided close to buildings and transport stops to enhance mobility and independence.

4f. Responses Breakdown

Category	% Who think there are not enough parking spaces
Overall	41%
66–75	42%
86–95	42%
76–85	41%
55–65	40%
Non-digital vs Digital	39% vs 42%

Figure 4f. Total Responses – There are enough parling spaces close to services
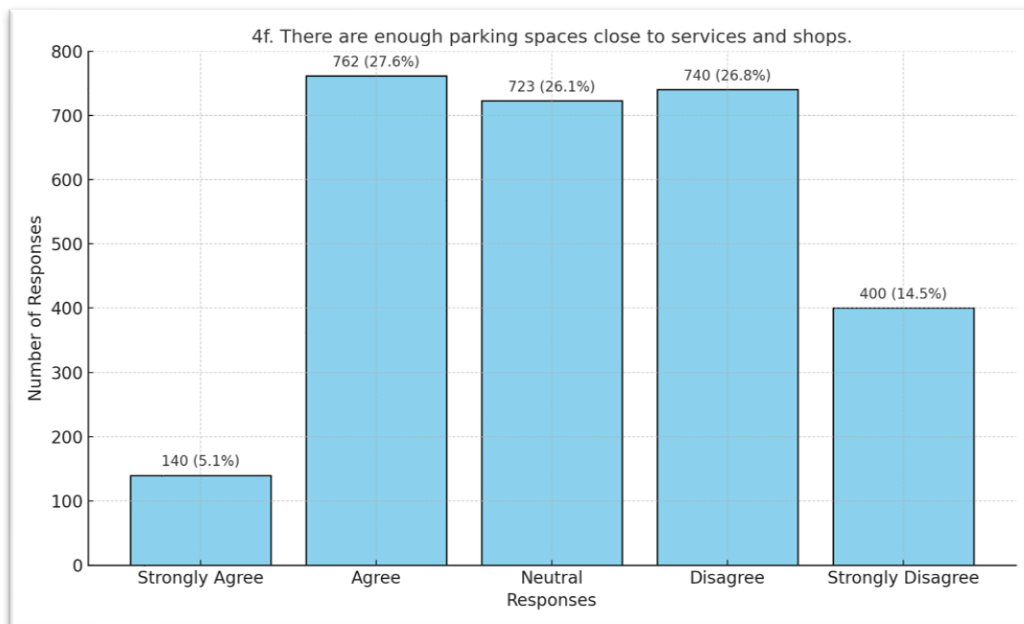
5. If you could change one thing about the transport in your area, what would it be? Summary of free text responses: Bus Reliability and Frequency Is Residents' Top Concern

The overwhelming priority for local residents is the reliability and frequency of bus services, with well over half (57%, n=1,292) highlighting this issue. People described daily frustrations with cancelled or late buses, long waits, irregular timetables, and poor communication about changes, making it difficult to plan journeys and sometimes leaving them stranded. Next, affordability was a concern (11%), particularly cost of train travel. Problems with trains (10%), centred around reaching stations or inconsistent rail services. Others noted concerns about road conditions, traffic, and a lack of safe infrastructure for cycling or walking (9%). Access to key services and destinations, such as hospitals, town centres, and shops, was a barrier for almost 8% (n=177), with some people feeling cut off from essential places. Smaller but significant numbers flagged physical accessibility issues (4.6%, n=102), calling for better step-free access, ramps, and suitable vehicles, and the need for clearer, up-to-date information (4.5%, n=102). Ultimately, these findings underline the critical role of buses in everyday life across Hertfordshire, and the widespread sense that current services are falling short of people's needs.

Figure 5. Qualitative themes - What people would change about transport

Most Common Themes for How to Improve Local Transport

Theme	Number of Respondents
Bus reliability and frequency	1292 (54.5%)
Affordability (mainly train fares)	252 (10.6%)
Train access and connectivity	230 (9.7%)
Road and active travel infrastructure	212 (8.9%)
Access to key services/locations	177 (7.5%)
Accessibility needs (physical)	104 (4.4%)
Up-to-date information/communication	102 (4.3%)

Figure 5i. Word Cloud – What people would change about public transport

Figure 5ii. Resident Quotes - What people would change about public transport

"Bus service to hospitals. Impossible without a car."

"Bus arriving on time and not being cancelled Bus app that is real time"

"Bus drivers who care and don't drive like they are on a race track"

"Buses stop before colleges evening courses end. Buses are in frequent and unreliable especially across county like Hertford to Welwyn garden, Hatfield. Parking in hospital car parks is ridiculously expensive."

"Bus information live at every bus stop"

X. Housing

This domain examines how well Hertfordshire's housing options support older residents to age well in their homes and communities. It considers both physical aspects, such as accessibility, energy efficiency, location, and the availability of home adaptations, and the wider housing environment, including opportunities for social connection. Suitable housing is fundamental to independence, health, and well-being in later life. Homes that are safe, affordable, and well-connected to services and support networks help older people remain independent and engaged. In contrast, unsuitable or inaccessible housing can contribute to social isolation, health risks, and a loss of autonomy.

i. How the Findings Align: Priorities and Insights

The survey and focus groups provide overlapping and reinforcing insights into housing and ageing, though housing was discussed in less depth during group sessions due to the focus on other domains. Together, the findings highlight the complex interplay between physical housing conditions, emotional well-being, accessibility, and information gaps. While the survey reveals widespread information barriers and affordability concerns, focus groups add depth by exploring what meaningful housing support and community connection look like in practice.

Key Findings Across Both Sources

Across both datasets, older residents emphasised housing should provide comfort, safety, and a sense of independence. Survey responses frequently cited warmth, affordability, and security as core priorities, with many also highlighting the need for manageable, accessible homes. Focus group participants echoed these needs, particularly among those living in supported accommodation, but added that independence requires more than physical adaptations. Importantly, they stressed the importance of feeling connected to others in the home environment, underlining that community support must be actively facilitated rather than assumed. Furthermore, survey data pointed to significant information gaps around accessing housing advice and support services.

The Combined Picture

The findings reveal significant information gaps leave people unaware of what support or adaptations are available for their homes, particularly those aged under 75 and notably, those with digital access. At the same time, heating costs remain a concern for a significant minority, pointing to wider issues of energy poverty and inequality. Although housing was one of the least discussed domains in focus groups, the contributions that did emerge reinforced the importance of enabling both physical independence and emotional connection through housing, providing concrete, practical factors that shape whether someone can live well in later life.

Actionable Takeaways for Policy Makers

- **Housing Information Hub**: Develop multi-formatted, accessible information services about housing options and adaptations (Good Home Hubs).

- **Energy Efficiency and Heating Support**: Tackle fuel poverty by expanding energy efficiency programmes and offering targeted winter fuel support, particularly in deprived or digitally excluded communities.

- **Expand Adaptation Services**: Promote and streamline access to home adaptations that support independence, ensuring older people can age in place safely.

- **Location Matters**: Ensure new housing developments and supported accommodation are located near shops, health services, and community spaces to reduce reliance on transport and improve daily living.

- **Foster Social Connection in Housing**: In supported housing and retirement settings, introduce structured programmes and staff roles that actively promote interaction, helping combat isolation.

- **Join Up Support**: Recognise that digital exclusion, low income, and health needs often overlap, and design housing support that addresses these challenges holistically.

ii. Focus Groups Findings: Independence through adaptable housing and supported connections required

Focus group participants recognised that housing plays a crucial role in maintaining independence and fostering community connections as people age. When asked "what would good look like," discussions centered on two key areas: adapting homes to support independence and ensuring supported accommodation facilitates meaningful connections. Although housing received the fewest comments among all domains (only 2 mentions), the insights revealed important considerations for age-friendly housing policy.

Focus Groups Quotes – What is required for good housing?

""Better home adaptations to keep people independent"

"Most important to connect to other people and talk to other people"

The discussions revealed that housing considerations include but go beyond physical structures to encompass social connectivity. Participants living in supported accommodation appreciated the connections it facilitates but importantly highlighted that simply placing people in the same setting does not automatically create friendships or support. The focus group findings emphasised that meaningful connections within housing environments need to be actively enabled and encouraged through activities and staff support, rather than assumed to develop naturally through proximity alone.

iii. Survey Findings Overview: Housing information gaps and heating affordability concerns are limiting independence, particularly affecting younger age groups and non-digital residents.

The main issues focus on lack of awareness about housing support services, followed by difficulties accessing essential services from home, and financial pressures around heating costs. The Winter Fuel Allowance changes likely compounded these concerns. It should be noted the recent government changes reinstating winter fuel allowance was not reflected in responses. Less than half of residents know where to get advice about housing needs or adaptations, with awareness particularly low among people under 75.

Less than half know where to get advice about housing needs, options, or adaptations. Interestingly, awareness was especially low among people under 75, suggesting a broad information gap. Non-digital respondents (52%) were slightly more likely to know where to go compared to digital (40%), indicating existing support may not be well signposted both online and offline.

Nearly two-thirds (64%) find it is easy to access community services like GPs, dentists and shops from home, though 1 in 5 do not. This challenge affected all age groups, including younger age groups, and was slightly higher for non-digital users. This data points to potential transport or location-based issues.

Most respondents (69%) are able to heat their home without giving up other essentials like food or clothing. However, 1 in 7 (15%) are struggling, and rates may be higher in underrepresented areas of higher deprivation. Differences by age were minimal, showing this is a widespread concern.

17% said they are likely to be impacted by Winter Fuel Allowance changes, and this rose to 1 in 4 among non-digital respondents, many of whom may be less aware of or less able to apply for support schemes. This highlights the ongoing risk of digital exclusion compounding financial vulnerability.

Comfort, warmth, safety, and security were the most common priorities people raised about ageing in their homes. Being close to services, able to remain independent, affordability, and having friendly neighbours were also valued, showing how both physical and emotional needs shape what people need from housing as they age.

6a. I know where to get advice on my housing needs, options and/or adaptations.

Just over 4 in 10 people (42%) know where to get advice about housing needs, options or adaptations, but 1 in 5 (20%) do not. Awareness is lower among those aged 55–65 (23%) and 66–75 (21%), suggesting uncertainty is not confined to the oldest age groups. Notably, non-digital respondents were slightly *more* likely to know where to go (52%) compared to both the overall average (42%) and digital respondents (40%), indicating this may be a broader information gap than one linked to digital exclusion. Research indicates over 4.5 million people aged 50 and over in England have health conditions aggravated by the cold

(The Centre for Ageing Better, 2024d), yet are living in homes with serious problems including damp, and poor insulation which can exacerbate existing health conditions and contribute to new health problems. This underscores the critical importance of accessible housing advice and support to address these issues.

6a. Responses Breakdown

Category	% Who do not know where to get housing advice
Overall	20%
55–65	23%
66–75	21%
86–95	18%
76–85	16%
Digital vs Non Digital	20% vs 17%
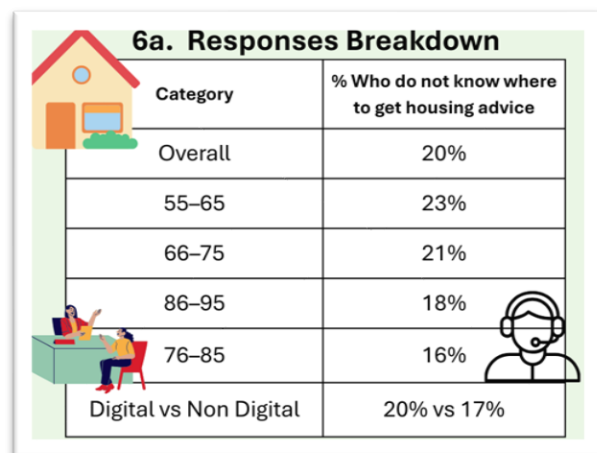
Figure 6a. Total Responses – Know where to get housing needs advice

6a. I know where to get advice on my housing needs, options and/or adaptations.

Response	Count	Percentage
Strongly Agree	272	9.6%
Agree	925	32.8%
Neutral	1063	37.7%
Disagree	471	16.7%
Strongly Disagree	91	3.2%
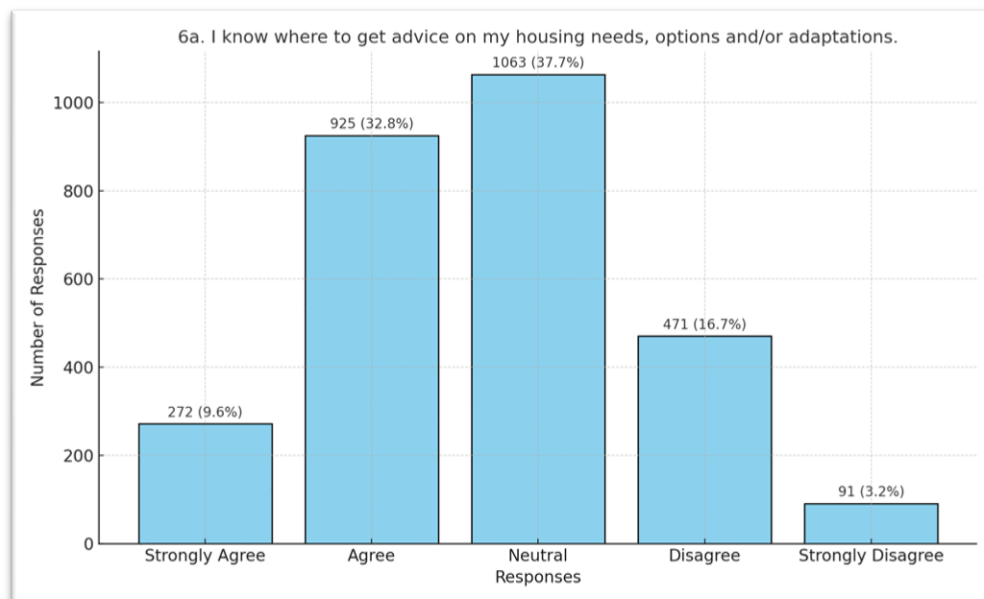
6b. It is easy for me to access community services (GP, dentist, supermarket) from home.

Positively, nearly two-thirds of respondents (64%) find it is easy to access essential community services from home. Nevertheless, 1 in 5 (20%) do not. Difficulty is reported most often among those aged 86–95 (24%) and non-digital respondents (25%). Though notably, over 1 in 5 people aged 55–65 also reported difficulty, demonstrating access challenges span age groups, potentially reflecting broader concerns around local transport.

Additionally, a recent report underscored how lack of access to community resources can lead to isolation (The Centre for Ageing Better, 2025b), and negatively impact health outcomes for older adults.

6b. Responses Breakdown

Category	% Who say it is not easy to access services from home
Overall	20%
86–95	24%
55–65	21%
76–85	18%
66–75	19%
Non-digital vs Digital	25% vs 19%

Figure 6b. Total Responses – Find it easy to access community services
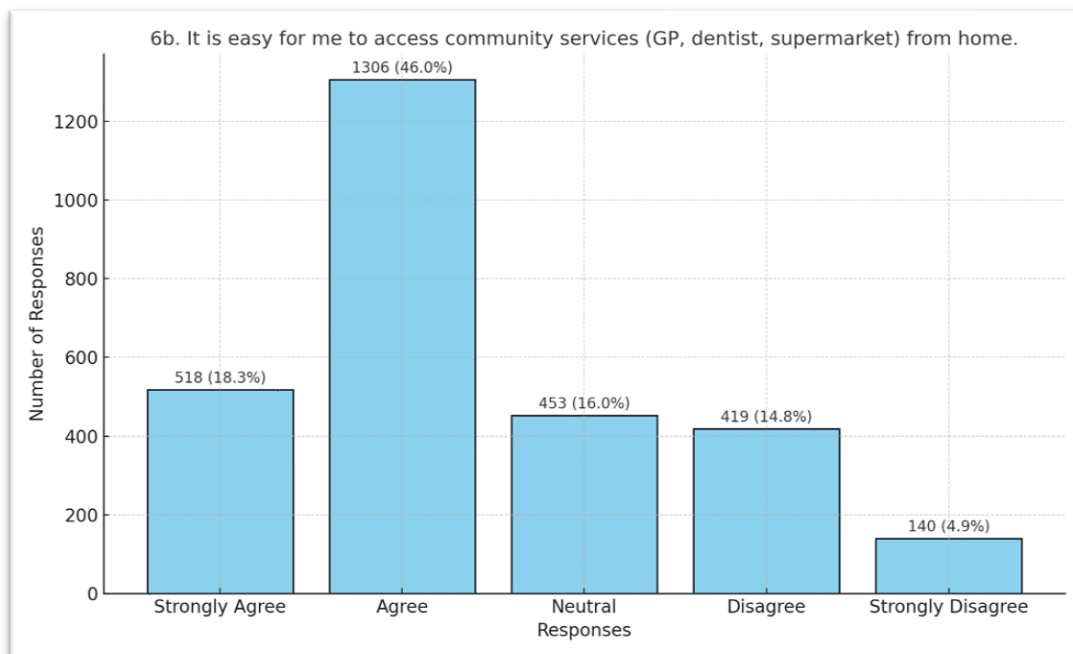
6c. I am able to heat my home without sacrificing other essentials such as food and clothes.

Reassuringly, many respondents (69%) are able to heat their home without sacrificing essentials. Still, 416 people (15%), reported difficulties Furthermore, it is important to note areas of higher deprivation in Hertfordshire had lower response rates to our survey, which may have influenced these findings, therefore figures representing those struggling are likely to be higher.

Among those who did report difficulties heating their homes, differences were small, with 55–65s reporting the highest challenge at 16%, just a 4% difference from the lowest group.

6c. Responses Breakdown

Category	% Cannot heat home without sacrificing essentials
Overall	15%
55–65	16%
66–75	15%
76–85	14%
86–95	12%
Non-digital vs Digital	16% vs 14%
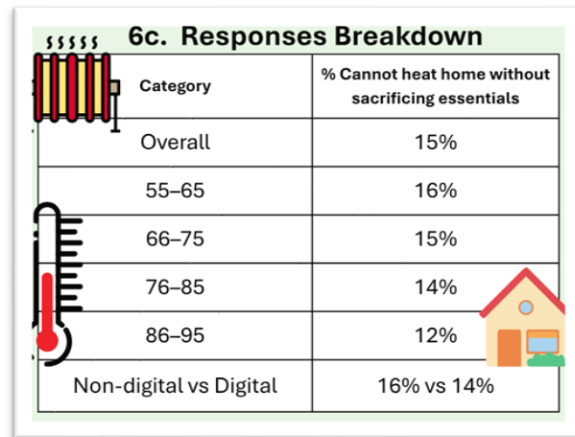
Figure 6c. Total Responses – Are able to heat their home without sacrificing food and clothes

6c. I am able to heat my home without sacrificing other essentials such as food and clothes.

- Strongly Agree: 655 (23.1%)
- Agree: 1298 (45.8%)
- Neutral: 467 (16.5%)
- Disagree: 323 (11.4%)
- Strongly Disagree: 93 (3.3%)
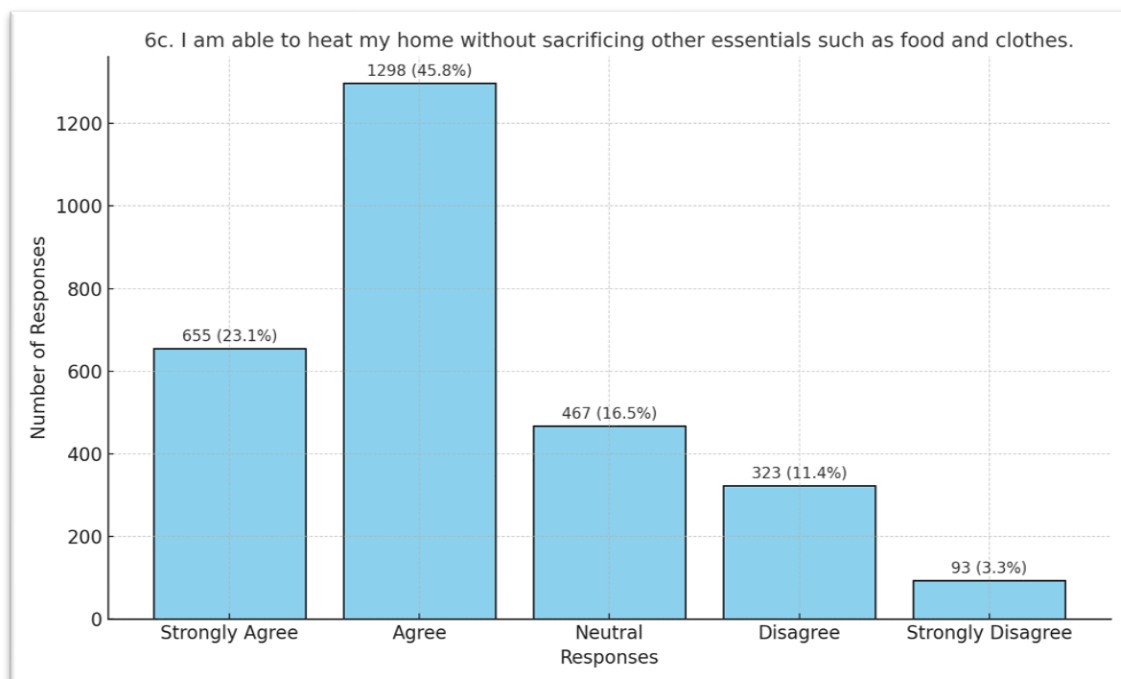
6d. The Winter Fuel Allowance changes will mean I cannot afford to heat my home

480 respondents (17%) said changes to the Winter Fuel Allowance mean they could no longer afford to heat their home, with half saying they would remain unaffected. This aligns with earlier findings in 6c. Concerns were more common in those over 66 (between 17%–20%) and non-digital respondents, where 1 in 4 (25%) expressed concerns compared to 15% of digital respondents. Those without digital access may be more likely to be on lower incomes, less able to switch to cheaper energy tariffs, and less aware of or able to

apply for support schemes increasingly online. Additionally, reports show only 65% of those entitled to pension credit actually claim (Age UK, 2025). This deepens existing inequalities by impacting those exposed to further welfare cuts.

6d. Responses Breakdown

Category	% Winter Fuel Allowance changes mean they cannot heat home
Overall	17%
55–65	13%
66–75	20%
76–85	17%
86–95	20%
Non-digital vs Digital	25% vs 15%
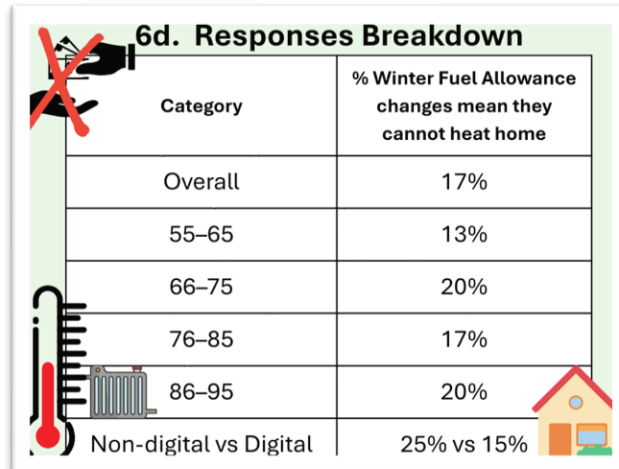
Figure 6d. Total Responses – Welfare changes mean I cannot heat my home

6d. The Winter Fuel Allowance changes will mean I cannot afford to heat my home

- Strongly Agree: 156 (5.5%)
- Agree: 324 (11.5%)
- Neutral: 930 (33.1%)
- Disagree: 849 (30.2%)
- Strongly Disagree: 550 (19.6%)
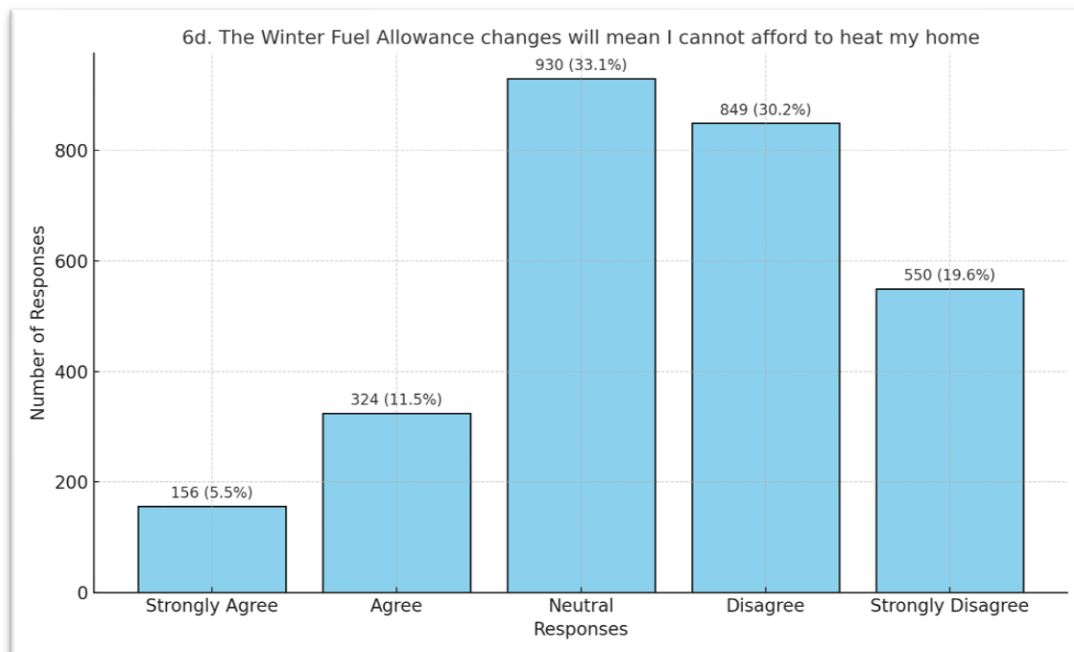
7. What is most important to you when considering your home/ living arrangements? Summary: Comfort, Warmth, Home Safety & Security Are Residents' Top Concerns

Comfort and warmth emerged as the most common priority, mentioned by 568 individuals (24.5%), with many sharing the need for a home that feels manageable, typically meaning a space easy to maintain, affordable to run, and suited to current or future mobility needs. Equally 566 people (24.4%) mentioned safety and security. While concerns varied, the overall theme was desire to feel protected, whether through secure doors, a quiet area, or confidence help would be available if needed. Next, proximity to services and amenities was a strong theme (n=439, 19.0%), particularly being close to shops, public transport, health services, or local facilities. This linked to independence and reducing reliance on others. Affordability was mentioned by 182 people (7.9%), in relation to rent and energy bills, whilst 158 people (6.8%) highlighted a desire for quiet surroundings, or access to green space. Closely behind, social connection mattered to 145 people (6.3%), describing the importance of feeling part of a community, having friendly neighbours, or opportunities for company. Finally, 77 people (3.3%) raised accessibility, including step-free access, suitable adaptations, or features enabling them to live safely and independently. Overall, responses show what matters most about housing as we age is comfort, safety, connection, and the ability to live well in a home that supports independence, affordability, and peace of mind.

Figure 7. Qualitative themes - Most important to people about their homes

Figure 7i. Word cloud - What is most important to people when considering home/ living arrangements

Figure 7ii. Resident Quotes - What is most important to people when considering home/ living arrangements

"Personal security - I need to feel safe above all else. Being near family and friends. Being close to public transport and amenities"

"Access to good people to help with gardening, window cleaning, odd jobs around the house. Advice."

"My independence but with good neighbours"

"to be able to afford to maintain and run the home that I have spent the last 30 years building"

XI. Social Participation

This domain explores the extent to which older residents are able to engage in meaningful social activities and feel connected to their communities. It includes participation in groups, clubs, or other leisure, cultural, and faith-based activities. Social participation supports well-being, purpose, and belonging, and is closely linked to mental and physical health. When older people face barriers to engagement, whether practical, emotional, or social, it can lead to loneliness, exclusion, and reduced independence.

i. How the Findings Align: Priorities and Insights

Both the survey and focus groups highlight the importance of social participation in maintaining well-being and a sense of belonging. Survey responses quantify participation rates, interest in joining activities, and the most common barriers, while focus groups provide deeper insight into what makes social activities truly accessible and inclusive. Together, the findings show that people want opportunities to connect, but emphasise how these opportunities must feel welcoming, relevant, and reflective of their identities and needs to be effective.

Key Findings Across Both Sources

Residents across both datasets expressed a strong desire to participate in social activities but highlighted a range of barriers. Many want to join new groups but are prevented by issues such as poor health, limited mobility, transport difficulties, or lack of confidence. For younger older adults (aged 55–65), time constraints, caring responsibilities, and a lack of relevant options were particularly notable. Focus groups reinforced these points but went further, showing that accessibility is also about creating spaces where people feel safe, seen, and welcomed. Participants called for proactive welcome systems, more intergenerational opportunities, and inclusive messaging that reflects diverse communities.

The Combined Picture

These findings suggest that social participation in later life is not a passive experience it must be actively enabled. While many residents are already connected, a large proportion remain on the sidelines, either unsure where to begin or unconvinced that existing opportunities reflect their interests. The 55–65 age group, in particular, appears at risk of future isolation if not supported earlier. The desire to join in is

clearly there. The challenge lies in removing the practical and social barriers that stand in the way. This means investing in co-produced, inclusive activities; making venues and groups more physically and socially accessible; and designing outreach that connects with people before they become lonely or disengaged.

Actionable Takeaways for Policy Makers

- **Co-Design Social Opportunities:** Work with older residents, particularly those aged 55–65, to create activities that reflect their interests, life stages, and identities, ensuring provision goes beyond traditional models.

- **Reduce Barriers Through Inclusive Design**: Address health, transport, and confidence-related barriers by offering support like assisted transport, flexible timings, and buddy or 'meet and greet' systems for new joiners.

- **Strengthen Targeted Outreach**: Develop earlier interventions for age groups and demographics most at risk of future isolation, including carers, working-age older adults, and non-digital residents.

- **Invest in Social Infrastructure**: Support community venues and groups to become more welcoming and inclusive through staff training, inclusive signage, and clear messaging that values diversity.

- **Improve Visibility of What's On**: Ensure clear, accessible communication about local activities across both digital and non-digital formats, including tailored outreach to those unsure where to look.

- **Tackle Loneliness Through Intergenerational Connections**: Embed opportunities for social connection into wider strategies for healthy ageing, recognising that loneliness is not inevitable and can be prevented through proactive, inclusive community-building.

ii. Focus Groups Findings: Accessible and Welcoming Social Activities Required

Focus group participants emphasised accessible social activities are fundamental to combating isolation and building community connections. When asked "what would good look like," the strongest themes were ensuring there are accessible social activities available for all, including diverse communities and those facing barriers to accessing information. Participants also highlighted the critical importance of proactive welcome systems that reduce social intimidation and concerns about joining new groups.

Focus Groups Quotes – What is required for good social participation?

"Be able to mix with people of all ages/creeds/sexuality (10-100) with total confidence"
"Having a nominated person who welcomes new Members to the group and makes introductions -- Meet and greet"
"Welcome message that all LGBTQ+ are welcome"
"To have non-binary toilets with the right facilities where trans and non-binary communities feel safe (good examples are on planes and trains)"
"Opportunities to open up and talk to other people"
"More social inclusion and volunteering opportunities for people from diverse backgrounds"

The discussions revealed how accessibility in social participation is not just about physical access to venues, though this remains important. Instead, it is about creating environments where everyone feels genuinely welcomed, valued and safe to participate. From explicit welcome messages for LGBTQ+ communities to designated greeters who introduce new members, accessibility means comprehensive social inclusion that actively addresses both physical barriers (location and transport availability) and social factors (stigma about groups for 'older people' and concerns about bias). The emphasis on intergenerational opportunities and proper facilities for all gender identities demonstrates the need for truly inclusive social spaces.

iii. Survey Findings Overview: Lack of opportunities for connection, especially for younger age groups and those with limited mobility

While many residents are engaged socially, findings reveal untapped demand for more inclusive opportunities, particularly for those under 65, who also report lower confidence connecting with others. Barriers such as health, transport, and confidence are barriers for some, and many feel there are not enough enjoyable local options. Loneliness remains a concern, rising sharply in the oldest age group and non-digital residents. These patterns suggest a need for earlier, proactive support and a wider variety of welcoming activities reflecting people's interests.

Two-thirds (66%) of respondents are active members of a group, though this dropped to 57% in those aged 55–65. Participation was highest in 76–85s, suggesting older adults may have more established social routines, while younger groups may face time, work, or caring constraints.

A large majority (64%) would like to join or attend other groups or activities, strongest in those aged 55–65, reinforcing the need for relevant options.

Health and mobility were the most common barriers to joining in, followed by timing, transport, and confidence. Some did not feel groups were relevant to their interests, reinforcing the need for co-produced and accessible opportunities.

Just under half (47%) felt there were enough enjoyable activities locally. Dissatisfaction was highest among 55–65s and over-85s. This may reflect both practical barriers and limited variety in existing provision.

Around two-thirds (66%) can connect with others when needed, but this dropped to 59% in the 55–65 group. This group may benefit from earlier targeted support to avoid future isolation. Confidence was highest in the 76–85 group.

1 in 5 people (21%) often feel lonely, rising to 32% in those aged 86–95 and non-digital users. Though many are doing well, loneliness remains a persistent issue across age groups.

57% know where to find information about local activities and groups, but nearly 1 in 5 (19%) do not. This was true across digital and non-digital groups, showing a clear need for improved communication and visibility of what is on offer.

Residents highlighted connection, belonging, and meaning as key drivers for social activities. Feeling welcomed and included was central to experiences.

8. I am an active member of groups with other people.

Over one in three respondents (34%) are not active members of groups with others. Notably, this was seen most in those aged 55–65 (43%). Whereas participation was strongest in the 76–85 age group (72%). Interestingly, non-digital respondents were more active (72%) than digital respondents (64%). This may reflect time constraints among working-age individuals and carers, as well as greater availability of clubs catering to older adults' interests. A growing body of evidence demonstrates how a lack of meaningful social contact significantly increases risk of depression (Shankar, 2023), anxiety, cognitive decline, and physical health problems such as cardiovascular disease/reduced immune function. This recognition underscores the importance of ensuring everyone has regular opportunities to engage with their communities.

8. Responses Breakdown

Category	% Not active members of groups with other people
Overall	34%
55–65	43%
66–75	34%
86–95	32%
76–85	28%
Non-digital vs Digital	28% vs 36%
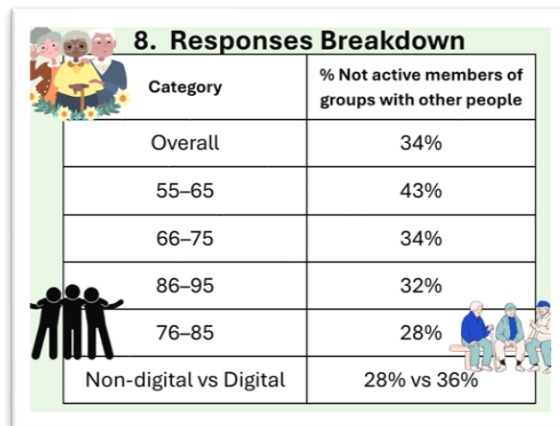
Figure 8a. Total Responses - Active member of groups with other people.

I am an active member of groups with other people.

No 969 (34.0%)

Yes 1877 (66.0%)
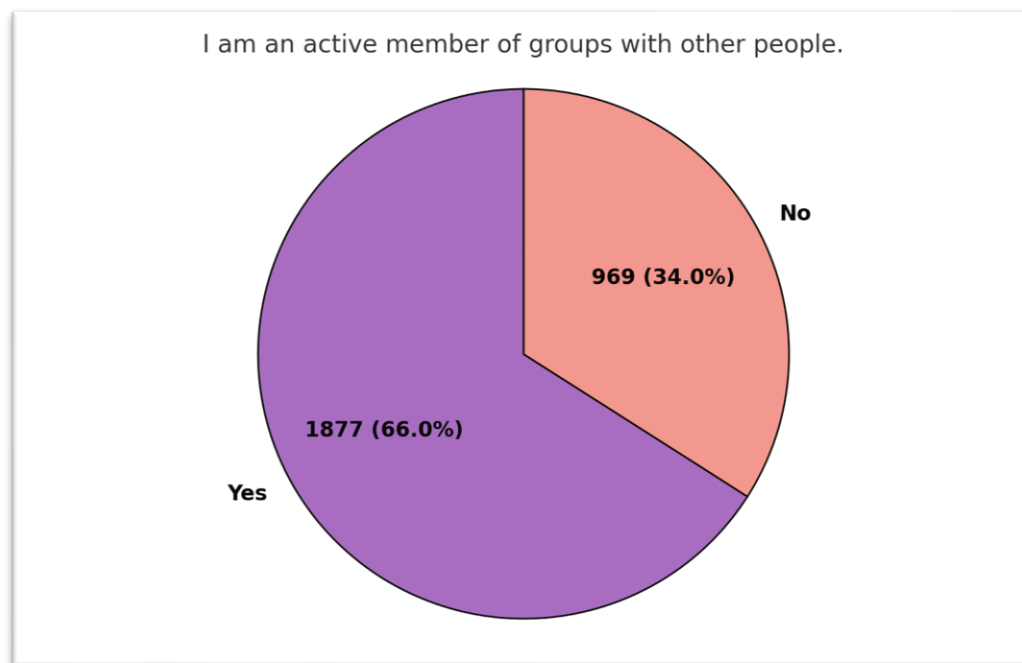
9. Would you be interested in joining or attending other or new groups/activities?

An overwhelming two-thirds of people (n=1806, 64%) are interested in attending new groups or activities, highlighting a strong appetite for greater social connection and/or learning. The highest level of interest came from those aged 55–65 (69%), who were also the least likely to already be part of groups, suggesting a key opportunity to co-produce appropriate activities. Even amongst those aged 76–85, who were most likely to already be in groups, 60% would still be interested in joining something new. This reinforces how social participation is not only valued but actively sought across age groups and highlights the importance of removing barriers such as limited transport, lack of awareness, and accessibility challenges. It is essential to engage with people directly to understand interests, ensuring activities and opportunities are appealing, and co-designed with those they aim to reach.

9. Responses Breakdown

Category	% Interested in attending new groups/activities
Overall	64%
55–65	69%
66–75	66%
86–95	61%
76–85	60%
Non-digital vs Digital	66% vs 64%
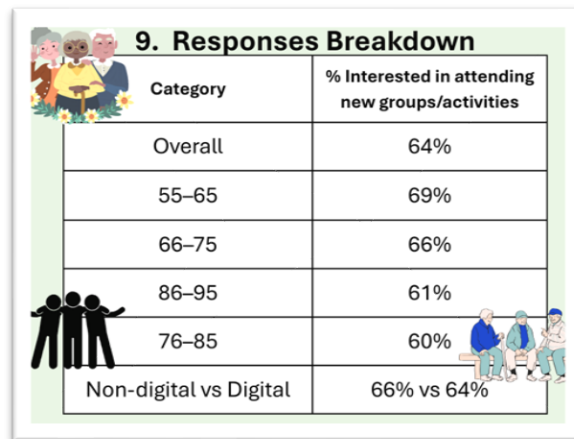
Figure 9a. Total Responses - Interested in joining groups/activities.

Would you be interested in joining or attending other or new groups/activities?

No
1003 (35.7%)

Yes
1806 (64.3%)
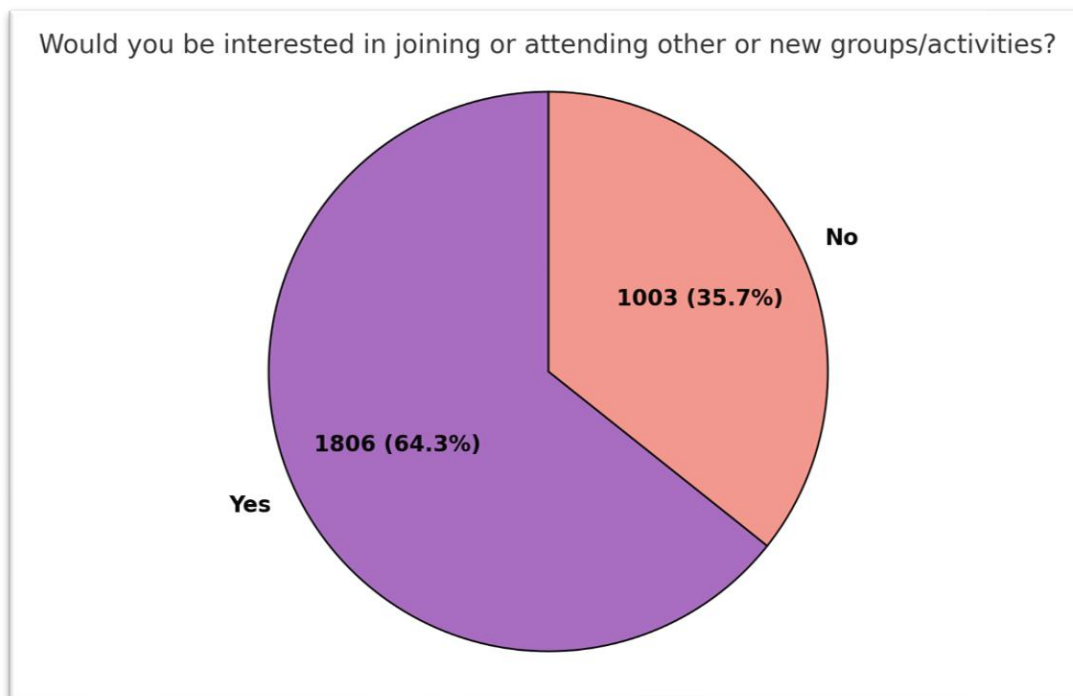
10. Please tell us about any barriers you experience in joining a group or activity Summary of free text responses: Health, Timing, and Transport Are the Biggest Barriers to Joining Groups or Activities

Many residents shared that health and mobility issues make joining groups or activities difficult, with some saying they simply do not feel physically able to take part, whilst others feel their needs are not accommodated. Others highlighted how work, appointments or caring responsibilities leave little time to engage, especially amongst those not yet retired, and some mentioned the timing of the groups were not suitable for those unavailable during the daytime. Transport challenges, from bus availability to limited parking, were also common. For some, a lack of confidence or feeling anxious about walking into a group alone held them back. A notable number said they could not find anything that truly suited their interests, with activities often feeling geared only toward much older people and called for bringing generations together. These findings highlight that participation is about availability and access, but also whether people feel included, welcomed, and reflected in what is on offer.

Figure 10. Qualitative themes – Most common barriers to joining groups
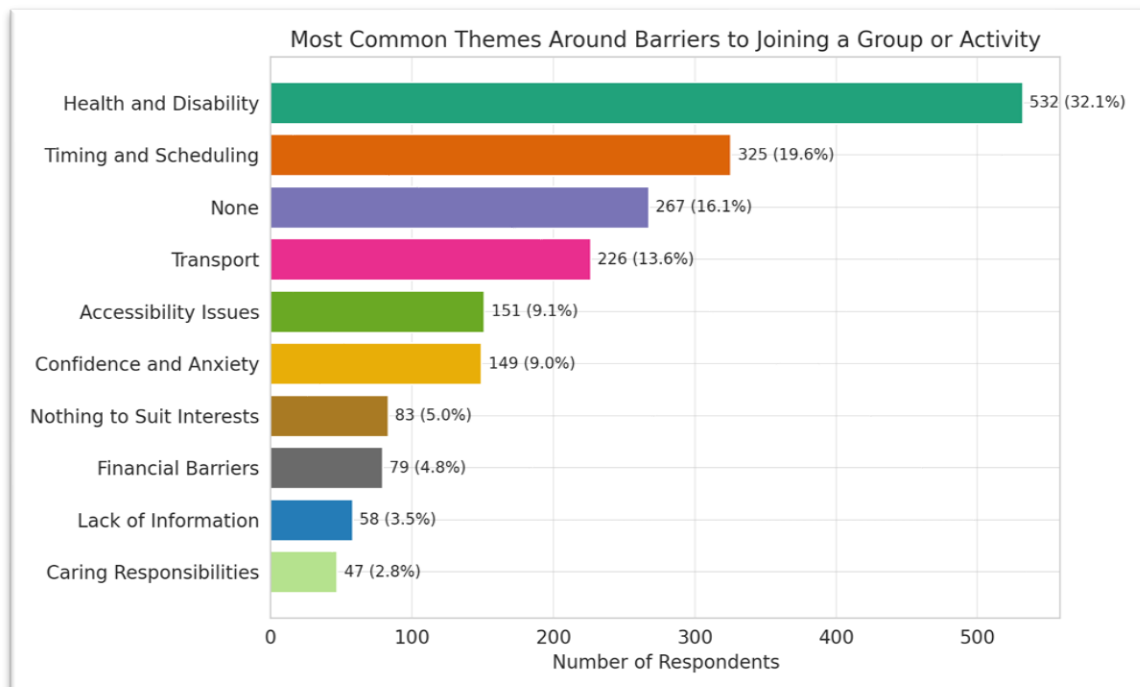
Most Common Themes Around Barriers to Joining a Group or Activity

Theme	Number of Respondents
Health and Disability	532 (32.1%)
Timing and Scheduling	325 (19.6%)
None	267 (16.1%)
Transport	226 (13.6%)
Accessibility Issues	151 (9.1%)
Confidence and Anxiety	149 (9.0%)
Nothing to Suit Interests	83 (5.0%)
Financial Barriers	79 (4.8%)
Lack of Information	58 (3.5%)
Caring Responsibilities	47 (2.8%)

NB: Percentages may add up to more than 100% because some people mentioned more than one reason.

Figure 10i. Word Cloud - Please tell us about any barriers you experience in joining a group or activity.

Figure 10ii. Resident Quotes - What barriers people experience to engagement

"I still try but have had to give many up. No transport, no buses at night. Too far away in evenings"

"I am 88 yrs old […] I might enjoy a lunch club, but am not ready to be treated as old and infirm yet. A 'middle-aged club' might be nice."

"social shyness - I've been a widow for 7 years and spend my time alone so I'm not good at it"

"Older peoples club are not overly exciting!"

"Getting there, not knowing anyone. Feeling out of place. Being unsteady on my feet."

11a. There are enough available activities in my area that are enjoyable.

Although nearly half of people (47%) felt there are enough enjoyable activities available, a significant portion (16%, n=460) disagreed, and a further 37% remained neutral. The highest level of dissatisfaction was among those aged 86–95, where one in four felt activities were lacking, followed closely by those aged 55–65. These groups may face different but overlapping barriers, from reduced mobility and health concerns to time constraints and a lack of relevant activities. These findings align with previous responses (Q10). Whilst non-digital respondents were slightly more positive (52% agreement vs. 45% among digital), this could reflect older adults being more connected to traditional group formats, whereas working-age individuals may find existing provision irrelevant or inaccessible due to work, appointments, or caring responsibilities.

| **11a. Responses Breakdown** | |
Category	% Feeling there are not enough activities
Overall	16%
86–95	25%
55–65	18%
66–75	16%
76–85	12%
Non-digital vs Digital	16% vs 16%
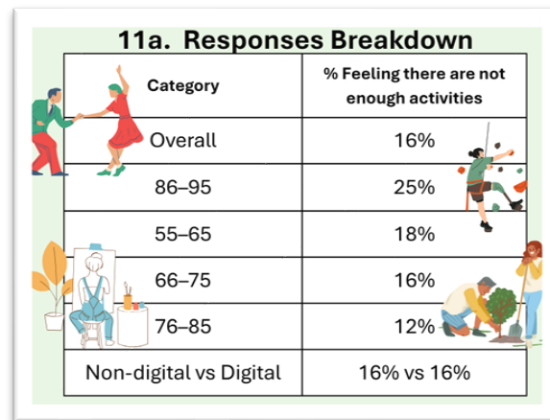
Figure 11a. Total Responses - Enough perceived available activities.
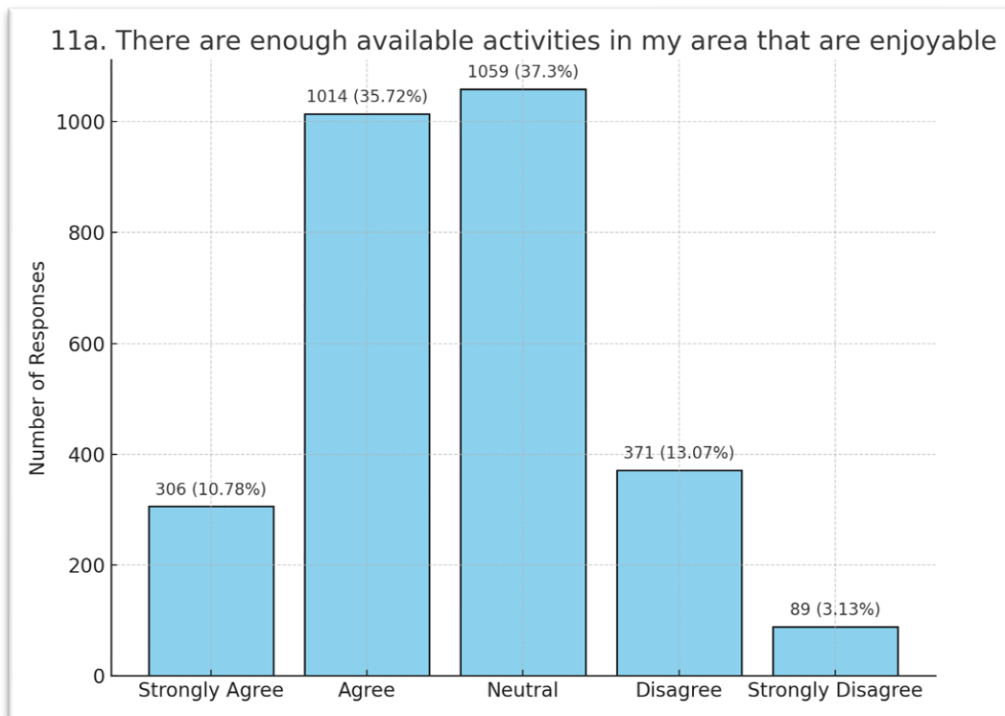
11b. I find it easy to connect with others when I need to.

Nearly two-thirds of respondents (66%) said they find it easy to connect with others when needed. This sense of confidence was highest among those aged 76–85 and lowest among the 55–65 group. Whilst this may seem unexpected, it could suggest older individuals are more embedded in community-based networks or support services that foster social interaction. There was little difference between digital and non-digital responses, indicating digital access alone is not the key factor. Notably, nearly 1 in 5 respondents aged 55–65 said they find it hard to connect with others, in contrast to less than 1 in 10 of the 76–85 group. This again highlights the 55–65 age group as one that may benefit from early, targeted support to prevent future issues with isolation.

11b. Responses Breakdown

Category	% Find it easy to connect with others when needed
Overall	66%
76–85	71%
66–75	66%
86–95	61%
55–65	59%
Non-digital vs Digital	69% vs 65%
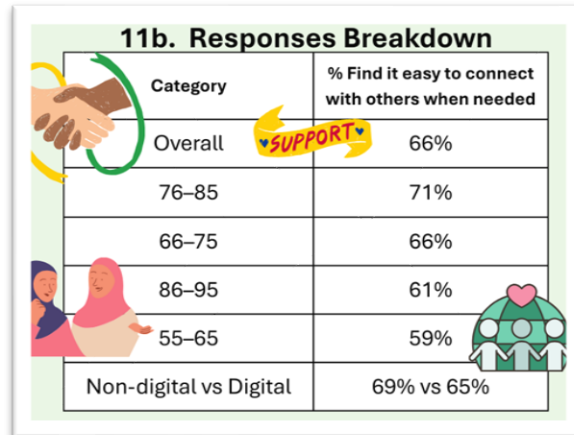
Figure 11b. Total Responses - Find it easy to connect with others when needed.

Figure 11b. I find it easy to connect with others when I need to.

- Strongly Agree: 420 (14.8%)
- Agree: 1443 (50.8%)
- Neutral: 583 (20.5%)
- Disagree: 338 (11.9%)
- Strongly Disagree: 58 (2.0%)
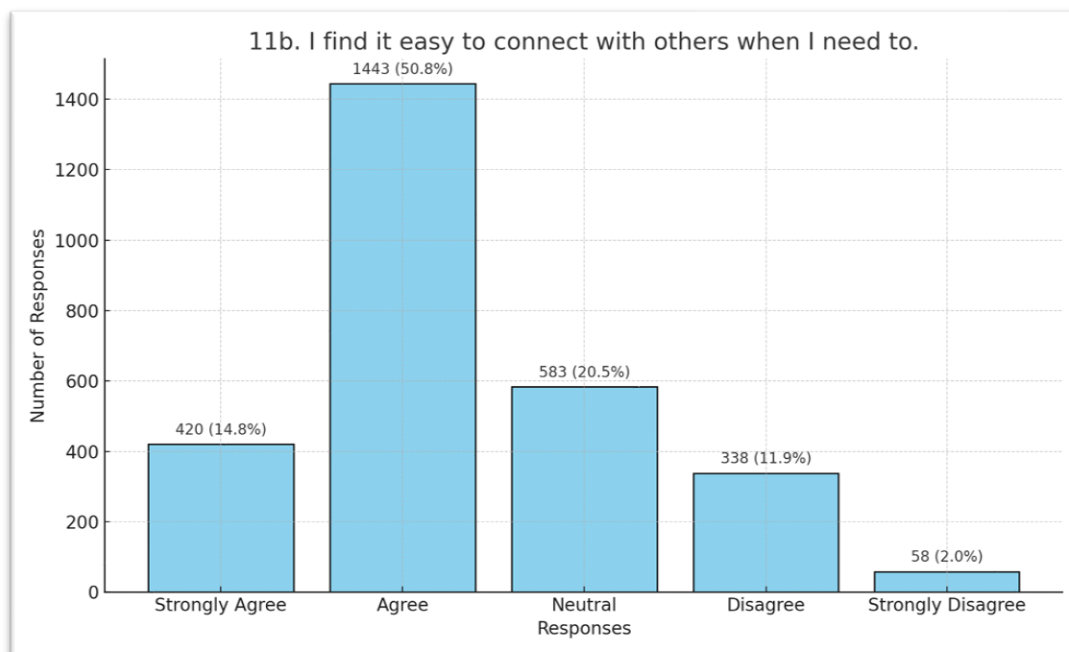
11c. I often feel lonely.

Just over half of respondents (55%) do not often feel lonely, whereas concerningly, just over 1 in 5 (21%) reported they do, equating to 600 people. Loneliness was most common in those aged 86–95 and non-digital respondents, where around 1 in 3 (32%) are often lonely. Among all other age groups and digital respondents, rates of loneliness were similar (1 in 5). Though many people are faring well, loneliness remains a widespread and persistent issue across age groups. This highlights the continued need for inclusive approaches to fostering social connections. Action is essential to prevent the well-evidenced links between loneliness and poor health outcomes. Research indicates loneliness can elevate the risk of early death by 26% (Campaign to End Loneliness, 2022), and is associated with higher incidences of mental health issues and cardiovascular conditions.

11c. Responses Breakdown

Category	% Who often feel lonely
Overall	21%
86–95	32%
66–75	20%
55–65	20%
76–85	20%
Non-digital vs Digital	32% vs 19%
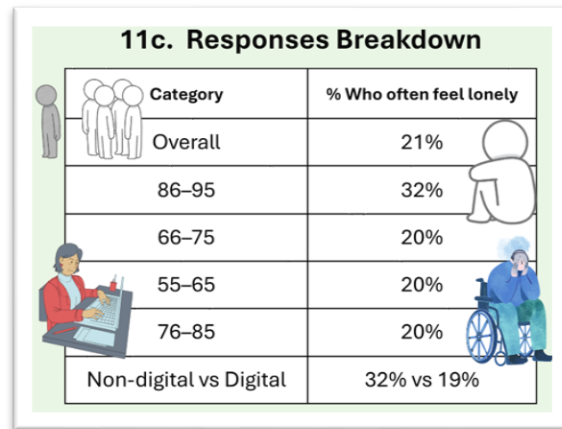
Figure 11c. Total Responses – Those who often feel lonely.
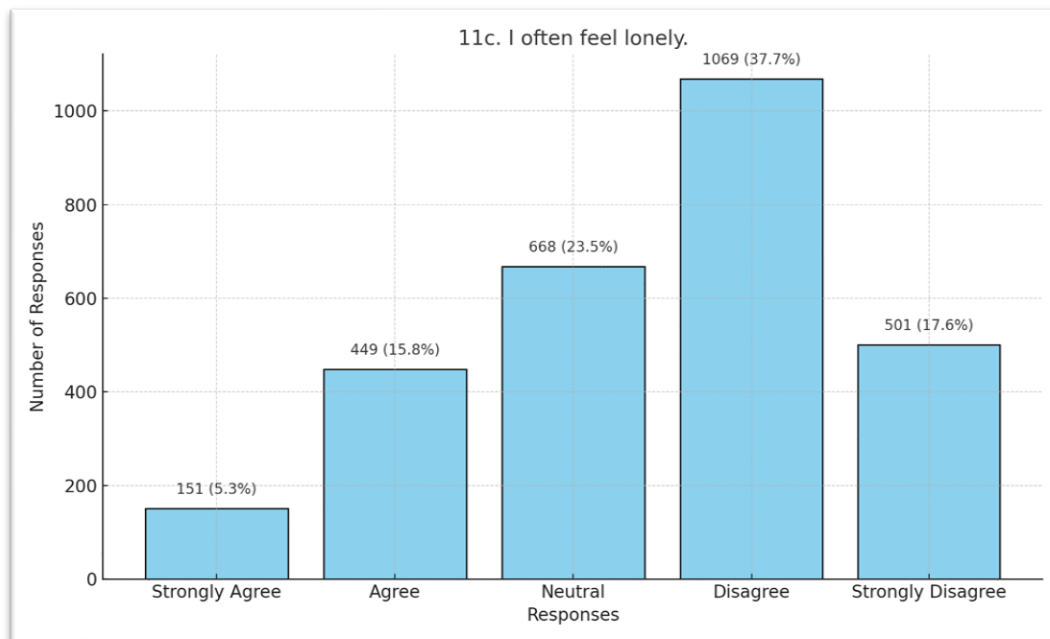
11d. I know where to find details about local activities and groups.

Over half of respondents (57%) know where to find details about local activities and groups. Confidence was highest among those aged 76–85 (62%) and lowest in the 55–65 and 86–95 age groups (both around 52%), reflecting the same age bands who were most likely to say they find it hard to connect with others (Q11b). Importantly, nearly 1 in 5 people overall (19%, n=527) said they do not know where to find local information, and a further 24% were unsure, suggesting clear, accessible communications remain a key barrier to participation. There was almost no

difference between digital and non-digital respondents, with uncertainty equally common across both groups. This shows digital access alone does not guarantee that people feel informed or included, and highlights the need to tailor communications across formats, ages, and levels of confidence.

11d. Responses Breakdown

Category	% Know where to find details about local groups
Overall	57%
76–85	62%
66–75	59%
86–95	53%
55–65	52%
Non-digital vs Digital	58% vs 57%

Figure 11d. Total Responses - Know where to find details about local groups.

11d. I know where to find details about local activities and groups.

- Strongly Agree: 346 (12%)
- Agree: 1285 (45%)
- Neutral: 682 (24%)
- Disagree: 416 (15%)
- Strongly Disagree: 111 (4%)
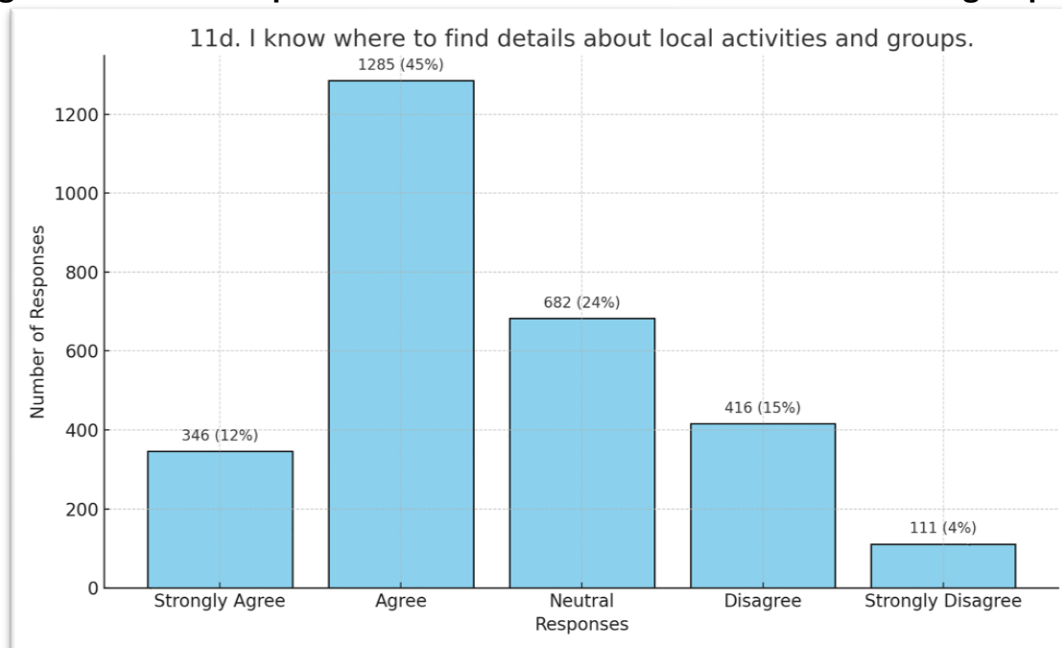
12. Please describe a social activity you enjoy (leisure, cultural or spiritual) and why. Summary of free text responses: Connection, Belonging and Meaningful Activities Drive Social Enjoyment

Many residents described how the social activities they value most are those that offer a sense of connection, not just socially, but emotionally and culturally. Group-based activities and spending time with friends were frequently mentioned, often framed as opportunities to laugh, talk, and feel part of something. Walking and outdoor activities stood out not only for physical health, but for the calm, routine, and companionship they offer. Several respondents expressed how faith-based, or volunteering activities gave them a sense of purpose, allowing them to contribute to something bigger than themselves. However, a few also reflected that some community activities feel too focused on outdated stereotypes of ageing, with limited cultural variety or innovation. These comments suggest for activities to be truly engaging, they must go beyond simply existing, they need to feel relevant, inclusive, and reflective of the wide range of interests and identities within the older population.

Figure 12. Qualitative themes – Most common enjoyed social activities
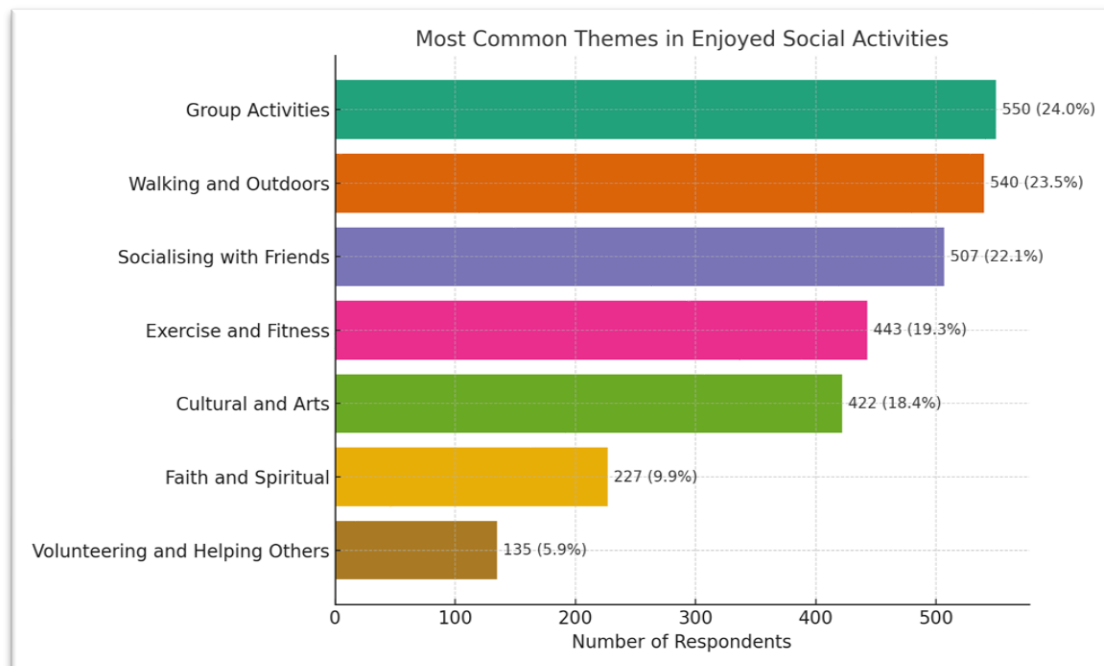
Most Common Themes in Enjoyed Social Activities

Theme	Number of Respondents
Group Activities	550 (24.0%)
Walking and Outdoors	540 (23.5%)
Socialising with Friends	507 (22.1%)
Exercise and Fitness	443 (19.3%)
Cultural and Arts	422 (18.4%)
Faith and Spiritual	227 (9.9%)
Volunteering and Helping Others	135 (5.9%)

NB: *Percentages may add up to more than 100% because some people mentioned more than one reason.*

Figure 12i. Word Cloud - Please describe a social activity you enjoy (leisure, cultural or spiritual) and why.

Figure 12ii. Resident Quotes – Social activities people enjoy and why

"Church because you meet people of different ages and backgrounds who share similar spiritual beliefs."

"Enjoy craft walking visiting interesting places with others and meeting new people of all ages and having a laugh"

"Going to Italian language class. I can exercise my brain while meeting friends"

"Football, rugby, athletics, concerts (classical and jazz). Spectator now (at age 83), but always played sport previously especially squash, but can still get to some concerts."

"Walking groups, the library, meeting for coffee / chat. Need to keep up friends."

XII. Respect and Social Inclusion

This domain explores how older people feel respected, included, and represented in their communities. It examines experiences of ageism, cultural visibility, and everyday interactions, alongside perceptions of community connection and value. A culture of respect and inclusion is essential for ageing well. When people feel visible, valued, and able to contribute meaningfully, they are more likely to remain engaged, confident, and well. In contrast, a lack of recognition, social exclusion, or discriminatory attitudes can contribute to loneliness, reduced self-worth, and poorer health outcomes.

i. How the Findings Align: Priorities and Insights

Survey and focus group findings consistently highlight that many older residents do not feel fully respected or represented in their communities. The survey provides clear evidence of perceived ageism, low visibility in local media, and unmet needs around cultural inclusion, while focus groups add depth by showing how these experiences play out in everyday life. Together, they reveal a desire for inclusive, intergenerational communities where people of all ages feel valued, understood, and seen.

Key Findings Across Both Sources

Older people across both datasets described feeling overlooked, underestimated, or excluded, especially those in younger age bands and non-digital groups. Residents shared experiences of being treated with less respect due to age and called out stereotypes that label them as 'a burden' or incapable. Many felt underrepresented in local imagery and public spaces and noted a lack of visibility for diverse cultural heritages. At the same time, people expressed a clear desire for greater connection, inclusive communication, and local spaces that reflect their identity and community.

The Combined Picture

The findings show respect and inclusion shape how older people experience daily life. Many do not feel fairly represented or positively portrayed, and a sizeable

proportion report direct experience of age-based discrimination. These issues are compounded for residents who also face digital exclusion or come from underrepresented cultural groups. Whilst positively, some older residents do feel connected and included, the overall picture suggests a persistent gap between how older people wish to be seen and how they feel they are perceived. Addressing this gap will require intentional, visible action across services, media, public spaces, and local leadership.

Actionable Takeaways for Policy Makers

- **Challenge Everyday Ageism**: Launch campaigns and training across sectors to address age-related bias in healthcare, services, and public attitudes, emphasising the contributions and capabilities of older people.

- **Promote Positive and Inclusive** Representation: Ensure older people, in all their diversity, are positively and realistically portrayed in local media, public communications, and community imagery, including the sharing of good news stories.

- **Celebrate Cultural Heritage:** Support and promote community events, arts, and activities that reflect and celebrate the cultural identities of older residents.

- **Create Intergenerational Opportunities**: Invest in projects that bring generations together through shared spaces, creative activities, or mutual learning, to foster understanding and break down stereotypes.

- **Co-Produce Activities with Older People**: Design services, groups, and events in partnership with older residents to ensure they are relevant, welcoming, and reflective of lived experiences and interests.

- **Design with Respect in Mind:** Address practical access barriers, such as inadequate seating, signage, and toilet provision, as these can undermine a person's sense of dignity, inclusion, and belonging.

- **Strengthen Community Connection**: Improve local communication channels and community outreach to ensure older people are informed, involved, and able to contribute to shaping the places they live.

ii. Focus Groups Findings: Reduce ageism and create a culture of respect and inclusion

Focus group participants discussed the need to tackle ageism and unconscious bias across all aspects of life, from health services and transport to community attitudes. When asked "what would good look like," the strongest themes were increasing awareness of age-related stereotypes, enabling intergenerational and cross-cultural connection, and promoting visibility and value for older people in all their diversity. Currently, *"We are told at your age, what do you expect?"*

Focus Groups Quotes – What is required for good respect and inclusion?

"For older people not to be called 'a burden'"

"For people not to make assumptions and assume you can't do anything"

"We are told "At your age, what do you expect?"

"People are happy to help"

Although this domain had fewer overall comments than others, experiences of ageism and exclusion were shared across all focus group themes, showing how respect and inclusion underpin every part of ageing well. Participants called for more opportunities to build mutual understanding through intergenerational connections, including multi-generational living, and cultural projects. They also highlighted the value of showcasing positive examples and good news stories to challenge negative assumptions and foster a more inclusive culture where older people feel seen, valued and respected.

iii. Survey Findings Overview: Lack of visibility, respect, and representation leaves many feeling overlooked

Although over half of respondents feel connected to their community, a significant number report feeling invisible, disrespected, or underrepresented as they age. Around 1 in 3 feel treated with less respect, and 1 in 4 report experiencing age-based discrimination, across ages and access types. Many also feel their cultural heritage is not celebrated and rarely see positive depictions of older people in local media. These findings suggest ageism, both subtle and explicit, remains a widespread issue shaping how older adults experience inclusion and belonging in their communities. People called for more respectful representation, everyday recognition, and local spaces reflecting their identities, values, and experiences.

Around 1 in 3 people (30%) feel they are treated with less respect due to ageing, with this perception most common in those under 75 and among non-digital respondents, who were more likely to report a lack of respect.

Just 1 in 4 (25%) said they regularly see positive imagery of older people in local media, while 31% do not. Visibility was low across all groups, pointing to a broader lack of representation in local communications.

1 in 4 respondents feel disadvantaged or discriminated against because of their age. This was consistent across age groups and access formats, suggesting ageism is widely felt, even if not always named as such.

26% felt their cultural heritage is celebrated locally, while nearly 1 in 5 did not. Positivity was highest among non-digital respondents (38%) and people aged 86–95 (37%), but lowest in younger age groups and digital participants.

Just over half of all respondents (54%) feel connected to their community. Feelings of connection were strongest in those aged 76–95, and slightly higher among non-digital respondents, suggesting the value of offline, place-based connections.

Residents called for more local groups, clearer communication, and everyday respect. People wanted to feel seen, included and able to contribute, with many also emphasising the role of practical accessibility and culturally relevant opportunities.

13a. People treat me with less respect as I get older.

Nearly 1 in 3 residents (30%) feel treated with less respect as they get older. This perception was most common among those aged 55–75 (32%) and least common in 76–85 years (26%). Digital access appeared to influence, with 40% of non-digital respondents feeling less respected than 28% of digital respondents. These results suggest age-related stigma is experienced by a significant portion of older adults, particularly in younger age brackets, and those less digitally active. Research shows older adults who feel disrespected are more likely to report poorer mental health, and a reduced sense of purpose (Centre for Ageing Better, 2023a). A lack of recognition and meaningful contribution can lead to disengagement, loneliness, and diminished self-worth, all of which are associated with poorer health outcomes and reduced quality of life. Ensuring older people feel respected, valued, and included is therefore a key determinant of healthy ageing.

13a. Responses Breakdown

Category	% Who feel treated with less respect
Overall	30%
55–65	32%
66–75	32%
86–95	28%
76–85	26%
Non-digital vs Digital	40% vs 28%
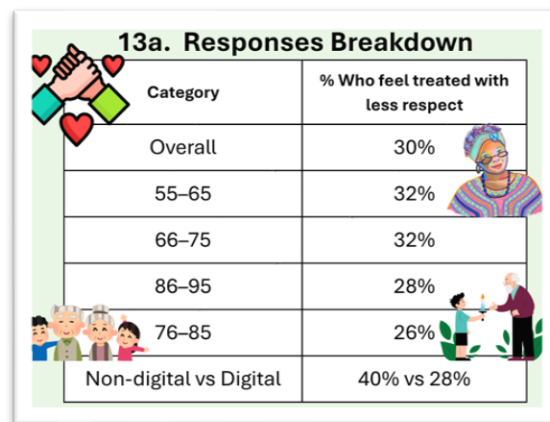
Figure 13a. Total Responses - Feel treated with less respect due to ageing

13a. People treat me with less respect as I get older.

- Strongly Agree: 190 (7%)
- Agree: 676 (24%)
- Neutral: 886 (31%)
- Disagree: 914 (32%)
- Strongly Disagree: 188 (7%)
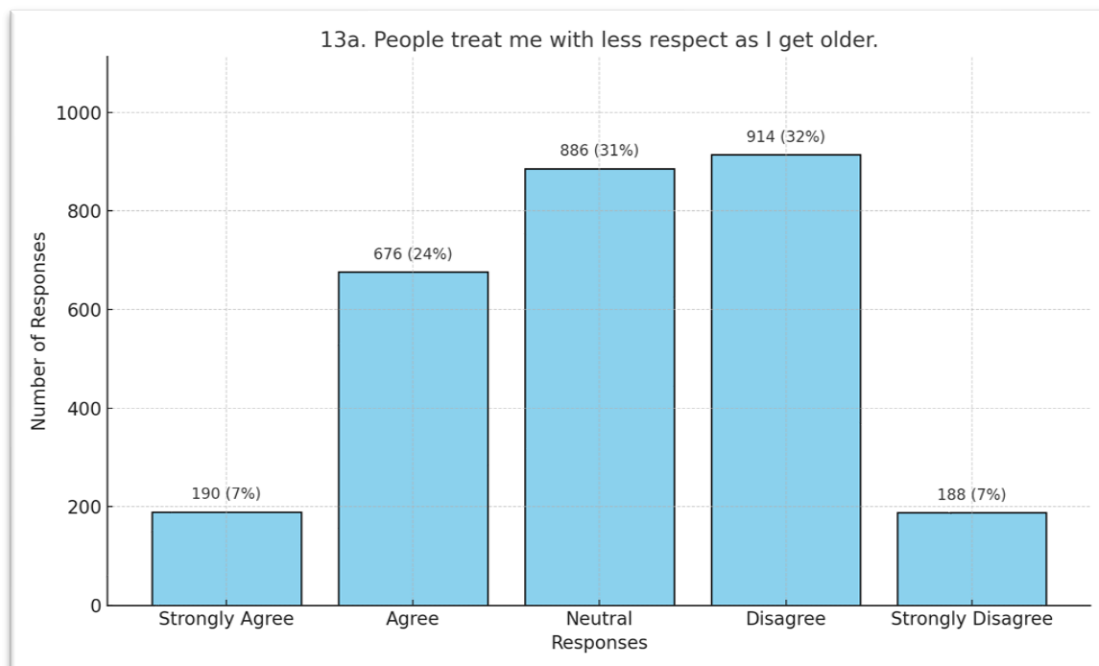
13b. I regularly see positive imagery of older people in local media and marketing.

Only 1 in 4 respondents (25%) regularly see positive imagery of older people in local media and marketing, while nearly 1 in 3 (31%) do not. Visibility appears equally low across all age groups, with those aged 86–95 slightly more likely to see positive imagery (28%), and 76–85, the least likely (25%). Notably, there was minimal difference between digital (31%) and non-digital (33%) respondents, suggesting the absence of positive age representation spans both online and offline media. This lack of visibility matters. Research shows how people are portrayed

influences how we are treated and how we view ourselves as we age (Centre for Ageing Better, 2023b). Negative or absent representation can reinforce ageist attitudes and harm wellbeing. According to the Centre for Ageing Better, inclusive and realistic portrayals of later life can help reduce stigma and promote healthier ageing experiences.

Category	% Not seeing positive imagery of older people
Overall	31%
66–75	32%
55–65	29%
86–95	27%
76–85	28%
Non-digital vs Digital	33% vs 31%
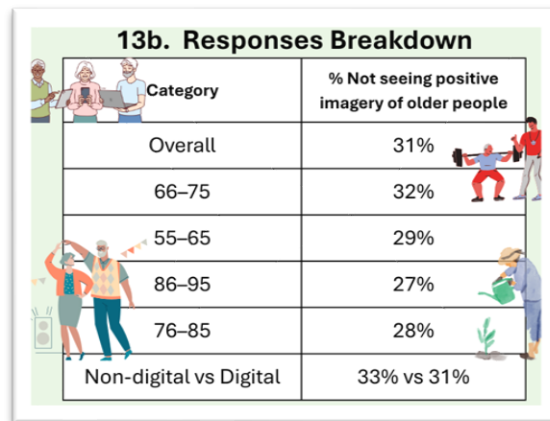
Figure 13b. Total Responses - Regularly see positive imagery of older people
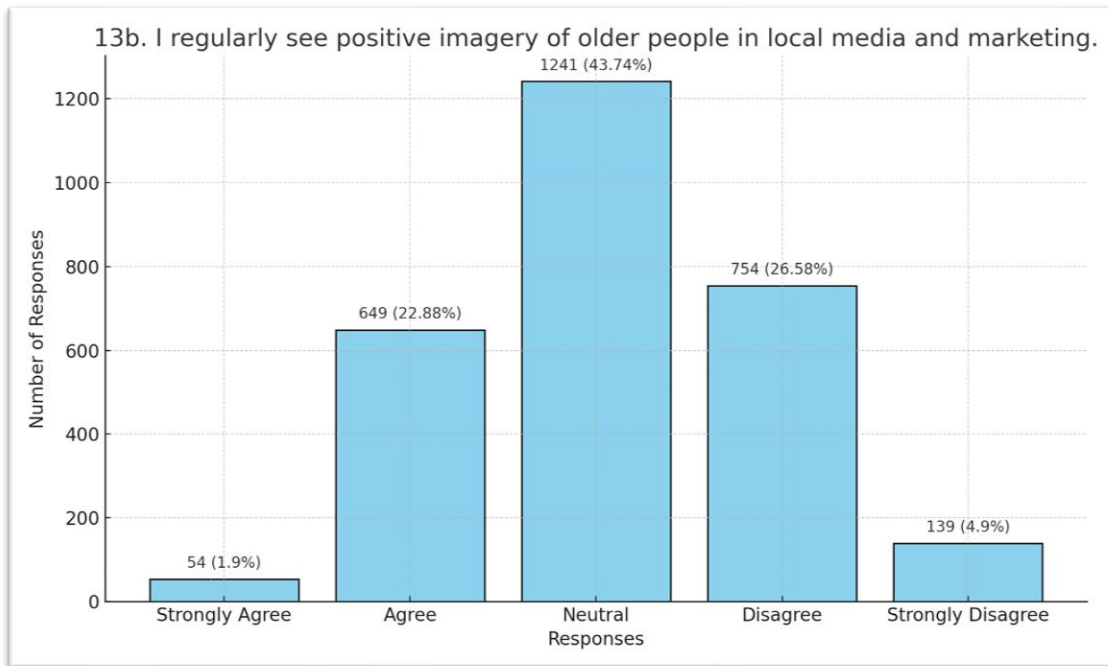
13c. I feel disadvantaged and/or discriminated against due to my age.

1 in 4 respondents (25%) feel disadvantaged or discriminated against because of their age. Alternatively, 43% do not feel this way, and whilst encouraging, it is nonetheless concerning age-based discrimination is reported by so many. Feelings were fairly consistent across all age groups and digital vs non-digital respondents, suggesting experiences of ageism cut across populations. This reflects a wider national issue, as ageism is the most widespread and socially accepted form of prejudice in the UK (Centre for Ageing Better, 2021b).

Experiences span many aspects of life, including work, healthcare, and everyday services, and are known to negatively affect mental and physical wellbeing. Importantly, ageism is often internalised so many do not recognise it, meaning the true number of people experiencing ageism is likely to be even higher and should be addressed (Centre for Ageing Better, 2025c).

13c. Responses Breakdown

Category	% Feel disadvantaged or discriminated due to age
Overall	25%
66–75	26%
55–65	25%
86–95	25%
76–85	24%
Non-digital vs Digital	30% vs 24%
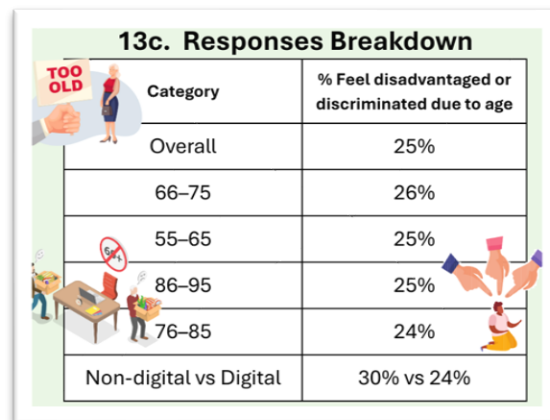
Figure 13c Total Responses - Feel discrimination or disadvantaged due to age

13c. I feel disadvantaged and/or discriminated against due to my age.
- Strongly Agree: 142 (5.0%)
- Agree: 579 (20.3%)
- Neutral: 909 (31.9%)
- Disagree: 1013 (35.5%)
- Strongly Disagree: 207 (7.3%)
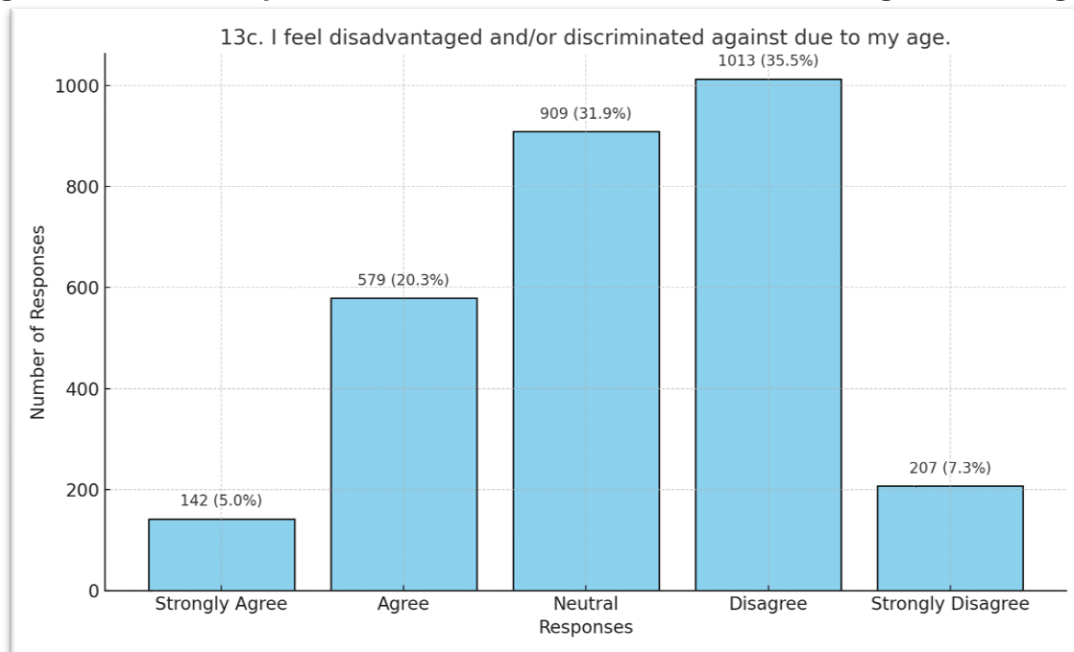
13d. My cultural heritage is celebrated in my area

Around 1 in 4 respondents (26%) felt their cultural heritage is celebrated locally, while nearly 1 in 5 (18%) felt it is not. Though these results should be interpreted in the context that 92.6% (n=2,440) of respondents identified as White - English, Welsh, Scottish, Northern Irish, or British. Responses varied by age, with those aged 86–95 most likely to feel positively (37%) and those aged 66–75 least likely (22%). Perceptions also differed by access type: 38% of non-digital respondents felt their heritage is celebrated, compared to just 24% of digital respondents. This difference may reflect varying levels of local engagement or visibility of activities. Additionally, it may suggest those who are more locally rooted or connected through offline networks, such as community centres or places of worship have more awareness or input into events and celebrations. These findings highlight a gap in cultural inclusion, yet a strong sense of belonging is closely linked to better mental and physical health. Studies show it can reduce stress, improve self-esteem, and enhance overall wellbeing. Consequently, making inclusive representation and celebration of cultural heritage is a vital part of healthy ageing (Centre for Ageing Better, 2022).

13d. Responses Breakdown

Category	% Feel their cultural heritage is celebrated
Overall	26%
86–95	37%
55–65	27%
76–85	27%
66–75	22%
Non-digital vs Digital	38% vs 24%
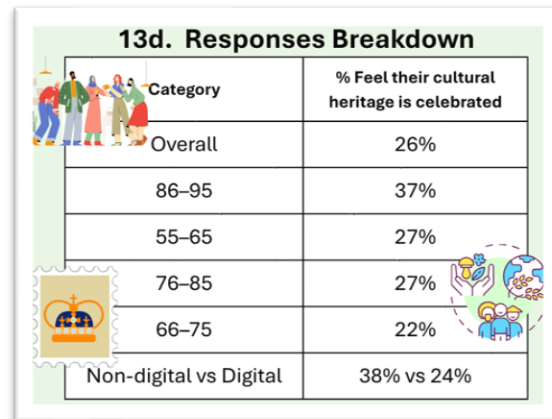
13d. Total Responses - feel their cultural heritage is celebrated in their area

13d. My cultural heritage is celebrated in my area (e.g. events or services).

- Strongly Agree: 143 (5%)
- Agree: 596 (21%)
- Neutral: 1553 (55%)
- Disagree: 361 (13%)
- Strongly Disagree: 159 (6%)
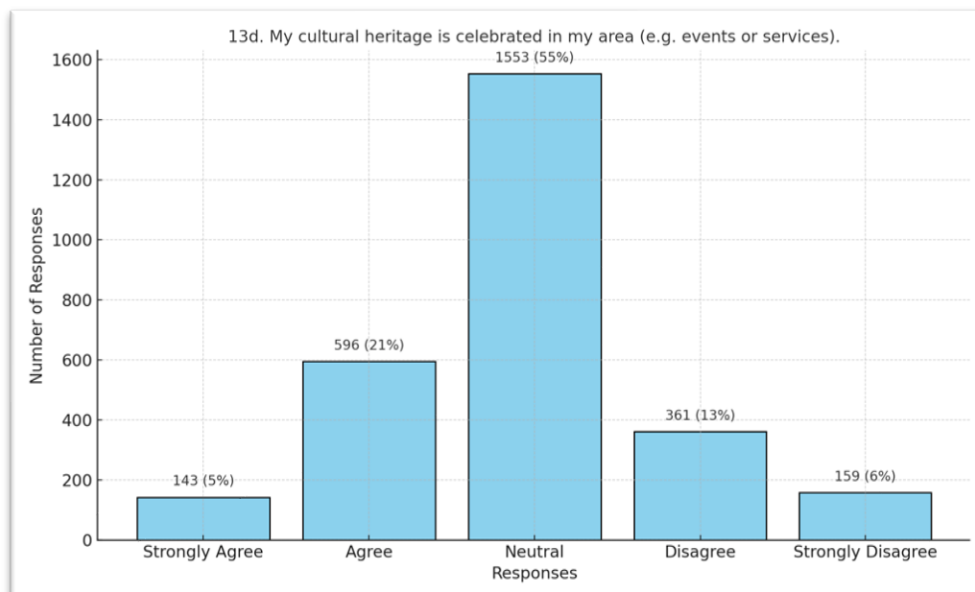
13e. I have good relationships and feel connected to my community.

Just over half of all respondents (54%) feel connected to their community, though 14% (n=388) reported not feeling this way. Connection was strongest in those aged 76–85 and 86–95 (both 61%), suggesting deeper community ties are formed with age. In contrast, the lowest sense of connection was among those aged 55–65 (48%), echoing earlier patterns that point to a need for preventative support and potential gaps in community services for these age groups. Interestingly, non-digital

respondents (60%) were more likely to feel connected than digital respondents (53%), which could reflect the benefits of in-person interactions for meaningful connection, or different forms of community engagement.

13e. Responses Breakdown

Category	% Feel connected to their community
Overall	54%
76–85	61%
86–95	61%
66–75	52%
55–65	48%
Non-digital vs Digital	60% vs 53%
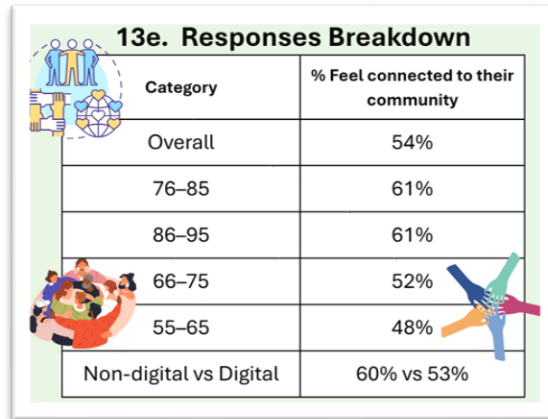
13e. Total Responses - Feel connected to their community.

13e. I have good relationships and feel connected to my community.

Response	Number of Responses
Strongly Agree	287 (10%)
Agree	1242 (44%)
Neutral	904 (32%)
Disagree	315 (11%)
Strongly Disagree	73 (3%)
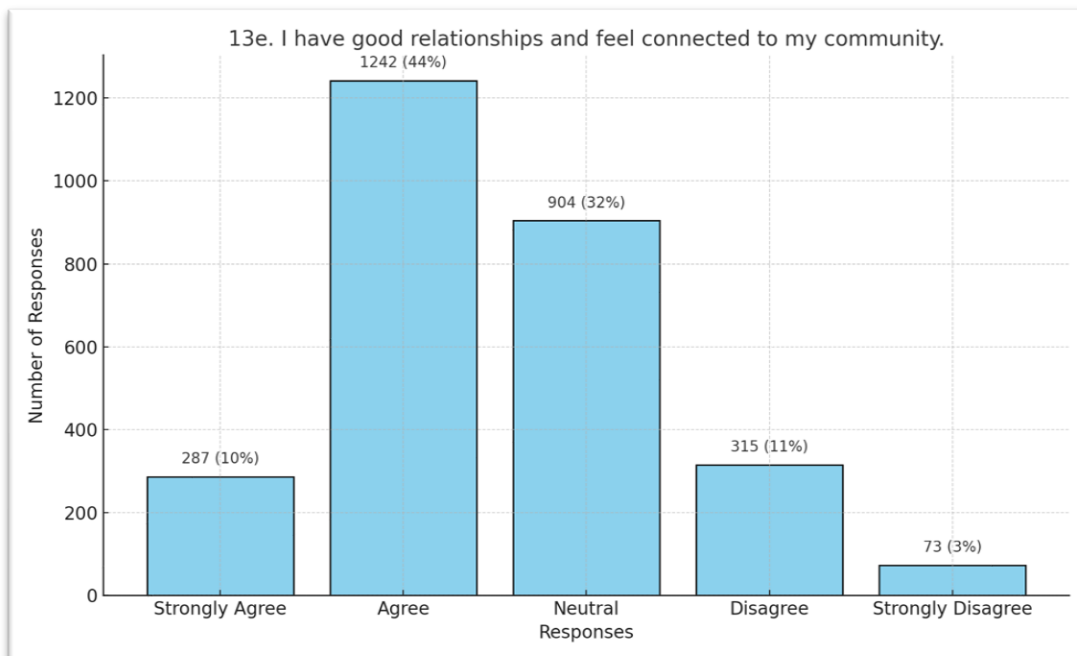
14. What would make you feel more valued and included in your area? Summary of free text responses: Social Contact, Clear Information and Respect Help Residents Feel Included

Many residents would feel more valued and included with more opportunities to socialise, connect, and feel part of their community. Suggestions included more local groups, affordable activities, and regular community events to reduce loneliness and isolation. A strong theme was the need for better communication and awareness of what is available. People often said they simply did not know what was going on in their area and wanted clearer updates through newsletters, noticeboards, or word of mouth. Respect mattered. Some respondents spoke of feeling invisible, undervalued, or overlooked due to age or background, and wanted to feel listened to and acknowledged. A number highlighted issues like lack of seating, inaccessible toilets or lack of support for those with mobility needs, showing how practical barriers can make people feel excluded. Next, some expressed the importance of having a sense of purpose, others pointed to inclusivity, asking for spaces that better reflect the diversity of their community. Finally, a notable number already feel included, highlighting good neighbours, strong community spirit, or personal contentment with their current situation.

Figure 14. Qualitative themes – Common themes to feel valued and included

Most Common Themes Around Feeling More Valued and Included

- Social Opportunities & Belonging: 309 (21.9%)
- Communication & Awareness: 177 (12.6%)
- Nothing Needed / Already Included: 155 (11.0%)
- Respect & Recognition: 129 (9.1%)
- Local Services & Support: 98 (7.0%)
- Accessibility & Practical Barriers: 71 (5.0%)
- Transport & Connectivity: 63 (4.5%)
- Inclusive Spaces & Representation: 36 (2.6%)
- Volunteering & Purpose: 36 (2.6%)
- Safety & Cleanliness: 34 (2.4%)

Number of Respondents (Multi-coded)

NB: *Percentages may add up to more than 100% because some people mentioned more than one reason.*

Figure 14i. Word Cloud - What would make you feel more valued and included in your area?

Figure 14ii. Resident Quotes – Themes to feel valued and included

"Areas to sit, gardens with seating, safe places to go in the evenings."

"More village/neighbourhood activities to bring people together. []…"

"Having access to real people […] instead of complicated computer systems"

"Greater awareness of the contribution older people have made and still can."

"If I knew more about what is on, events, etc. I could attend more."

"Put on open days […], invite locals to make anonymous comments about what they would like to be put on […]

"Imagine having a tough day, at home alone […] Finding a local, warm safe place to go, for a tea, chat and good company, play board games. . . Can make all the difference in the world. 😊"

XIII. Civic Participation and Employment

This domain explores how older adults are supported to remain active contributors to society through work, volunteering, and civic engagement. Meaningful opportunities to contribute are vital to wellbeing, purpose, and inclusion in later life. Whether through paid roles, volunteering, or sharing lived experience, civic participation supports mental health, fosters community belonging, and challenges harmful stereotypes about ageing. However, these opportunities must be inclusive, flexible, and visible to ensure all older people can access them.

i. How the Findings Align: Priorities and Insights

Although this domain was not specifically explored in focus groups, some relevant insights emerged during discussions on social participation, where overlaps were evident. Both survey findings and these related comments highlight the value older people place on contributing to their communities in addition to barriers that can hinder this. The survey emphasises both the scale of volunteering and the drop in confidence around access to employment, especially among non-digital respondents. Although no direct comments were made within this domain during focus groups, the need for more volunteering opportunities amongst diverse communities was raised. Both sources show older people want to contribute meaningfully, but systems must evolve to meet and support their motivation.

Key Findings

Survey respondents expressed a strong desire to remain engaged through work and volunteering, but many felt existing pathways are inaccessible, under-communicated, or poorly matched to their skills and needs. Volunteering was widely valued as a way to stay connected and contribute to community life, but in focus groups concerns were raised about lack of diversity, and in surveys, assumptions about ageing, and visibility of roles were notable issues. Experiences of paid work were more mixed. While some found fulfilling, flexible jobs, others reported age-related discrimination, a lack of opportunities, or barriers linked to confidence, health, and digital exclusion.

The Combined Picture

The findings highlight a disconnect between older people's willingness to contribute and the support structures available to help them do so. There is strong interest in both paid and unpaid roles, particularly among younger age groups, yet confidence and access decline with age and digital exclusion. Current approaches risk missing the potential of a skilled, motivated population eager to participate. Making civic participation age-friendly means tackling ageism in recruitment, investing in inclusive volunteering pathways which are well-communicated to all, and recognising the range of contributions older people can offer.

Actionable Takeaways for Policy Makers

- **Challenge Ageism in Workplaces**: Promote age-inclusive employment through promotion of the Age Friendly Employer pledge, offering guidance on flexible roles, retraining, and tackling age bias in recruitment practices.

- **Make Volunteering Inclusive and Visible**: Strengthen promotion of volunteer roles through offline and face-to-face channels, and ensure opportunities reflect diverse interests, backgrounds, and access needs.

- **Support Confidence and Pathways into Employment**: Invest in local programmes that build digital skills, interview confidence, and awareness of rights at work for older people, particularly those returning to work.

- **Co-Produce Roles with Older Adults**: Work with older people to design volunteer and civic roles that use their skills and support their wellbeing.

- **Recognise and Publicise Informal Contributions**: Value the wide range of civic roles older people play, including caregiving, mentoring, and informal community leadership, and ensure these are acknowledged and celebrated in local media.

- **Diversify Representation and Participation**: Develop targeted outreach and support to involve underrepresented groups in volunteering and decision-making, ensuring all voices are included in shaping their communities.

ii. Focus Groups Findings: Opportunities for involvement need to be inclusive, visible and better supported

Civic participation and employment emerged through wider conversations, particularly in relation to social participation and inclusion. Participants noted the importance of meaningful volunteer roles for older adults in their communities, but highlighted that opportunities are not always easy to find or inclusive of diverse backgrounds and abilities. Discussions also touched on the need to challenge assumptions about what older people can or want to do, and to promote opportunities.

Focus Groups Quotes – What is required for good civic participation?

From discussions in the *social participation* domain:

"More social inclusion and volunteering opportunities for people from diverse backgrounds"

From discussions in the *Respect and Social Inclusion* domain:

"For people not to make assumptions and assume you can't do anything"

These reflections show that while formal employment and volunteering was not as widely discussed as some domains, there is interest. Participants want to contribute, but often face barriers around visibility, inclusivity, and assumptions.

iii. Survey Findings Overview: Missed potential in work and volunteering, especially among younger older adults

While many older residents are contributing through work or volunteering, findings reveal missed opportunities to support those who want to do more. A quarter of 55–65s not currently in work would like to be, yet fewer than 1 in 3 feel confident they could get a job. Meanwhile, over 1,000 people are already volunteering, showing strong civic contribution, yet confidence to find roles drops sharply with age and is far lower among non-digital respondents. Experiences of volunteering were largely positive, but work stories were more mixed, with many describing a lack of opportunities. These results suggest a need for more inclusive, accessible routes to remain engaged in later life.

Around 1 in 5 respondents are still in paid employment, with this rising to more than half of those aged 55–65. As expected, employment rates drop with age. Non-digital respondents were much less likely to be in work compared to those who responded online.

Among those not currently in paid work, 1 in 10 said they would like to be. Interest was highest in the 55–65 age group (25%) and declined with age, highlighting unmet demand for flexible, age-inclusive employment.

Just over 1 in 3 people are currently volunteering. This was most common amongst those in their 60s and 70s, and more likely among people with digital access than without. This suggests online tools may help people stay involved and connected, and those without could be missing out on valuable opportunities.

Fewer than 1 in 3 people feel confident they could get a paid job if they wanted to. Again, confidence drops sharply with age, likely due to additional barriers such as health, time out of the workforce, or lack of access to job opportunities and training. Non-digital respondents were also less confident.

The majority feel confident finding a voluntary role. Confidence was highest amongst people in their 50s and 60s but dropped with ageing and in non-digital respondents. This highlights the risk that those who want to contribute may be unable to access the right opportunities.

Many described volunteering as a valued way to stay connected and contribute. Yet, stories about employment were mixed. Some reported success with part-time or flexible roles, but others described being overlooked despite their experience.

15. I am currently in paid employment.

Nearly 1 in 5 people (18%, n=518) are currently in paid employment, highlighting a significant portion of those aged over 55 in Hertfordshire working. Unsurprisingly, this was most common in the 55–65 age group, where over half (52%) reported being in paid employment, whereas employment dropped sharply with age, to 10% (n=103) amongst those aged 66–75 and none amongst those aged 86 and over. Only 7% of non-digital respondents reported being in paid work, compared to 21% of digital respondents. This raises important questions about how we support people to stay in work for longer if they wish to. The Centre for Ageing Better (2024e),

emphasises ageism and a lack of flexible working options are significant barriers for older workers. With a national focus on economic inactivity and an ageing workforce requiring recognition, there is s a growing need to tackle ageism in recruitment, promote flexible roles, and provide accessible pathways to reskilling for older workers.

15. Responses Breakdown

Category	% Currently in paid employment
Overall	18%
55–65	52%
66–75	10%
76–85	2%
86+	0%
Non-digital vs Digital	7% vs 21%

Figure 15. Total Responses - In paid employment

I am currently in paid employment.

- Yes: 518 (18.3%)
- No: 2313 (81.7%)
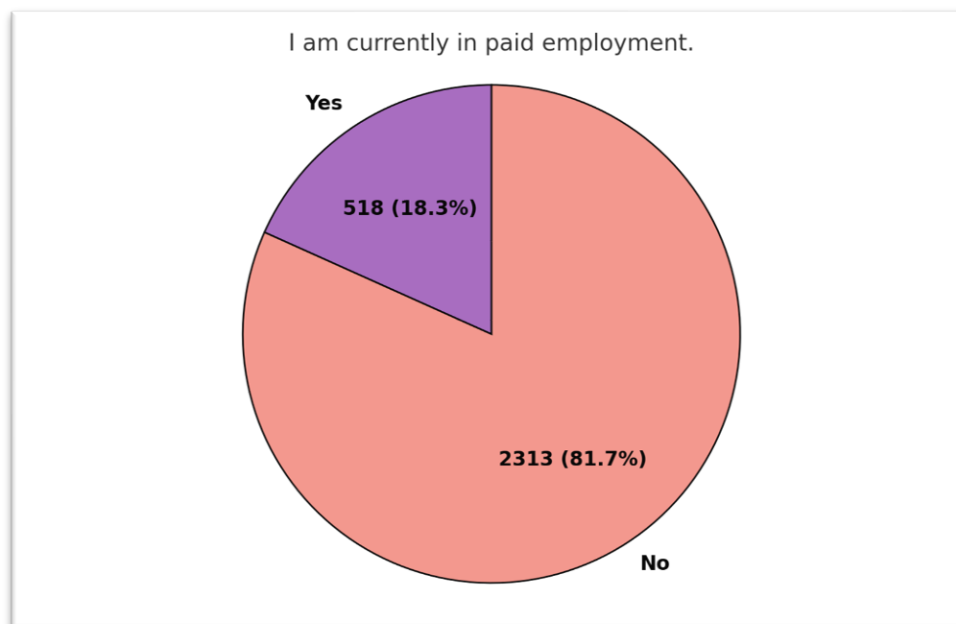
16. If 'no': Would you like to be in paid employment?

Of those not currently in paid employment, 10% (n=237) would like to be. This was most common in the 55–65 age group, where, significantly, 1 in 4 (25%) expressed the desire to work, whilst interest declined with age to 9% in the 66–75 group, and 5% amongst those aged 76–85. Interestingly, non-digital respondents were more likely to say they would like to be in paid employment (14%) than digital respondents (9%). These findings reflect persistent barriers older adults face in accessing employment opportunities (Centre for Ageing Better, 2025 - Work | The State of Ageing 2025 | Centre for Ageing Better)**,**

such as ageism in recruitment or career progression, health issues, caregiving responsibilities and a lack of flexible working options. Addressing these challenges presents an opportunity to tap into a valuable and experienced segment of the workforce.

16. Responses Breakdown

Category	% Would like to be in paid employment
Overall	10%
55–65	25%
66–75	9%
76–85	5%
86–95	10%
Non-digital vs Digital	14% vs 9%
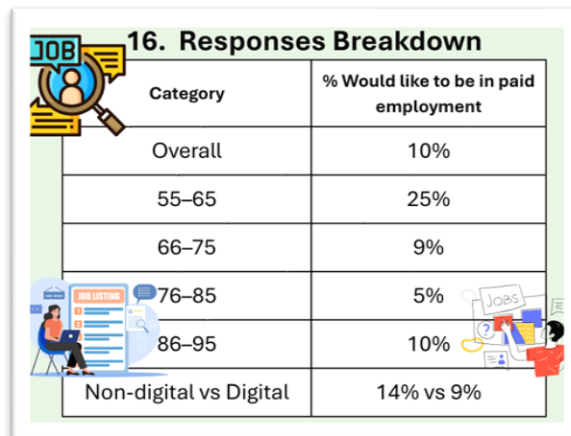
Figure 16. Pie Chart Total Responses - Those not in employment but want to be

If 'no': Would you like to be in paid employment?

Yes
237 (10.3%)

2067 (89.7%)

No
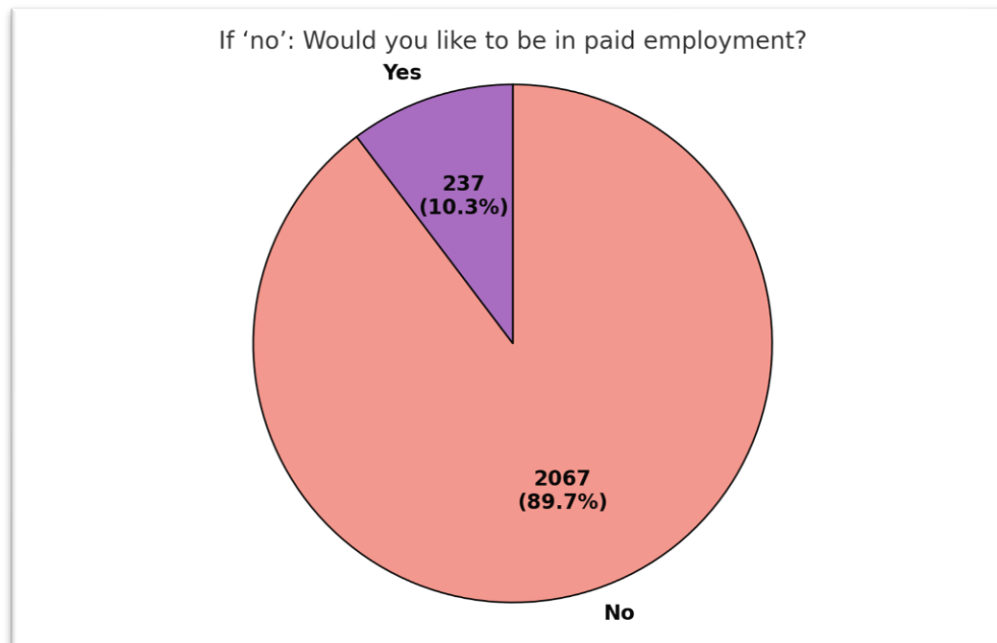
17. I am currently in an unpaid volunteering role.

Just over 1 in 3 people (36%, n=1005) are currently in an unpaid volunteering role. Volunteering was most common for those aged 66–75 (41%) and 76–85, and 55-65 (both 36%). Notably, nearly 1 in 5 aged 86–95 (18%) reported volunteering. Digital respondents were significantly more likely to be volunteering (39%) than non-digital ones (25%), perhaps reflecting promotion of local volunteering opportunities online. This shows over a thousand people across Hertfordshire (a third of respondents) are actively contributing their time, skills and experience to support their communities. Yet this is rarely reflected in the way older age is portrayed. These findings highlight a powerful opportunity to challenge negative stereotypes and recognise the immense value older adults bring to society. With the right support, encouragement, and visibility, there is potential to involve many more people over 55 years in volunteering roles, fostering purpose, connection and belonging.

17. Responses Breakdown

Category	% Currently volunteering
Overall	36%
66–75	41%
55–65	36%
76–85	36%
86–95	18%
Non-digital vs Digital	25% vs 39%
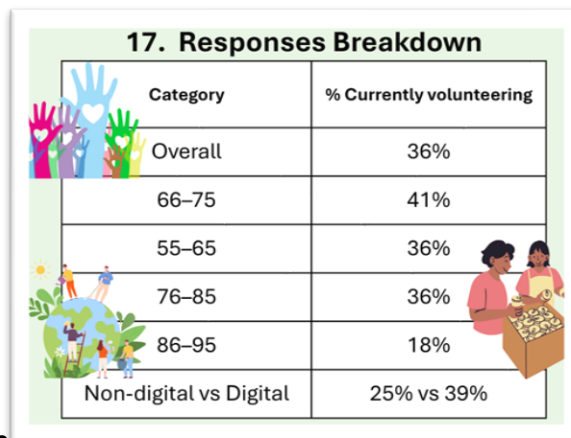
Figure 17. Total Responses -Those in unpaid volunteering roles

I am currently in an unpaid volunteering role.

Yes 1005 (36.3%)

No 1765 (63.7%)
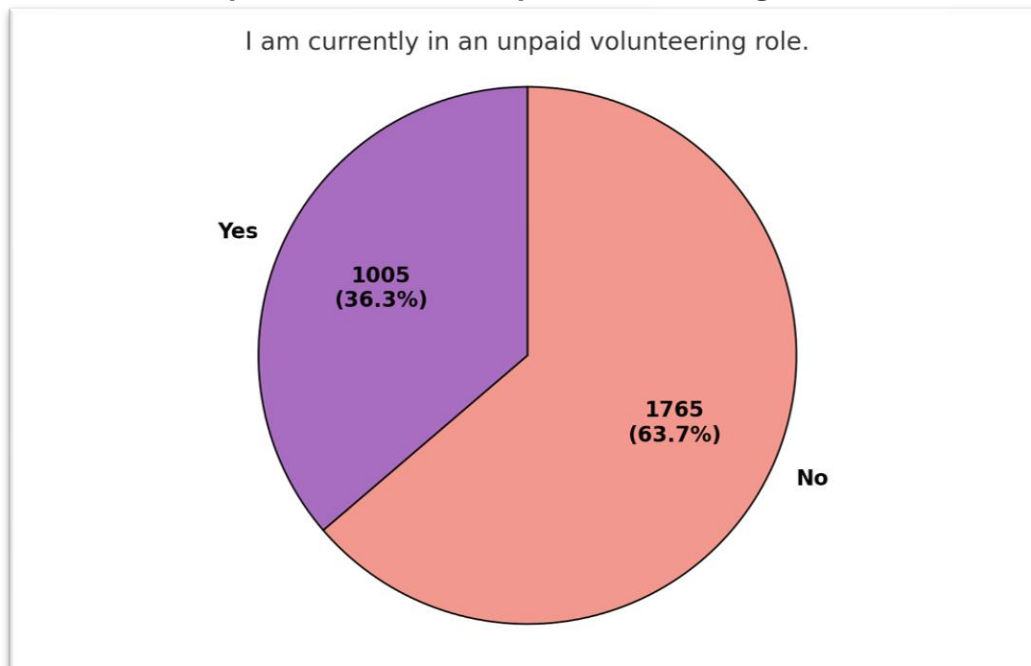
18a. I feel confident I could get a job if I wanted.

Less than 1 in 3 respondents (29%) feel confident they could get a job if they wanted, whilst 38% said they lacked confidence. Confidence dropped sharply with age, from 47% of those aged 55–65 to just 10% amongst those aged 86–95. This may reflect the impact of time out of paid work, age bias in recruitment, lack of confidence in technology, limited flexible roles, and health-related barriers. Non-digital respondents were less confident (17%) than digital ones (32%), suggesting digital access may support employability.

Given how 10% previously said they are not working but would like to (Q16), there is clear potential to offer training or upskilling opportunities tailored to this age group.

18a. Responses Breakdown	
Category	% Not confident they could get a job
Overall	38%
86–95	66%
76–85	46%
66–75	35%
55–65	26%
Non-digital vs Digital	51% vs 35%
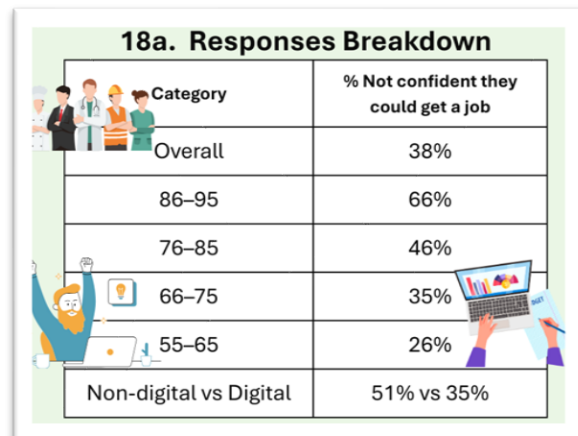
18a. Total Responses - Feel confident they could get a job if wanted

18a. I feel confident I could get a job if I wanted.
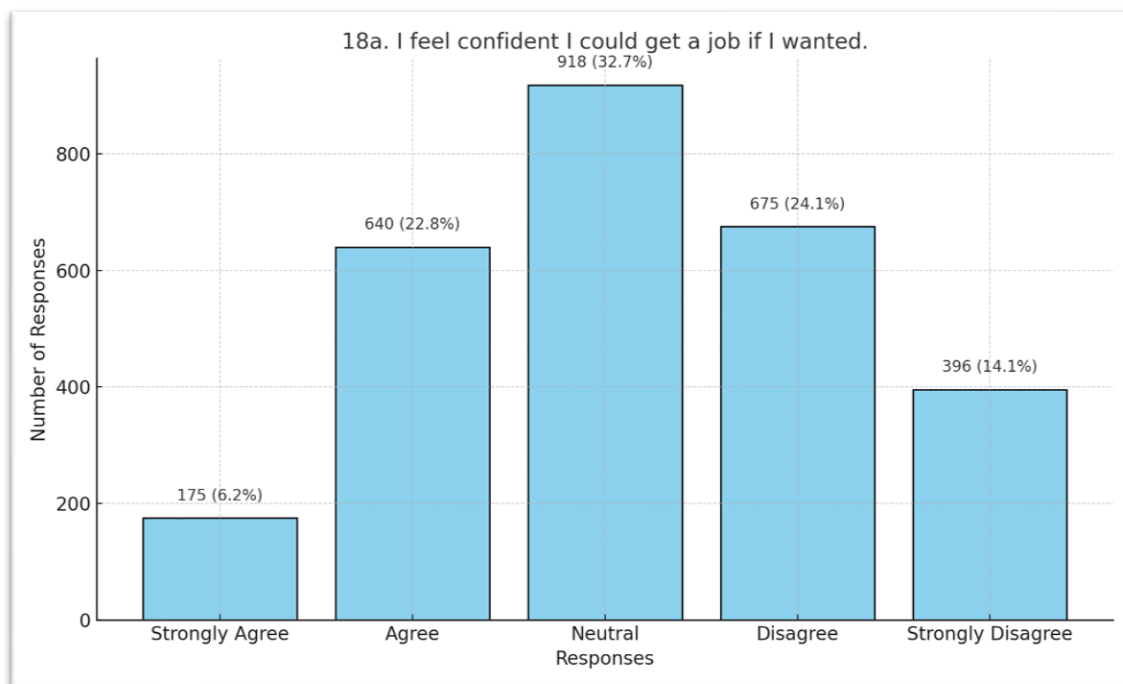
18b. I feel confident I could find voluntary work if I wanted

A large majority of respondents (71%) feel confident they could find voluntary work if they wanted. Confidence was highest in those aged 55–65 (79%) and 66–75 (75%) but dropped significantly in the 86–95 age group (44%), suggesting perceived access to voluntary opportunities may decline with age. Confidence was also much higher in digital respondents (75%) compared to non-digital (55%), which may reflect inequalities caused by digital exclusion, such as limited access to communications, information, or online application processes. Despite the encouraging picture overall, nearly 10% (285 people) reported lacking confidence and a further 524 were neutral. Supporting those who want to volunteer but face uncertainty can not only enhance sense of purpose and connection but also bring immense value to communities through the experience and insights older people offer.

18b. Responses Breakdown

Category	% Not confident finding voluntary work
Overall	10%
86–95	35%
76–85	10%
66–75	7%
55–65	7%
Non-digital vs Digital	22% vs 8%

18b. Total Responses - Feel confident they could find voluntary work

18b. I feel confident I could find voluntary work if I wanted

Strongly Agree: 573 (20%)
Agree: 1421 (51%)
Neutral: 524 (19%)
Disagree: 173 (6%)
Strongly Disagree: 112 (4%)
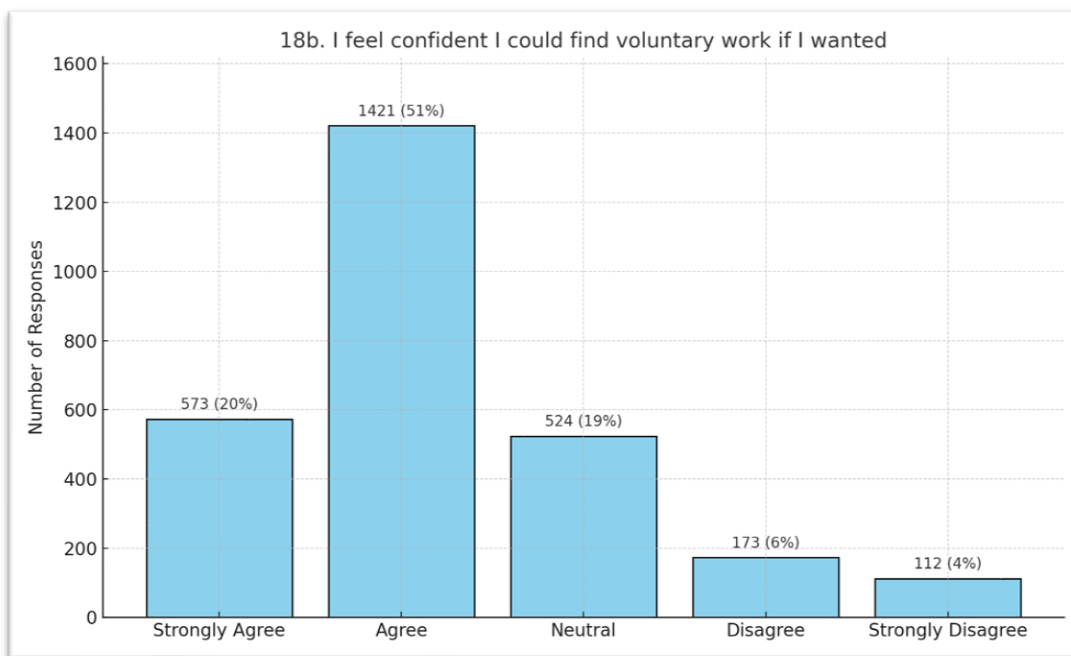
19. What is your experience of volunteering or finding employment aged 55+ in your area? Summary of free text responses: Positive Volunteering, Mixed Work Experiences and Limited Opportunities Define Experiences After Age 55

Many shared positive volunteering experiences, describing experiences as welcoming, rewarding, and a meaningful way to contribute skills and stay connected. In contrast, employment experiences were mixed. Some reported success finding part-time or flexible roles. Nevertheless, a significant number highlighted common barriers including limited opportunities, age-related discrimination, and under-valued experience. Some felt overlooked in favour of younger candidates. Additionally, several faced obstacles such as health issues, caregiving responsibilities, or a lack of accessible opportunities. These factors contributed to feelings of frustration and exclusion from the workforce.

Figure 19. Qualitative themes – Experiences of volunteering/employment

Most common themes for volunteering or employment experiences aged 55+

Theme	Value
Positive Volunteering Experiences	719 (34.5%)
Positive Employment Experiences	470 (22.5%)
Lack of Local Opportunities	283 (13.6%)
Experience of Age Discrimination	231 (11.1%)
Challenges with Finding Work	116 (5.6%)
Keen to Contribute but Facing Barriers	99 (4.7%)
Health or Caring Responsibilities	62 (3.0%)

NB: Percentages may add up to more than 100% because some people mentioned more than one reason.

Figure 19i. Word Cloud - What is your experience of volunteering or finding employment aged 55+ in your area?

Figure 19ii. Resident Quotes – Experiences of volunteering and employment

"Age is a huge barrier to employers. I changed jobs at 59 due to circumstances and found it extremely difficult to get a job."

"Easy to find and be accepted for volunteering roles but probably difficult for people not tech savvy"

"[...] Would love to do more volunteering but difficult to find anything other than sorting clothes in a charity shop"

"Love volunteering very fulfilling and feels like you can out something back into the community"

XIV. Communication and Information

This domain explores how older adults access, understand, and use information in their daily lives, from managing health and finances to staying informed about local services. Clear, inclusive communication is vital to independence, confidence, and participation, particularly in an increasingly digital world. Access to information affects people's ability to navigate healthcare, avoid scams, join community activities, and live well. As people age, physical, sensory, or digital barriers can make this harder. Ensuring information is both trusted and accessible, in multiple formats and languages, is key to ageing well in Hertfordshire.

i. How the Findings Align: Priorities and Insights

Survey and focus group findings align in emphasising the importance of inclusive communication and the need to support digital confidence without relying solely on online methods. The survey provides scale, revealing widespread use of the internet for everyday tasks, but also clear gaps in confidence, understanding and access, particularly for older age groups and non-digital residents. Focus groups deepen this by highlighting lived experiences of frustration, digital exclusion, and inaccessible formats. Together, they show digital access does not guarantee digital ease, and inclusive communication remains essential.

Key Findings Across Both Sources

Across both datasets, older residents expressed a desire for clear, reliable and accessible information, delivered in ways that meet the needs of diverse populations. People want to feel informed and supported, not excluded. Many still rely on offline sources such as printed materials, noticeboards, libraries, and word of mouth. Yet even some online users said they struggle with tasks like managing healthcare digitally. Participants also called for more consistency in how services communicate, better support for using digital devices, and information available in multiple languages and formats to reflect Hertfordshire's diversity.

The Combined Picture

Combined, the findings show that communication is a gateway to inclusion, or exclusion. While many older adults use digital tools confidently, significant numbers feel left behind. A 'digital-first' approach risks reinforcing inequalities if it overlooks those with limited access, experience, or interest in technology. Providing information in trusted, offline formats is not just a backup, it is vital for ensuring no one is excluded. Supporting digital learning, simplifying service information, and offering consistent, multi-channel communication will help more people remain independent, informed, and engaged in their communities.

Actionable Takeaways for Policy Makers

- **Offer Trusted, Multi-Formatted Communication:** Ensure service information is shared through printed, face-to-face, and digital formats to meet different preferences and access needs.

- **Promote trusted advocates:** Create and promote local advocates, whether through community connectors, chatty bus campaigns, age-friendly ambassadors or local advice lines such as Herts Help, to enable access to the right services in a way that feels safe, human and approachable.

- **Improve Clarity and Visibility:** Review and co-produce public communications for plain language, consistent messaging, and clear signposting, especially about health, local services and events.

- **Support Digital Confidence, Not Just Access:** Invest in local programmes offering hands-on support to build digital skills, tailored to different confidence levels and starting points.

- **Include Offline Users in Planning:** Recognise that some residents do not or cannot access digital information at all. Involve non-digital users when shaping local information strategies.

- **Promote Digital Safety and Scam Awareness:** Develop accessible training and guidance to help residents recognise scams and protect personal information.

- **Reflect Hertfordshire's Diversity:** Provide translated materials, sensory-accessible formats, and culturally appropriate communication to ensure all communities feel included and respected.

ii. Focus Groups Findings: Accessible information must be varied, trusted and tailored

Focus group participants highlighted that good communication means more than just providing information: it means doing so in a way that is inclusive, practical and easy to navigate. Discussions centred on the need for service information to be available through multiple formats and languages, including face-to-face, printed, and online, with particular attention to those who are digitally excluded or have sensory impairments. Participants also stressed the importance of clear, trusted sources, and support to build confidence with technology.

Focus Groups Quotes - What is required for good communication and information?

"Being confident – Having someone to show you the basics of how to use technology"
"Being able to hire equipment rather than buy"
"Being confident and not scared of AI"
"Being contacted (consistently) via our preferred method (especially when have a sight &/or hearing impairment)"
"More leaflets in different languages to increase access to support"
"Having information about local services available through a wide range of media – Word of mouth, online, noticeboards, GP signposting, Charity shops etc)"
"Somewhere to access benefits/housing/care information if not online"

These reflections reveal how effective communication is both relational and practical. People want to feel informed, respected and supported, not left behind. Tailored approaches are particularly crucial for those facing language barriers, disability, or digital exclusion. Supporting digital confidence and providing information in preferred formats helps build trust and ensure everyone can access the support they need.

iii. Survey Findings Overview: Digital access does not guarantee digital confidence: clear, inclusive communication remains vital

While most older residents feel confident managing their money, confidence drops when it comes to navigating healthcare online or understanding local service information. Even among those who responded online, offline methods were preferred by some. Fewer than half find information about local services easy to understand, highlighting a clear need for clearer, more accessible communication. Interest in learning how to recognise scams and improve digital skills was especially high among our oldest respondents and non-digital users. Overall, the findings point to the importance of offering both digital and offline options, while making communication clearer and more inclusive for everyone.

Most respondents (9/10) feel confident managing their personal finances. This high level of self-reported capability is reassuring, though confidence was slightly lower among non-digital respondents.

Managing healthcare online was more difficult: 1 in 4 find it hard to manage healthcare tasks online, including some who completed the survey digitally. This shows digital access does not automatically mean digital ease or preference.

Fewer than half of respondents felt information received about local services is clear and easy to understand. This was consistent across formats and age groups, indicating accessible communication, both online and offline, remains vital.

More than 1 in 4 people would like support to recognise scams and fraudulent information. Interest was highest among older respondents and those without digital access, pointing to a clear opportunity to improve digital safety.

The majority of people use the internet regularly to shop, stay informed, and connect. Though, this drops sharply in older age groups. Around half of those aged 86–95 do not use the internet regularly. Notably, even some digital respondents do not go online often, suggesting a preference for offline options.

More than 1 in 5 want to learn more around digital use, particularly those over 76 years, indicating an appetite for digital support, despite common stereotypes.

Most respondents use online information sources, though this may reflect greater digital responses to the survey. Others relied on printed materials, libraries, or word of mouth, reinforcing the need to share information in multiple formats.

20a. I can manage my bank accounts, pensions, benefits, and investments

An overwhelming proportion of respondents (90%) feel confident managing personal money matters. This is an extremely positive finding. On the other hand, approximately 30 individuals in each age group do not feel confident. The fact these numbers remain consistent across age groups suggests lack of confidence in managing money is not simply a function of age, but may instead be influenced by other factors, such as health, cognitive changes, unfamiliarity with digital banking, or past experiences with finances. Although these figures are reassuring overall, confidence was slightly lower among non-digital respondents (82%) compared to 92% of digital respondents, suggesting digital exclusion may still affect financial access and self-management for a small group. Ensuring inclusive support remains available will help protect financial independence for all.

20a. Responses Breakdown

Category	% Feel confident managing money matters
Overall	90%
66–75	93%
76–85	91%
55–65	90%
86–95	81%
Non-digital vs Digital	82% vs 92%
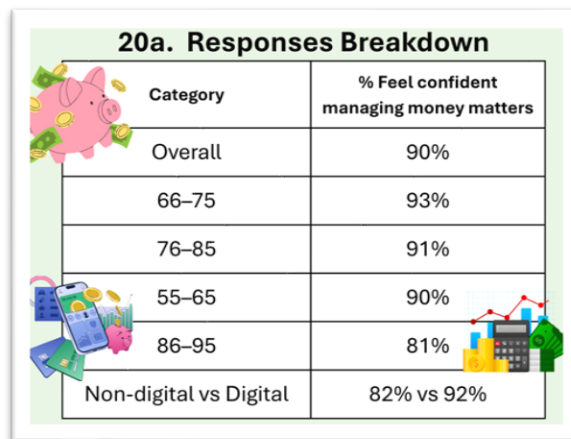
20a. Total Responses - Can manage personal money matters
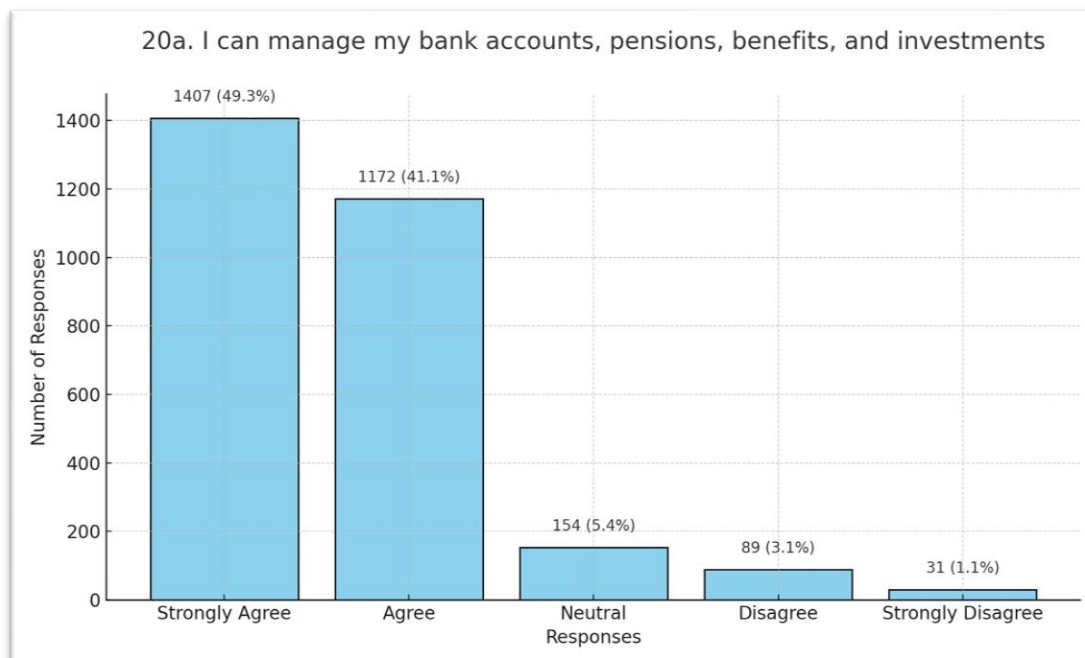
20a. I can manage my bank accounts, pensions, benefits, and investments

Response	Number
Strongly Agree	1407 (49.3%)
Agree	1172 (41.1%)
Neutral	154 (5.4%)
Disagree	89 (3.1%)
Strongly Disagree	31 (1.1%)

20b. I find it hard to manage healthcare tasks like prescriptions/appointments etc. on the internet.

A significant majority of respondents (69%) report being able to manage healthcare tasks online, such as prescriptions and appointments. Nevertheless, approximately 1 in 4 find these tasks difficult, including over 350 respondents who completed the survey online, yet still indicated challenges with online healthcare tasks. This highlights how digital access does not necessarily equate to ease or preference for digital use. This aligns with findings from Healthwatch Hertfordshire (2025), which

reported even 51% of individuals with digital access would not recommend online GP services and prefer offline options. These insights underscore the need for healthcare providers to offer support for those facing difficulties with digital healthcare tasks, ensuring digital services are accessible and user-friendly for all patients.

20b. Responses Breakdown

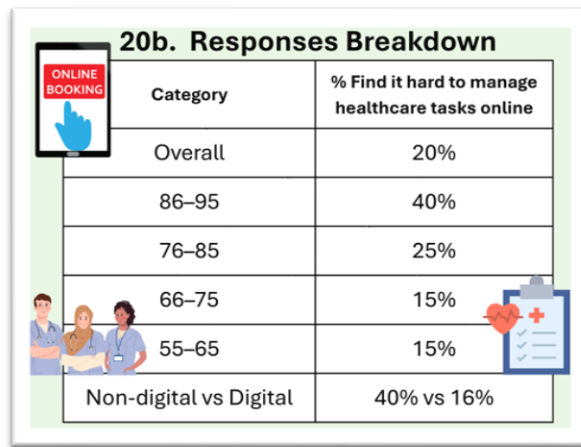| Category	% Find it hard to manage healthcare tasks online
Overall	20%
86–95	40%
76–85	25%
66–75	15%
55–65	15%
Non-digital vs Digital	40% vs 16%

20b. Total Responses - Can manage healthcare tasks online

20b. I find it hard to manage healthcare tasks like prescriptions/appointments etc on the internet.

Response	Number of Responses
Strongly Agree	194 (6.8%)
Agree	384 (13.5%)
Neutral	312 (11.0%)
Disagree	1045 (36.8%)
Strongly Disagree	908 (31.9%)
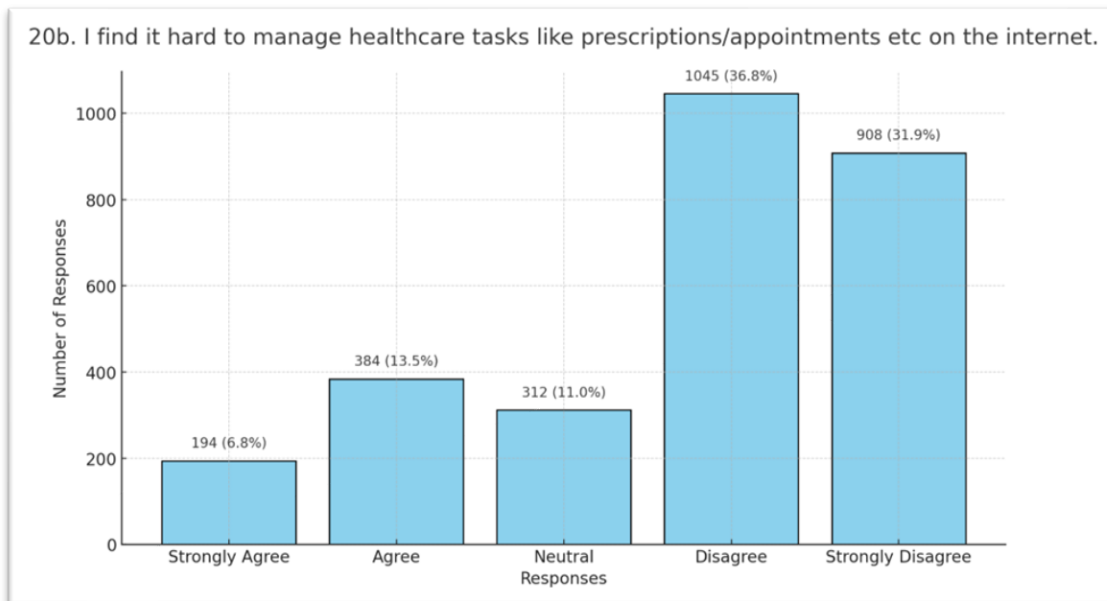
20c. The information I receive about local services is clear and easy to understand.

Just under half of all respondents feel the information they receive about local services is clear and easy to understand. Around 4 in 10 were neutral, and 13% (n=360) said it was not clear. People aged 55–65 were most likely to find the information clear (52%), whilst those aged 86–95 were least likely (42%). There was very little difference between digital and non-digital respondents, showing having digital access alone does not guarantee better understanding. This reinforces the need for communication that is genuinely accessible online and offline,

ensuring all older adults are able to navigate and benefit from available support and services. Good communication is essential to ensure older people can access the support they need and feel confident navigating local services (Centre for Ageing Better, 2025b).

20c. Responses Breakdown

Category	% Feel service info is easy to understand
Overall	48%
55–65	52%
66–75	48%
76–85	48%
86–95	42%
Non-digital vs Digital	49% vs 48%
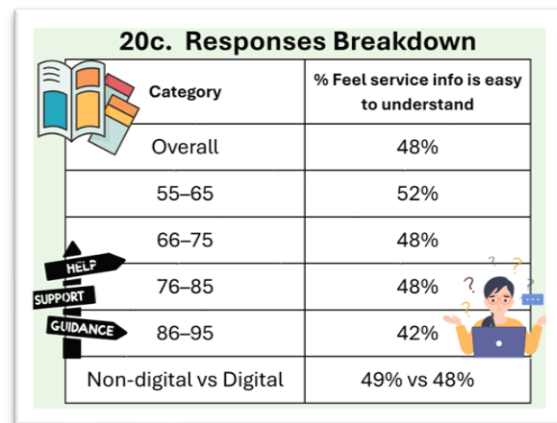
20c. Total Responses - Feel service information is easy to understand

20c. The information I receive about local services is clear and easy to understand.

Strongly Agree: 253 (8.9%)
Agree: 1115 (39.3%)
Neutral: 1111 (39.1%)
Disagree: 298 (10.5%)
Strongly Disagree: 61 (2.1%)
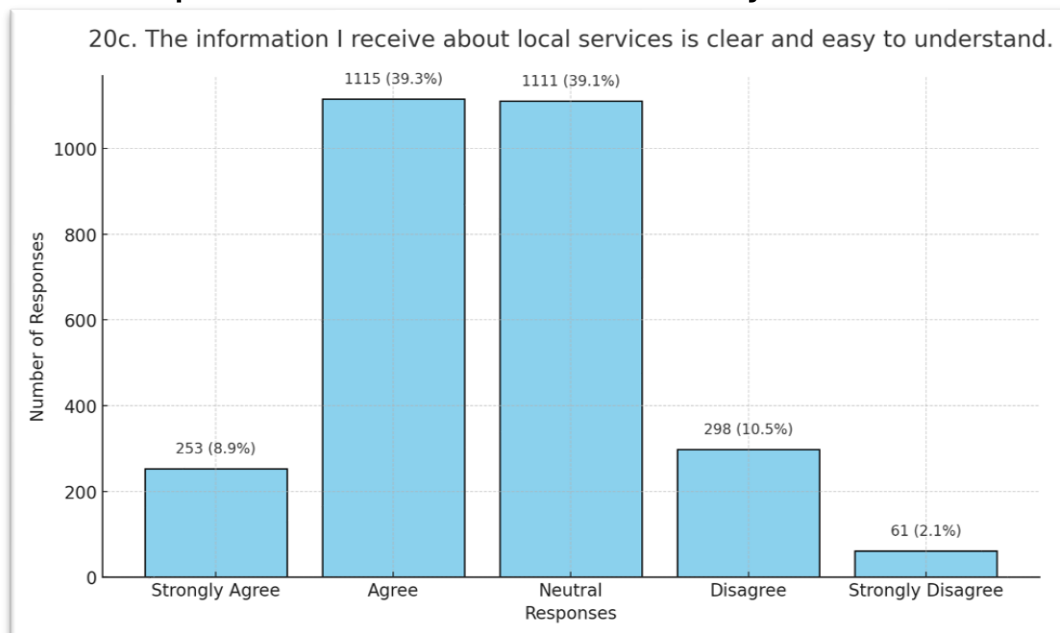
20d. I would like training or advice on how to recognise scams &/or fraudulent information.

Just over a quarter of respondents (28%) would like support recognising scams or fraudulent information. This was most commonly reported by those aged 86–95 (35%) and 76–85 (30%), highlighting an opportunity to offer targeted support to older age groups. Interestingly, 44% of non-digital respondents expressed interest in this support compared to 24% of digital respondents, suggesting a digital divide in confidence and awareness.

Although 39% overall do not feel they need this support, the high number of neutral responses (34%) may reflect uncertainty, suggesting the importance of offering accessible and inclusive guidance to improve digital safety and confidence.

20d. Responses Breakdown

SCAM ALERT Category	% Would like training/ advice recognising scams
Overall	28%
86–95	35%
76–85	30%
66–75	27%
55–65	24%
Non-digital vs Digital	44% vs 24%
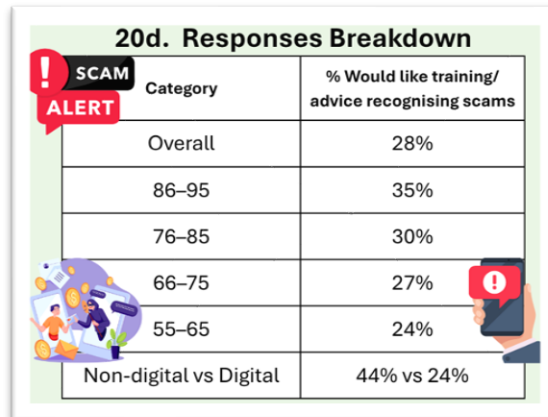
20d. Total Responses who would like support identifying scams

20d. I would like training or advice on how to recognise scams &/or fraudulent information.

Response	Number
Strongly Agree	145 (5.1%)
Agree	635 (22.4%)
Neutral	952 (33.6%)
Disagree	830 (29.3%)
Strongly Disagree	274 (9.7%)

Hertfordshire age UK

CVS North Herts & Stevenage

Hertfordshire
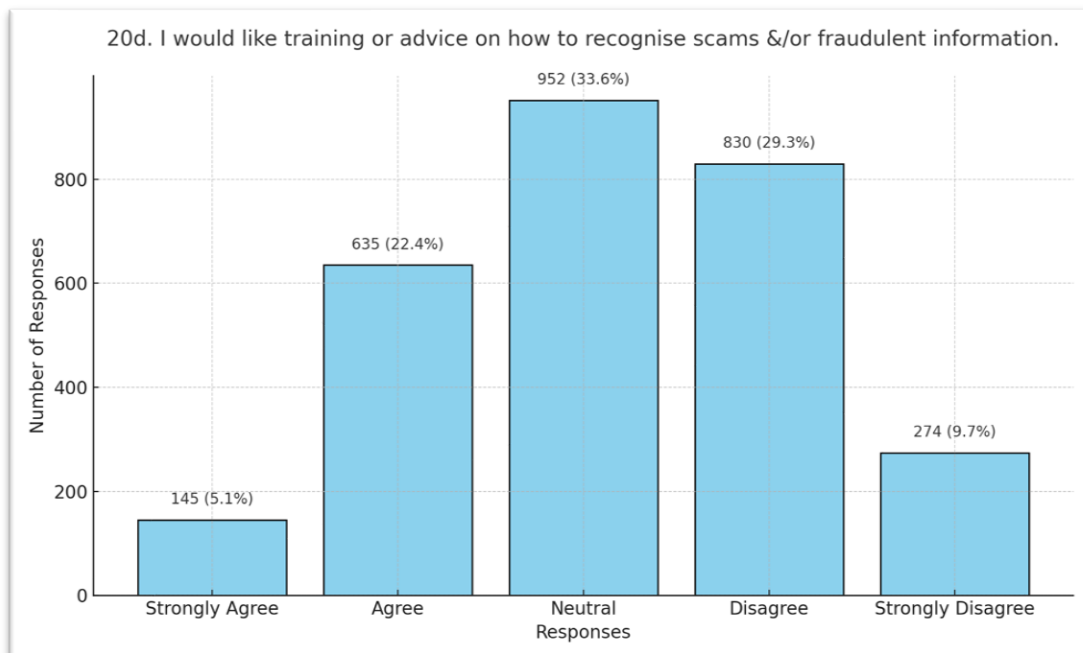
20e. I regularly use the internet for shopping, connecting with people, and news updates.

The majority of respondents (79%) regularly use the internet for shopping, staying informed, and staying connected with others. Usage was highest among the 55–65 and 66-75 age groups Yet importantly, internet use dropped sharply to 53% in those aged 86–95, with 1 in 3 saying they do not regularly use the internet. Interestingly, even amongst those who chose to complete the survey online, 165 respondents do not use the internet regularly. This suggests either reliance on support or a preference for offline options, despite digital familiarity.

The high number of older people using the internet challenges outdated assumptions that older adults cannot, will not, or do not, use technology. Despite this, a more inclusive approach recognises the need to offer both online and offline options, ensuring individuals can choose what works best for them to reduce inequalities generated by digital exclusion.

20e. Responses Breakdown

Category	% Regularly use the internet
Overall	79%
55–65	88%
66–75	83%
76–85	76%
86–95	53%
Non-digital vs Digital	53% vs 85%

20e. Total Responses - Regularly using the internet for shopping and connecting

20e. I regularly use the internet for shopping, connecting with people, and news updates.

Strongly Agree: 1034 (36.3%)
Agree: 1209 (42.5%)
Neutral: 258 (9.1%)
Disagree: 211 (7.4%)
Strongly Disagree: 134 (4.7%)
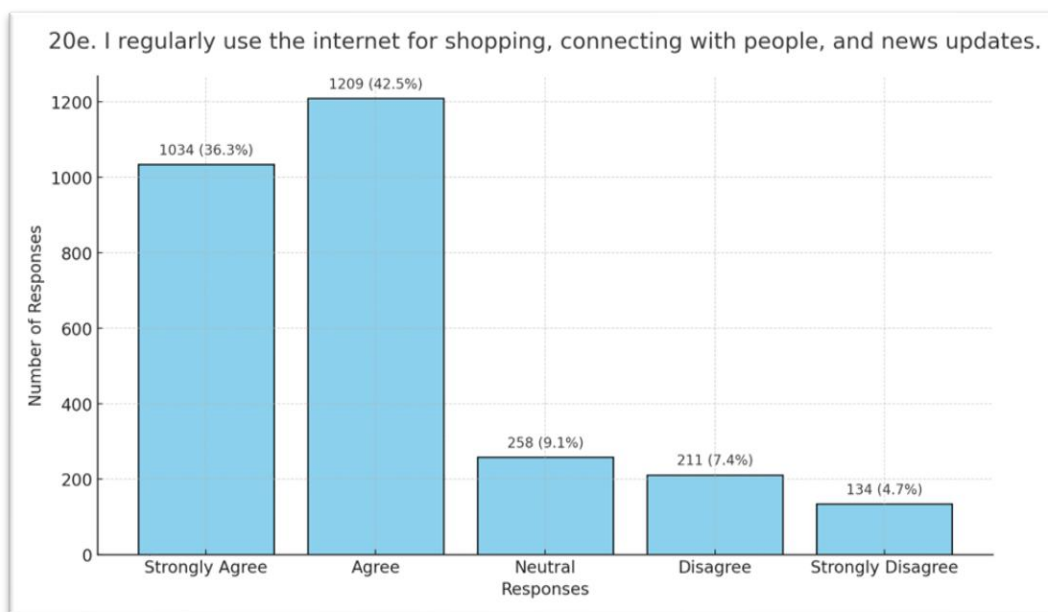
20f. I am interested in learning more about how to use a phone/laptop/tablet.

Just over half of respondents are not currently interested in learning more about how to use a phone, laptop, or tablet. Conversely, more than 1 in 5 are. Interest was highest amongst those aged 86–95 (36%) and 76–85 (28%), indicating older age groups may be more open to digital support than generally assumed. Though digital respondents were less likely to want training (19%) than non-digital respondents (39%), this still represents nearly 1 in 5 digital users, challenging assumptions that digital familiarity removes the need for learning.

This highlights an opportunity to provide optional, age-inclusive digital learning offers for those who want it, ensuring technology can work for those expressing interest, regardless of current skill level.

20f. Responses Breakdown

Category	% Interested in digital training
Overall	22%
86–95	36%
76–85	28%
66–75	20%
55–65	15%
Non-digital vs Digital	39% vs 19%

20f. Total Responses - Interested in digital learning

20f. I am interested in learning more about how to use a phone/laptop/tablet.

Response	Number
Strongly Agree	158 (5.6%)
Agree	474 (16.7%)
Neutral	737 (26.0%)
Disagree	910 (32.1%)
Strongly Disagree	552 (19.5%)
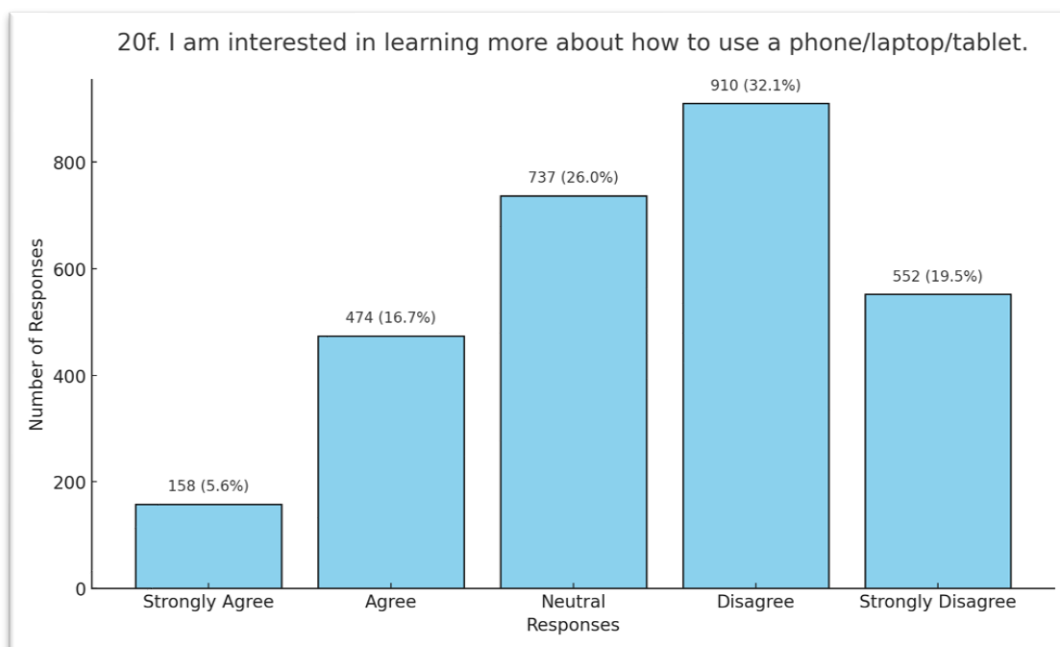
21. Please name a source you regularly use to get information about activities, events, services, and local news in your area. Summary of free text responses: Positive Volunteering, Mixed Work Experiences and Limited Opportunities Define Experiences After Age 55

The most commonly mentioned sources of information were online platforms, including internet searches, council websites, local news sites, and social media platforms. Nevertheless, it is worth noting the strong bias towards online sources, which is likely influenced by the survey sample, where digital responses outnumbered paper responses by more than 3 to 1. Therefore, this data likely underrepresents how non-digital residents access information. Still, significant numbers rely on libraries, noticeboards, or council leaflets, and printed local newspapers and magazines, such as the Comet or Herts Advertiser. Word of mouth was also frequently cited. However, it is important to highlight many respondents say they do not receive information at all. This indicates a gap in communication that may be leaving some unaware of opportunities available. Exploring this gap further is crucial to ensure all residents can access information needed to stay independent, connected, and informed.

Figure 21. Qualitative themes – Common sources of information about local events and services

Most common sources of information about local events and services

Source	Number of Respondents
Local News Websites / Internet Searches	954 (40.2%)
Social Media (Facebook, Instagram, Nextdoor, LinkedIn)	439 (18.5%)
Printed Local Newspapers / Magazines	387 (16.3%)
Library or Council Info	226 (9.5%)
Email Newsletters or Mailing Lists	202 (8.5%)
Word of Mouth / Friends and Family	193 (8.1%)
Community Noticeboards / Posters	84 (3.5%)
Do not receive any information	69 (2.9%)
Community Organisations or Churches	62 (2.6%)
Radio or Local TV	53 (2.2%)

NB: *Percentages may add up to more than 100% because some people mentioned more than one reason*

Figure 21i. Word Cloud - Please name a source you regularly use to get information about activities, events, services, and local news in your area
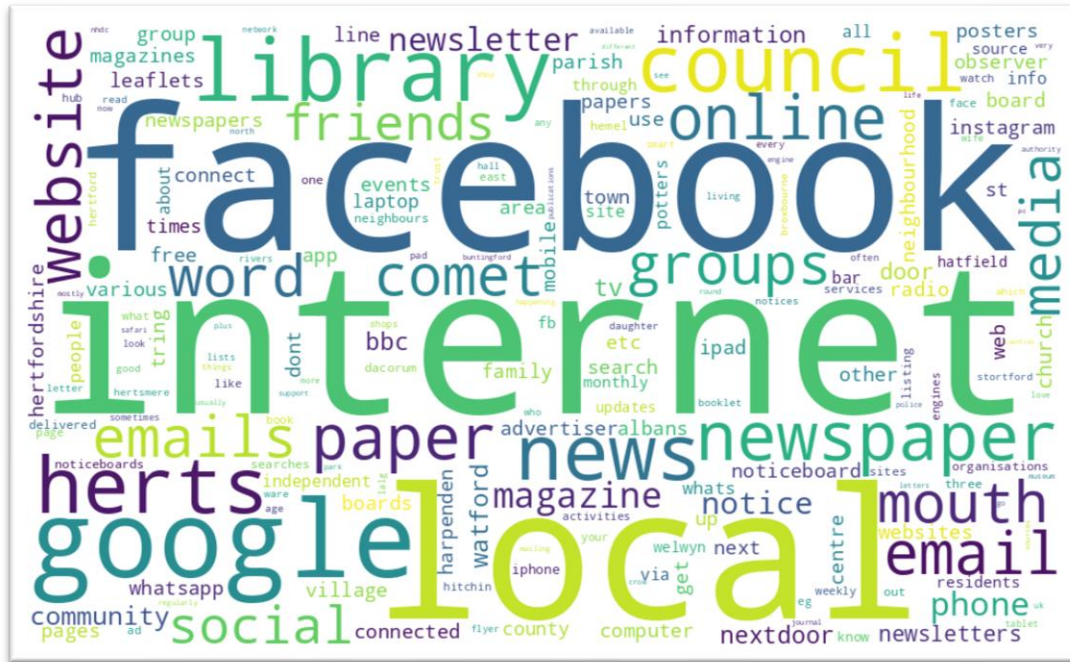
Figure 21ii. Quotes – Where to find information about local events/service

"Library,Neighbours ,friends,local coffee shops. Pilates group. Church notice boards,comet on line."

"I don't know where to go to."

"Comet newspaper/noticeboard in museum or library, supermarkets, word of mouth."

"Facebook pages for local areas (villages and towns). Instagram […]."

"There are lots of different Facebook pages with local events and opportunities. It would be good if they were all in one place (Facebook page/forum/website) as I often miss out on things I may be interested in as you have to see them when they're first posted or go searching."

XV. Community Support and Health Services

This domain examines how well Hertfordshire's community support and health services enable older residents to live independently, stay healthy, and feel included. It covers access to healthcare, support with daily needs, and confidence in navigating services. Responsive, accessible joined-up services are vital for maintaining independence, managing long-term conditions, and promoting quality of life as we age. Organisations offering easy to reach, understanding, and inclusive services contribute to the prevention of declining health, ensuring people remain confident, in control of their wellbeing and connected to their communities.

i. How the Findings Align: Priorities and Insights

Survey and focus group findings consistently point to the importance of accessible, joined-up, and person-centred services. The survey provides a broad overview of how residents are managing and what gaps exist, whereas focus groups offer lived experiences of what good support looks like in practice. Both highlight the need for better communication, clearer pathways to help, and respect for individual identities. Focus groups added particular depth around the value of same-day human contact and co-located support in community venues.

Key Findings Across Both Sources

Most older adults feel they are managing well and staying active, yet challenges remain around access to healthcare and clarity about where to go for help. Residents expressed frustration with online-only healthcare systems, long waits for GP appointments, and limited face-to-face support. Focus groups echoed these concerns and stressed the value of speaking to someone in person. Moreover, barriers such as digital exclusion, unclear signposting, and limited transport highlighted how it is harder to access timely support. Carers, those from diverse backgrounds, and people with lower confidence increasingly face challenges, therefore people want holistic care, closer to home, embedded in community spaces.

The Combined Picture

The data paints a picture of a largely resilient population who require clearer, and more connected support to prevent health decline. The majority are managing well today, but around 1 in 10 have unmet care needs and many more lack confidence in knowing where to turn. These gaps could widen as people age or services increasingly become inaccessible to certain populations. The findings underscore how good community and health support is not just about service provision, but about trust, visibility, respect, and inclusion. The challenge is not only in delivering services, but in designing systems people can reach and navigate.

Actionable Takeaways for Policy Makers

- **Improve GP and NHS Access:** Expand options for non-digital booking of appointments and invest in face-to-face provision to ensure services are inclusive and responsive.

- **Embed Holistic Support in Community Settings:** Co-locate clinical, social prescribing and support services in central community venues to create trusted, easy-to-navigate local hubs.

- **Strengthen Signposting and Communication:** Develop clear, inclusive communication about available services and how to access them, ensuring visibility for both digital and non-digital audiences.

- **Recognise Carers and Diverse Needs:** Increase carer assessments and ensure services are inclusive of LGBTQ+ residents and culturally diverse communities.

- **Invest in Preventative Care and Relationships:** Offer routine health checks, mental health support, and early intervention programmes to reduce crisis need and promote independence.

- **Address Access Barriers:** Tackle transport, physical access, and digital exclusion as intersecting challenges that prevent people from reaching the support they need.

ii. Focus Groups Findings: Joined-up, accessible services and human connection are key

Focus group participants highlighted the importance of having accessible, joined-up community and health services that people can understand, navigate and trust. When asked "what would good look like," the most consistent themes were non-digital access to appointments, joined up and holistic care/signposting in familiar settings, and support that recognises individual circumstances, including for carers and those from diverse communities.

Focus Groups Quotes - What is required for good community support and health services?

"Be able to make an appointment on the phone and not having to go online"

"If no appointment - Knowing where pharmacies are that can help with your query"

"Purpose built community buildings that are central to towns and easy to access"

"At home options for strength, balance and mobility sessions (e.g. the ones provided by Hils)"

"More than one disabled parking space at GP surgery"

"Clinical and Social prescribing in one community venue (GPs and Social prescribers all working together at the same time in a central location)"

"All services working together – Top down, bottom up & Singing from the same hymn sheet"

"Targeted outreach and support for diverse communities"

"Care homes would celebrate LGBTQ+ identity"

"Increase carers assessments across diverse communities"

The discussions show that good support is not only about individual services but also creating a coordinated system that meets people where they are at. People value being able to speak to someone directly, especially when in distress, and consistent, in-person options as an alternative to online-only systems. Supporting carers, recognising diversity, and embedding services into welcoming local spaces were also raised as vital steps to make health and community support more inclusive and responsive.

iii. Survey Findings Overview: Strong self-reliance but growing need for clearer access and earlier support

Most older adults report living well, staying active, and managing their needs, with nearly 9 in 10 physically active and confident in their daily care. However, cracks begin to show in access and navigation. Confidence in reaching health services drops in the oldest age group, and more than 4 in 10 people are unsure where to go for help. 1 in 10 say their care needs are not met, which represents hundreds of individuals at risk of falling through the net. People require better GP access including appointment bookings over the phone, clearer signposting, and joined-up, respectful care. These findings suggest that despite many coping well, earlier intervention, accessible communication, and community-based approaches are key to preventing unmet needs, reducing inequalities and supporting healthy ageing for all.

Over 8 in 10 people are physically active on a usual day, meeting the recommended 30 minutes of activity. Interestingly, the most active groups were aged 66–85, challenging assumptions that physical activity drops steeply with age.

Around 3 in 4 said they can access health services easily when needed. However, this dropped to fewer than 2 in 3 among those aged 86–95, showing that service accessibility becomes more challenging later in life.

Around 1 in 10 people said their care and support needs are not being met. While this is reassuring for most, it still represents a sizable group at risk of not getting the support they need, particularly among those aged 55–65.

Nearly 9 in 10 respondents said they live well and manage care needs, showing strong self-reported wellbeing. Nevertheless, a small group reported not coping, reinforcing the importance of early identification and tailored support.

Fewer than 6 in 10 know where to go to get help, and 1 in 4 were unsure. This lack of clarity could lead to delays in accessing essential support as treatment or preventative care, as many people do not know what services exist or how to navigate them.

Many called for better GP access, clearer information, and proactive, community-based or holistic care. Mental health support and respectful, age-inclusive approaches were also commonly requested.

22a. On a 'usual' day I am physically active for at least 30 minutes.

The large majority of respondents (84%) are physically active for at least 30 minutes a day, suggesting many adults over 55 are already maintaining recommended activity levels. Physical activity was most common in the 76–85 age group (87%), followed closely by those aged 66–75 and 86–95, with slightly lower levels in the 55–65 group (80%). This may reflect time pressures or a lack of accessible or appealing opportunities for physical activity for under 66. The overall, positive picture challenges outdated stereotypes and reinforces the

importance of supporting ongoing physical activity into later life. Moreover, there was little difference between digital (84%) and non-digital (83%) respondents, indicating this is a shared strength across groups.

22a. Responses Breakdown

Category	% Active for 30+ mins on a usual day
Overall	84%
76–85	87%
66–75	85%
86–95	83%
55–65	80%
Non-digital vs Digital	83% vs 84%

22a. Total Responses - Physically active for at least 30 minutes on a usual day

22a. On a 'usual' day I am physically active for at least 30 minutes

- Strongly Agree: 1118 (39.4%)
- Agree: 1258 (44.3%)
- Neutral: 232 (8.2%)
- Disagree: 185 (6.5%)
- Strongly Disagree: 48 (1.7%)
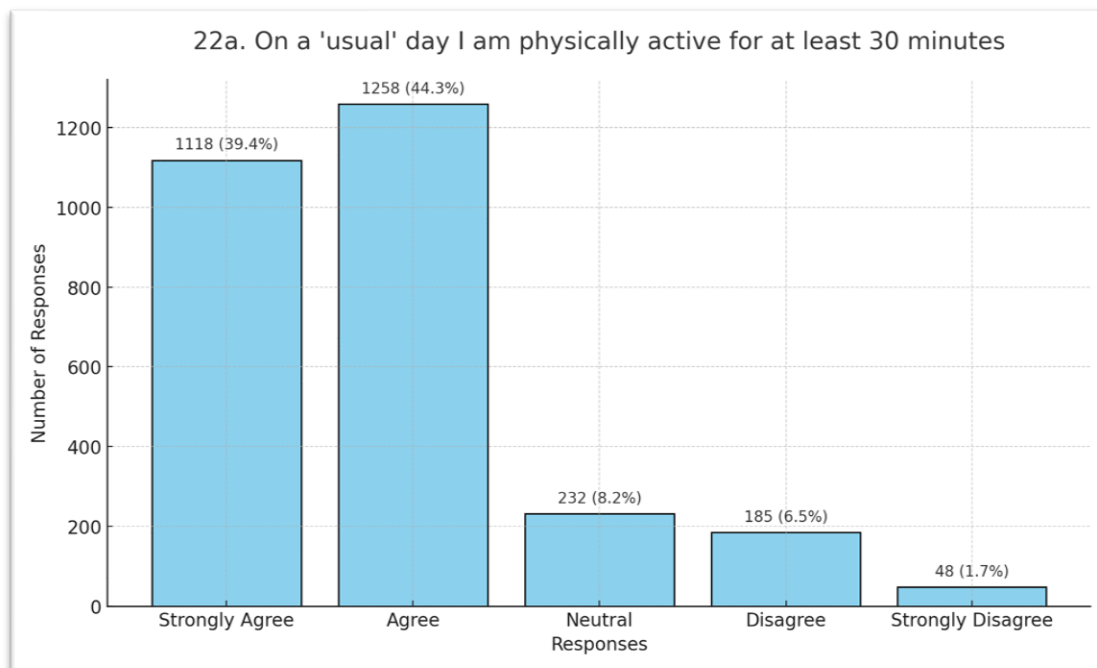
22b. I am able to visit health services easily when needed (surgeries, dental, physio etc.)

Just under three-quarters of respondents (74%) are able to access health services easily when needed. Confidence was highest in those aged 66–85, and slightly lower among those aged 55–65. However, ease of access dropped to 64% in the 86–95 group, meaning around 1 in 4 people in this age range experience difficulties. Across all age groups, 15% of respondents reported struggling to access services. This may reflect barriers such as physical access, difficulty booking appointments, or local service availability. Although

results were broadly positive, non-digital respondents were less likely to report ease of access than digital respondents, highlighting a digital divide in how services are navigated. Tackling both digital and physical access barriers remains key to supporting ageing well.

22b. Responses Breakdown

Category	% Can access health services easily
Overall	74%
76–85	77%
66–75	76%
55–65	72%
86–95	64%
Non-digital vs Digital	69% vs 75%
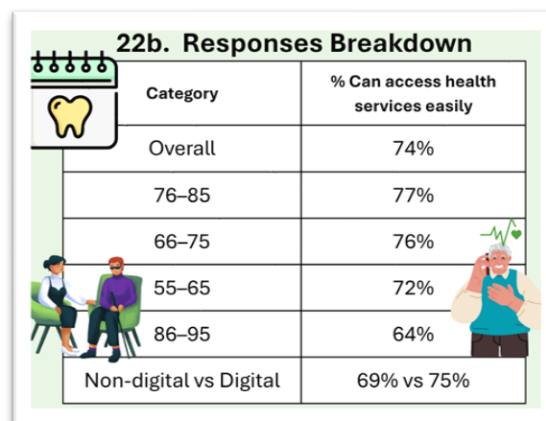
22b. Total Response - Able to visit health services easily when needed

22b. I am able to visit health services easily when needed (surgeries, dental, physio etc.)

- Strongly Agree: 849 (29.9%)
- Agree: 1253 (44.2%)
- Neutral: 301 (10.6%)
- Disagree: 300 (10.6%)
- Strongly Disagree: 132 (4.7%)
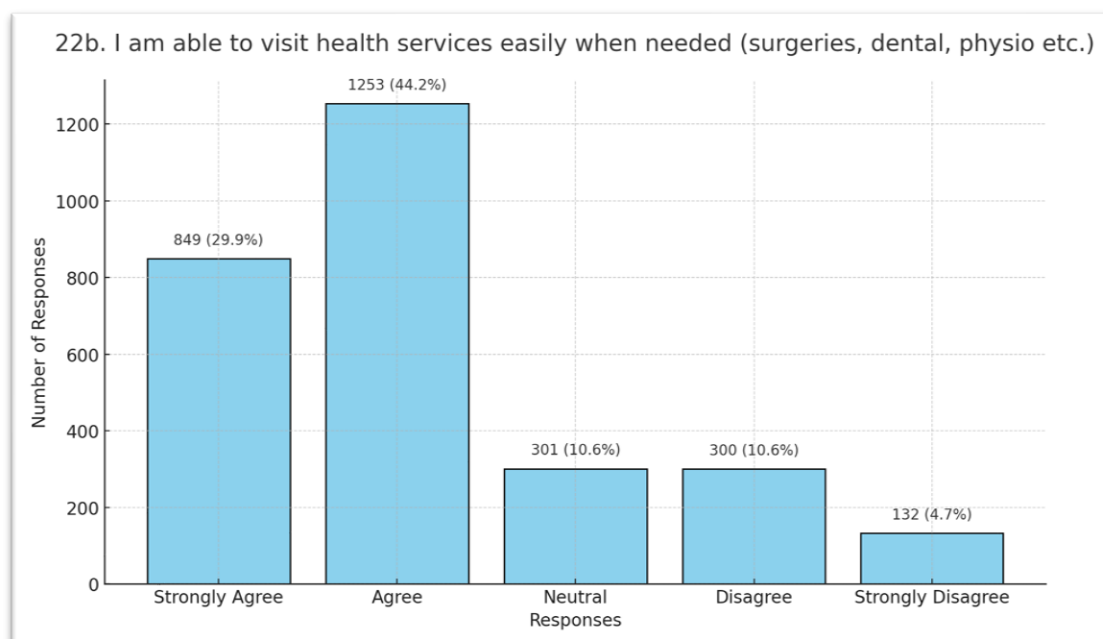
22c. My care and support needs are not being met.

12% of respondents said their care and support needs are not being met. Whilst this is reassuring for most, this still represents over 330 individuals, many of whom may be experiencing gaps in access, availability, or appropriateness of care. Particularly, unmet need was highest in the 55–65 age group and lowest in the 76–85 group. There was a slight difference between digital and non-digital respondents, which may point to barriers around communication, service awareness, or accessibility that are worth exploring further.

Ensuring support is inclusive and responsive remains critical to prevention, helping to reduce escalation of need and ensure people can maintain independence and quality of life as they age.

22c. Responses Breakdown

Category	% Say care and support needs not being met
Overall	12%
55–65	14%
86–95	13%
66–75	12%
76–85	9%
Non-digital vs Digital	16% vs 11%
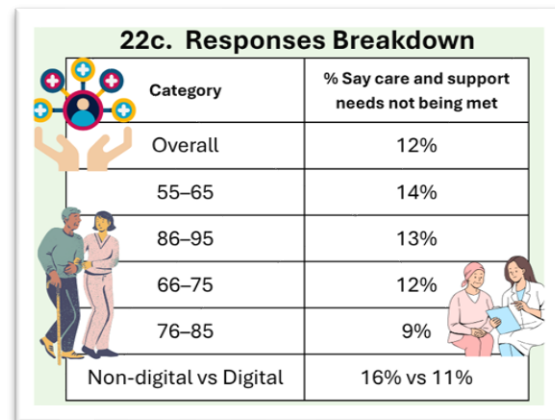
22c. Total Responses - Care and support needs not being met.

22c. My care and support needs are not being met.

Response	Number of Responses
Strongly Agree	92 (3.3%)
Agree	242 (8.6%)
Neutral	705 (25.1%)
Disagree	1045 (37.1%)
Strongly Disagree	730 (25.9%)
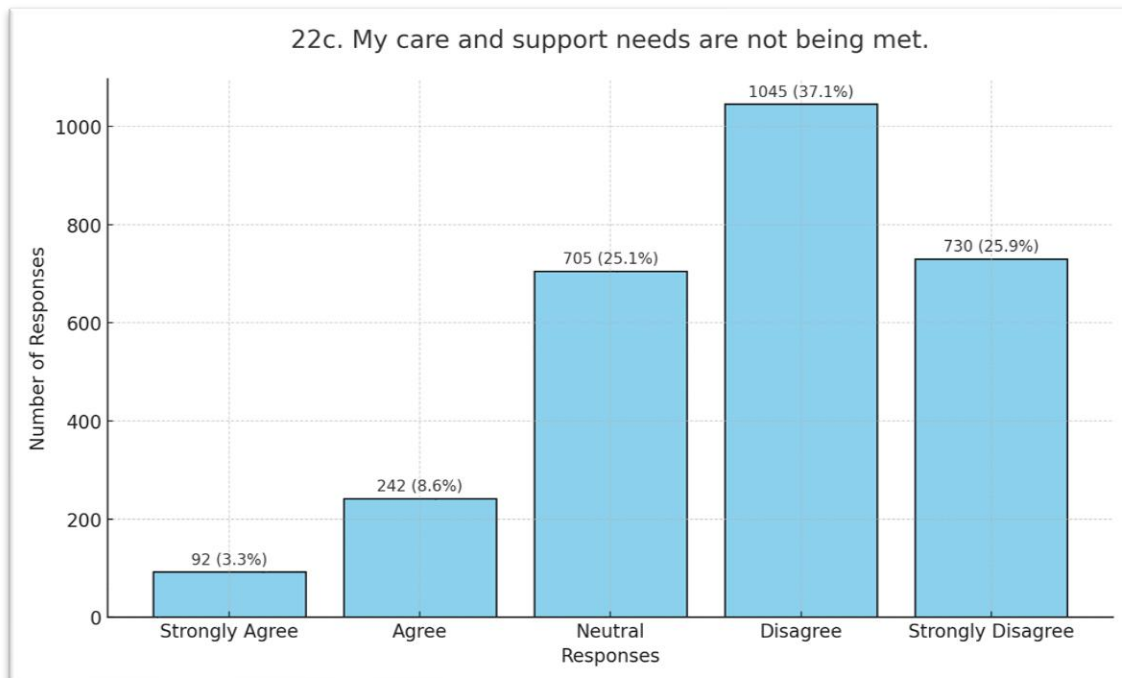
22d. I live well and manage care, and support needs myself or with support.

The vast majority of respondents feel they live well and are able to manage their care and support needs, either independently or with help. This trend was consistent across all age groups, with between 8/9 out of 10 people showing high confidence. Conversely, 4% of all respondents (n=104) reported not coping, which is positive for the majority but highlights the important need to identify and support those most at risk. These findings closely reflect responses to

question 22c on unmet needs, where 12% felt their care was not being met. The consistency between these differently framed questions reinforces the reliability of the insight. Ensuring support is inclusive, proactive, and responsive remains key to helping everyone maintain independence and quality of life.

22d. Responses Breakdown

Category	% Feel able to manage care and support needs
Overall	86%
76–85	87%
66–75	86%
55–65	85%
86–95	81%
Non-digital vs Digital	81% vs 87%
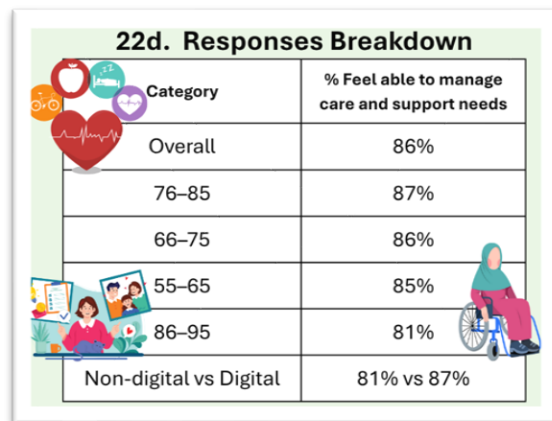
22d. Total Responses - Living well and managing care and support needs

22d. I live well and manage care and support needs myself or with support.

Response	Number
Strongly Agree	1102 (39%)
Agree	1325 (47%)
Neutral	303 (11%)
Disagree	72 (3%)
Strongly Disagree	32 (1%)
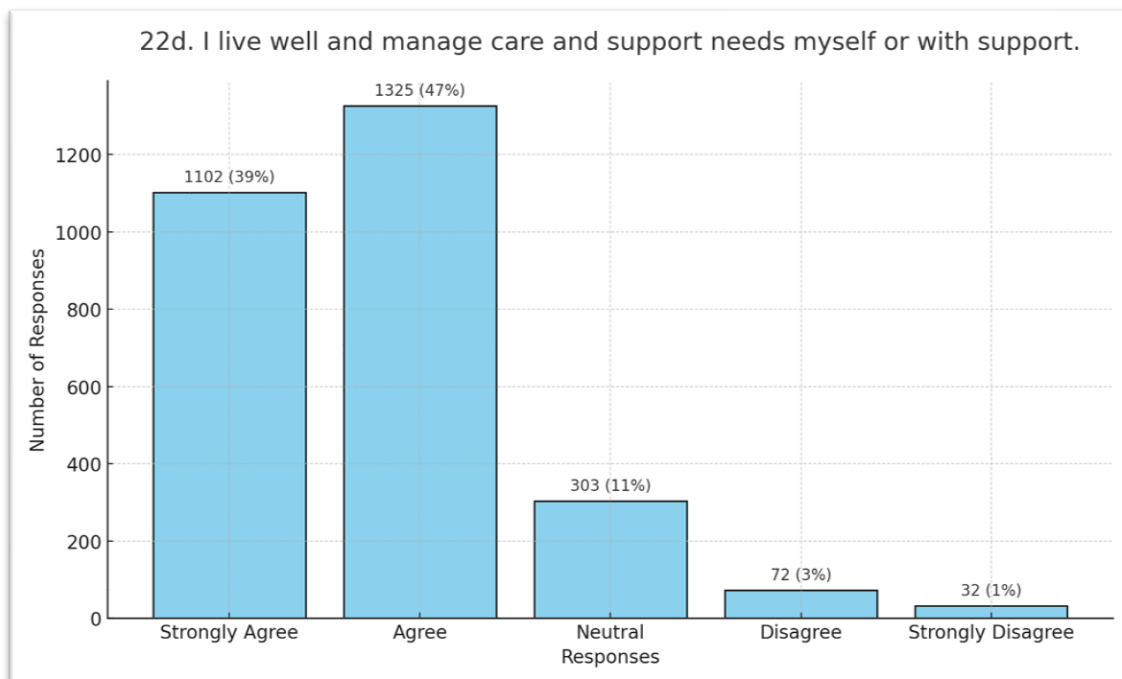
22e. I know where to go for help to access support.

Just under 6 in 10 respondents know where to go for help to access support, while over a quarter were neutral, and 14% disagreed. This means more than 4 in 10 people do not feel confident about where to go for help; a concerning finding when early access to the right support can make a significant difference. If people are unsure where to turn, they may delay seeking help, leading to avoidable deterioration in health, wellbeing, or independence. Confidence was fairly consistent across age groups, with the highest among those aged 86–95. Interestingly, non-digital respondents were slightly more likely to feel confident than digital ones, showing traditional routes to support still matter. These findings reinforce the need for clearer, more inclusive communication and signposting support to help people access preventative or early interventions and stay independent for longer.

22e. Responses Breakdown

Category	% Who know where to go for help to access support
Overall	59%
86–95	62%
55–65	59%
66–75	59%
76–85	57%
Non-digital vs Digital	65% vs 58%
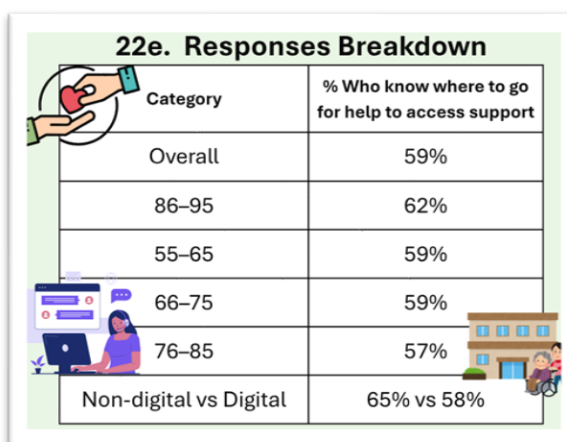
22e. Total Responses - Who know where to go for help to access support.

22e. I know where to go for help to access support

Response	Number of Responses
Strongly Agree	473 (17%)
Agree	1184 (42%)
Neutral	750 (27%)
Disagree	349 (12%)
Strongly Disagree	54 (2%)
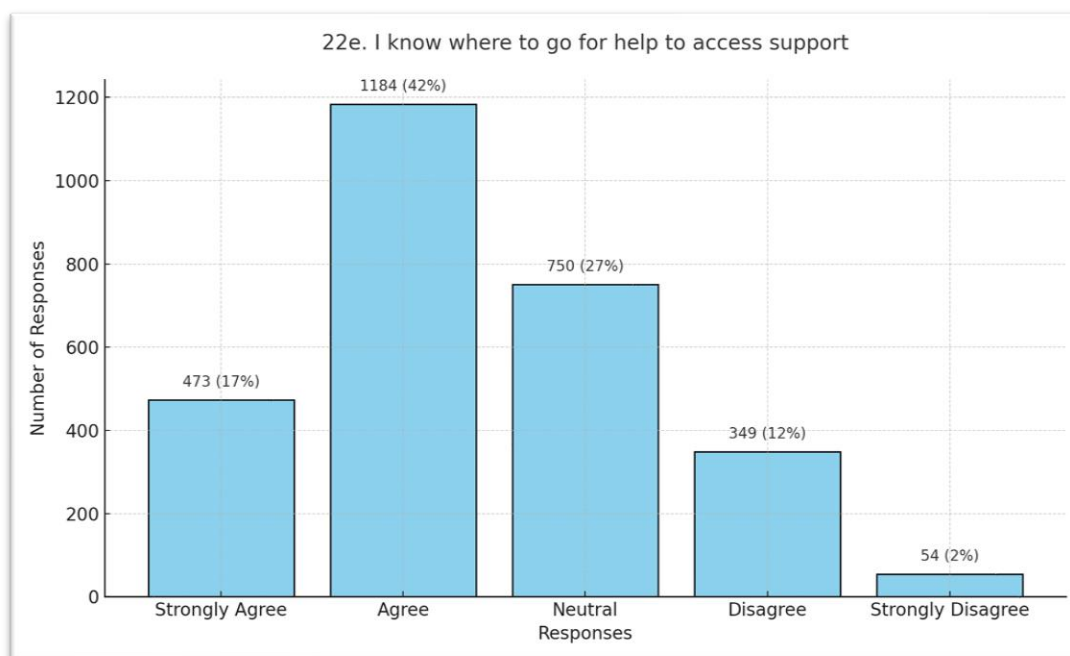
23. What improvements in community and health services would better support 55+ years? Summary of free text responses: Barriers to NHS Access, Transport Challenges and Communication Gaps Define Health and Care Priorities

The most frequently cited priority was improving access to NHS services, especially GPs. Many described struggling to book appointments, long waiting times, and difficulty securing face-to-face contact. Several raised concerns about digital booking systems, which they felt excluded those without internet access or digital confidence. Others mentioned barriers such as mobility issues, limited transport, or the need for more clinics closer to where people live. Next, transport emerged as another key theme, with many highlighting that even when services are available, reaching them can be difficult. Suggestions included more reliable public transport, and better links to hospitals and GP practices. Additionally, clearer communication and signposting support was also frequently requested as people often felt unsure about what services exist, who they are for, or how to access them. Some residents urged for greater investment in preventative support and earlier intervention, such as routine health checks or guidance. Others highlighted the need for more joined-up care, more respectful and inclusive services, better mental health support, and improved access to community-based care or home visits.

Figure 23. Qualitative themes – Improvements required to health services

Top 10 Improvements in Community and Health Services Needed to Support 55+

Theme	Number of Responses
Access to NHS Services (GPs, Hospitals & Clinics)	62.7% (955)
Transport to Health Services	9.1% (139)
Communication & Navigation	5.2% (80)
Prevention & Early Support	4.7% (72)
Joined-Up / Person-Centred Care	3.9% (59)
Inclusive & Respectful Care	3.7% (56)
Social Prescribing & Community-Based Support	3.4% (52)
Support for Carers	3.1% (47)
Home-Based or Mobile Support	2.4% (36)
Mental Health & Emotional Support	1.8% (28)

Figure 23i. Word Cloud - What improvements in community and health services would better support 55+ years?

Figure 23ii. Quotes – How to improve health services for those over 55 years?

"Access to GP is awful. [...] they demand you go on the internet to fill in a form. People who are not tech savvy are really struggling."

"Hubs for information on various services and signposting"

"Easier access to all sorts of health services and better, joined up public transport between places."

"Social activities and entertainment facilities"

"All Hospitals & Gp's, need to be linked up better with each other [...]. Patient care comes a poor 2nd place"

"More information as to where to get help"

XVI. General Reflections on Ageing Locally

This section captures residents' broader reflections on ageing in Hertfordshire, drawing on open-ended comments about anything important related to ageing that residents wanted to note in the survey and focus group dialogue around appropriate terminology. This data matters because it provided the opportunity for residents to highlight what matters most to them, reflecting real-world barriers influencing daily life, and points to the kinds of changes that would make Hertfordshire more age friendly. From unsafe pavements and poor public transport to GP delays and feeling disrespected or stereotyped, these insights build a picture of what needs to be addressed to promote ageing well in Hertfordshire.

i. How the Findings Align: Priorities and Insights

The survey offered qualitative evidence of the prevalence and importance of issues such as poor infrastructure, inaccessible transport, and lack of joined-up healthcare, whereas the focus groups helpfully provided lived experience of these issues and information around language, identity, and ageism. Both reinforce how barriers are both practical and social.

Key Findings Across Both Sources

Survey respondents repeatedly highlighted issues that potentially limit their ability to age well. The most common concerns were about poor footpaths, a lack of toilets and seating, and overgrown hedges, all of which undermine safety and independence. Transport was also highlighted as a major issue, with many fearing loss of mobility and independent travel when no longer able to drive. Following this, people described challenges booking GP appointments, limited follow-up healthcare support, and confusion about available services and how they work. Focus group participants were asked about terminology and voiced discomfort with how ageing is discussed, noting that terms like "elderly", "dear", or "pensioner" can feel patronising. There was a strong desire to feel seen as individuals, not just as 'older people.'

The Combined Picture

These reflections show that ageing well is about more than services alone, it is also about environments, attitudes, and use of language. When local areas lack accessible infrastructure or respectful communication, people feel excluded or devalued. The data makes clear that older adults want to contribute and connect, but need practical barriers removed and social perceptions challenged. Ageing is a spectrum, not a stereotype. Supporting that means building age-friendly places that are inclusive not only in design but in mindset.

Actionable Takeaways for Policy Makers

- **Invest in Local Infrastructure:** Prioritise maintenance and upgrades to footpaths, benches, toilets, lighting, and hedges to support safety, mobility, and confidence in outdoor spaces.

- **Improve Transport Access:** Address gaps in reliable, accessible public and community transport, and ensure routes support access to healthcare appointments, shops, and social groups.

- **Enhance Healthcare Navigation and Signposting**: Provide clearer, non-digital ways to book appointments, and communicate about services.

- **Create Inclusive Social Opportunities:** Support a variety of accessible, intergenerational, and culturally relevant activities to reflect the diversity of interests and experiences across age groups.

- **Use Respectful, Inclusive Language:** Use language that reflects dignity, strength, and varied experiences. Where possible, refer to 'people aged 55+' or specific age groups, though 'older people' remains appropriate if a collective term is needed.

- **Value Lived Experience in Planning**: Involve older people directly in shaping solutions, ensuring policies reflect real needs and preferences.

- **Improve Communication Clarity and Accessibility:** Ensure all information about services, events, and support is shared in clear, jargon-free language across multiple formats, including print, word of mouth, and digital.

ii. Focus Groups Findings - Language matters: Mixed feelings about the term 'older people'

Focus group participants were asked for their views on the term 'older people', revealing a mix of acceptance and discomfort. While many accepted the term in general, several participants, particularly those at the younger end of the 55+ age range, felt it did not reflect their identity or experience. People highlighted that ageing is deeply personal, shaped by health, mindset, and lifestyle, not just age.

Focus Groups Quotes - Reflections on terminology and assumptions

---

"Some older people are active and others not so much – shouldn't group everyone together based on age"
"Old in our bodies not in our mind"/ "Young at heart – Don't feel old"
"Feedback different depending on where you are on the spectrum and also how you feel"
"Don't feel that 57 is 'old'" / "55 isn't old"

Unhelpful terminology people highlighted included:
"Darling, Dear, Senior, Senile, Elderly, Pensioner, Antique"

The group also highlighted examples of ageism and bias:
"Made to feel a permanent 'taker' & not giving things back"
"People make assumptions about your needs and wants & We don't get what we actually want"
"People don't want to listen to what you have to say (experience)"
"People assume we are not tech savvy"

The discussions revealed that while the term 'older people' was widely accepted by the majority, it is with the important caveat that individuals lower on the spectrum of 55+ do not feel 'old' and therefore are not comfortable with the term 'older person'. Participants stressed the importance of recognising ageing as a spectrum of experiences and avoiding sweeping assumptions. They also called out ageist language such as "senile", "pensioner", or being called "darling" or "dear", which can feel patronising. Respectful, inclusive language that reflects the diversity and value of older adults is key to supporting dignity, identity and engagement.

iii. Survey Findings Overview: Respondents emphasised the need for safe public spaces, better transport, improved access to healthcare and more social opportunities to support ageing.

27. Please tell us anything else relating to ageing in your area that you think is important.

The most frequently raised issues related to infrastructure issues including poor footpaths, lack of seating and toilets, and overgrown hedges, in addition to better street lighting and signage. Transport was the second most common concern. Respondents described difficulties accessing reliable, frequent, and affordable transport, especially for reaching shops, social groups, or medical appointments. Fear of losing independence when unable to drive was a repeated concern, particularly given the inadequacy of public transport, and parking costs and restrictions were highlighted. Next, many raised concerns around long waits for GP appointments, lack of follow-up support, poor coordination between services and challenges navigating healthcare services. Particular difficulties were noted for those less digitally active. Others highlighted a need for more activities and social opportunities that are appealing and accessible, including intergenerational options. Additionally, insufficient support for carers or mental health needs was mentioned, while a smaller number discussed the requirements for clearer communication or more respectful attitudes toward ageing.

Figure 27. Qualitative themes – Important themes related to ageing locally

Most common themes relating to ageing in the local area

Theme	Value
Infrastructure Improvements (footpaths, seating, toilets, lighting and nature maintenance)	384 (30.4%)
Improved Transport	363 (28.7%)
Health and Social Care Concerns	270 (21.4%)
More Activities and Social Opportunities	110 (8.7%)
No Specific Suggestions	64 (5.1%)
Improved Communication and Information	31 (2.5%)
Respect, Inclusion and Age Diversity	28 (2.2%)
National Action Suggestions	14 (1.1%)

Figure 27i. Word Cloud - Please tell us anything else relating to ageing in your area that you think is important

Figure 27ii. Quotes – Important considerations regarding ageing locally

"Paths should be made even, good street lighting and plenty of seating everywhere. [...]"

"Access to public toilets is the most important priority to prevent isolation. Plus adequate signage and enough public seating."

"[...]People in my area will struggle with access to shopping, health centres etc as result of poor public transport "

"Continued messaging about facilities [...]. This is especially important for health-related matters, but also social support to avoid people being isolated and lonely."

"At 57 I am working full time, it would be great to have spaces where I can go locally after work and weekends to connect with others!!![...]"

XVII. Conclusion

This baseline report marks the completion of the first phase of the Age Friendly Hertfordshire journey, Engage and Understand, and provides a powerful foundation for action. Through the voices of approximately 3,000 residents across all ten districts, we have gained detailed insight into what supports, and what hinders, the ability to age well in Hertfordshire.

The findings make clear that while many people over 55 are living well, systemic and environmental barriers persist, further deepening inequalities and plausibly, creating an avoidable decline in quality of life for many. These barriers include inadequate infrastructure, gaps in transport services, digital exclusion, inconsistent healthcare access, and a lack of inclusive social opportunities. Moreover, concerns were raised about language, visibility, and experiences of ageism, emphasised by those from underrepresented communities.

Across all eight Age Friendly domains, residents expressed a strong desire to stay independent, connected, and able to contribute. They were clear about what needs to change, from improving toilet access, rest spots and footpaths to increased respectful and inclusive communication and earlier support. The data reveals not only the current challenges but also the opportunities to improve lives through targeted, coordinated action.

This report is a call to listen, respond and act, by co-producing solutions with older residents, investing in inclusive environments, and embedding ageing as a core consideration in all local planning. As we move into the *Plan* phase of the programme, we will work with partners across sectors and with communities themselves to design meaningful changes that reflect the lived experience behind the data.

To succeed, the next phase must not only address service gaps but also bridge perception gaps. By working alongside residents to review how services are designed, promoted and delivered, we can ensure that support feels relevant, visible and truly accessible to all.

Creating an age-friendly county is not just about meeting the needs of older adults. It is about building a Hertfordshire where everyone can live well at every stage of life. The actions in this report support broader system change by embedding inclusive design, accessibility and prevention across communities. This aligns with the Health

in All Policies approach (WHO, 2018), adopted in Hertfordshire's Health and Wellbeing Strategy 2022–2026 (HCC, 2022), which commits to integrating health, equity and wellbeing into decision-making across all sectors.

Empowered. Respected. Connected.

Following a thorough analysis, these three words capture what matters most to people as they grow older in Hertfordshire. The Age Friendly Hertfordshire programme is working across communities to ensure everyone can stay valued and live healthier, happier and safer lives for longer. Together with residents and local partners, we are committed to building a county where people feel seen, included, and able to thrive at every stage of later life.

XVIII. Get Involved with Age Friendly Hertfordshire

Find out more:

Visit our Age Friendly Hertfordshire webpage and follow us on social media to learn more about the programme and stay up to date with the latest news and opportunities:

Instagram: @agefriendlyherts

Facebook: facebook.com/agefriendlyherts

Webpage: https://www.ageuk.org.uk/hertfordshire/about-us/age-friendly/

Get involved:

Have your voice heard, host a local event, take part in walking audits, or help shape the next phase of the programme. We welcome individuals and organisations from all sectors and communities to get involved.

If you are a resident, you can register your interest in becoming an Age Friendly Ambassador or sign up to receive our Age Friendly newsletter. Email: agefriendly@ageukherts.org.uk or call the team on 07300 793742 or 07496 521969.

Professionals can join the Age Friendly Network to stay connected and informed. Email to join: agefriendly@ageukherts.org.uk

Promote age-friendly principles:

We encourage partners to use Age Friendly messaging and insights in their own service planning and communications. If you are interested in co-branding or aligning your work with the programme, please get in touch.

Email: agefriendly@ageukherts.org.uk

Promote relevant services in your area:

Many local services and schemes already exist to support ageing well in Hertfordshire, but awareness is often low. We encourage community groups, professionals, councils and residents to actively promote what is available.

- Use local libraries, noticeboards, newsletters, and community centres to share leaflets or posters in addition to digital promotion

- Tag @agefriendlyherts on social media to help amplify your service

- Direct people to the Age Friendly Hertfordshire webpage or to join the newsletter to stay informed about the programme.

- Ensure local social prescribing teams and HertsHelp are equipped with up-to-date information about your service to effectively signpost residents. HertsHelp contact details: Website: HertsHelp Tel: 0300 123 4044

- Use inclusive language and imagery that reflects diversity and lived experience across the 55+ age range

Use the data:

Local partners can request further district-level data to support planning and service development.

Please contact us at: agefriendly@ageukherts.org.uk to discuss what might be available.

XIX.   References

Age UK (2025) 'Back to cutbacks: How older people are managing the cost of living in a time of rising energy prices'. Available at: <u>cost-of-living-report_0325.pdf</u> (Accessed: 24 June 2025).

Baybrook, D. *et al.* (2025) 'The inclusion of LGBTQ + people within UK health policy: a critical discourse analysis', *Equity in Health Journal*. Available at: <u>https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-025-02446-x</u> (Accessed: 24 June 2025).

Becker, R. (2022) 'Gender and Survey Participation. An Event History Analysis of the Gender Effects of Survey Participation in a Probability-based Multi-wave Panel Study with a Sequential Mixed-mode Design', *Methods, Data, Analyses*. Available at: <u>Gender and Survey Participation: An Event History Analysis of the Gender Effects of Survey Participation in a Probability-based Multi-wave Panel Study with a Sequential Mixed-mode Design | Becker | methods, data, analyses</u> (Accessed: 24 June 2025).

Benedetto, V. *et al.,* (2002) 'Cost effectiveness of fall prevention programmes for older adults', *British Journal of Community Nursing*. Available at: <u>British Journal of Community Nursing - Cost effectiveness of fall prevention programmes for older adults</u> (Accessed 26 June 2025).

Campaign to End Loneliness (2022) 'Facts and statistics about loneliness'. Available at: <u>Facts and Statistics | Campaign to End Loneliness</u> (Accessed: 24 June 2025).

Centre for Ageing Better (2019) 'Ageing and mobility: A grand challenge'. Available at: <u>Ageing-and-mobility-grand-challenge.pdf</u> (Accessed: 24 June 2025).

Centre for Ageing Better (2021a) 'Walking and cycling 'not safe or attractive enough' for many in their 50s and 60s' Available at: <u>Walking and cycling 'not safe or attractive enough' for many in their 50s and 60s | Centre for Ageing Better</u> (Accessed: 24 June 2025).

Centre for Ageing Better (2021b) 'Challenging ageism: A guide to talking about ageing and older age'. Available at: <u>Challenging ageism: A guide to talking about ageing and older age | Centre for Ageing Better</u> (Accessed: 24 June 2025).

Centre for Ageing Better (2022) 'Community connections predict wellbeing as we age'. Available at: Community connections predict wellbeing as we age | Centre for Ageing Better (Accessed: 24 June 2025).

Centre for Ageing Better (2023a) 'Ageism: What's the harm?'. Available at: Ageism-harms.pdf (Accessed: 24 June 2025).

Centre for Ageing Better (2023b) 'How the media fuels negative views about older people and ageing'. Available at: How the media fuels negative views about older people and ageing | Centre for Ageing Better (Accessed: 24 June 2025).

Centre for Ageing Better (2024a) 'Being poor, disabled or from a minority ethnic background significantly increases risk of ageism, new study finds'. Available at: Being poor, disabled or from a minority ethnic background significantly increases risk of ageism, new study finds | Centre for Ageing Better (Accessed: 24 June 2025).

Centre for Ageing Better (2024b) 'Digital Inclusion'. Available at: Digital inclusion | Centre for Ageing Better (Accessed: 24 June 2025).

Centre for Ageing Better (2024c) 'Reform needed to stop unpaid carers paying the price for their vital role' Available at: Reform needed to stop unpaid carers paying the price for their vital role | Centre for Ageing Better (Accessed: 24 June 2025).

Centre for Ageing Better (2024d) 'Counting the cost: The case for making older people's homes safe'. Available at: Counting the Cost: The case for making older people's homes safe | Centre for Ageing Better (Accessed: 24 June 2025).

Centre for Ageing Better (2024e) 'Closing employment gap for older workers would generate £9 billion a year for economy'. Available at: Closing employment gap for older workers would generate £9 billion a year for economy | Centre for Ageing Better (Accessed: 24 June 2025).

Centre for Ageing Better (2025a) 'Age-friendly communities: A handbook of principles to guide local policy and action'. Available at: Age-friendly Communities: a handbook of principles to guide local policy and action (Accessed: 24 June 2025).

Centre for Ageing Better (2025b) 'State of Ageing Summary 2025'. Available at: The-State-of-Ageing-2025-interactive-summary.pdf (Accessed: 24 June 2025).

Centre for Ageing Better (2025c) 'The effects of ageism'. Available at: The effects of ageism | Age without limits (Accessed: 24 June 2025).

Deshpande, N. *et al.* (2009) 'Interpreting Fear of Falling in the Elderly: What Do We Need to Consider?' *Journal of Geriatric Physical Therapy.* Available at: Interpreting Fear of Falling in the Elderly: What Do We Need to Consider? - PMC (Accessed: 24 June 20025).

Freeman, C. *et al.* (2019) 'The impacts of ageing on connection to nature: the varied responses of older adults', *Health & Place* Available at: The impacts of ageing on connection to nature: the varied responses of older adults - ScienceDirect (Accessed: 24 June 2025).

Hertfordshire County Council (HCC) (2022) 'Hertfordshire Health and Wellbeing Strategy 2022 – 2026'. Available at: hertfordshire.gov.uk/media-library/documents/about-the-council/data-and-information/public-health/hertfordshire-health-and-wellbeing-strategy-2022-2026.pdf (Accessed: 01 July 2025).

Herts Insight (2023) 'Our Ageing Population: Current vs Projected Population', *Summary profile – Hertfordshire*. Available at: Summary Profile - County | Hertfordshire | Report Builder for ArcGIS (Accessed: 24 June 2025).

Healthwatch Hertfordshire (2025) 'Online GP services: Patient views and experiences'. Available at: Online GP services: patient views and experiences | Healthwatch Data (Accessed: 24 June 2025).

Intalink (2024) 'Hertfordshire County Council Bus Service Improvement Plan (BSIP) Update June 2024' Available at: Bus Service Improvement Plan - Intalink (Accessed: 24 June 2025).

Johal, A. *et al.* (2012) 'Invisible men: Engaging men in social support', *The Young Foundation* Available at: Invisible Men: Engaging More Men in Social Projects – The Young Foundation (Accessed: 24 June 2025).

Kelfve, S. *et al.* (2020) 'Going web or staying paper? The use of web-surveys among older people', *BMC Medical Research Methodology,* 20 (1). Available at: Going web or staying paper? The use of web-surveys among older people - PMC Accessed: 24 June 2025).

Shankar, R. (2023) 'Loneliness, Social Isolation, and its Effects on Physical and Mental Health', *The Journal of the Missouri State Medical Association'*. Available at: Loneliness, Social Isolation, and its Effects on Physical and Mental Health - PMC (Accessed: 24 June 2025).

The AA (2025) 'Cash remains king for parking, but cashless options gaining popularity – The AA'. Available at: Paying By Cash To Park | AA (Accessed: 24 June 2025).

WHO (2008) 'Global report on falls prevention in older age'. Available at: WHO global report on falls prevention in older age (Accessed: 24 June 2025). World Health Organization (WHO) (2015a) 'World report on ageing and health'. Available at: https://iris.who.int/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1 (Accessed: 24 June 2025).

WHO (2018) 'Promoting Health in All Policies and intersectoral action capacities'. Available at: Promoting Health in All Policies and intersectoral action capacities (Accessed: 01 July 2025)

XU, T. *et al.* (2022) 'Urban Green Space and Subjective Well-Being of Older People: A Systematic Literature Review', *International Journal of Environmental Research and Public Health*. Available at: Urban Green Space and Subjective Well-Being of Older People: A Systematic Literature Review - PMC (Accessed: 24 June 2025).