

The logo for London Sport, featuring the words "LONDON" and "SPORT" stacked vertically in a bold, sans-serif font, contained within a white shield-like shape with a pointed bottom.

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Older People Scoping

To support the active age funding for 55+

**Why, how, who, where, what
will help get this group active?**

LONDON

#MostActiveCity

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Stage 1 - Gather and review existing evidence

Summaries
Expert Interviews
Salient Themes

Stage 2 - Create the London Profile

[Older People Story Map](#)

Context



Sport England recognise the need to tackle inactivity.

Inactive people have the most to gain from becoming active.

Tackling inactivity

Helping people who are inactive is one of our major priorities. Over the next four years, we're dedicating at least 25 per cent of our total resources to tackling inactivity.

In December 2016, we will:

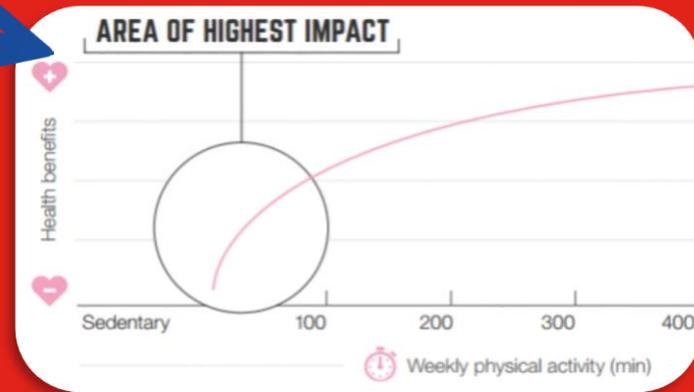


- Publish an investment guide on inactivity, describing the type of projects we're looking to support, the people we want to benefit and the outcomes we're seeking to achieve
- Open the first phase of our Inactivity Fund, which will focus on projects that help older adults (55+) to get active. We will be making up to £10 million of National Lottery funding available. **We're targeting older adults first** because our insight tells us this age group is much more likely to be inactive: 42 per cent of people aged 55+ are inactive compared to 29 per cent of the population as a whole.

Based on the work we've already done on inactivity, we anticipate bids ranging from £250,000 to £500,000, but if you want to work on a smaller or larger scale, please do get in touch to discuss your ideas – we're open to a range of options.

If you want to bid, you will need to submit your expressions of interest by noon on 13 February 2017. We plan to make the first set of awards in June 2017.

inactivity fund
launching in
December



29% of <55 inactive whilst
42% of >55 inactive

Over 55s more likely to be
inactive than under 55s

Information review

Sport England Documents



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Tackling Inactivity: Executive Summary Report

13.8m invested into 33 pilot projects. Discusses key learnings from the independently evaluated projects including participant recruitment, main partners and which environments and activities are recommended.

Active Ageing Prospectus

Discusses the stark differences in this diverse group such as perceptions, experiences, motivations and capability. Then segments the inactive older population into five groups such as 'active days in the past' and 'ongoing attempts to be active'.

Tackling inactivity design principles

1. Understand the complexity of inactivity
2. Behaviour change theories
3. Audience insight
4. Reframe message
5. Work in partnership
6. Physical activity and sport as the norm
7. Offer to suit audience
8. Provide support
9. Measure behaviour change and impact
10. Scale up and make sustainable

GET ACTIVE GET HEALTHY

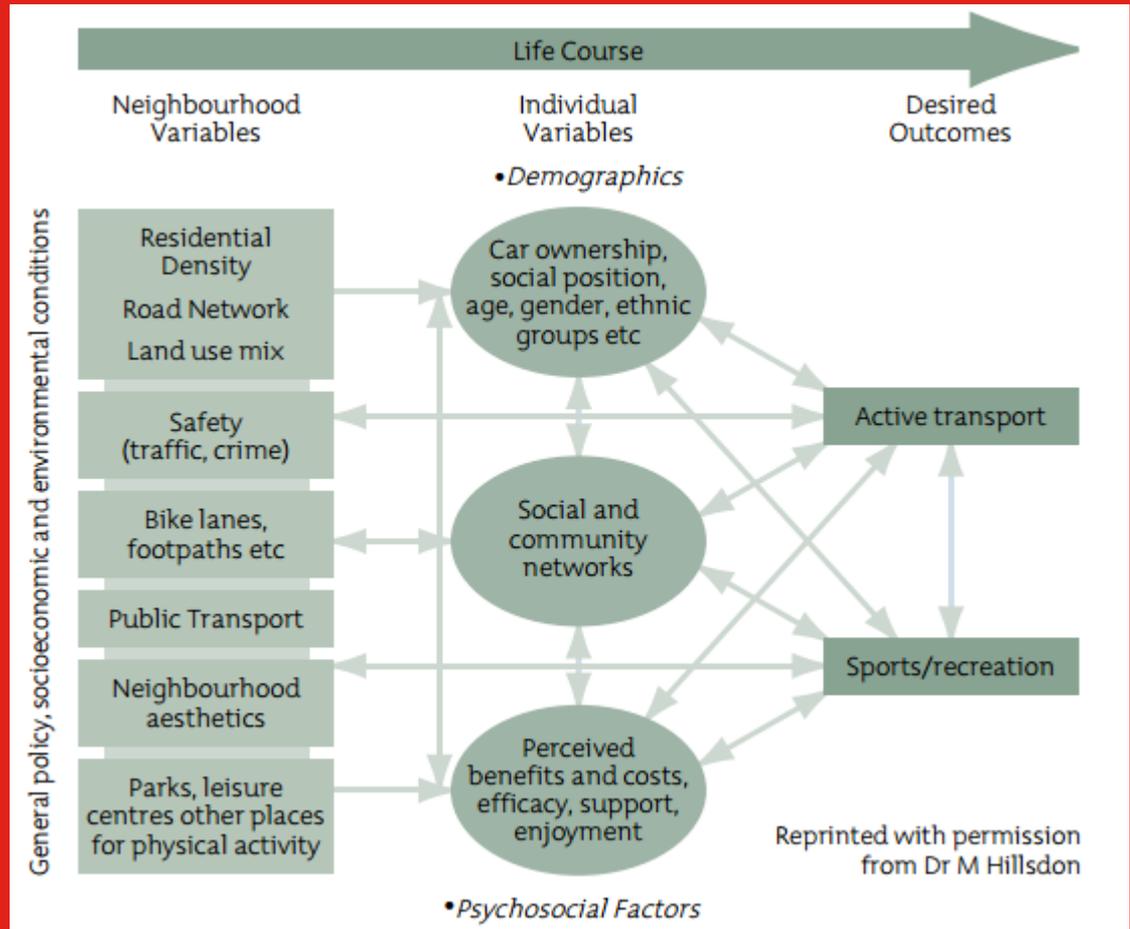
Information review

Sport England Documents

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What determines sports participation among recently retired people?

Devised a framework which determines the key influences on participation in physical activity and sport. Attitudes and motivators of each gender are also discussed.



Information review

Key Statistics



Later Life in the United Kingdom

Factsheet including statistics within the UK population of older adults, detailing health and wellbeing, care and support, homes and housing, money matter, communities, work and learning. *(AgeUK, 2016)*

Population Ageing: statistics

Focuses on the future demographic trends in population ageing at a national and regional level. Though London has the lowest % of 65+, the increasing number of elderly dependents, coupled with the fall in the ratio of workers to pensioners, poses great social, economic and political implications. *(Rutherford, 2012)*

1/3

Population

50+

40%

65+ have a long term illness

5% rise in

60+

by **2035**

Information review

Academic views



Physical Activity in Older People: A systematic review

Article analysing different ways of measuring physical activity in older people. Breaks down physical activity into 4 categories;

1. Leisure time
2. Occupational
3. Household
4. Transportation.

(BMC Public Health, 2013)

Older people: independence and mental wellbeing

Detailed guidance on considerations that need to be made when creating interventions for older people including planning and partnerships, local assets and needs assessment, local coordination, training and evaluating effectiveness. Identifies case studies and target groups, including those most likely to be at high risk. *(NICE, 2015)*

Information review

The physical environment

Health matters: getting every adult active every day

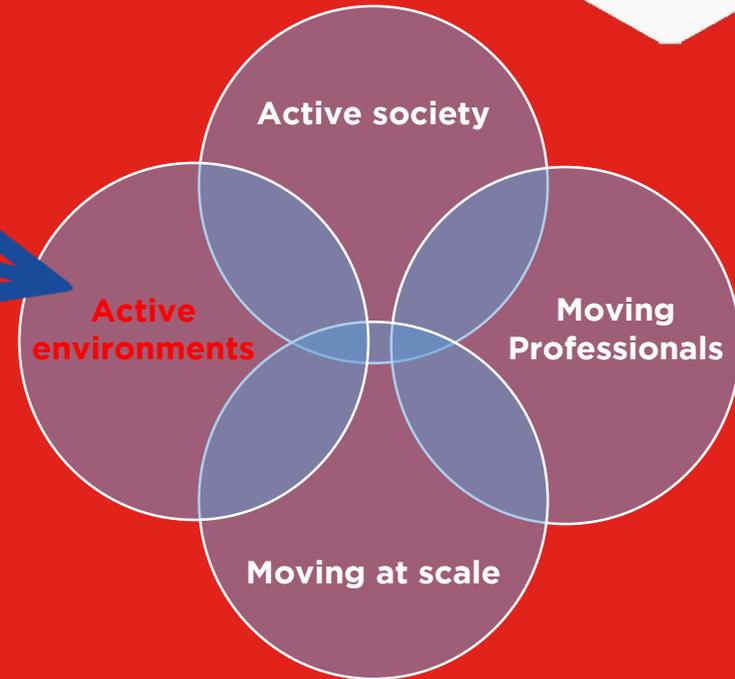
PHE identify 4 areas for local and national action, including...

Homes, workplaces and local environments can discourage or encourage physical activity.

Mediators of physical activity in the physical environment include:

- Prevalence of motor vehicles
- Air quality
- Community Interaction
- Open and green space
- Safety and security
- Street layout and connectivity

(Public Health England, 2016)



Built environment, physical activity and obesity

Studies the best ways of analysing the environment for physical activity

(Ding, 2012)

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The physical environment

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Understanding the relationships between the physical environment and physical activity in older adults

Combines the outcomes of both indoor methods, such as interviews and focus groups, and spatial analysis methods, such as observation, to find 5 factors that influence behaviour:

1. Pedestrian Infrastructure
2. Safety
3. Access to facilities
4. Aesthetics
5. Environmental conditions (*Moran, 2014*)



Creating Age-Friendly Cities

Details 8 domains of creating an age friendly city to offset the cost of age related spending on health, pensions and care costs including; outdoor spaces, accessible transport, flexible options for civic participation & accessible communication. (*Parliamentary Office, 2016*)

Information review

London



An Age Friendly City- How far has London come?

Discusses notable improvements such as accessibility (thanks to London 2012), public transport, Team London volunteering programme and the green grid. Additional actions have been outlined to make the city more age friendly.

- Better homes and walkable neighbourhoods
- Opportunities for employment and volunteering
- Accessible health and social care
- Readily available information *(King's College London, 2015)*

Age UK Conference It's never too late conference

Showcased various successful programmes such as inspire & include, get going together and multiple physical activity delivery partnerships. Multiple presentations available

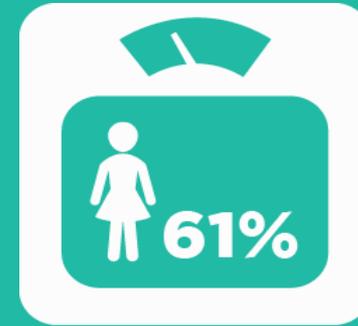
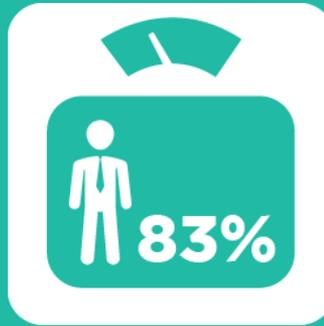
(Age UK and partners, 2016)

Information review

Salient Points- WHY?

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Ageing population



of 65+ overweight or obese

Twice the risk of hospital admissions for people with low levels of PA (<4000 steps a day)



Need to maintain independent active lifestyles to reduce age related public spending on health, pensions and care cost

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Salient Points- WHY?



Increasing number of separations means less familial care is available

Older people can contribute to society through voluntary work and unpaid care. Though many have to work or choose to.



Only 43% of men and 34% of women over 65 meet the CMOs physical activity guidelines, compared to a 56% population average.

Older people commonly forgo the intensity in physical activity

Only 20% >65 want to do more sport, we need to frame exerciser differently

Information review

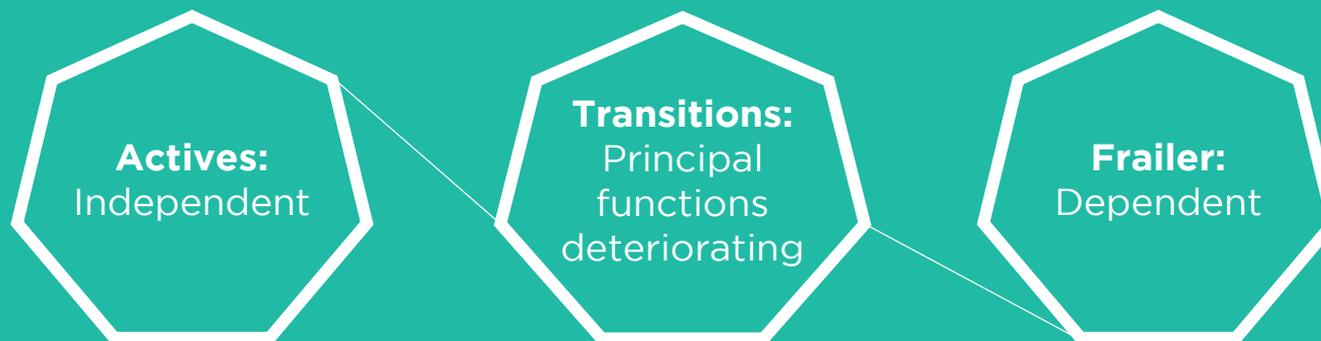
Salient Points- WHO?

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Lifestyle varies hugely between over 55s, but it is not necessarily age dependent. Rather, diversity can be spread by these and many more:

- Attitudes
- Behaviours
- Limitations
- Traditional demographics

Segmenting for physical activity could be done on capability such as:



Segment depending on what you are trying to achieve.

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Salient Points- WHO?

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Other types of segmentation include:

Life transitions, where at risk of identity decline

- Health condition diagnosis
- Grandparent
- Bereavement
- Retirement

- Those that live alone
- Socioeconomic, shorter life expectancy of the more deprived
- Carers, increasing number caring for their own relatives
- Geographical location
 - Access
 - Facilities
 - Isolation
 - Inner/outer London



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Salient Points- WHO?

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Where is the need and where can we have most impact?

Those most at risk include:

- Partner died in last 2 years
- Live alone (can have higher care costs)
- Carers
- Recently separated

- Recently retired
- Made redundant
- Unemployed in later life

- Low income
- Recently developed health problem
- Gave up driving
- Age related disability



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Salient Points- WHERE?



To target participants:

- Workplace
- Sheltered housing
- Residential care
- Referrals/signposting from doctors or health workers
- Slimming clubs
- Schools
- Community groups
- WOM
- Adult social care- primary carers
- Fire service community support

Health charities

- Macmillan
- British Lung Foundation
- MIND
- And many more!

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Salient Points- WHERE?

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To promote:

- WOM
- advertisements in local print and broadcast media
- posters in community and care settings
- direct mail
- digital (including social media)

Activities to take place in:

Community venues

- halls
- places of worship
- sports clubs
- public houses



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Salient Points- WHAT?

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What will motivate them?

Improvements in

- Independence
- Mobility
- Quality of life
- Sense of purpose, belonging or identity

Staying young,
ageing well,
on their terms.



Lack of confidence

Fear: of
neighbourhood/misconception
of 'overdoing it'
of exclusion

Transport

Motivation - 'set in their ways'

Information review

Salient Points- WHAT?

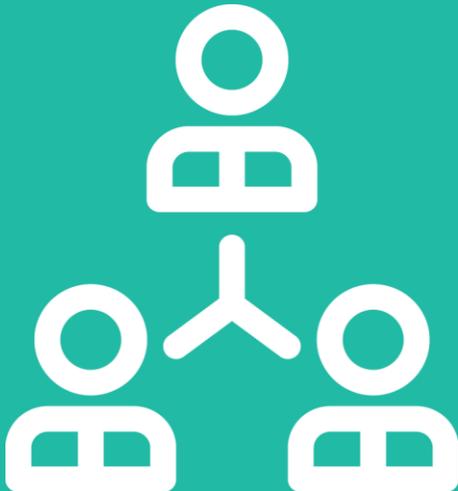
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The activity

- Clear description of offer, time and place
- Non competitive
- Informal



- A holistic wellbeing approach rather than a specific activity. Physical activity is not their priority, it may be money so need to offer multiple benefits.
- Opportunity to **socialise**
- Sense of belonging to a community
- Sense of purpose



Want to encourage build up to doing something everyday.

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Salient Points- WHAT?

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It's more than just the activity,
think about the environment.



Hire the
right staff
to welcome
and
support
participants



The Journey

Have to have the motivation, capability and opportunity
for this to happen, as well as the activity itself.

Safety

- street lighting
- vandalism
- vacant housing
- flat sidewalks
- hand rails
- streetscape



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Salient Points- HOW?

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- Involve older people in activity design, through delivery
- Audience insight, older people forums
- Consult groups/individuals on motivations, barriers and values
- Emotional barriers hidden by external barriers

Engage **local coordinators** who know an area well. They help make it easier for older people to access community activities, social support and other non-medical services.



1

Work in partnership

- Match priorities of partners for mutual benefit

2

- Build relationships, establish exit routes
- Offer volunteering opportunities

3

Use partners for promotion of session

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Salient Points- HOW?

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Behaviour change theories

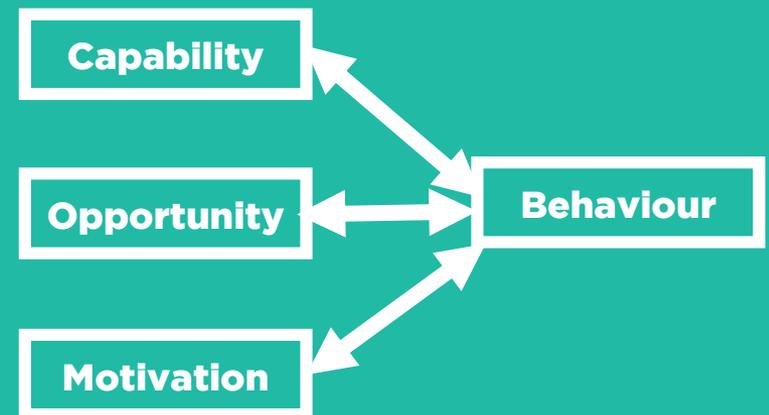
Which stage of the behaviour change journey are participants at?



Older people may need 121 support to achieve any of the 3.

Or even just help with motivation to achieve the others,

Can be resource intensive



Support for behaviour change

- Quality staff
- Buddy system
- Adaptable in delivery
- Incorporate social aspect
- Consistent communication
- Communicate benefits with participants if needed

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Salient Points- HOW?

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- The benefits, as a result of consultation.
- Reassurance anyone can do it
- Inclusive language
- Tap into aspirations
- Avoid benefits of PA that participants do not expect (get fit, have fun, reduce pain lack credibility)
- Don't assume individuals lack knowledge

Measure and track behaviour at baseline, real time and follow up

Share the learning and evidence created



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Salient Points- OPPORTUNITIES AND THREATS

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Societal landscape

- Need leaders within community to promote change e.g. leisure trusts, charities, SMEs
- Age discrimination- courtesy, treatment, service

Technology

- 55-64 only segment with a 'significant increase' in social media networking growth (Ofcom, 2013)
- Despite usage increase, lack of technological knowledge or confidence
 - 1/4 65-75 do not use internet
 - 3/5 of 75+ never used internet
 - Men use more than women
 - Varies by socioeconomic status
 - Need mentoring to help inspire and support use as processing speed deteriorates



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Salient Points- OPPORTUNITIES AND THREATS



Isolation

- Half a million do not see or speak to anyone for five or six days a week



- Growing number of chronically lonely older people, which was placing increasing demand on health services
- People identified as lonely were provided with telephone support and short-term, face-to-face companionship, with the aim of helping them reconnect with their communities.

(Age UK, 2017)

Group exercise could be one option of counteracting loneliness and positively impacting on physical, mental *and* social wellbeing

The ACE project found that the **motives** for engaging in community groups and activities were almost **entirely social**

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Salient Points- VOLUNTEERING

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65% of volunteers in the UK 50+

Why volunteer?

- Community and citizenship
- “get me out of myself”
- 3/4 wanted to learn just for the pleasure of learning
- Offers aspiration for later life to counteract the mere 50% of older people who have hopes or ambitions
- Intergenerational activities
- Fit as a fiddle found the most common benefits of volunteers were self confidence, new skills, mental and physical wellbeing



Information review

Salient Points- VOLUNTEERING

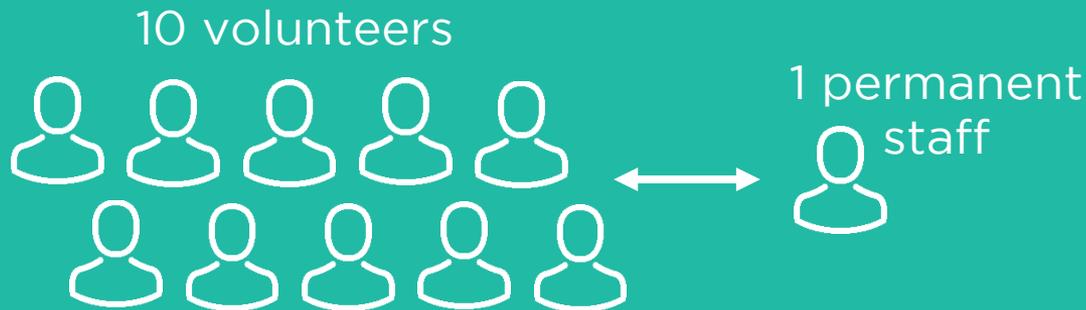


Yet 76% of older people believe the country fails to make good use of their skills and talents

Peer lead physical activity

- Research shows the best coach understands the emotional needs of the audience rather requires the traditional sports qualifications.
- 'Someone like me' can work with peer support due to shared values, attitudes or simply same street.

But volunteers deserve training, support and value.



The London Profile



Older People Story Map

In order to understand where our customers are and use a needs led approach, we have created a London older people profile. This integrates various demographic and health trends, allowing us to analyse trends, gaps and regional differences.

Please click on the title, 'Older People Story Map' above to be taken to the story map.