Healthy Ageing:
Age Friendly Resource for Partners

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Executive summary

The UK is experiencing a major demographic shift, with the proportion of older adults steadily increasing. This trend, driven by factors such as longer life expectancy, improvements in healthcare, the ageing of the Baby Boomer generation, and reducing birthrates, presents both challenges and opportunities for public health and social care systems. While ageing has traditionally been associated with ill-health and dependency of others, the World Health Organization (WHO) emphasises that healthy ageing does not require the absence of disease, but rather the ability to maintain functional ability and well-being. Importantly, healthy ageing is shaped by a wide range of social factors, and today's older adults may face more complex challenges than previous generations, which can significantly impact their ageing experience.

The aim of this document is to provide a resource that supports organisations and partnerships to act, collaborate, and support the creation of age-friendly places and communities as recommended in the DPH Report – Healthy Ageing: Thriving through the years[1]. The focus is placed on Norfolk residents, individual organisations and recommendations for system partners.

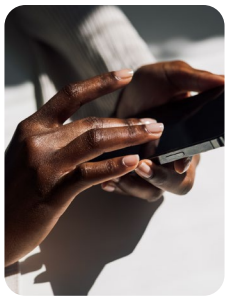
Within the WHO age friendly communities framework are eight interconnected domains - Civic participation and employment, Communication and information, Housing, Outdoor space and buildings, Transportation, Community support and health services, Social participation, and Respect and social inclusion – which are all reviewed and discussed in this document to unfold what they mean, their barriers, supporting data and recommendations.

By examining national, regional and local data, this report can support strategic planning and service developments to meet the evolving needs of Norfolk's ageing population. It highlights the importance of a more inclusive, supportive and age-friendly community for current and future generations

Key findings

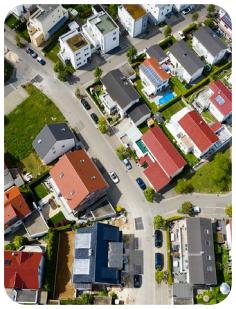
Civic participation and employment

- In Norfolk, 73.1% of adults aged 50-64 and 14.5% of adults aged 65+ are economically active. (45)
- Economic activities have remained stable in Norfolk over the past decade, except for females aged 65+ where an upward trend was observed. (4)
- Older adults in Norfolk appear to have higher rates of ESA claims compared to younger groups, with Norwich having the highest rates of ESA claims among those aged 50-66. (47)
- Older adults aged 65-74 were the most active volunteers. (51)
- The East of England region tend to mirror national averages for both formal and informal volunteering, with Great Yarmouth having the lowest formal volunteering rate and Broadland having the lowest informal volunteering rate in Norfolk. (Fig 2.5)



Communication and information

- The most common languages spoken among Norfolk residents are English (95%), Polish (0.8%) and Lithuanian (0.8%). (84)
- 11,800 people aged 55-64 and 62,300 people aged 65+ are estimated to lack home internet access in Norfolk, with the main reason being the lack of interest or need for internet access. (88)
- Most older adults feel confident in using the internet and identifying online scams. (88)
- Most areas in Norfolk have strong broadband coverage (91), but digital exclusion is higher in several districts, driven by factors including deprivation and rurality. (92)

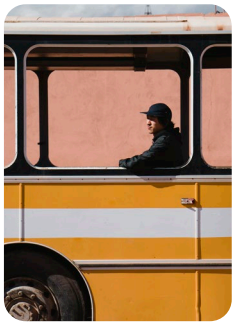


Housing

- In Norfolk, approximately 80% of adults aged 65+ own their homes, with 13% living in social housing and 8% living in private rentals. (119)
- 89% of households with just older adults aged 65+ have more bedrooms than required in Norfolk, indicating spacious living conditions. (120)
- Broadland leads in both the above measures of home ownership and housing space among districts in Norfolk. (119)
- Norwich is the worst performing district in Norfolk in terms of home ownership and housing space and has the higher proportion of older adults living in social housing (33%). (119)
- Norfolk has the second highest proportion of households in fuel poverty within the East of England region. (124)

Outdoor space and buildings

- 91% of properties in Norfolk have access to private outdoor space (151), exceeding both national and regional averages, with Broadland in the lead (96%) and Norwich (82%) having the lowest proportion among districts in Norfolk. (153)
- Norwich has the highest number and largest average size of nearby public green spaces, while also offering the shortest distance to these. (156)
- Residents in North Norfolk (85%) and Broadland (84%) report the highest satisfaction to local green spaces among districts in Norfolk; in contrast, residents in Great Yarmouth have the lowest satisfaction (65%), which are below both the national and regional benchmarks. (157)



Transportation

- Driving remains the most common mode of transport for adults aged 50-69 years old in the UK, although its usage declines with age. (179)
- Norfolk had 475,000 licensed private vehicles at the end of 2023, with South Norfolk (83,000) having the highest number among the districts. (182)
- Adults travel furthest for work related commuting, followed by leisure activities and personal businesses; all forms for travel declined sharply during the pandemic but have steadily increased since. (Fig. 6.2)
- Most residents in Norfolk can reach a GP practice by private car within 10 minutes; but access to GP services via public transport is limited, especially in rural areas in the region. (Fig. 6.3)

Community support and health services

- Flu vaccination coverage among adults aged 65+ in Norfolk have consistently exceeded 80% since 2020/2021. (213)
- Shingles vaccination coverage in older adults in Norfolk has historically lagged behind national and regional levels but improved in the latest figures. (213)
- Norfolk and Waveney consistently outperformed national and regional averages in cervical, bowel, and breast cancer screening coverages. (214)
- In 2024/25, 88,270 health checks were offered to adults aged 40–74 in Norfolk (approximately one in five adults within this age group); of those offered, 29,486 health checks were completed.
- Since 2023, 15,882 adults have enrolled in Tier 2 Weight Management Services (approximately 2% of Norfolk's adult population), with around 55% of service users being at least 50 years old.
- Older adults had higher completion rates for weight management programmes but had lower success in achieving ≥5% weight loss than younger groups, likely due to age related factors.
- In 2024/25, 2,347 adults set quit dates, with a four-week quit rate of 54%.
- Service uptake and 4-weeks quit rate have both declined overtime, possibly due to changes in smoking behaviours.

Social participation

- In 2019/20, Norfolk was below the England average for adults experiencing loneliness, but at a district level, Norwich, Great Yarmouth and Breckland were above the England average. (Fig 8.2)
- By 2040, it is projected that 206,000 adults in Norfolk will experience loneliness some of the time, often, or always. (Fig 8.3)
- By 2040, it is projected that all districts in Norfolk will see an increase in levels of loneliness in adults. (Fig 8.4)
- 29% of older adults aged 85+ report feeling lonely. (230)
- At an individual level, the monetised impact of severe loneliness has been estimated as £9,900 per person per year. (230)
- Loneliness can increase the risk of high blood pressure, heart disease, stroke, poor sleep quality, chronic pain, poorer mental health, and a 26% increased likelihood of premature mortality.

Respect and social inclusion

- Around 1 in 3 people have experienced age-based discrimination (243), whilst 1 in 2 have said they have been ageist. (244)
- 1 in 3 think older age is characterised by frailty, vulnerability and dependency. (246)
- Around 192,000 people aged 50+ in Norfolk may have experienced ageism in the past year. (248)
- There is a four-fold increase in ageism if someone is disabled or poor. (249)

1. Introduction

The population in the UK is growing rapidly, marking a significant demographic shift with wide-ranging implications for society[2]. According to the 2021 Census, there were approximately 10.4 million people aged 65 and over in England, representing 18.4% of the total population[3]. This proportion is expected to rise to around 24% by 2043, driven by factors such as demographic changes linked to the ageing Baby Boomer generation, advancements in healthcare and improvements in living standards[4],[5],[6],[7]. It is somewhat difficult to define what constitutes an 'ageing person'; whilst individuals over the age of 60 are commonly considered as older adults, chronological age alone does not capture the diversity of ageing experiences, and some people in their 60's may have better physical and mental capacity than others who are decades younger[8].

It is common for society to associate 'ageing' and 'older adults' with ill health and physical decline, that can consequently place greater demands on health and social services within the community[9]. However, this narrative is changing – healthy ageing is both possible and achievable and does not require the complete absence of disease or disability as per the World Health Organisation's definition[10]. However, people currently in their 50's and 60's may face more complex challenges than their counterparts did two decades ago as highlighted by the Centre for Ageing Better, due to a combination of rising inequalities and financial pressures[11], which may lead to a more precarious ageing experience for many.

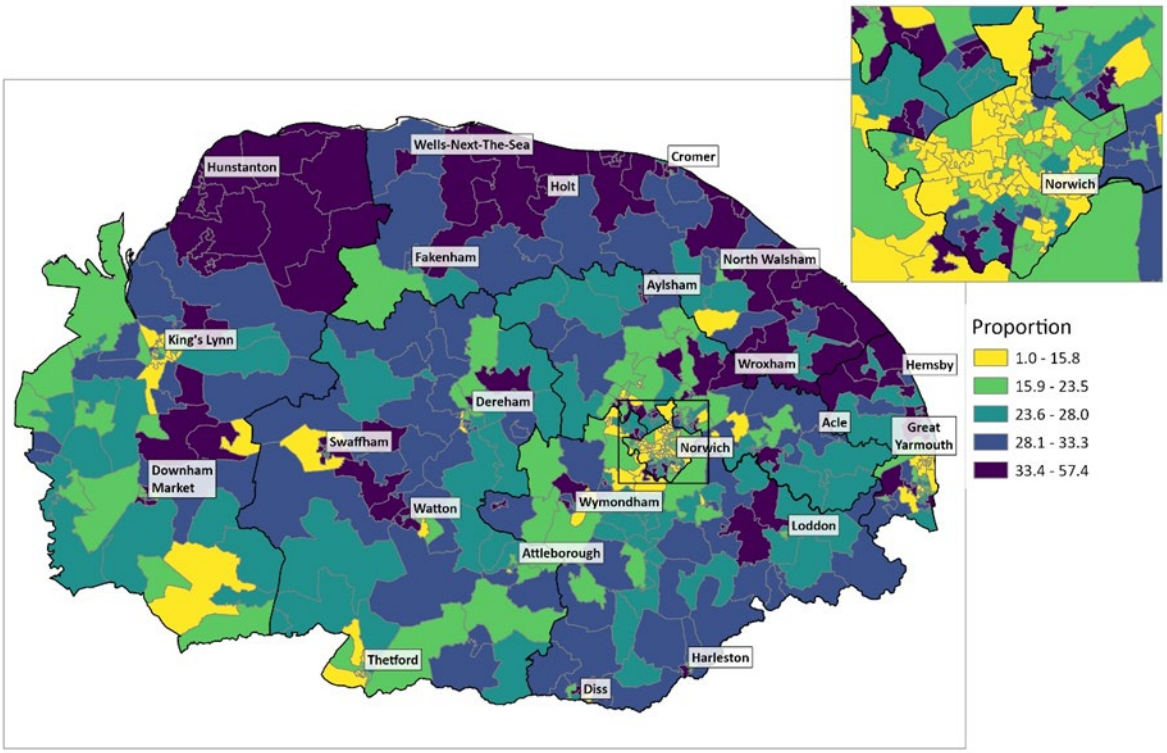
By embracing the Healthy Ageing Agenda and proactively addressing the evolving needs and challenges of the older population, a more inclusive and resilient society can be built for both the current and future generations[12]. It is a collective responsibility to shape a future where ageing is not seen as a limitation, but as a positive stage of life that enriches the local communities.

Norfolk Population

Norfolk is a predominantly rural county in the East of England, with a population of approximately 940,359 people across seven local districts and boroughs[13]. The Norfolk's population is ageing at a faster rate than the England average, and over the past decade, the proportion of residents aged 65 and over has steadily increased[14]. Currently, almost one in four residents are aged 65 and over, and it is projected that by 2040, approximately 30% of people living in Norfolk will be aged over 65[15].

The distribution of Norfolk's older population varies across its seven districts (Figure 1.1)[16]. North Norfolk has the highest proportion of residents aged 65 and over, including the largest share of over-85's in England. King's Lynn & West Norfolk and Broadland also have significant older populations, especially in rural and coastal areas. Great Yarmouth shows a similar trend, while South Norfolk and Breckland have mixed age profiles with growing numbers of older adults in market towns. In contrast, Norwich has a younger demographic, reflecting its urban and student population.

Figure 1.1 – A map that shows all the electoral wards in Norfolk. Each ward is shaded to show the proportion of those aged 65 and over that live in each ward in 2022.



Norfolk faces the dual challenge of an ageing population and a predominantly rural and coastal geography, where a significant proportion of older residents live. This combination creates complex barriers not only to accessing healthcare services, but also to other key determinants of health such as transport, housing, outdoor spaces, civic participation and digital connectivity. Addressing these challenges requires tailored, locally responsive solutions that support older people to live and age well in their communities[17].

When viewed through the lens of the Age-friendly Communities Framework[18], these challenges reveal opportunities for positive changes; by leveraging this approach, there is significant potential to enhance the health and wellbeing of older people across Norfolk. Moreover, creating age-friendly environments benefits all age groups by fostering inclusive and supportive communities that promote wellbeing throughout their life course[19].

Aim

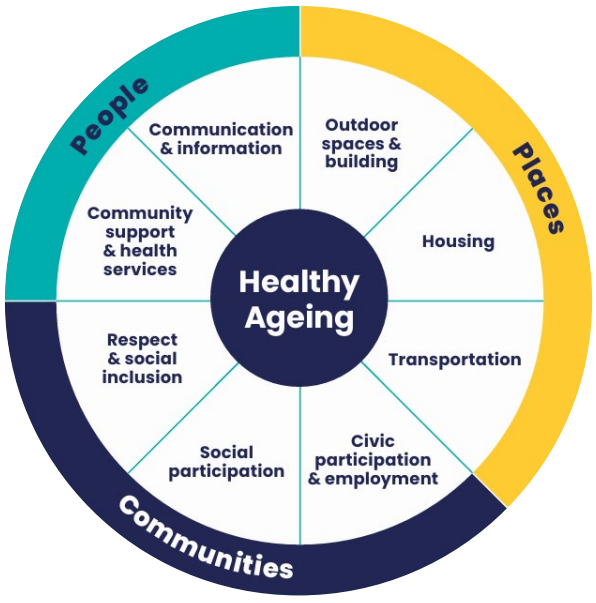
This report aims to highlight the importance of addressing the needs of an ageing population, with a particular focus on the current health and social landscape in Norfolk. It aims to explore the pressing health and social challenges faced by older adults locally and identifies opportunities to support those with the greatest needs, while enabling others to maintain independence, build resilience and remain socially connected through a range of best practices. There are many determinants which influence active ageing, defined as the 'process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age', as demonstrated in figure 1.2 below by the World Health Organization[20]:

Figure 1.2 - A framework to show how cross-cutting determinants (culture and gender), and key determinants, influence active ageing.

This report aims to spotlight healthy ageing in Norfolk, guided by the World Health Organization's **Age-friendly Communities Framework** (Figure 1.3). Developed through global consultation with older adults, caregivers, and service providers, this framework identifies eight interconnected domains that shape the physical and social environments influencing older people's health and quality of life[21]. By applying this framework, this report provides a thoughtful lens for understanding the challenges and opportunities within the local context of Norfolk, helping to identify gaps and inform strategic planning for healthy ageing.

Figure 1.3 – A framework to show key age-friendly domains of action that influence communities:

(Image taken from DPH Report 2025/26 adapted version[22].)



2. Civic participation and employment

Civic participation is a fundamental pillar of healthy ageing, contributing significantly to the overall well-being and quality of life of older adults[23]. It is defined as engaging in democratic processes, be that online or in person, contacting local officials, signing a petition, or attending a public rally[24]. In addition to civic participation, continued employment can also positively influence the health and well-being of older adults[25], maintaining their economic activity.

Economic activity is defined as adults who are either in employment, unemployed but looking for work and can start within two weeks of an offer, or unemployed but waiting to start a job that had been offered and accepted[26]. A notable proportion of older people in the UK remain economically active, often choosing to stay in employment to maintain social interaction, stimulate cognitive functions and supplement their income[27]. Their ongoing involvement in the employment sector not only supports personal fulfilment but also enriches the local communities by leveraging their extensive experience, skills, and knowledge[28].

As well as being employed, people may also choose to volunteer. Volunteering takes many forms which ranges from formal roles within established organisations to informal acts of support for family, friends or neighbours. Regardless of the format, these contributions can yield substantial benefits for both the older individuals involved and the wider community[29]. Volunteering over a prolonged period of time can result in reduced mortality, improve physical functioning limitations, increase physical activity, and increase psychosocial outcomes[30].

Ultimately, in an age-friendly community, older adults should be able to contribute to their communities, whether that is engaging in political processes, being employed, or through voluntary work[31].

The Challenges

The relationship between civic participation and employment with health is multifaceted and can be described as bidirectional. While active civic engagement and employment can promote better physical and mental wellbeing, declining health can conversely limit

an individual's ability to participate in these activities[32]. Chronic conditions, mobility limitations, sensory impairments and cognitive decline can all pose significant obstacles to sustained involvement in work or community life[33].

Beyond individual health-related issues, a range of structural and social barriers can further restrict civic participation and employment. Geographic isolation, particularly in rural or underserved areas, can significantly limit access to volunteering opportunities, social groups, or suitable employment[34]. Age-related discrimination (more in section 9 – respect and social inclusion) in different participatory settings can also discourage older adults from seeking or maintaining engagement that match their interests and skills[35],[36]. Stereotypes about ageing may lead to undervaluing the contributions of older individuals, resulting in fewer opportunities or less meaningful roles[37],[38]. Additionally, the lack of workplace adjustments for age-related needs including inflexible working hours and working conditions can make continued employment unfeasible for some older people[39]. Socioeconomic factors also play an important role; older individuals with lower incomes or fewer educational qualifications may face compounded disadvantages, including fewer social networks and limited access to information about opportunities[40]. Furthermore, cultural and language barriers may further marginalise older adults from minority or migrant backgrounds in taking part in civic activities[41]. It is clear that it is not a single issue, but rather fluid, multifactorial, situational and temporal that affects an older person's ability to stay in work, that should be supported through effective policy changes[42].

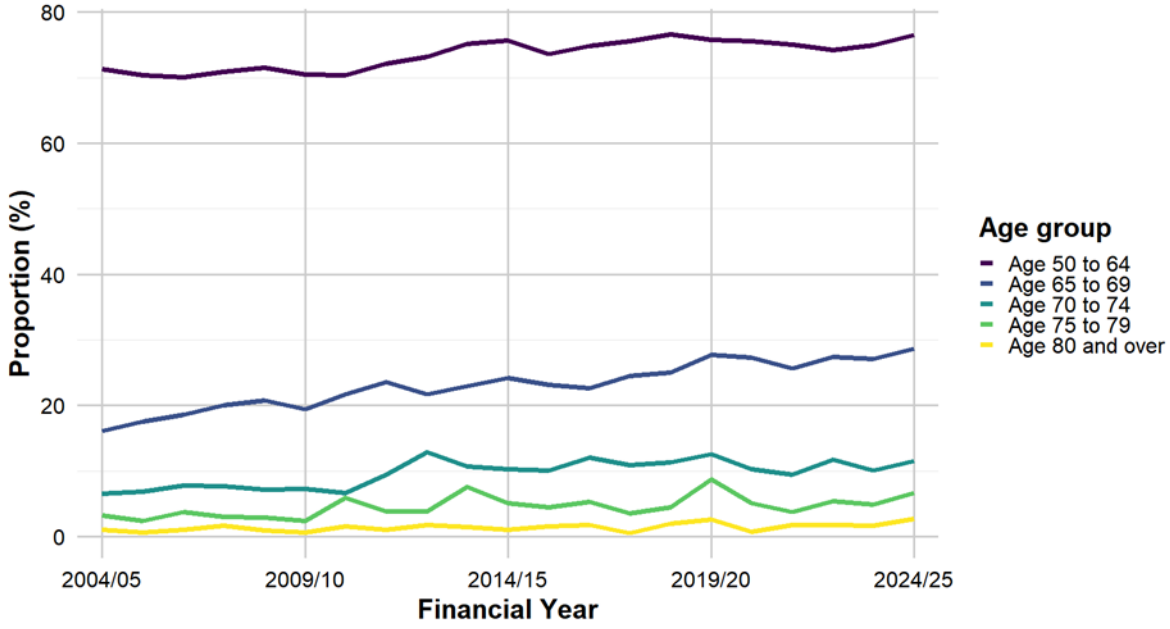
These intersecting challenges not only diminish autonomy and personal wellbeing but also reduce the broader societal benefits that come from older adults' active involvement. Addressing these barriers and driving meaningful changes are therefore essential; this requires a coordinated and inclusive approach - one that promotes accessibility, combats ageism, and supports a diverse range of engagements across all communities.

Data – Employment

Between January 2024 and December 2024, around 79.1% of adults aged 16-64 years old in Norfolk (equivalent to approximately 420,200 residents) were economically active, which is similar to the economic activity rate observed in the East of England (80.2%) and England (78.7%) during the same period[43].

The latest figures from the Office for National Statistics (ONS) in 2024 show that approximately 480,000 people aged 50-59 years old and 265,000 people aged 60+ are in employment in the East of England region. The number of older people (aged 50-59 and 60+) in employment appeared to be increasing in both gender groups and overall, when compared to the previous figures published for 2023[44]. Overtime, the proportion of economic activity appears to be gradually increasing in some of the age groups within the East of England region, which can be seen in the 50-64, 65-69 and 70-74 age groups[45]. A visual representation of these trends can be found in Figure 2.1.

Figure 2.1 – A graph to show economically active adults by age group in the East of England between 2004/05 to 2024/25



In Norfolk, 73.1% of people aged 50-64 years old (equivalent to approximately 144,700 residents) and 14.5% of people aged 65+ (equivalent to approximately 32,100 residents) are estimated to be economically active in 2023/2024. The gender distribution of these proportions is presented in Figure 2.2. More specifically, the proportion of males and females that are considered economically active in both age groups have remained relatively stable in the past ten years within Norfolk, with the only exception seen in females of the 65+ age group where an increasing trend was observed in recent years[46]. A graphic representation of the proportion of economically active population in Norfolk between 2014 to 2024 can be seen in Figure 2.3.

Figure 2.2 – A group to show the proportion of the population estimated to be economically active in Norfolk between 2023 to 2024, with females on the left and males on the right of the graph.

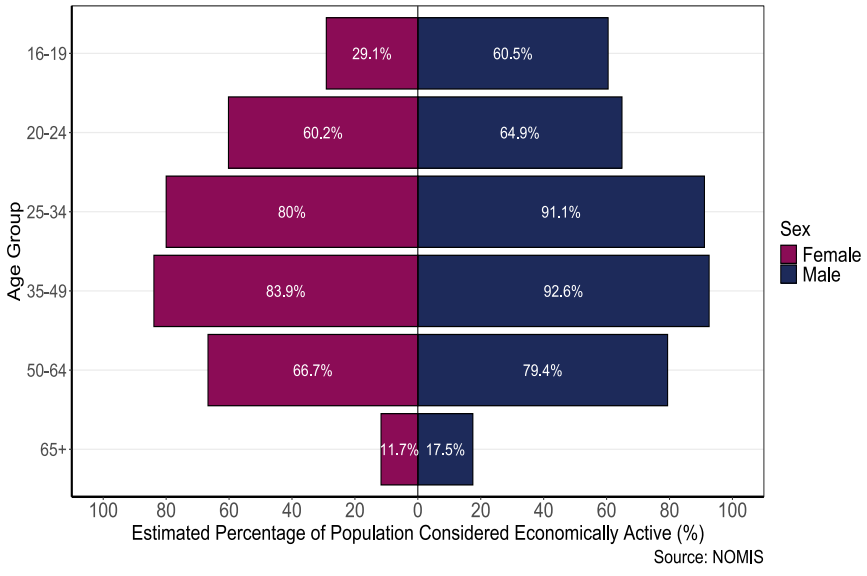
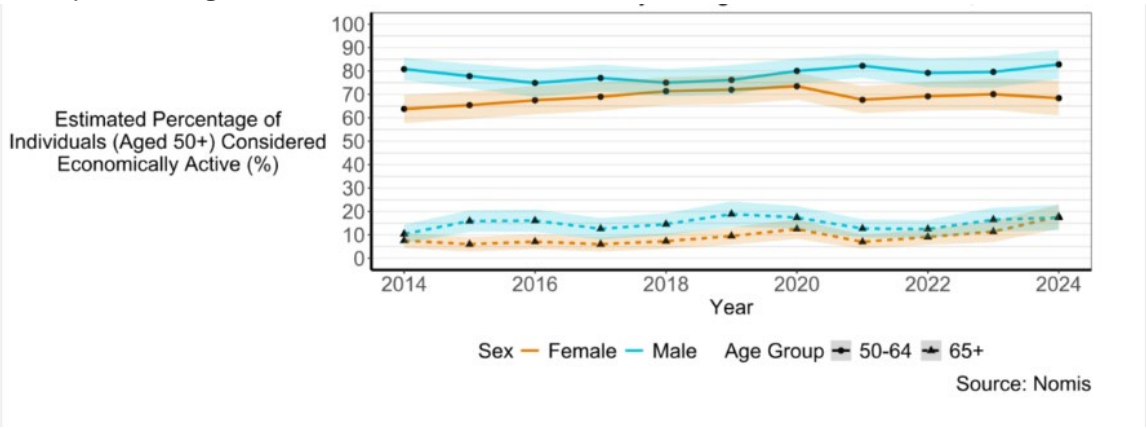


Figure 2.3 – A graph to show trends in economic activity among adults aged 50-64 and 65+ in Norfolk between 2014 to 2024, with the blue lines representing male and orange lines representing female.



In 2024, the median gross annual incomes for older individuals in all employment (including both full-time and part-time roles) in the East of England region were approximately £32,000 for those aged 50-59, and approximately £25,000 for those aged 60 and over. Across both age groups, men consistently earn more than women, with the gender pay-gaps of approximately £14,000 in both age groups. Over the past ten years, this gender pay-gap has remained relatively consistent, ranging from approximately £14,000 to £17,000 in the 50–59 age group, and from around £12,000 to £15,000 for those aged 60 and above. When focusing solely on full-time employment, the gender pay-gap narrows slightly. For individuals aged 50–59, the gap is approximately £9,000 to £10,000. Among those aged 60 and over, the gap is more variable, ranging from £4,000 to £10,000, reflecting greater fluctuations in employment patterns and earnings in later life[47].

In Norfolk, a higher proportion of individuals in older age groups tend to claim Employment and Support Allowance (ESA) compared to younger age groups. Norwich consistently records the highest proportion of ESA claimants among those aged 50–54 (9.4%), 55–59 (11.0%), and 60–66 (9.7%). Among the remaining districts in Norfolk, King's Lynn and West Norfolk has the highest proportion of claimants aged 50–54 years old (5.6%), while Great Yarmouth has the higher proportion of claimants in the 55–59 (6.1%) and 60–66 (6.3%) age groups[48]. A detailed breakdown of ESA claims by age group and districts is provided in Table 2.1.

Table 2.1 – A table to show the percentage of the population claiming ESA in Norfolk by districts and age groups.

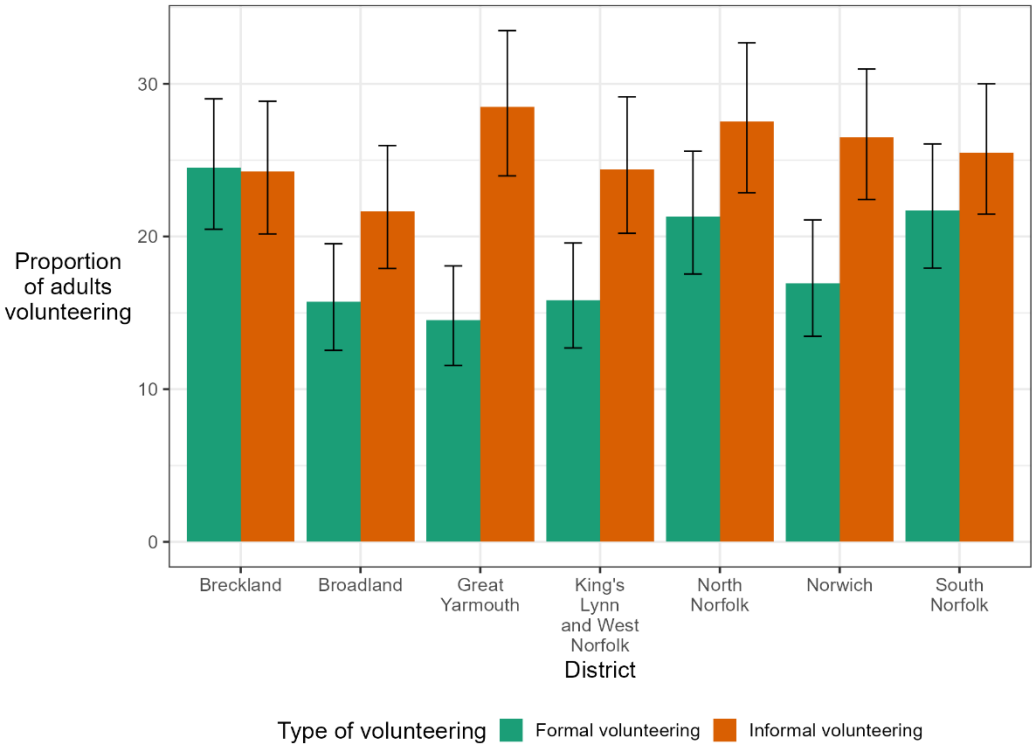
Distribution of ESA Claims Across Age Groups (%)							
District	18-24 yrs	24-34 yrs	35-44 yrs	45-49 yrs	50-54 yrs	55-59 yrs	60-66 yrs
Norwich	0.2%	2.6%	4.5%	6.7%	9.4%	11.0%	9.7%
King's Lynn and West Norfolk	0.3%	2.9%	3.2%	4.2%	5.6%	6.1%	6.3%
Breckland	0.2%	1.9%	2.8%	3.5%	4.5%	5.3%	5.2%
Great Yarmouth	0.1%	2.7%	3.7%	4.6%	5.2%	7.8%	7.6%
South Norfolk	0.5%	1.9%	2.2%	2.7%	3.7%	4.3%	4.2%
Broadland	0.3%	2.3%	2.4%	2.5%	4.0%	4.5%	4.8%
North Norfolk	0.3%	3.5%	3.8%	4.8%	5.2%	5.9%	5.1%

Data – Volunteering

The latest findings from the Community Life Survey 2024/25 demonstrate that 33% of all adults in England have taken part in volunteering (formal or informal) at least once a month, which shows a small percentage decrease from the 2021/22 survey (34%). A higher portion of adults in England participated in informal (24%) than formal (17%) forms of volunteering at least once a month in the 2024/25 results[49]. These findings continue to demonstrate a downward trend compared to pre-COVID19 but have now stabilised.

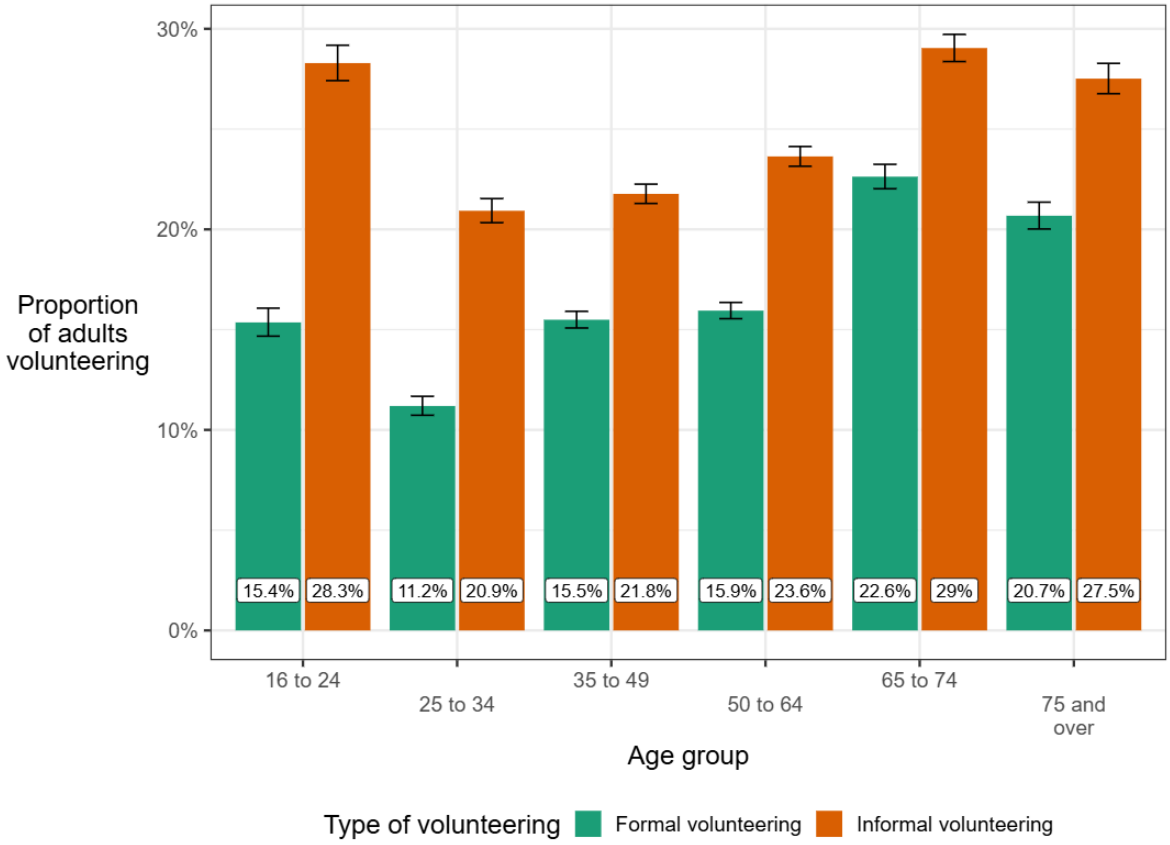
In the East of England, the proportion of adults volunteering formally (16%) and volunteering informally (24%) at least once a month are comparable to the national average. In 2024/25 the proportion of adults formally volunteering at least once a month is lower in Great Yarmouth (14%), while Broadland reports the lowest figure for informal volunteering (21%) compared to the regional average[50]. Figure 2.5 illustrates the proportion of adults engaging in volunteering activities at least once a month across various local districts.

Figure 2.5 – A graph to how the proportion of adults aged16 and over volunteering at least once in the last month in Norfolk by districts during 2024/25, with green representing formal volunteering, and red representing informal volunteering.



The 2023/24 survey also revealed notable differences in levels of engagement in both formal and informal volunteering across age groups in the UK[51]. Older adults aged 65–74 were the most likely to participate in any form of volunteering at least once a month, with a participation rate of 40%, compared to 27%–37% among other age groups[52]. In terms of formal volunteering, 23% of adults aged 65–74 and 21% of adults aged 75 plus reported monthly involvement—higher than the 11%–16% observed in the younger age groups; there were no significant changes of those proportions from the previous 2021/2022 survey[53]. Similarly, informal volunteering was more common among those aged 65–74 (29%) and aged 75 plus (28%), compared to 21%–24% among adults aged 25–64 years old[54]; These proportions appear to be consistent with those reported in previous surveys, except among adults aged 35–49, 50–64, and 65–74, where a significant decrease was observed[55]. Figure 2.6 displays the breakdown of the proportions of formal and informal volunteering across different age groups in the UK.

Figure 2.6 – A graph to how the proportion of adults aged 16 and over volunteering at least once in the last month in England by age, during 2023/24, with green representing formal volunteering, and red representing informal volunteering.



Best Practice – Civic participation and employment

1. Support flexible and inclusive employment
    - Promote age-inclusive recruitment practices and provide training to combat ageism in the workplace.
    - Encourage employers to offer flexible working arrangements for older workers, such as part-time roles, seasonal options, remote work and phased retirement.
    - Offer re-skilling and up-skilling programmes tailored to older adults, especially in digital literacy and emerging sectors.
    - Older entrepreneurs are supported, and salaries are fair for work.
2. Expand volunteering opportunities
    - Develop diverse and meaningful volunteering roles that match older adults' interests, skills, and availability.
    - Provide supportive onboarding and training, including mentoring and peer support.
    - Recognise and celebrate contributions through awards, public acknowledgements, and feedback loops.
3. Address access barriers to civic participation
    - Ensure information about opportunities is widely available in accessible formats and multiple languages.

- Councils or boards include older adults, and older adults are encouraged to participate.
- Events support older adults such as reserved seating, or support for people with disabilities.

4. Foster intergenerational initiatives
    - Support programmes that bring together older and younger people through shared learning, mentoring, and community projects.
    - Promote intergenerational workplaces and volunteer teams to build mutual understanding and reduce stereotypes.

3. Communication and information

Effective communication and equitable access to information are fundamental components of an age-friendly community[56]. Having practical access to information in a timely manner to support older adults to manage their life through different mediums is vital, and may be welcome as useful tools, or seen as means to be exclusive[57].

Core competencies such as literacy, numeracy, and digital literacy, play a crucial role in enabling older adults to navigate daily life, access essential services and maintain social connections within the community[58],[59]. These competencies are not only essential for day-to-day convenience but are also linked to broader public health and social outcomes, including reduced loneliness, stronger community cohesion and improved access to healthcare[60]. Conversely, limited proficiency in these skills may hinder older adults' ability to effectively manage their physical and mental health, sustain familial/social relationships and remain economically active[61],[62].

Digital literacy refers to the ability to confidently use digital technology to access, understand and communicate information. It encompasses a range of skills, from basic computer/smartphone use and internet navigation to evaluating online content and engaging with digital services securely and effectively[63]. Despite the overall growth in internet use, adults aged 65 and over have consistently represented the largest proportion of internet non-users in the UK since 2011 according to the Office for National Statistics[64]. The rapid digitalisation of public services and the increasing reliance on digital communication risk exacerbating these inequalities[65]. As literacy, numeracy, and digital literacy skills are often interrelated, a deficiency in one area can exacerbate difficulties in the others[66],[67]. Addressing these issues therefore require coordinated action across sectors to ensure that digital transformation does not leave behind those most in need of support.

The Challenges

A range of barriers can limit older adults' ability to engage with digital communication, thereby restricting access to essential information and services. These include individual, social, economic, and infrastructural challenges that, if left unaddressed, risk excluding a significant portion of the older population from the benefits of digital health and wellbeing resources[68],[69].

Individual capability barriers often stem from limited digital skills and confidence. Many older adults are unfamiliar with operating complex digital devices or navigating multiple online platforms[70],[71]. In such cases, they often rely on informal support, typically from

family members, for further assistance. However, this support may not foster meaningful skill development, as it is often brief, unstructured and focused on solving immediate problems rather than building confidence or independence[72]. Moreover, not all older adults have access to this kind of informal help; those without close family or social networks may be left without any support at all which deepens the level of digital exclusion and limits their ability to access essential services[73]. Importantly, identity misperception can also hinder engagement, where many individuals who could benefit from digital support do not perceive themselves as 'older adults' or as someone who would need help, which can prevent them from seeking assistance[74]; this reluctance may stem from a desire to maintain independence or avoid being labelled by others with negative stereotypes such as vulnerable and frail[75]. Additionally, fear of new technologies and the internal stigma associated with a perceived learning gap can lead to anxiety and avoidance, further deepening the level of digital exclusion[76].

Health-related limitations also play a significant role; common age-related conditions such as visual impairments, arthritis or cognitive decline can make even simple digital tasks—like reading a message or tapping a screen— extremely challenging[77],[78]. Socioeconomic factors can be limiting among older adults from disadvantaged backgrounds, including those on low incomes or with insecure housing (e.g., asylum seekers). These individuals may lack the financial means to afford digital devices or home internet access, instead relying on public spaces such as libraries for connectivity—an option that may not always be accessible or appropriate for health-related needs[79]. Geographic disparities can further compound the issue; older adults living in rural or coastal areas often face poor digital connectivity due to underinvestment in infrastructure, limiting their ability to access online services consistently[80].

Recognising and addressing these multifaceted barriers is essential. Without targeted action, these challenges will continue to exacerbate existing health and social inequalities among older populations[81],[82]. Policymakers must foster an inclusive digital environment by investing in essential skills training, providing targeted accessibility support, and improving digital infrastructure, particularly in underserved areas[83],[84]. Crucially, non-digital alternatives must remain available to ensure equitable access for those who prefer or require them.

Data

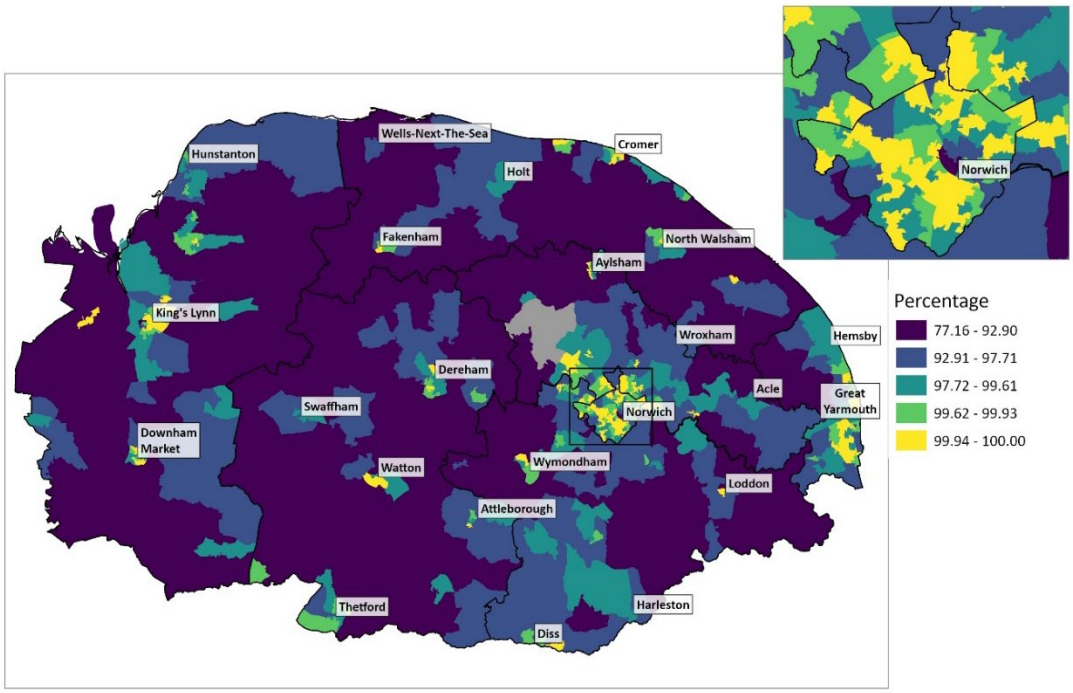
English is the predominant language spoken in England, with 90.8% of usual residents aged three and over identifying it as their main language according to the 2021 Census. In Norfolk, the most spoken languages other than English (spoken by 95% of Norfolk's population) include Polish (spoken by 0.8%), Lithuanian (spoken by 0.8%) and Portuguese (spoken by 0.6%)[85]. In terms of literacy skills, England is the only developed country where adults aged 55 to 65 outperform those aged 16 to 24[86]. Nevertheless, a significant number of older adults in the UK, approximately six million, still possess low levels of literacy and numeracy, with nearly one in five individuals aged 55 to 64 demonstrating the lowest level of essential skills[87],[88].

Based on the latest Ofcom's survey in 2025, 91% of UK adults aged 55-64 years old and 73% of those aged 65-plus have access to internet at home. In the context of Norfolk, this suggests that approximately 11,800 individuals aged 55-64 years old and 62,300 individuals aged 65-plus may lack internet access at home. The predominate reason for not having internet access at home is the perceived lack of interest/need (81% of respondents), followed by the presence of others to access internet on their behalf (16%) and the complicity of internet use (15%). Among those surveyed, 81% of adults aged 55-64 years old and 71% of those aged 65-plus report feeling very or fairly confident using the internet. In the context of Norfolk, this equated to approximately 106,100 adults aged 55-64 years old and 163,900 adults aged 65-plus. Online banking/money transfer was the most common online activity, with 83% of respondents aged 55–64 and 77% of those aged 65-plus engaging in these tasks. Additionally, 81% of adults aged 55–64 and 75% of those aged 65-plus felt confident in identifying suspicious emails or online messages that may be scams[89].

All the above trends have remained relatively consistent across surveys conducted between 2022 and 2025. Nationally, 93% of adults aged 55-64 years old and 77% of those aged 65-plus report owning a smartphone, reflecting a modest increase in ownership since the survey's inception in 2022[90]. When applied to the Norfolk population, this equates to approximately 121,800 individuals aged 55–64 and 177,700 individuals aged 65 and above. For adults aged 55–64, smartphones are considered the most important device (38% of respondents) followed closely by television sets (32% of respondents). In contrast, among those aged 65 and over, 49% identify television sets as their most important device, with smartphones ranking second at 17%. Most respondents in both age groups use smartphones to access the internet, 90% among those aged 55–64 and 77% among those aged 65 plus. Despite this widespread usage, many respondents find certain tasks challenging on smartphones - 69% and 55% of those aged 55 and over report difficulties in comparing forms or documents, and comparing products or services, respectively. Interestingly, 69% of respondents across both age groups never feel disadvantaged by relying on smartphones for internet access, while 16% sometimes feel disadvantaged; only 7% report often or always feeling disadvantaged by relying on a smartphone to access the internet[91].

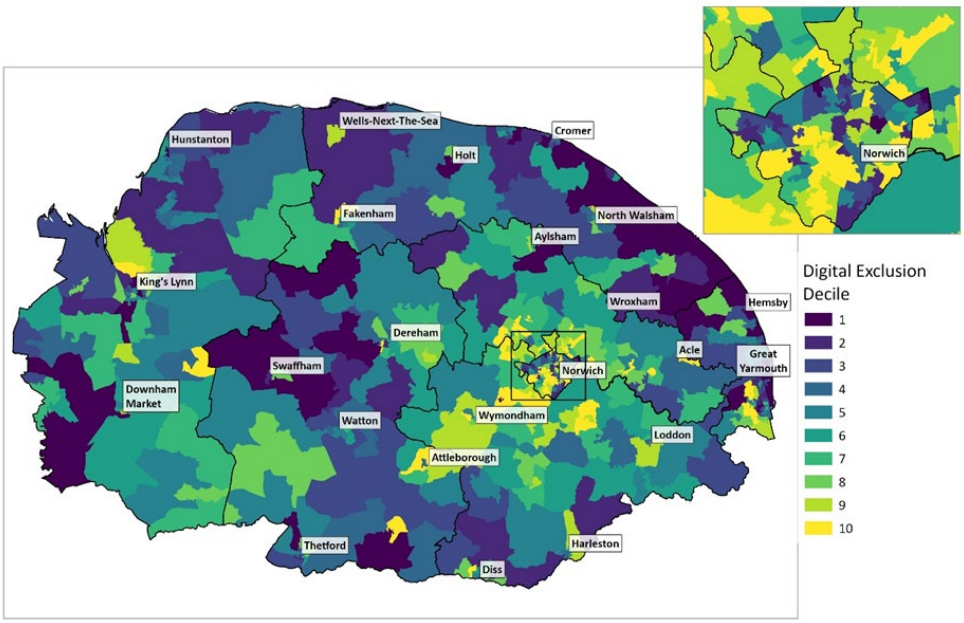
In Norfolk and Waveney, internet and broadband coverage is generally strong across the region, with most Lower-layer Super Output Areas (LSOAs) having more than 90% of premises with broadband availability and only five LSOAs with broadband availability of less than 80%. The distribution of broadband coverage is illustrated in Figure 3.1[92]; please note one LSOA (E01026525 in Broadland) was removed from the analysis as an outlier (broadband coverage <60%); the restricted broadband coverage in this area is likely caused by data recording issues rather than poor connectivity.

Figure 3.1 – A map to show the proportion of premises with broadband availability in Norfolk. The lighter the colour, the greater the broadband availability.



In contrast, the level of digital exclusion varies considerably across Norfolk, with certain areas in the region having a worse digital exclusions index. The digital exclusion index—a composite measure based on indicators such as the Index of Multiple Deprivation (IMD), broadband coverage, and rurality—reveals particularly elevated levels of digital exclusion in certain LSOAs within North Norfolk, Great Yarmouth, Breckland, and King's Lynn and West Norfolk, placing these areas in the lower performing deciles[93]. These disparities highlight the uneven distribution of digital access across Norfolk, which has been illustrated in Figure 3.2.

Figure 3.2 – A map to show the Lower Layer Super Output Areas (LSOAs) within Norfolk showing the levels of digital exclusion based on deciles. The lighter areas have less digital exclusion in these areas.



Best practice - Communication and information

1. Adopt a person-centred approach
    - Recognise that older adults are a diverse group with varying levels of health literacy, digital confidence and physical health.
    - Considering individual needs and preferences when designing communication strategies (e.g. different languages).
    - Delivered in familiar community settings and tailored to users' cultural and social needs.
    - Offer choice between digital and non-digital formats to ensure inclusivity, or that it is accessible in areas where older adults conduct their usual activities.
2. Provide tailored skills training to build trust and confidence
    - Use clear, jargon-free language, illustrative pictograms, and hands-on learning methods.
    - Incorporate intergenerational learning models, which can foster confidence and reduce stigma.
    - Offer ongoing and sustained support, such as digital helpdesks or tech buddies, to reinforce learning and troubleshoot issues.
    - Promote safe digital practices to reduce fear of scams and build trust in online services.
3. Address infrastructure, affordability and access
    - Invest in broadband infrastructure in rural and coastal communities.

- Provide subsidised or loaned digital devices and affordable internet packages for low-income older adults.
- Partner with libraries, community centres, and housing associations to offer free Wi-Fi and device access.

4. Monitor and evaluate progress
    - Collect data on digital engagement among older adults to track progress and identify gaps.
    - User feedback to improve services.

4. Housing

Housing is a critical determinant to the quality of life and plays a central role in supporting older adults to live and age independently within their communities[94]. Suitable and well-located housing, close to essential services, enables older people to live comfortably and safely[95]. Conversely, poor-quality housing, particularly homes that are cold, damp or poorly maintained, can significantly compromise the health of older residents. Such conditions increase the risk of damp/cold related illnesses, falls and accidents, which older adults are especially vulnerable to, and may lead to the deterioration in health and a premature move into residential care as a result[96].

Given that older adults spend approximately 80% of their time at home, the quality and suitability of housing therefore have a profound impact on both their physical and mental wellbeing[97]. Age-friendly home adaptations can help older individuals remain in their homes for longer, promoting further autonomy and delaying the need for systemic care[98]. When remaining at home is no longer viable, a range of alternative housing options could continue to support their needs – these include various forms of assisted community living such as sheltered housing, Almshouse[99], and care housing[100],[101]. These settings often incorporate shared community assets that are designed to foster social connection and reduce isolation[102]. Many privately owned schemes may offer additional chargeable services such as cooked meals, domestic cleaning and regulated personal care, which can be particularly valuable for some older adults[103].

However, a shortage of age-appropriate housing options often leaves older people with limited choices. Research by the Royal Institute of British Architects and the Centre for Towns found that 24% of individuals over the age of 55 have considered moving to an alternative dwelling, but nearly half of this group was unable to do so due to a variety of factors[104]. In Norfolk, the latest figure for care home beds availability is 8.9 per 100 people aged 75 and over, which is below the England average (9.4 per 100 people) and has been slowly declining since 2012[105]. This trend continues to highlight the persistent challenges in capacity, accessibility, and distribution of community living options, which may impede efforts to ensure that older adults have equitable access to appropriate housing that supports healthy ageing. Adopting approaches such as the Healthy Streets Approach[106], which contains 10 indicators, may support more suitable housing and neighbourhoods for healthy ageing.

The Challenges

There are many reasons why older adults may remain in poor or unsuitable housing. One of the main issues is affordability as those on low incomes often have limited housing

choices and are more likely to live in substandard accommodation without much maintenance support[107]. This is interlinked with fuel poverty, where high energy costs push households further down the poverty line, leaving many houses with insufficient temperature and insultation[108]. These houses with poor living conditions can exacerbate chronic health problems and increase the risk of falls among older adults, thus worsening their future health outcomes[109].

In addition, many home were not designed with the concepts of ageing in mind; features such as steep stairs, narrow doorways and inaccessible bathrooms can pose serious risks to mobility and safety in older adults[110],[111]. Limited awareness for home adaptations also hinders potential efforts to make existing homes safer and more suitable for ageing[112],[113]. Housing that is physically suitable may be poorly located and far from family, shops or public transports, which can lead to social isolation and reduced access to essential services[114]. Finally, the process of moving to more suitable housing can be very complex and emotionally challenging. Even when the desire to downsize exists, the lack of appropriate housing options, combined with the stress of moving and attachment to one's own home, can act as significant barriers[115].

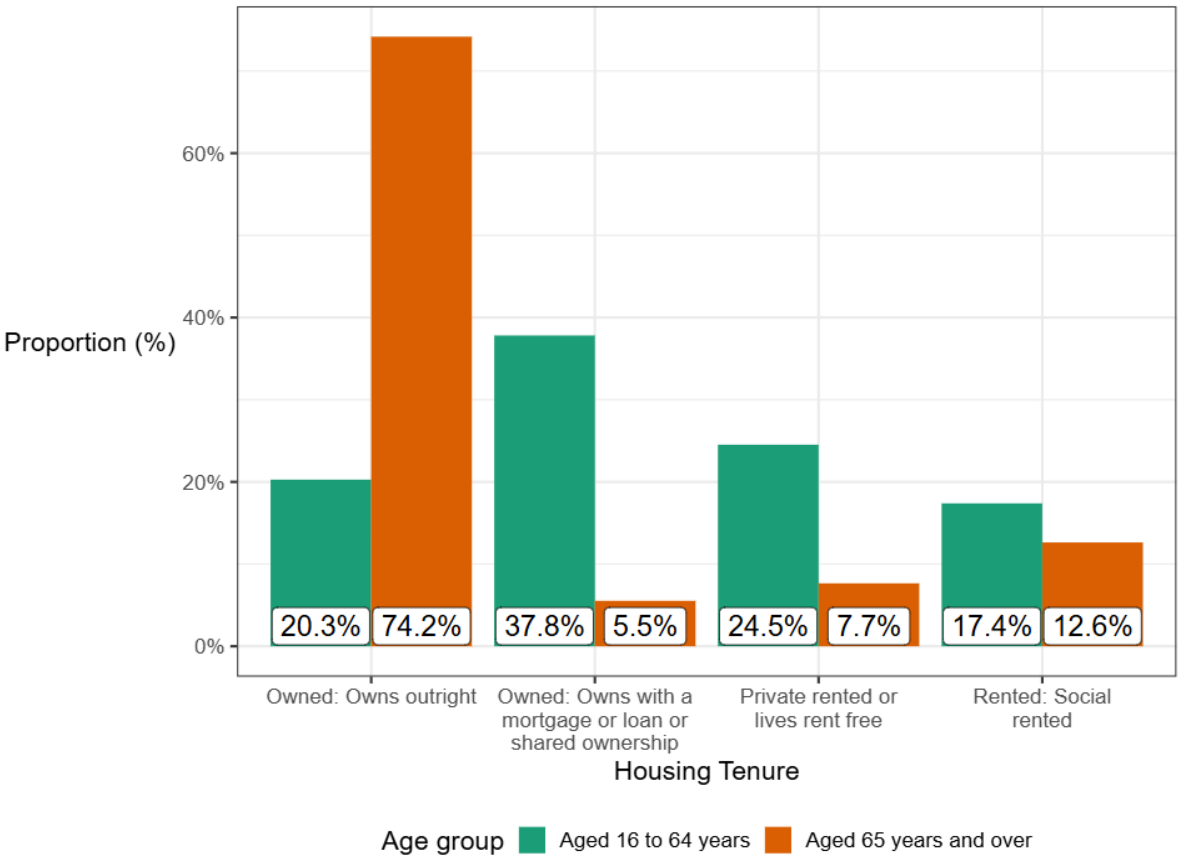
Data

In Norfolk, approximately 62,000 adults aged 65 and over lives alone, which accounts for around 29% of older adults in this age group[116],[117]. According to the 2021 Census, North Norfolk had one of the highest proportions of one-person households with an adult aged 66 and over in England, at 19.3%, ranking 330th out of 331 district authorities; King's Lynn & West Norfolk, Great Yarmouth and Broadland also have high proportion of one-person households with an adult aged 66 and over, placing between 250th and 280th nationally[118].

There are approximately 448,000 dwellings in total among the seven lower district local authorities in Norfolk, with around 85% of those housing stocks being in the private sector[119]. In Norfolk, approximately 80% of resident aged 65 and over (around 114,000 people) own the property that they live in; of these, a small proportion (about 8,000 people), either have a mortgage or are in shared ownership arrangements. Social and private rental housing account for around 13% and 8% of housing among this age group, respectively. Across Norfolk's districts, the proportion of property ownership generally aligns with the regional average. Broadland has the highest percentage of home ownership among the people aged 65 and over (88%); in contrast, Norwich has the lowest rate of home ownership at 61%, and the highest percentage of older adults living in social housing (33%)[120].

Figure 4.1 illustrates a breakdown of housing tenure by age in Norfolk, showing a much higher proportion of over 65's owning their home outright compared to 16–64-year-olds. However, 16–64-year-olds show higher levels of owning a home with a mortgage, are privately renting/lives rent free or socially rent.

Figure 4.1 – A graph to show housing tenure, by age groups 16-64 (in green) and 65 and over (in red) in Norfolk as a percentage, in 2021.



Source: Census 2021. Note, age groups sum to 100%

In Norfolk, 89% of households where all members are aged 65 and over have more bedrooms than required, indicating ample living space. Most districts in the county report at least 85% of such households exceeding bedroom requirements, with Broadland (93%) and South Norfolk (92%) being the highest. In contrast, Norwich has the lowest proportion, with only 77% of older households having more bedrooms than needed[121].

Energy efficiency is another important aspect of housing quality, and most properties have an Energy Performance Certificate (EPC) present. However, this is only required when a dwelling is constructed, converted, sold or let, with other exemptions such as listed buildings, place of worship and industrial sites; therefore, EPC may not provide a full representation of the entire dwelling stock[122]. Among Norfolk households composed entirely of people aged 65 and over, 63% of dwellings lack an EPC rating. Of households in Norfolk with EPC ratings, only around 41% have an EPC rating of Band C or above, while approximately 59% fall below Band C, which are broadly in line with national averages[123].

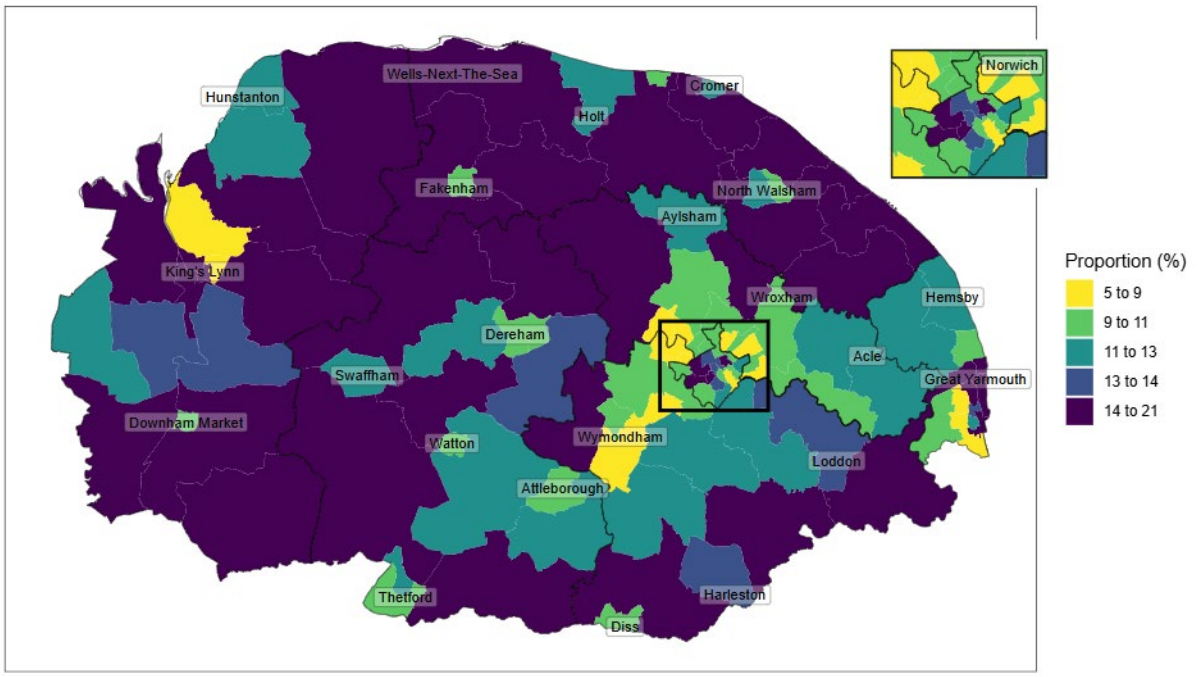
Among districts in Norfolk, North Norfolk (31%) and King's Lynn and West Norfolk (35%) have the lowest proportions of dwellings rated Band C or above and are also the poorest-

performing districts in terms of energy efficiency across all housing types (owner-occupied, private rent and social rent dwellings). Notably, social rented dwellings tend to have higher proportions of EPC ratings above Band C compared to owner-occupied and privately rented homes across all districts[124]. Figure 4.2 illustrates these data in greater detail.

Figure 4.2 – A graph to show the proportion of dwellings based on owner-occupied (in blue), private rentals (in orange) and social rentals (in green) with EPC ratings of Band C or above across districts in Norfolk.

Fuel poverty remains a pressing issue in Norfolk, which has the second highest proportion of affected households within the East of England. According to the latest upper-tier local authority survey, approximately 49,000 households in Norfolk (~12% of the total households) are considered to be in fuel poverty. Figure 4.3 shows the proportion of the population in Norfolk experiencing fuel poverty based on the Middle Super Output Area (MSOA) in 2023[125]. Focusing on older residents, Census data shows that around 5,000 households (1.2%) in Norfolk with an older adult aged 50 and over lack central heating. Great Yarmouth (1.9%) and Norwich (1.6%) have the highest proportion of such households without central heating, while Broadland (0.8%) and Breckland (1.0%) have the lowest proportion of such households[126].

Figure 4.3 – A map to show the proportion of the population experiencing fuel poverty in Norfolk in 2023, based on percentage, with brighter shades representing less fuel poverty.

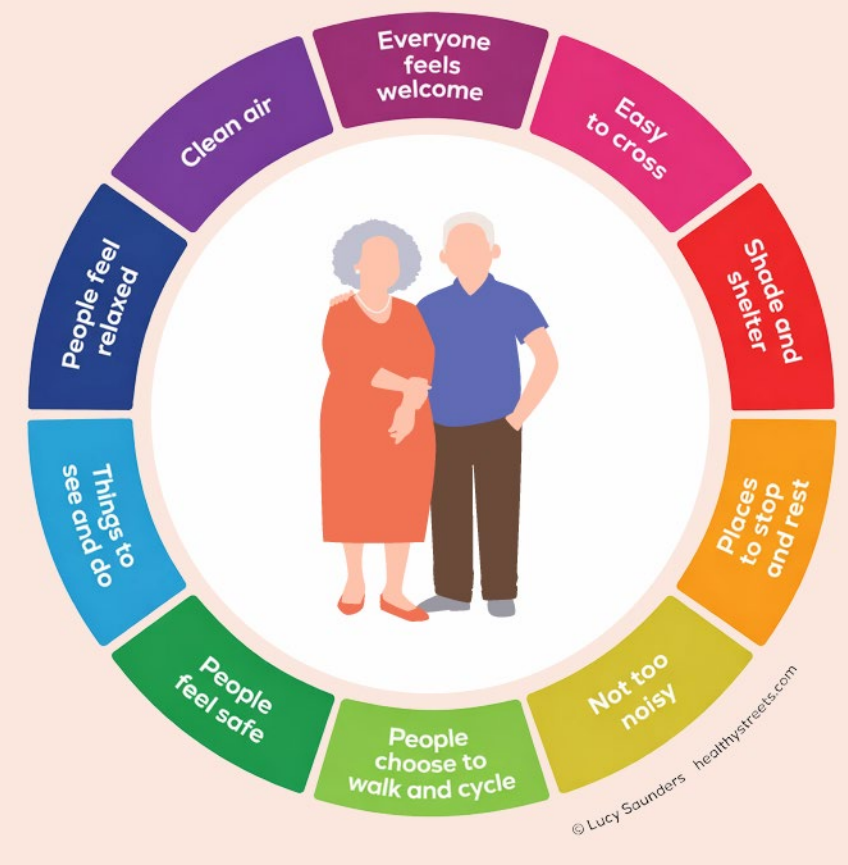


Best Practice - Housing

1. Improve the quality and safety of existing housing
    - Invest in retrofitting older homes with heating upgrades and ventilation systems to reduce cold and damp.
    - Expand home adaptation services, such as installing grab rails, stairlifts and accessible bathrooms, with streamlined referral and funding processes.
    - Implement regular housing condition assessments for older residents, particularly in deprived or rural areas.
2. Increase the supply of age-appropriate housing
    - Develop more accessible homes that incorporate universal design features (e.g. step-free access, wide doorways, walk-in showers, wide space for moving, even surfaces).
    - Incentivise downsizing by supporting the development of smaller, well-located homes that meet the needs of older people.
3. Address affordability
    - Expand access to affordable housing options, including social housing and shared ownership schemes tailored to older adults.
    - Provide financial support for low-income older adults to maintain or adapt their homes.
4. Raise awareness and provide guidance
    - Improve access to information and advice on housing options, adaptation services, and financial support.
    - Support older people through the moving process, including practical and emotional support for those considering downsizing or relocating.

5. Promote age-friendly community pathways:
    - Ensure housing is located near essential services, such as shops, GPs, public transport, and community centres.
    - Design neighbourhoods with walkability, safety, and social interaction in mind, supporting older people to remain active and engaged.
    - Engage older people in planning and decision-making about housing and community development to ensure their needs and preferences are reflected.
    - Utilise resources such as the healthy streets approach:

Figure 4.5 - A diagram to show the Healthy Streets Approach, including the 10 healthy streets indicators[127].



5. Outdoor space and buildings

Green spaces, such as public parks, woodlands and open fields, are vital assets for promoting health and wellbeing[128]. In age-friendly communities, outdoor environments and buildings plays a crucial role in fostering positive health outcomes among older adults[129]. Access to green spaces has been linked to ageing well; for example, older individuals who spent more time in home gardens during the COVID-19 lockdown reported improved physical and emotional wellbeing[130]. To maximise these benefits, outdoor spaces should be inclusive, accessible and safe, all of which will enable older adults to navigate their surroundings with confidence and ease[131]. Key features of age-friendly outdoor spaces include well-maintained pavements, safe pedestrian crossings, adequate lighting and plentiful seating areas. Similarly, age-friendly buildings should be easy to enter, with clear signage and step-free access[132]. These elements not only support physical mobility but also enhance mental wellbeing and social participation within the older community[133]. Thoughtfully designed spaces can function as both primary and secondary forms of prevention—reducing the risks of disease and impairment, while supporting individuals who may need assistance to maintain their independence[134].

Norfolk is renowned for its rich tapestry of green spaces and coastal landscapes. As the principal city in the region, Norwich offers several free-to-access green spaces (i.e. Eaton Park), while nearby nature reserves provide rich opportunities for further wildlife encounters[135]. Beyond the city, Norfolk's countryside and coastline are equally captivating; the Norfolk Coast National Landscape spans 453 km^2 of rolling chalkland and glacial moraine and is celebrated for its diverse natural habitats[136]. However, population growth, rapid urbanisation, climate change and financial constrains are all placing increasing pressure on the availability and quality of local green spaces[137]. Given Norfolk's unique vulnerabilities-including low-lying coastal areas and extensive agricultural land, these challenges are likely already affecting health outcomes in the region, particularly among its ageing population, which is more susceptible to environment-related health risks[138]. Therefore, integrating green infrastructure principles into both national and local planning policies is essential for fostering more inclusive environments that not only accommodate but actively promote the health and wellbeing of older adults[139].

The Challenges

Several interlinked barriers can limit the access and enjoyment of these spaces for older residents and can make even the simplest journey challenging, if not, impossible at times. For many older adults, physical limitations such as mobility difficulties, visual

impairment or chronic health conditions can often be the first hurdle[140]; uneven pavements, steep kerbs and poorly maintained walkways can pose serious risks for those with physical limitations and may be the difference between independence and isolation[141]. Access to resting/toilet facilities can also be powerful determinants, where the absence of shaded area, resting benches and clean public toilets can make longer errands unmanageable, thus deterring older people from venturing far from home[142]. Furthermore, concerns about personal safety—whether due to potential crimes or anti-social behaviours—may also discourage older people from using public parks, high streets or public transport, particularly in the evenings[143],[144]. Worsening air quality is another growing concern, especially for those with certain respiratory conditions, where high levels of pollution or pollen can make outdoor activities not only unpleasant but potentially dangerous[145],[146].

The cumulative effect of these barriers can be highly significant due to its potential impact on both physical and mental wellbeing of the older population, which overtime can lead to increased demands on health and social care services, reinforcing a cycle of dependency and exclusion[147]. Those who are disabled, from ethnic minority groups or living in deprived areas are also more likely to encounter the consequences of these effects due to the limited green spaces and the lack of investments on high quality infrastructure often observed in those neighbourhoods[148],[149], which further compounds the existent health inequality, particularly among older adults who are already at greater risks of comorbidities, frailty and loneliness[150],[151].

Data

In Norfolk, 91% of properties (approximately 388,300) have access to private outdoor space —which appeared to be higher the national average (88%) and the East of England average (89%)[152]. Among the districts in Norfolk, Broadland reports the highest proportion of properties with private outdoor space (96%), followed by South Norfolk (94%) and Breckland (93%)[153]. In contrast, Norwich has a lower proportion, with only 82% of properties offering private outdoor access compared to other districts in the county[154]. These figures are summarised in Table 5.1.

Table 5.1 – A table to show the number and percentage of properties with private outdoor space across Norfolk, based on districts, number of properties with private space, total number of properties, and the corresponding percentage with outdoor space.

Districts	Properties with private outdoor space	Total number of properties	% with private properties with outdoor space
Breckland	57,945	62,579	93
Broadland	56,376	58,867	96
Great Yarmouth	43,574	47,645	92
King's Lynn and West Norfolk	66,636	73,940	90
North Norfolk	50,273	55,068	91
Norwich	54,577	66,254	82
South Norfolk	58,896	62,504	94
Total	388,277	426,857	91

Within Norfolk, fifteen green spaces (six in Norwich, five in King's Lynn and West Norfolk, three in North Norfolk and one in Great Yarmouth) have been recognised internationally by the Green Flag Award which serves as a benchmark for management, conservation and maintenance of greenspaces[155]. In addition, six beaches in North Norfolk have been awarded the Blue Flag status, which is an internationally recognised label awarded to beaches and marinas that meet strict criteria for water quality, environmental management and safety[156].

In the East of England region, the average distance to the nearest park, public gardens or playing fields (432 meters) is much shorter than the national average (1058 meters). Within Norfolk, residents of Norwich (339 metres) and Great Yarmouth (377 metres) enjoy the shortest average distances to these green spaces, both outperforming the regional average. In contrast, South Norfolk records the longest average distance at 689 metres, making it the least accessible district in terms of proximity to public green spaces. Norwich stands out as a district within Norfolk, offering both the highest average number of parks, public gardens or playing fields—approximately five within a 1,000-metre radius, and the largest average size, at around 60,000 m^2. In contrast, Broadland and South Norfolk report the lowest average number of parks/gardens/fields, with only about two of such spaces within the same radius. South Norfolk and Great Yarmouth

have the smallest average sizes of parks/gardens/fields, each averaging approximately 40,000 m^2[157].

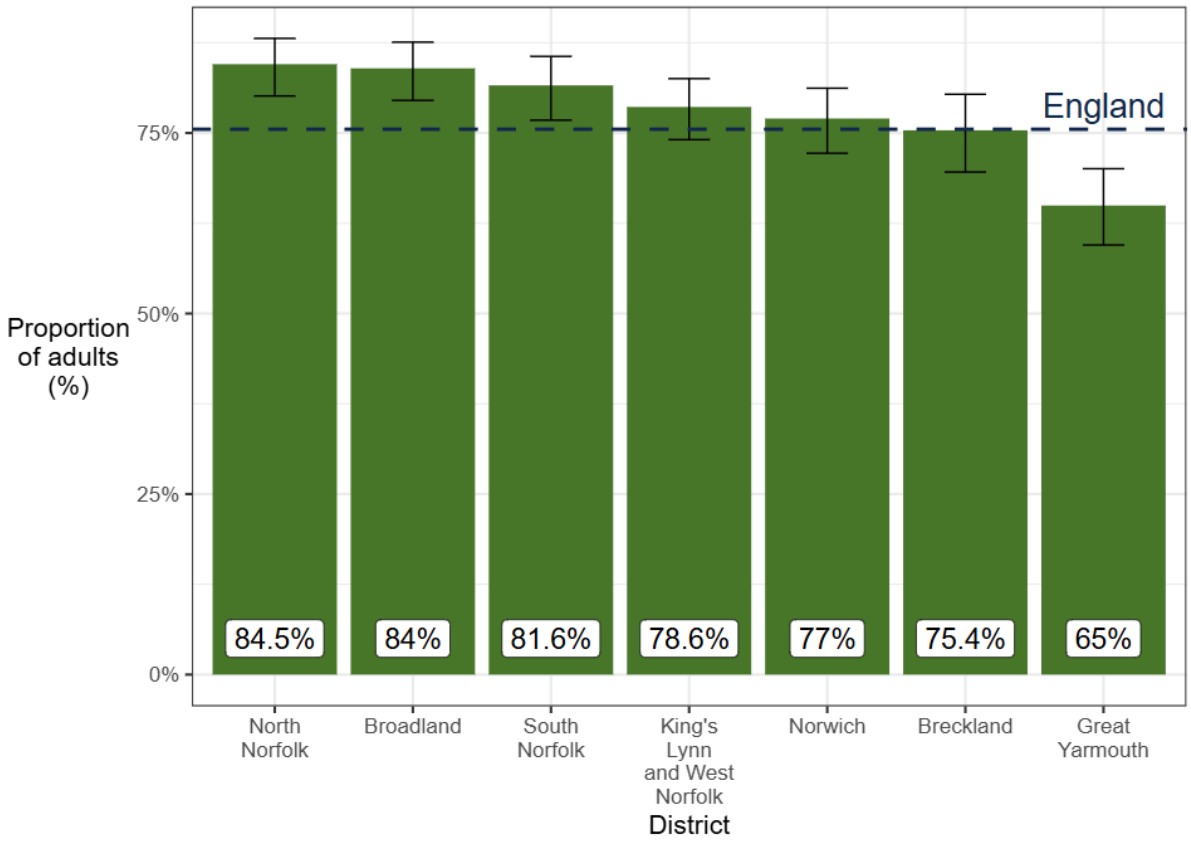
It is important to note that considerable variation exists among individual green spaces in terms of their design, function, and intended use, which may influence the benefits they provide. A detailed breakdown of these findings is presented in Table 5.2.

Table 5.2 – A table to show the average distance, number, and size of nearest park, public garden or playing fields in Norfolk by districts.

Districts	Average distance to nearest Park, Public Garden, or Playing Field (m)	Average number of Parks, Public Gardens, or Playing Fields within 1,000 m radius	Average size of nearest Park, Public Garden, or Playing Field (m^2)
Breckland	567.61	2.52	42016.00
Broadland	503.52	1.97	47750.78
Great Yarmouth	377.33	2.95	39239.88
King's Lynn and West Norfolk	548.11	2.58	49198.19
North Norfolk	557.19	2.36	58583.22
Norwich	339.48	4.99	59322.61
South Norfolk	688.85	2.04	41496.40

According to the Community Life Survey 2023/24, ranges of satisfaction with green and natural spaces across most districts in Norfolk aligns with the England average of 75.5%. Notably, residents in North Norfolk (85%) and Broadland (84%) report significantly higher satisfaction levels than the national benchmark; in contrast, Great Yarmouth has the lowest satisfaction level within the county at 65%, which is markedly below both the national and regional averages[158]. These figures are represented in Figure 5.1.

Figure 5.1 – A graph to show the proportion of residents satisfied with green and natural spaces in the local area in Norfolk by district in 2023/24.



Source: Community Lives Survey 2023/24

Best Practice - Outdoor space and buildings

1. Inclusive design and improving accessibility
    - Ensure step-free access to all public buildings and spaces.
    - Use clear, high-contrast signage with large fonts and symbols.
    - Install dropped kerbs, tactile paving, and non-slip surfaces on walkways.
    - Implement traffic calming measures and safe pedestrian crossings with adequate crossing times
2. Safe and navigable environments
    - Maintain well-lit streets and pathways to improve visibility and reduce fear of crime.
    - Embed age-friendly principles in Local Plans, Transport Strategies, and Urban Design Codes.
3. Increasing rest and comfort facilities
    - Install frequent seating areas along walking routes
    - Provide sheltered benches and shaded areas to protect from sun and rain.
    - Ensure accessible public toilets are available, clean, and well-signposted.
4. Increasing green and social spaces

- Develop and maintain accessible green spaces including parks and community gardens.
- Design spaces that encourage intergenerational interaction, such as shared playgrounds or community hubs.
- Support community-led initiatives like gardening clubs or walking groups to foster social inclusion.

5. Equity-focused investment
   - Prioritise improvements in deprived areas where older people face the greatest barriers.
   - Use health impact assessments to guide investment in public projects.

6. Transportation

Accessible, affordable, and safe transport is a cornerstone of an age-friendly cities, which enables older adults to maintain independence and engage with their local communities[159]. This includes not only public transportation but also age-friendly driving conditions and parking facilities that support active ageing among older residents[160]. Accessible and reliable transport options can contribute significantly to the physical and mental wellbeing of older adults, as those who travel regularly are more likely to remain physically mobile and active, thus benefiting from the health-related advantages of active travel and exercise[161],[162]. Moreover, transport plays a vital role in maintaining social connections, helping to reduce loneliness and isolation by facilitating contact with friends, family and other community networks[163],[164].

As people age and their confidence in driving diminishes, the availability of accessible public transport becomes even more critical[165]. At a time when the cost of private vehicle ownership is at an all-time high due to the cost-of-living crisis, ensuring affordable access to public transport is therefore essential[166]. In a predominantly rural region like Norfolk, it is especially important that the transport services are not only accessible and affordable, but also reliable and convenient[167]. Without these conditions, older residents may face significant difficulties in accessing essential services and social activities, leading to restricted mobility, increased isolation and reduced quality of life[168]. Addressing transport inequalities is therefore key to fostering social inclusion and ensuring that older people can live well independently.

The Challenges

As people age, their transportation needs often become more complex, and a variety of factors can make travel increasingly difficult which are often shaped by individual circumstances[169]. Firstly, financial limitations such as low income and the lack of car ownership can make it difficult for older people to afford the cost of fuel or public transport to access any necessary services[170],[171]. Individuals experiencing poor health such frailty and cognitive problems, are particularly vulnerable to the effects of inadequate transport options as they often cannot drive due to health concerns and would need additional support, which may lead to further anxiety and avoidance of travel[172]. Many public transport systems are also simply not fully adapted to support those with health issues and impairments[173].

Furthermore, the impact of the COVID-19 pandemic has led to a significant reduction in transport scheduling, leaving many older individuals without viable options to attend medical appointments in hospitals[174]. This problem is further amplified in rural or coastal

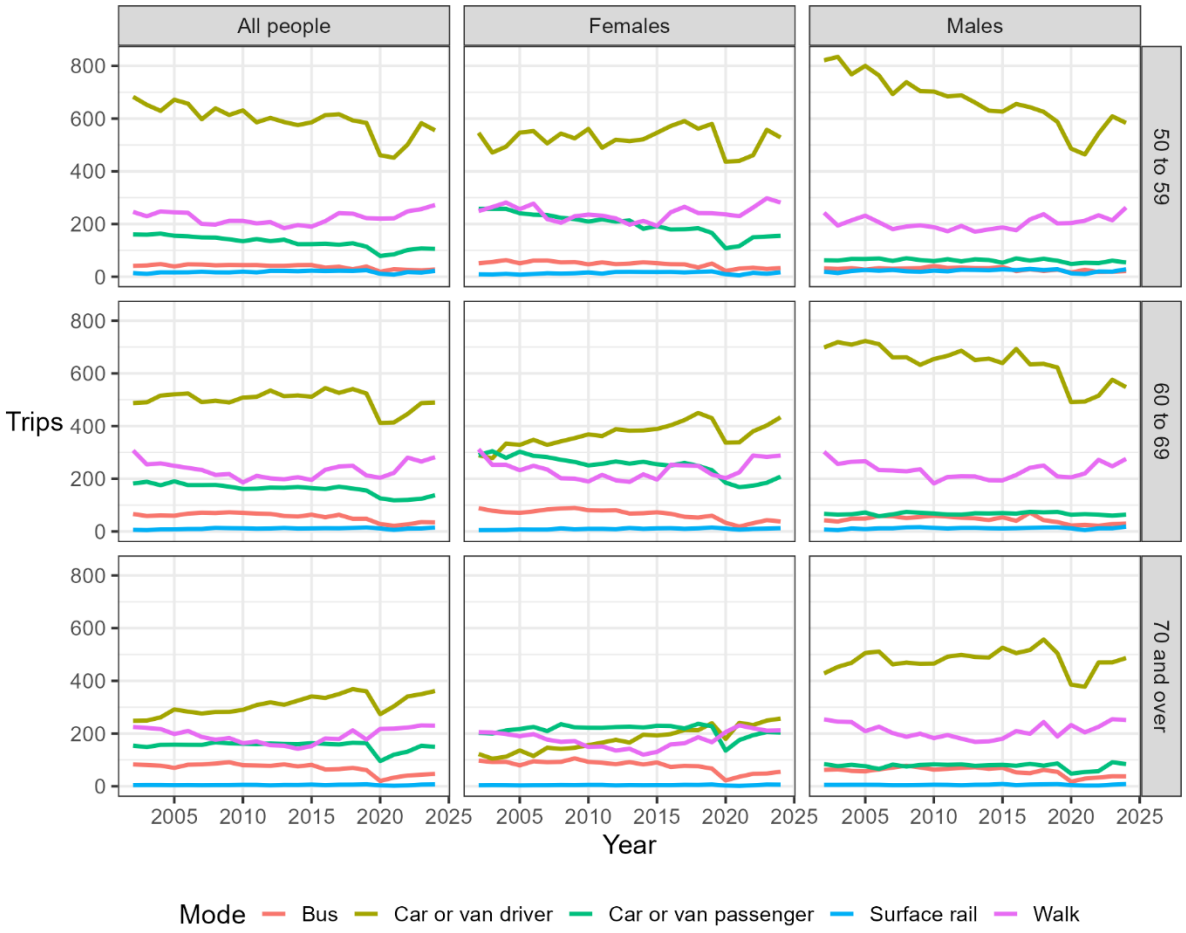
areas, where public transport services tend to run even more infrequently or only during limited hours, which may not align with the essential needs of older people[175]. While initiatives such as voluntary car schemes and on-demand bus services are available and may offer some level of support, they are often overstretched—especially in areas where long distances separate residents from amenities, commercial centres and healthcare facilities[176],[177]. Many older people may also simply be unaware of the community transport services that are available for them[178].

These compounded challenges can discourage older residents from venturing out and result in increased reliance on home-based services, not necessarily by choice but due to a lack of accessible transport alternatives[179]. Addressing these issues is therefore critical to ensure that older residents can maintain independence, access essential services and participate fully in community life.

Data

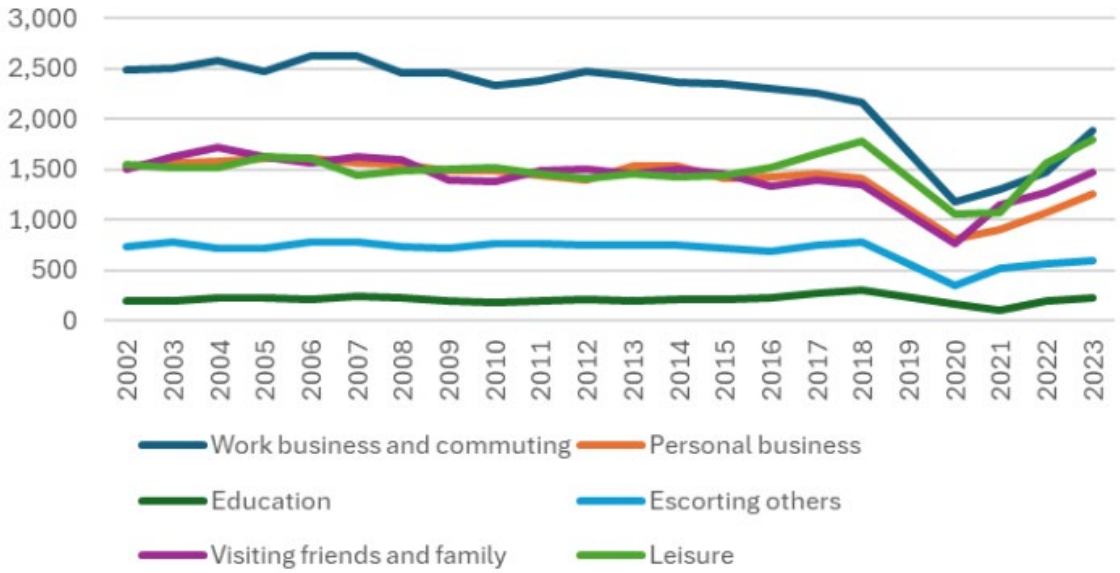
In the UK, driving a car or van is the most frequently used mode of transport among individuals aged 50–59, which remains as the most common choice for those aged 60–69, although the usage declines slightly compared to 50-59 years old. Among people aged 70 and over, there is a marked reduction in the number of trips made by car or van, which is no longer the dominant mode of transport; instead, travel preferences in this age group shift toward being a car or van passenger and walking. Across all three age groups, the use of public transport such as bus and rail remains relatively low, with car or vans (both driver or passenger), or walking remain higher, with greater levels seen in males, staying higher in all three age groups[180]. These findings are illustrated in Figure 6.1.

Figure 6.1 – Graphs to show the average number of trips travelled using different transport options, including bus, car or van driver, or passenger, rail or walking, for people aged 50 to 59, 60 to 69, and 70 and over, in the UK between 2002 to 2023[181].



In the older population, individuals travel for a variety of reasons, including commuting to work, attending personal appointments, engaging in leisure activities and visiting friends/family or accompanying others. At the national level, those aged 50–59 years tend to travel the greatest average distances for work or commuting. However, in the 60–69 and 70-plus age groups, the average distance travelled for work declines significantly. Instead, travel related to leisure activities, personal business and social visits becomes more prominent in these older age groups, with these purposes accounting for the longest average distances travelled. These national trends have remained relatively stable over time, with a notable dip in 2020, likely attributable to the COVID-19 pandemic and associated travel restrictions. In Norfolk, a similar pattern of travel is observed which can be seen in Figure 6.2. Over the past 20 years, work-related travel consistently accounted for the highest average distance travelled for residents in Norfolk; however, at the onset of the COVID19 pandemic, this has declined sharply, likely due to the widespread adoption of remote working practices. A recent steady increase in the average distances for work-related travel was observed post pandemic, along with the distance travelled for leisure, personal business and social visits, with leisure travel showing the most pronounced rise[182].

Figure 6.2 – A graph to show the average distance travelled based on purpose (work, business or commuting, education, visiting friends and family, personal, escorting others, or leisure) for residents in Norfolk, between 2002 and 2023.



In Norfolk, there are approximately 475,400 licensed private vehicles in total at the end of 2023, with South Norfolk and King's Lynn & West Norfolk having the highest number of approximately 83,000 and 82,300 respectively[183]. Most residents in Norfolk can reach a GP practice by using a car within 10 minutes, highlighting the region's reliance on private vehicles (figure 6.3). However, figure 6.4 shows the number of residents who can access these services via public transport between 10, 20 and 30 minutes during the weekdays, emphasising the challenges faced by those in rural and remote areas in reaching essential healthcare services without a private vehicle. North Norfolk, South Norfolk and Breckland have longer public transport times[184].

Figure 6.3 – A map to show off peak car travel time to reach a person's nearest GP, split between district, with darker areas being a shorter time to reach the GP.

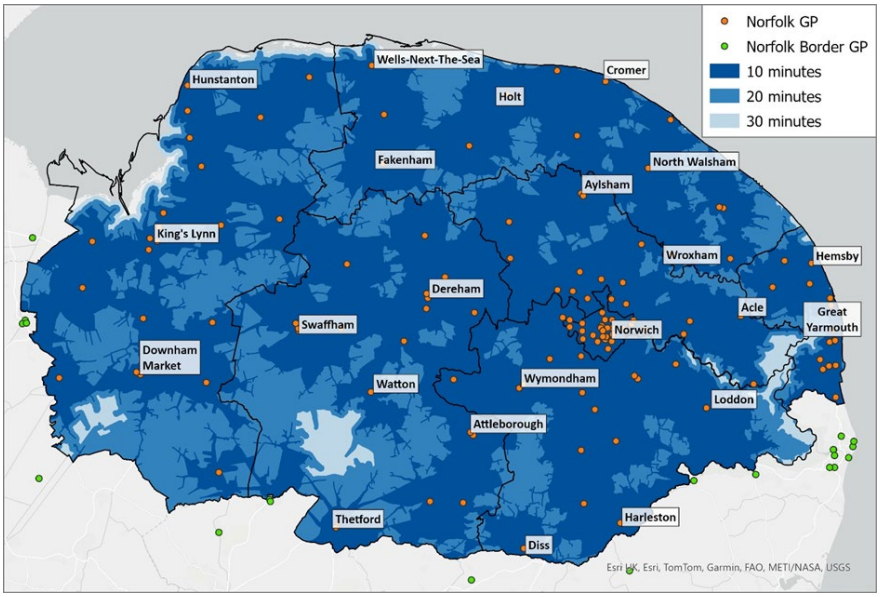


Figure 6.4 - A table to show the percentage of the population in Norfolk by district, that can access GP services by public transport, based on morning or afternoon times and time taken to access the services.

District	10 minutes (am)	20 minutes (am)	30 minutes (am)	10 minutes (pm)	20 minutes (pm)	30 minutes (pm)
Breckland	39%	65%	68%	52%	76%	84%
Broadland	49%	76%	82%	57%	89%	97%
Great Yarmouth	81%	87%	92%	89%	95%	98%
King's Lynn and West Norfolk	49%	64%	69%	58%	82%	91%
North Norfolk	27%	47%	64%	35%	72%	79%
Norwich	90%	100%	100%	89%	100%	100%
South Norfolk	40%	67%	69%	43%	76%	85%
Norfolk	62%	83%	90%	62%	85%	91%

Best Practice - Transportation

1. Enhance awareness of services and information
    - Develop clear, accessible transport information such as printed guides, helplines and digital tools tailored for older adults.
    - Create a centralised directory of transport options for older people locally, including eligibility and booking processes.
    - Promote community transport schemes through GP surgeries, libraries and local councils.
2. Improve accessibility and inclusivity
    - Ensure all public transport is age friendly. Examples include low-floor buses, priority seating, audio-visual announcements, and accessible stops.
    - Provide staff training on assisting older passengers with empathy and awareness.
    - Ensure parking availability that is accessible and affordable.
3. Expand service availability
    - Subsidise on-demand and flexible transport services in underserved areas.
    - Extend operating hours of rural and community transport to align with healthcare and social needs.
    - Support volunteer driver schemes with funding, insurance, and recruitment campaigns.
    - Support affordable taxis, with taxis and drivers that are age-friendly aware.
4. Integrate health and transport planning

- Embed transport planning in health service design, especially for outpatient and community care.
- Support local authorities to co-design transport solutions with older residents.
- Coordinate patient transport services with appointment scheduling to reduce missed visits.

7. Community support and health services

In an age-friendly community, ensuring access to appropriate healthcare for older adults is essential to support their wellbeing, independence, and active lifestyles[185]. As the older population continues to grow in both national and regional settings, the demand for health services is expected to rise significantly, which would present major challenges[186],[187]. The COVID-19 pandemic placed more strains on healthcare systems, disrupting routine services even further, and intensified the demand for emergency and critical care[188]. Norfolk already experiences higher prevalence rates of many long-term conditions compared to both the regional and national averages. By 2040, the county's population aged 65 and over is projected to reach approximately 308,000[189], which may place substantial pressure on the local healthcare services and systems.

In response to these growing pressures, public health services play a vital role in promoting healthy ageing and reducing the burden on acute care[190]. The NHS Long Term Plan reinforces this shift towards prevention which allows services to operate across the spectrum of prevention[191]. Primary prevention aims to stop health issues before it arises, through interventions such as smoking cessation and weight management programmes that reduce the risk of developing chronic conditions[192],[193]. Secondary prevention focuses on early detection and interventions such as screening, aim to identify conditions and prevents its progression at early stages[194],[195]. Tertiary prevention involves supporting individuals with established health conditions to manage their illness, maintain independence and prevent complications, often through rehabilitation and integrated community support[196],[197].

By investing in preventative services and strengthening collaboration between health and social care, the system can better meet the needs of an ageing population. This may be further supported through neighbourhood health centres, which is outlined in the 10-year plan with a focus on the areas of highest deprivation[198].

The Challenges

Despite national and local commitments to integrate health services for older adults, persistent challenges continue to undermine the progress[199]. Public health services are often underutilised or inconsistently accessed due to limited funding, high staff turnover

and poor service delivery[200],[201]. These issues are particularly evident in Norfolk, where rural and coastal geography compounds difficulties in recruiting and retaining staff[202],[203]. Older residents in remote areas also face barriers to access health improvement services, which can result in missed opportunities for early intervention[204],[205]. Fragmented coordination between health improvement programmes and wider healthcare services also limits the effectiveness of preventative efforts[206]. Poor interoperability between systems can hinder data sharing and continuity of care, making it difficult to deliver personalised and proactive support[207],[208]. Additionally, negative assumptions towards ageing may influence commissioning decisions, leading to underinvestment in preventative services for older adults which contradicts principles of equity[209],[210].

To address these challenges, Norfolk must strengthen its public health infrastructure by embedding prevention into all aspects of service planning, improving access to community-based interventions and leveraging population health data to target resources where they are most needed[211],[212]. This aligns with the NHS Long Term Plan's vision to shift the system towards prevention and early intervention, ultimately reducing demand on acute medical services and improving quality of life for older people[213].

Data

Vaccination Uptake

Although there has been a slight decline in the past two years, flu vaccination uptake among individuals aged 65 and over saw a sharp increase nationally and regionally in 2020/2021, which was likely driven by the national health policies during the COVID-19 pandemic. Prior to 2020/2021, Norfolk's flu vaccination coverage for this age group was either at or just below both the national and East of England averages; however, since 2020/2021, Norfolk has consistently achieved coverage rates of at least 80% annually which significantly exceeds both national and regional averages. In contrast, shingles vaccination coverage among 71-year-olds experienced a modest decline in 2020/2021 across England, likely due to service disruptions caused by the COVID-19 pandemic; coverage rates have gradually improved since then. In Norfolk, shingles vaccination coverage has remained significantly below the national and regional averages since 2018/2019. Encouragingly, the latest data for 2022/2023 shows a notable improvement, with Norfolk reaching a coverage rate of 47%, just below the national average of 48.3% and the regional average of 49.9%[214].

Screening Uptake

Norfolk and Waveney has consistently outperformed both national and regional averages in terms of screening uptake for cervical, bowel, and breast cancers. While a national downward trend has been observed in cervical screening coverage among individuals

aged 50 to 64, Norfolk and Waveney have shown a positive trajectory over the past three years, where the level of coverage reached 77.2% in 2023/2024, which was significantly higher than the national average of 74.9%. In contrast, bowel screening coverage for those aged 60 to 74 has increased substantially across England over the past ten years. Norfolk and Waveney mirror this trend but consistently outperformed both the England and East of England averages throughout the decade, with the rate of coverage rising by 9.4 percentage points since 2013/2014, reaching 74.5% in 2023/2024. Although breast screening coverage data is only available for 2022/2023 and 2023/2024, Norfolk and Waveney has exceeded national and regional coverage rates in both years. A notable increase was observed between the two years, with coverage rising from 72.3% to 74.7% in Norfolk and Waveney[215].

NHS Health Checks (Data obtained from Public Health Intelligence Dashboards)
In 2024/2025, a total of 88,270 NHS health checks were offered to individuals aged 40 to 74 years old across different settings in Norfolk, equivalent to approximately one in five people within this age group. Of these, 29,486 health checks were delivered to those eligible, meaning approximately 33% of those offered health checks were undertaken. Among those delivered, the majority (83.2%) of health checks took place in GP settings, followed by REED outreach (16.7%) and pharmacies (0.1%). Furthermore, 10.9% and 9.9% of individuals who received an NHS health check in Norfolk were signposted to physical activity and weight management services, respectively. Referral to other specialist services include smoking cessation services (3.8%), diabetes services (3.3%), alcohol services (0.7%) and mental wellbeing services (0.4%).

Tier 2 Weight Management (Data obtained from Public Health Intelligence Dashboards)
In Norfolk, Tier 2 adult weight management services are delivered by two providers: Slimming World and Your Health Norfolk. In 2024/25, there were a total of 10,055 referrals, of which 6,661 started a programme, with around 85% of participants identifying as female and 15% as male. Of those who started the programme, 5,127 individuals successfully completed the programme by attending at least 75% of the sessions. Among those who completed the programme, around 69% achieved a weight loss of at least 5% of their initial body weight. Completion rates of the programme across Norfolk's districts range from 65% to 73%, with South Norfolk showing the highest completion with a 5% weight loss, and Kings Lynn and West Norfolk showing the lowest completion with a 5% weight loss. Adults aged 50 and over accounted for approximately 56% of all service users. While older age groups tend to have higher programme completion rates, they have lower proportions achieving the 5% weight loss target compared to service users in younger age groups, which may be attributed to age-related factors such as slower metabolism and reduced muscle mass[216]. More information can be found in the Healthy Weight and Nutrition: An All-Age Approach Health Needs Assessment for Norfolk report.

Smoking Cessation (Data obtained from Public Health Intelligence Dashboards)
Smoking prevalence in Norfolk has reduced since 2021, declining from 14.6% to 8.7% in 2024 (approximately 66,700 current smokers), a positive trend that supports healthy ageing through reduced risk of long-term conditions and preventable morbidity in later life. Achieving the Smokefree 2030 ambition, defined as a smoking prevalence of 5% or less, would require sustained annual reductions of around 0.6 percentage points, supporting healthier ageing outcomes. In 2024/25, a total of 2,347 individuals set a quit date in Norfolk, with a four-weeks quit rate of 54% (1,265 people). Among service providers, REED achieved the highest four-weeks quit rate at 71% (760 out of 1,073), followed by ACE (58%), pharmacies (30%) and GPs (28%). The largest proportion of service users were aged 45–59 (37.8%), followed by those aged 60 and over (30.9%) in 2024/25. Between 2021/22 to 2024/25, there has been a downward trend in quit date set in the 45-59, and 60 plus age groups, but a slight upward trend in the 19-34 and 35-44 age groups. This reduction in service engagement should be considered in the context of decreasing smoking prevalence over time, suggesting a smaller pool of smokers and changing patterns in quit behaviour. This decline may also be partly attributed to changing smoking behaviours, including the increasing use of e-cigarettes as a self-managed cessation method, which has contributed to a broader reduction in smoking prevalence and reduced engagement with formal support services[217]. In 2024/25, the four-weeks quit rate among service users aged 60 and over was 58%, higher than those aged 45–59 (53%), 35–44 (54%), and 18–34 (48%) years old groups. Additional information regarding smoking can be found in the JSNA HNA Smoking and Tobacco Control January 2024 report, and Director of Public Health Annual Report 2023.

Best Practice – Community support and health services

1. Use a life-course approach
    - Recognise that healthy ageing begins before adults reaching old age. Interventions should therefore target mid-life or earlier to reduce modifiable risk factors that contributes to long term health conditions
    - Promote productive healthy ageing, which includes financial security, meaningful activity, social connectedness, physical, and mental wellbeing
2. Strengthen preventive and early intervention services
    - Encourage uptake of these services (E.g. NHS Health Checks, vaccination programmes and screening programmes) through target outreach and community engagement
    - Support early identification of frailty and proactive management using tools like the NHS Frailty Toolkit and embed these into routine care pathways
3. Integration of public health with other healthcare services
    - Foster collaboration between local authorities, NHS providers, and the voluntary sector to deliver joined-up, person-centred care.

- Promote shared care records and interoperable systems to improve continuity and reduce duplication.
- Commission integrated models that embed public health services within primary care and community settings, ensuring seamless transitions between prevention, treatment, and support.

4. Tailor services to diverse needs
    - Tailor public health services to meet the needs of diverse populations, which may include older adults from ethnic minority backgrounds, LGBTQ+ groups or older adults with disabilities or impairments.
    - Use co-production and community engagement to design culturally appropriate and accessible services.
5. Monitor and evaluate
    - Regularly assess the effectiveness, equity, and user satisfaction of public health services.
    - Share best practices and scale up successful interventions across the system.

8. Social participation

Social participation may be defined as 'a person's involvement in activities that provide interaction with others in society or the community'[218]. Both social participation and social support is strongly linked to good health and wellbeing[219]. Encouragement to take part in a range of accessible and affordable activities, and intergenerational integration can prevent social isolation[220]. Social participation is a key indicator for successful ageing, associated with mortality, morbidity, quality of life, with older adults feeling fulfilled by enhanced participation[221]. Engagement in community activities such as volunteering, local initiatives and social groups, can foster meaningful social connections, alleviate loneliness and reinforce a sense of purpose[222]. High community engagement reports positive mental health and wellbeing outcomes[223]. Furthermore, in older adults at risk or with dementia, improved social participation may have positive implications in reducing this risk[224]. For detailed insights and information on loneliness and social isolation, this can be found in the Norfolk JSNA Social Isolation and Loneliness report.

The Challenges

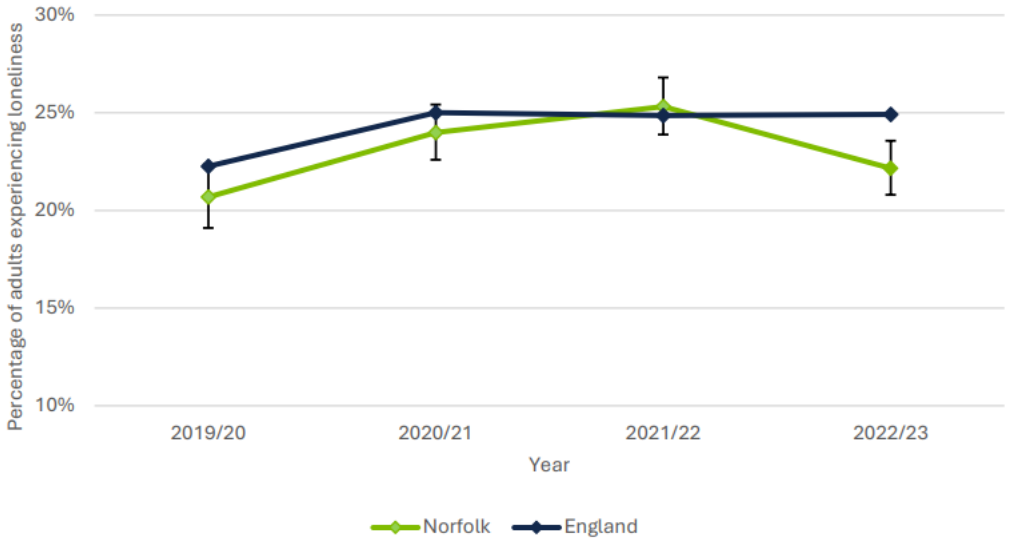
Although social participation has been shown to improve health and wellbeing, there are a range of barriers to social participation in older adults[225]. Key barriers include demographic factors, individual/internal factors, environmental/infrastructure factors, and social networks[226]. Some cultural barriers or lack of involvement from those with lived experiences may inhibit the positive outcomes associated with social participation[227]. Resources or assets may also inhibit participation, especially in areas of higher deprivation. Improving the infrastructure of community assets in these areas would encourage more social participation[228]. Like other domains to healthy ageing, social participation would likely have been affected by COVID-19, causing feelings of loneliness and social isolation, symptoms of poor social participation[229].

Data

The England average and Norfolk showed similar levels of loneliness from 2019/20 to 2021/22, but Norfolk's level decreased in 2022/23 while England remained at 25% (Figure

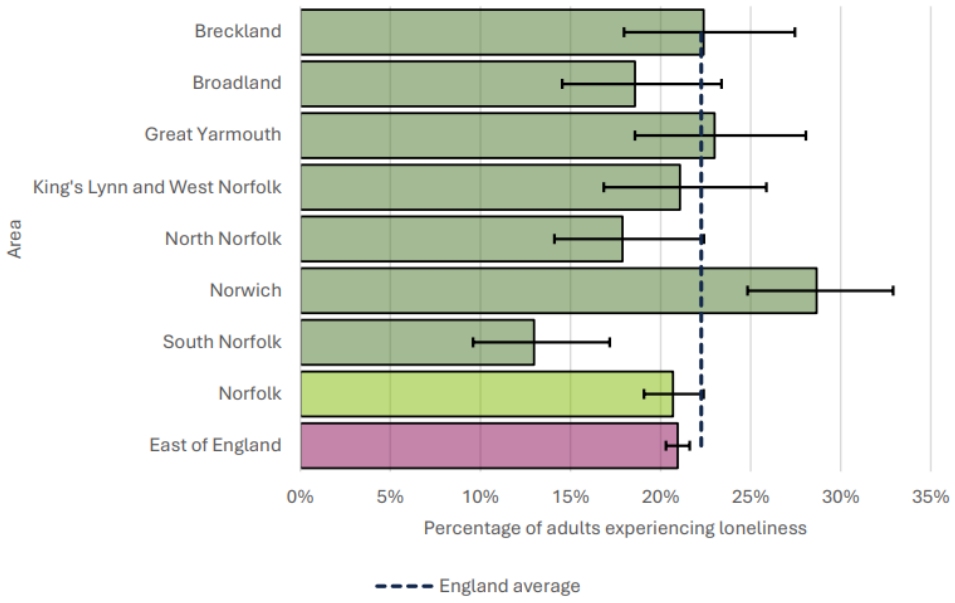
8.1). Reasons for the increase may be due to extreme forms of isolation and strain on relationships during the lockdown period.

Figure 8.1 - A graph to show the proportion of adults aged 16+ feeling lonely often, always or some of the time in Norfolk (green line) and England (black line) from 2019/20 to 2022/23 using 2023 mid-year population estimates.



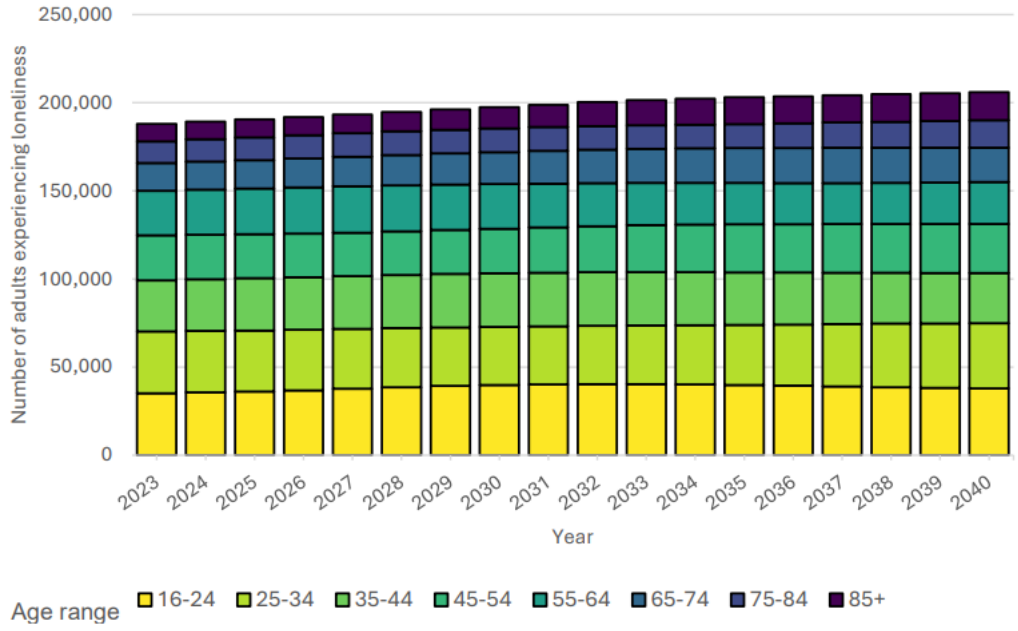
At place in 2019/20, Norwich had the largest proportion of adults feeling lonely often, always or some of the time, showing significantly higher levels of loneliness than the England average (fig. 8.2). Higher prevalence of loneliness in the younger ages may explain this in part, due to its younger population. Deprivation may also be a contributory factor.

Figure 8.2 - A graph to show the percentage of adults who feel lonely often, always, or some of the time in Norfolk by district in 2019/20.



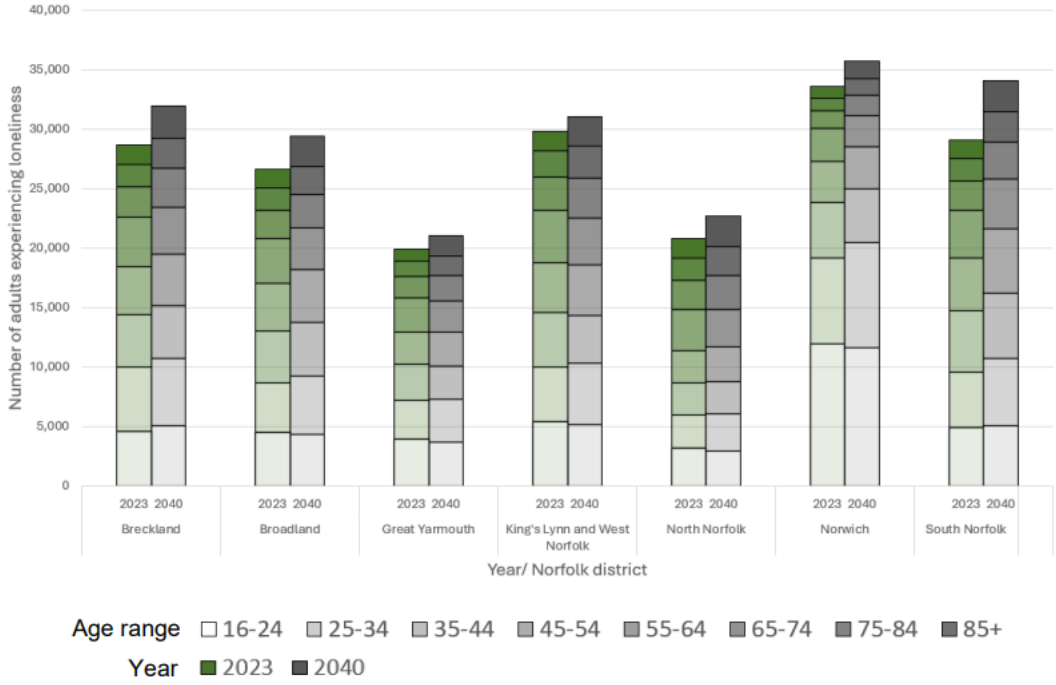
In 2023, around 188,000 of adults' experience loneliness some of the time, often, or always in Norfolk, and this is projected to rise to 206,000 people by 2040 (Figure 8.3).

Figure 8.3 - A graph to show the projected number of adults aged 16 and over across age ranges in Norfolk feeling lonely often, always, or some of the time between 2023 and 2040.



When breaking down into district South Norfolk may show the greatest increase (fig. 8.4), however this assumes that the trends continue from current levels.

Figure 8.4 - A graph to show the projected number of adults aged 16+ through different age groups in Norfolk by districts, feeling lonely often, always, or some of the time between 2023 (green bars) and 2040 (grey bars)[230].



1 in 3 people who live in the most deprived areas, and 1 in 5 people in the least deprived areas experience loneliness. 21% of men, 28% of women, and 50% of those who do not identify as male or female experience loneliness. 29% of older adults aged 85+ report feeling lonely. 23% of white British, and 31% from other ethnic groups report feeling lonely. Someone is 5.5 times more likely to feel lonely without someone to open up to, 5.2 times if widowed, 3.7 times if in poor health, 3 times without a sense of belonging in the neighbourhood, 2.3 times with money issues and 1.6 times if living alone. Severe loneliness is estimated to cost £9,900 per person per year, and £2.5 billion per year to UK employers[231].

Best Practice – Social participation

1. Supporting personal motivations, preexisting social networks and neighbourhood cohesion, can play vital roles in improving and maintaining quality social participation[232].

2. Groups that offer one to one activity, or group sessions for older adults that help prevent loneliness and social isolation.
Group activities could include but not limited to:

- Singing programmes
- Arts, crafts and other creative activities
- Intergenerational activities
- Multicomponent activities

One to one activity could include but not limited to:

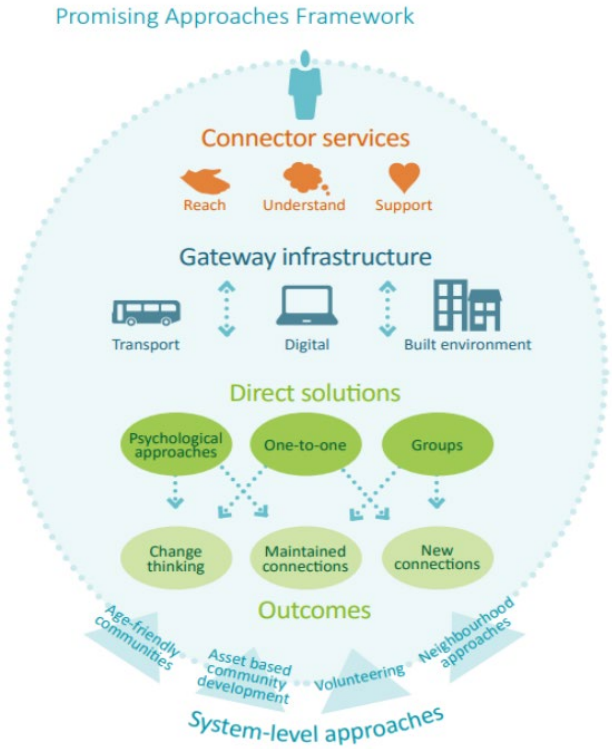
- Programmes that develop and build friendships (e.g. peer support)
- Befriending opportunities that involved brief visits, telephone calls or other media
- Information on national or local services offering support

3. Group sessions or activities should also be[233]:

- Affordable so that they attract older adults with no hidden or additional costs.
- Provides a range of activities that suit the older adults and promotes participation.
- Addresses isolation which can be achieved through personal invites or provide easy to attend events.
- Fosters community integration through local gathering places that has multipurpose use.
- Accessible, that are of appropriate times, open admission, and convenient.

4. Using whole-system approaches such as the Promising Approaches Framework[234] to co-design system level approaches to social connection:

Figure 8.5 - A framework to show how the system level approaches influence outcomes along with connector services, gateway infrastructures, and direct solutions.



9. Respect and social inclusion

Social inclusion is the positive action taken to change the circumstances and habits that lead, or have led, to social exclusion, in that it enables people or communities to participate in society. Opposing this is social exclusion, generally described where particular people have no recognition by, or voice or stake in, the society in which they live[235]. Essentially, there should be sufficient age-friendly activities that allow social engagement within their communities and to help them feel valued. It is also important that older adults are consulted on how to achieve this[236].

There are also still negative preconceptions of ageing across communities that can lead to ageism. Ageism is defined as prejudices, stereotypes, and discrimination towards people because of their chronological age[237]. There are three key types of ageism: Institutional ageism, Interpersonal ageism, and self-directed ageism. Institutional ageism is where ageism is embedded in laws, rules, social norms, policies, and practices of institutions. Interpersonal ageism occurs between individuals and their interactions. Self-directed ageism on the other hand occurs when a person internalises ageism due to repeated exposure to ageist messaging, modifying their thoughts and behaviours. Overall, ageism can cause negative effects to a person's mental health, physical health, financial wellbeing, and employment[238]. Age-friendly initiatives and intergenerational work can help to mitigate these, and should start from early on to raise awareness, whilst helping older adults to feel and remain engaged in their communities[239]. Age is one of nine protected characteristics outlined in the Equalities Act 2010, yet ageism is still present[240]. Although it is protected, it is the only characteristic whereby there can be objective justification of "proportionate means of achieving a legitimate aim", essentially suggesting that ageism may be seen as more socially acceptable than other forms of discrimination[241]. Social inclusion also has links with concepts such as equality, human rights and social cohesion[242].

The Challenges

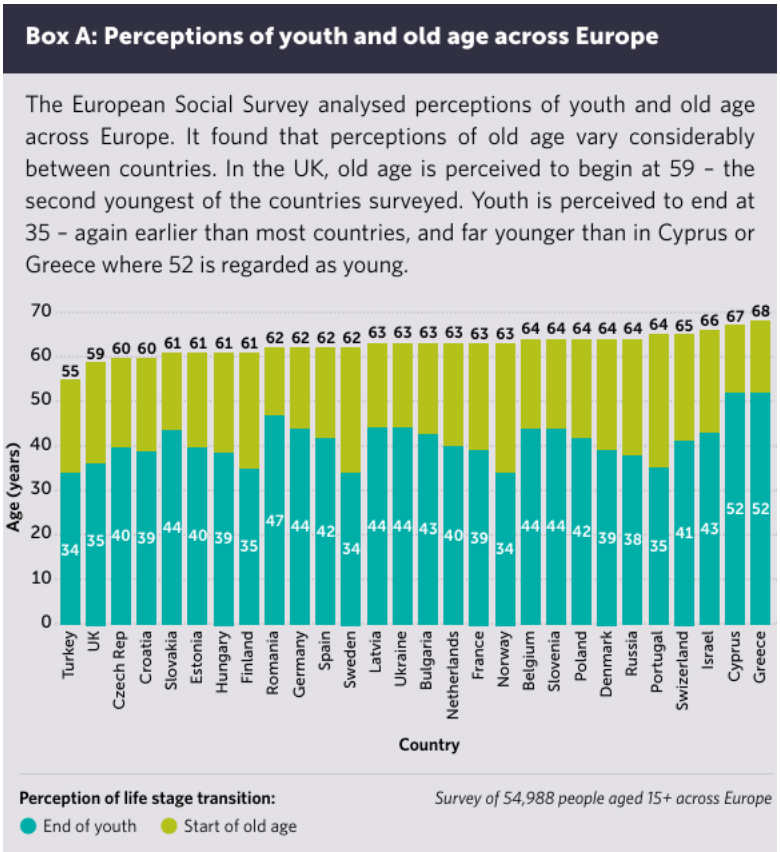
Although respect and being valued should be prevalent to older adults, there are barriers existing such as persistent disrespectful attitudes, and misconceptions about ageing, which impacts the development of public health policies relating to healthy ageing. This in turn can impact the health and wellbeing of older adults[243]. Overcoming disrespectful

behaviour should be a priority. Undertaking training in ageism, with considerations for language and the thoughts, feelings and opinions of older adults, can help to counteract this. There is a risk that populations are segmented, leading to misunderstanding and misrepresentation. Intergenerational activities can combat this and allows opportunity for people of all ages to learn from each other, understand their barriers to thriving healthily.

Data

One in three people experience age-based prejudice or discrimination (ageism)[244], whilst one in two reports being ageist, therefore showing it is a highly prevalent issue[245]. 36% of 50 to 70 years feel their age would disadvantage them in applying for jobs[246]. According to age without limits, over 40% of people have never really thought about ageism,1 in 10 people believe ageism does not exist, more than 50% of the public believe the UK society is ageist, and 1 in 3 think older age is characterised by frailty, vulnerability and dependency[247]. This may be influenced by perceptions of youth and age. The European Social Survey found that in the UK, 59 is considered the start of old age, and 35 the end of youth as seen in figure 9.1[248].

Figure 9.1 - A graph to show perceived age at which youth ends (blue) and old age starts (green) across European countries.



This can result in ageism, characterised by feelings of pity in which older people are patronised, ignored or their concerns dismissed.

There is a lack of Norfolk specific data about ageism. However, if we apply national statistics to the Norfolk population aged 50 and over, this equates to around 192,000 individuals experiencing ageism in the last year[249]. Ageism also interacts with ethnic, gender, health and socioeconomic inequalities. National evidence suggesting that being poor or disabled can increase the chances of someone becoming the victim of ageism four-fold[250].

A respectful and inclusive environment enhances the mental, emotional, physical and financial wellbeing of older adults. Respect for people of all ages strengthens intergenerational relationships, fostering greater understanding and support between different generations and providing opportunities for social connections that protect from loneliness and isolation.

Best Practice – Respect and social inclusion

1. Provide respectful and inclusive environments
    - This includes access to groups that are age-friendly or may present opportunities for intergenerational activities.
    - Present services that are respectful and inclusive.
    - Economically disadvantaged older adults are still able to access events[251].

2. Public education about ageing
    - Start educating on age from a young age and challenge people, as children as young as three begin to develop stereotypes about older people[252].

3. Reflect in policies
    - Consult older adults in understanding their needs and how to support them
    - Focus on goals and a positive approach

4. Use language and imagery suitable for older adults
    - Guidance by the centre for ageing better can help support language and imagery, help reframe ageing, and suggest other age-friendly communication principles[253].
    - Media should include older adults in their imagery, with positive depictions and no stereotypes.

10. Summary

Norfolk has an ageing population, which presents many risks to health, but also presents many opportunities too. The World Health Organization's 8 domains for healthy ageing provides a framework for services, organisations, individuals and communities to come together with actionable objectives that supports older adults as assets that can guide best practice.

Using these principles, older adults should be supported to engage in employed work, take part in civic action, or volunteer without fear of inequality. Information that supports older adults to remain healthy should be communicated effectively based on preferences and options suitable for individuals. Housing should be suitable and adapted to suit the needs of older adults with considerations for space, warmth and accessibility. Older adults should be able to access green spaces or buildings with ease which should not be inhibited by mobility or hearing issues, or barriers to those with long term health conditions. Older adults should be able to access adequate transportation, be that public or private, and this should be adapted to needs of the individuals as needs become more complex. Healthcare should be provided as an essential provision, not one of luxury where it is unaffordable. It should be easily accessible for older adults, and with greater preventative actions, could reduce or delay the onset of health conditions. Older adults should be able to get into their community with ease, and participate in groups that are suitable for them, but also that have been informed by their needs such as intergenerational groups. Lastly, older adults should be respected and their views, experiences and knowledge included without prejudice or discrimination.

It is clear from the domains and associated literature that these domains are interlinked, and affecting one area could easily influence others. Working with older adults to understand their needs, gain their input into what they need, and placing this into policy and practice are positive steps forward, but cannot end there.

This document has highlighted some of the complexities seen by an ageing population but also provides some good practice that can support this. In the next section are resources developed by the Centre for Better Ageing and other organisations to enhance your offering to support older adults, and make places age-friendly.

Further information for local support for healthy ageing can also be found at www.norfolk.gov.uk/healthyageing.

11. Resources

Click the link for additional resources from Norfolk County Council Public Health - healthy ageing campaign:

- Healthy Ageing - Norfolk County Council
- Director of Public Health Annual Report 2025/26 Healthy Ageing
- Healthy Ageing 2025 Public Health assets

We have linked resources and toolkits developed by the Centre for Better Ageing[254] and other organisations below to support you in providing further support for healthy ageing and age-friendly cities:

Age-friendly Communities: A handbook of principles to guide local policy and action | Centre for Ageing Better – this handbook outlines key features of age-friendly communities in the UK. There are examples of local implemented practices and policies too.

Good Recruitment for Older Workers: An updated toolkit | Centre for Ageing Better – This provides 3 new tools to minimise age bias in recruiting.

Age-friendly Town and Parish Guide | Centre for Ageing Better – The important role of town and parish councils in creating age-friendly communities.

Understanding Ageing in Your Area | Centre for Ageing Better – A free benchmarking tool providing a snapshot of key data available at local authority level.

Age-friendly Built Environment Quick Guides | Centre for Ageing Better - Key design considerations for ensuring age-friendliness across a range of spaces and amenities.

How to guide: Creating an Ageing Well Ambassadors programme | Centre for Ageing Better – Ten steps for creating Age Well Ambassadors in your own place.

Challenging Ageism Guide | Centre for Ageing Better – Practical tools organisations can use to communicate about ageing and older age.

Essex age-friendly collaborative toolkit – An interactive toolkit created as a user-friendly resource to inspire, share and showcase ideas making a different in communities.

Age-Friendly-Toolkit_final.pdf – Created by Social Enterprise Kent, the leader of Ageless Thanet, providing a toolkit to support becoming age friendly.

New guide and toolkit on age-friendly cities and communities - AGE Platform Europe – World Health Organization's guide and toolkit on age-friendly cities and communities

Make Your Neighbourhood Age-Friendly - UK toolkit - AGE Platform Europe- Age Platform Europe's toolkit to make neighbourhoods age-friendly.

Age-friendly Built Environment Quick Guides | Centre for Ageing Better – New guidance for supporting age-friendly built environments.

12. Acknowledgements

With thanks to the following for the contributions to the document:

Michael Watson – Norfolk County Council - Senior Analyst (Public Health)

Leonora Paice – Norfolk County Council - Public Health Principal (Health & Wellbeing Commissioning)

Joe Siggins – Norwich City Council – Strategy Officer (Equalities)

James Fullam – Norfolk County Council – Advanced Public Health Officer

13. References

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2 Living longer - Office for National Statistics
3 Population and household estimates, England and Wales - Office for National Statistics
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