

A photograph of two women walking outdoors in a park-like setting. The woman in the foreground is wearing a bright blue t-shirt and has a joyful expression, looking off to the side. She is holding a clear plastic water bottle in her right hand. The woman in the background is wearing a light purple t-shirt and has a more neutral expression. The background is filled with lush green trees and grass, suggesting a pleasant outdoor environment.

One step at a time

Research into enabling physically inactive older people to become more active

Acknowledgements

With thanks to National Lottery funding from Sport England to support this research, our highly valued collaborative partners in the Richmond Group of charities¹, and the time and expertise of Danica Minic and her team from Research Works Ltd.

We would also like to thank the older people who took part in the research, for sharing their opinions and experiences to provide us with essential insight on physical inactivity and helping us to develop better ways to reach others and encourage them to do a little bit more.

The
Richmond
Group
of Charities



National Lottery players raise £30m every week for good causes, funding arts, heritage, sports, voluntary and charity projects around the UK. For more information on good causes in your area go to www.lotterygoodcauses.org.uk

Sport England is a public body and invests up to £300 million National Lottery and government money each year in projects and programmes that help people get active and play sport. It wants everyone in England, regardless of age, background, or level of ability, to feel able to engage in sport and physical activity. That's why a lot of its work is specifically focused on helping people who do no, or very little, physical activity and groups who are typically less active - like women, disabled people and people on lower incomes. www.sportengland.org

About physical activity

At any age, physical activity improves muscle strength, endurance, and reaction time, as well as bone density and posture. As we get older, being active is particularly important, because the normal ageing process causes loss of muscle mass and bone density, which affects strength, balance and posture.

Most people know that being physically active is good for their health and fitness, but as we get older, our activity levels often decrease anyway. Many older people are 'physically inactive' according to the Government definition, which means they do less than 30 minutes per week of moderate intensity activity.

We know that many physically inactive people are older, may be living with long-

term health conditions and are potentially facing a range of practical, financial, emotional or cultural barriers to taking up physical activity.

But citing Government guidelines to older people and the health risks of inactivity isn't the most effective way to encourage them to change their lifestyles. We wanted to find out what would motivate people, so that we could enable local Age UKs and support other organisations to deliver effective physical activity programmes to older people, improving their physical and mental wellbeing.

The Sport England Active Lives survey² shows that 25% of all adults are physically inactive. However, inactivity levels increase significantly as people age.³

Inactivity levels by age



29%

of people aged between 65 - 74 are physically inactive



47%

of people aged between 75 and 84 are physically inactive



70%

of people aged over 85 are physically inactive



i Encouraging inactive older people to take up some physical activity is an urgent and important issue that could not only enhance wellbeing and enjoyment of life, but also reduce the risk of illness for older people, and save money for public services such as the NHS.



Government activity guidelines

In September 2019, the new Chief Medical Officer Guidelines relating to physical activity for older people were published⁴. These recommend that older people participate in daily physical activity to maintain good physical and mental health, for their wellbeing and for its social benefits.

Any physical activity is better than none - even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits.

The guidelines recommend that each week older adults should aim to accumulate at least 150 minutes of moderate⁵ intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous⁶ intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits.

Muscle strengthening is also an important part of being active. Older people should do some kind of strength training at least twice a week, and some balance and coordination training twice a week. Examples can include carrying heavy shopping, chair aerobics, tai chi or yoga.

People who are physically inactive can be split into three groups:

- Those who 'do nothing' and are mostly sedentary.
- Those who are 'not doing enough' (doing some activity but less than 30 minutes).
- Those who are 'missing the intensity' (doing light activities such as walking and housework, but not at the level of intensity that would deliver significant health benefits).

It is the most inactive people, those who are 'doing nothing', who could gain the greatest health benefits by reducing the amount of time they sit⁷, enhancing their overall wellbeing and enjoyment of life.



The benefits of moving more

Meeting a target of 150 minutes per week may be daunting to those who currently do very little, but research shows that any activity, however small, can provide benefits in terms of health risk reduction. This could be as simple as swapping sitting in a café with a friend to wandering around a park with a friend. Or, for those who are mostly chair-bound, this could be standing up during advertising breaks on TV⁸.

People who can work towards and become 'active' according to government guidelines are likely to see benefits in terms of their muscle strength, endurance, balance and posture, which could improve many aspects of their lives.

Activity guidelines

Table 1. Summary of activity levels and recommendations

| Activity | Description | Examples | Recommendation |
|--|--|---|---|
| Moderate activities | These activities should make you feel a bit warm, and raise your heart rate. You should feel a little breathless but still be able to hold a conversation. | <ul style="list-style-type: none"> • Brisk walking • Cycling on the flat • Doubles tennis • Ballroom dancing | At least 150 minutes of this per week, eg 30 minutes a day for five days. |
| Vigorous activities | These activities should make you warm, increase your heart rate, and make you breathe heavily enough that you find it difficult to hold a conversation. | <ul style="list-style-type: none"> • Running • Cycling uphill • Climbing up stairs • Singles tennis | If you can't fit in 150 minutes of moderate activity, 75 minutes of vigorous activity can be done instead, or mix vigorous and moderate activities during the week. |
| Muscle strengthening activities | These activities involve working your muscles against a resistance such as your own body weight or other weights. | <ul style="list-style-type: none"> • Lifting weights • Yoga • Carrying heavy shopping | Twice a week. |
| Balance and coordination activities | These are activities that challenge your balance, and make you feel a bit wobbly. | <ul style="list-style-type: none"> • Yoga • Tai chi • Dancing | Twice a week. |
| Sedentary activities | These activities require no physical effort. | <ul style="list-style-type: none"> • Watching TV • Using a computer or laptop • Driving • Sitting and socialising with others | When doing activities like this, try to break up long periods with light physical activity. |



Our research

Age UK and its legacy organisations Age Concern and Help the Aged have been running physical activity programmes for over a decade⁹. Through this work, Age UK's network has built valuable experience of delivering local programmes to older people. A common experience shared across the network is that it can be more difficult to target, change and sustain the behaviour of older people from lower socioeconomic groups who have long-term health problems and those who don't use social media.

To understand more about this issue and how to tackle it, Age UK undertook a qualitative research project to look into physical inactivity in later life. The research aimed to understand the experiences, attitudes and opinions of inactive older people so we could improve how we support them to be more physically active. In particular, we wanted to explore what would **enable** people, as previous research had already identified barriers in some depth.

We involved 81 people aged 60 or over across England in qualitative research, using mixed methods such as focus groups and interviews. We asked participants to do specific tasks such as finding out about local activities and reporting back to measure changes in behaviour. Almost all of the participants were physically inactive, including people who were 'doing nothing', 'not doing enough', or 'missing the intensity'.

Statistics from a wide range of sources show that people from lower socioeconomic groups tend to have higher levels of physical inactivity and our local experience suggested they were less likely to take part in current programmes on offer, so we intentionally weighted the sample to include a higher proportion of older people from these groups. *(See Appendix A for the full sample profile.)*

Later life and physical activity

Physically inactive people aged 60 or over reported a variety of views, experiences and preferences about being active, with a few similarities across the group and many differences. It follows that one size is unlikely to fit all groups of inactive older people.

However, the participants' physical experiences of ageing were similar. A common experience was of deterioration in their physical abilities, resulting in lower stamina, less strength, and poor balance. This was true of those with and without specific health problems and seemed to be accepted by everyone as something to be expected as they aged. People over 75 were more likely to believe they could not improve their physical capacity any further.

 **I used to clean the window frames outside. I can't even walk straight now, so I've no chance of getting on a stepladder. I can't do it.**

Female, Inactive – doing nothing or not doing enough, 65-75, C2DE, Manchester

 **When you get older everything starts falling apart. Health becomes more important when you're older.**

Male, Inactive – doing nothing, 76+, C2DE, Birmingham

Attitudes to exercise

Two factors that seemed to influence people's opinions of exercise were:

- **health status**
- and
- **enjoyment (or not) of physical exercise,**

This results in four possible segments:

1 People who enjoy physical exertion and are in good health (ie are 'capable' and 'motivated').

2 People who don't enjoy physical exertion and have good health (ie are 'capable' but not 'motivated').

3 People who enjoy physical exertion but have health problems (not 'capable' but 'motivated').

4 People who don't enjoy physical exertion and have health problems (not 'capable' and not 'motivated').

In addition, men, especially those from lower socioeconomic groups, tended to express more cynicism and defensiveness about medical advice and guidelines. In this they were resistant towards the health-related promotional messages that were shown to them in the research.



They come up with information for everything you do. There are too many 'can't dos' and conflicting information.

Male, Inactive - doing nothing or not doing enough, 65-75, C2DE, Manchester





What changes behaviour?

We asked people about changes they had made in the past for the good of their health, for example changing their diet, quitting smoking or cutting down their alcohol consumption. Lots of the participants had made changes like these, and this was often down to a health scare, such as a diabetes diagnosis, or noticing symptoms such as a persistent cough.

 **I was diagnosed type 2 diabetic. I established a new regime, I've cut out sugar and fatty food. I still have a few pints, but it's about balance. That was a wake-up call for me.**

Male, Inactive - doing nothing or not doing enough, 65-75, C2DE, Manchester

 **I packed up smoking because I was getting bad throats, I remember I threw my cigarettes out of the car window and I never smoked after that.**

Male, Inactive – doing nothing, 76+, C2DE, Birmingham

The urging of family and friends was also mentioned as a previous enabler for making a behaviour change – in conjunction with a health scare and healthcare advice.

 **It's not just your life, it's other people's lives it affects, your grandchildren. It's a great motivation to keep healthy.**

Male, Inactive – not doing enough, 76+, ABC1, St Albans

What messaging appeals?

Generally, the inactive older people in our project accepted that doing more exercise would probably be better for their health, but good health by itself was not enough for them to take up or maintain lifestyle changes, especially for the least active.

 **I suppose I don't like exercise any more. Health would make me go back to it... I know all the theories about exercise. Rationally I know I should be doing more exercise, but other things override that.**

Female, Inactive – doing nothing, 74, ABC1, St Albans

There was widespread rejection of health risk messages as motivators to do more physical activity. Experiencing poor health may have pushed people towards acting on advice but messages about health risks were off-putting.

 **It's almost a fear approach. It can be effective with certain groups of people, but for others it would be a complete turn off.** Male, Inactive – missing intensity, 65-75, ABC1, Birmingham
It's a harsh message. It's a fear

message – not encouraging at all.

Male, Inactive – missing intensity, 65-75, ABC1, Birmingham

On balance, the message that physical activity helps relieve uncomfortable symptoms of health problems such as pain, breathlessness and balance problems was rejected. For those with health problems, their experience suggested this was not true.

 **It can't lessen aches and pains, can it really?**

Female, Inactive – not doing enough, 65-75, C2DE, Leeds

Messaging about the link between physical activity for mobility and independence was more helpful and perceived to be far more credible than links to disease prevention or symptom management. However, some groups did report health messages as being more motivating for the people who are already somewhat active.

 **Generally I'm in pretty good health, and I just want to keep myself the best I can now. Especially**

going into this era of the age, it's the next plateau of your life really. To take care of myself really. Female, Fairly active, 65-75, ABC1, St Albans

People in general did not want to think of themselves as 'old', especially those in their 60s and 70s, so promotion of physical activity classes aimed at 'older people' was less appealing.

I have an issue with the name 'Age UK' – it turns me off, it relates to my parents. Male, Inactive - missing intensity and fairly active, 65-75, ABC1, Birmingham

We don't like to hang around with other older people, because it makes us feel old. I always say keep 10 years below your actual age, so I'm 70, it's all about your attitude. Female, Inactive – not doing enough, 76+, C2DE, Leeds

However, inactive older people are also nervous of joining in universal exercise or activity programmes in case they feel embarrassed or the activity is inappropriate, suggesting that classes might be more attractive if they were pitched at ability levels rather than particular age groups.

If you do it with the younger age group, you feel like you're useless and can't do anything. Female, Inactive – not doing enough, 65-75, C2DE, Manchester

I get on well with young people but I would just feel more comfortable with people being able to do the same things as I'm doing. Male, Inactive – doing nothing, 65-75, C2DE, Manchester



Looking for activity classes

We asked some of the older people in the project to find out about local exercise opportunities and followed up to see what they had done. Most people had turned to local leisure centres. Those who enquired at local Age UKs were surprised to find they provided opportunities for physical activity.

 **It's synonymous with old age – the 'old' is missing in most people's minds because as a young person you'd never think of Age UK.**

Male, Inactive - missing intensity and fairly active, 65-75, ABC1, Birmingham

Types of activity

Inactive older people would consider doing more gentle activities such as light housework, but not vigorous ones (as outlined in Table 1), which were perceived as unsuitable and a health risk in older age.

 **I like walking. We take the grandson out and walk round the park and walk around the lake. You do feel better, but that's probably the only exercise we do.** Female, Inactive – not doing enough, 65-75, C2DE, Leeds

Among our research sample there was a strong preference for combining physical activities with socialising and

other interesting, fun or enjoyable things, like playing with grandchildren. This worked especially well for people who felt negatively about physical exercise.

 **I'd definitely do it with other people. I think it's more interesting. You'd have more of a laugh.**

Female, Inactive – doing nothing or not doing enough, 65-75, C2DE, Leeds

 **Encourage exercise to be part of the social activity. Group exercises are more than just about the physical activity, people get more out of it through the social side as well.**

Male, Inactive - missing intensity and fairly active, 65-75, ABC1, Birmingham

People living with health problems were anxious about exercise making their condition worse, or increasing risk of injury.

 **I worry that I'll fall over – it's happened so many times.**

Female, Inactive – not doing enough, 76+, C2DE, Norfolk

 **I think at our age, I think I'd be frightened to go to the gym. I'd just be frightened to do that much exercising. I'd just be frightened of doing some damage to myself. I think gym is for younger people, but I'm sure some older people do go for the gym.**

Female, Inactive – doing nothing or not doing enough, 65-75, C2DE, Leeds

Some with more complex needs, however, had been on tailored exercise programmes run by the NHS or referred by a clinician, and this had provided them with the reassurance and confidence they needed to attempt more physical activity while feeling safe. The people who had attended these types of programme expressed an interest in continuing.

 **I went to a programme for six weeks and I could see improvements in my ability, I felt good in myself and that it had done me some good. But after six weeks, it should continue otherwise you stop and you're back to square one.**

Male, Inactive - doing nothing or not doing enough, 76+, C2DE, Norfolk



What next?

Our ambition is that everyone has the opportunity to enjoy a fulfilling later life with good health and wellbeing, and being active to an appropriate level is a key part of achieving this for many older people.

We know from previous research and our network's experience that factors such as cost, lack of local transport, not having someone to go with, or not having enough local information are frequently cited as barriers to participation in physical activity.

Now, in addition to these well-known barriers, this research has suggested that inactive older people could be segmented into four main groups to further understand their attitudes and motivations towards physical activity, as in Figure 2.

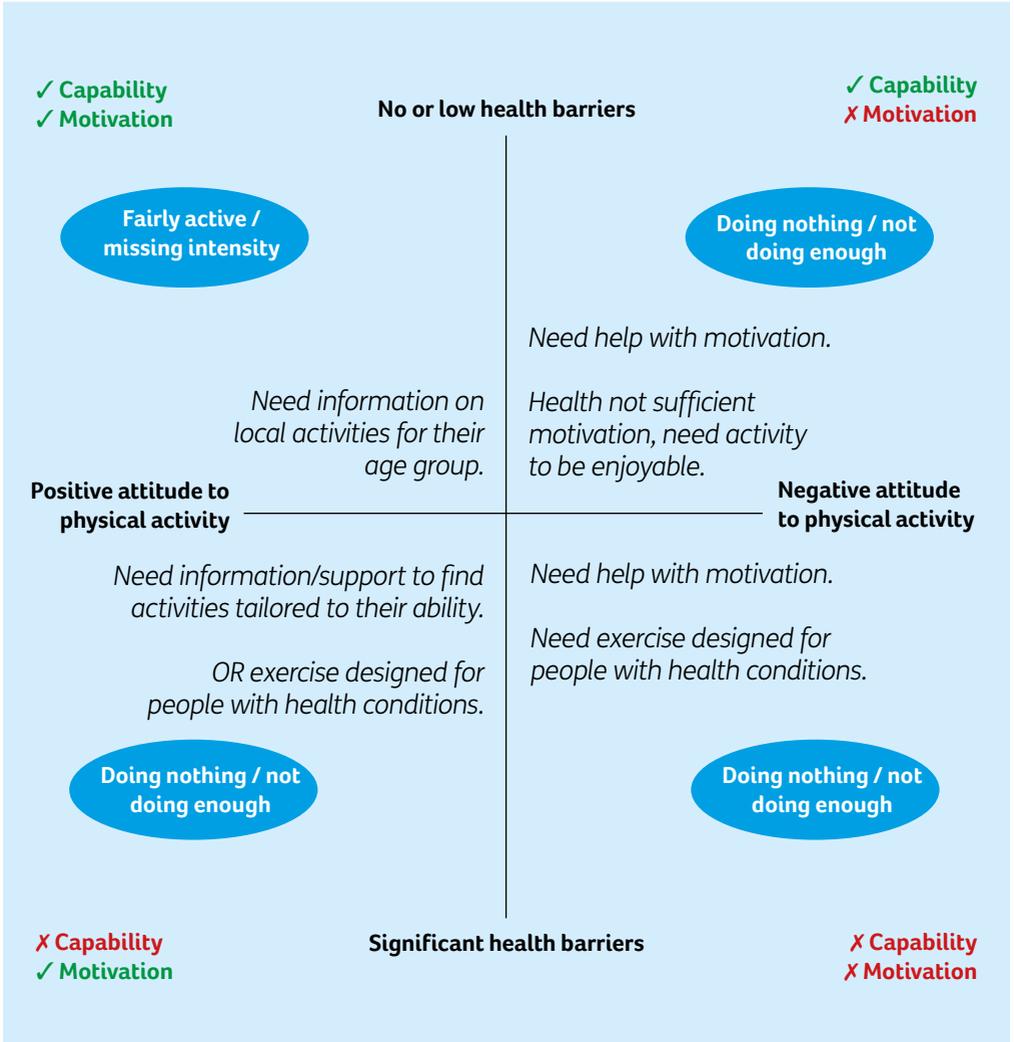
With these barriers in mind, this model could be used by organisations and practitioners wanting to decrease physical inactivity among older people to better understand, target, reach and develop services that are most appropriate and likely to be used by local communities.

We also have some evidence to have to suggest that socioeconomic and sociodemographic groupings may also be helpful, particularly, for example, in the case of men from C2, D or E social classes.

The We Are Undefeatable campaign¹⁰, which we're running along with 14 other health charities in the Richmond Group in partnership with Sport England, provides a timely opportunity for us and the sector to challenge the misconceptions and anxieties that many older people often have about the need to limit physical activity through fear of worsening their health conditions, and to direct people to the right activity for their interests, abilities and health.

We're keen to see long-term behaviour change, and will be using these insights to engage our network of local partners. We'll seek to develop new partnerships with stakeholders from across the sector to develop activities based on local need and demand, and highlight the opportunities available for older people to participate in, and benefit from, physical activities within their communities.

Figure 1. Proposed segmentation model of inactive older people



Appendix A - sample profile

| | | Total number | Proportion of sample |
|--------------------------------------|---|---------------------|-----------------------------|
| Physical activity | Doing no activity | 29 | 36% |
| | Not doing enough activity | 29 | 36% |
| | Missing the intensity | 12 | 15% |
| | Moderately active | 11 | 14% |
| Gender | Male | 41 | 51% |
| | Female | 40 | 49% |
| Ethnicity | White British | 71 | 88% |
| | Black, Asian and Minority Ethnic | 10 | 12% |
| Age groups | 65 – 70 | 30 | 37% |
| | 71 – 75 | 15 | 19% |
| | 76 – 80 | 23 | 28% |
| | 81 + | 13 | 16% |
| Attitude to physical activity | My active days are in the past | 19 | 23% |
| | I'm just not interested in being active | 10 | 12% |
| | My life keeps me active enough | 35 | 43% |
| | I do make ongoing attempts to be more active | 12 | 15% |
| | I'm positive about activity and trying to carry on being active | 5 | 6% |
| Long term condition | Have a long-term condition ¹¹ | 50 | 62% |
| | No long-term condition | 31 | 38% |
| Social grade¹² | AB | 16 | 20% |
| | C1 | 17 | 21% |
| | C2 | 26 | 32% |
| | DE | 22 | 27% |
| Total | | 81 | 100% |

Further information

References

- 1 <https://richmondgroupofcharities.org.uk/movement-all>
- 2 <https://activelives.sportengland.org> using query builder. Figures relate to November 2017 – November 2018.
- 3 <https://www.sportengland.org/media/13898/active-lives-adult-november-17-18-report.pdf>
- 4 New Chief Medical Officer Guidelines: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829841/uk-chief-medical-officers-physical-activity-guidelines.pdf
- 5 ‘Moderate’ intensity activity is anything that makes the person feel a bit warmer, causes their heartrate to increase and makes them breathe a little faster, though not so fast that they can’t carry on a conversation. Examples of moderate intensity activity include brisk walking, ballroom dancing, cycling on flat ground or with a few hills, playing doubles tennis or pushing a lawn mower.
- 6 ‘Vigorous’ intensity activity causes people to get warmer and breathe fast enough that it becomes difficult to keep up a conversation. Examples of vigorous activity include climbing stairs, running or playing singles tennis.
- 7 Expert Working Group Working Paper – Sedentary Behaviour UK physical activity guidelines: Draft review and recommendations for Sedentary Behaviour, Ashley et al., October 2018 downloaded 13 Aug 2019 from <http://www.bristol.ac.uk/media-library/sites/sps/documents/cmo/sedentary-behaviour-technical-report.pdf>
- 8 Sedentary Behaviour Intervention Translation Manual https://edshare.gcu.ac.uk/3573/1/Seniors_USP_Intervention_Translation_Manual_V1_140318.pdf
- 9 <https://www.ageuk.org.uk/our-impact/programmes/faaf> and <https://www.ageuk.org.uk/our-impact/programmes/get-going-together>
- 10 <https://www.weareundefeatable.co.uk/>
- 11 Long-term conditions included: 17 respondents with arthritis, nine with high blood pressure, seven with diabetes, three with COPD, three with thyroid problems, two with asthma, two with hip replacements and one each with Parkinson’s disease, ulcerative colitis, shoulder pain, poor balance, muscle wasting disease, back pain, a brain tumour and a mental health issue.
- 12 <http://www.nrs.co.uk/nrs-print/lifestyle-and-classification-data/social-grade/>

If you would like to work with Age UK on developing its plans and proposals on working with inactive older people, please contact:

Rebecca Barnham

Project Manager - Wellbeing Team

rebecca.barnham@ageuk.org.uk

