Living Longer, Better

Understanding older people’s relationship with physical activity in Oxfordshire

April 2020

Produced by: 

Supported by: 

Funded by: 

Living Well, Living Better – Increasing Independence through Activity
Table of figures

Figure 1: Proportion of the adult population who are aged 50 and over ........................................ 8
Figure 2: Age group population change in Oxfordshire between 2020 and 2040 ......................... 8
Figure 3: Gender Split by age in Oxfordshire .................................................................................. 9
Figure 4: Male Healthy Life Expectancy across Oxfordshire ......................................................... 10
Figure 5: Female Healthy Life Expectancy across Oxfordshire ...................................................... 11
Figure 6: Age breakdown of population who are limited in day-to-day activities, Oxfordshire ......................................................................................................................... 11
Figure 7: Income deprivation affecting older people in Oxfordshire ............................................. 13
Figure 8: Risk of Loneliness in Middle-Layer Super Output Areas in Oxfordshire's Districts ... 14
Figure 9: Geographical barriers: physical proximity of local services by Oxfordshire LSOAs . 15
Figure 10: Oxfordshire population distribution by settlement type ............................................. 16
Figure 11: Inactive Population by age comparing Oxfordshire to England ................................. 18
Figure 12: Adult physical activity behaviour by age group - England ........................................ 19
Figure 13: Adult physical activity behaviour by age group - Oxfordshire .................................... 19
Figure 14: Inactivity by age group and gender - Oxfordshire ....................................................... 20
Figure 15: Health benefits of physical activity ............................................................................. 21
Figure 16: Sport England’s physical activity attitudes and beliefs groupings for older people ....................................................................................................................... 23

Table of tables
Table 1: Schedule of face to face conversations with older people .............................................. 44
Table 2: Schedule of telephone interviews with Age UK Oxfordshire team ............................... 44
Executive Summary

Imagine it’s the norm to see people being active as they get older – not just aged 50 and 60, but at 70 and 80 too. Prioritising movement because they enjoy the experience of feeling good mentally and physically it brings. Having expectations that the people they trust such as family, friends, health professionals and service providers will cheer them on from the side lines and enable them to find ever more ways to be active daily. Knowing that their interactions with community activities and services will support them by incorporating movement into any kind of activity from a coffee morning to a film club to a befriender visit.

Instead, too many people see ageing as an inevitable time of physical decline where that decline needs to be managed by taking it easy, so as not to make things worse. In fact, the opposite is true. Ageing itself is rarely a problem until we reach our nineties, and the majority of health conditions we experience as we age are preventable. Even once we have them, the best course of action is to mobilise ourselves and manage the disease by adopting an active lifestyle.

The culture shift required from us all is great and needs to be swift.

In Oxfordshire, our population is ageing - half our adult population is now aged 50 and over. But it is the growth in our older old that is most significant, with people aged 75 and over the most rapidly growing population group across the county.

Movement and activity are the key to maintaining an independent lifestyle, something that we know is important to older people and vital to prevent the overburdening our health and care systems. And yet half of the county’s inactive people are aged 55 and over, meaning they do less than 30 minutes of physical activity a week. We also know that half of all people aged 75 and over are inactive, and one in three do no physical activity at all. At this age, females outnumber males and they are also far more inactive than their male counterparts.

Nearly one in three people aged 50 and over in Oxfordshire live with a long-term condition (for people aged 75 and over it’s two in three), and those in this group are two-and-a-half times as likely to be inactive, despite evidence that being active can help manage many conditions and reduce the impact and severity of some symptoms. Poor health does not affect us all equally. Oxfordshire’s least well-off die younger and get sicker earlier than their wealthy peers with up to a 20-year difference in healthy life expectancy between these two groups.

Our behavioural insight into people aged 70 and over helps us to align our systems and interactions to the needs of older people so that they can be active daily. We know that walking is the most popular form of activity and the easiest to fit into everyday life for most people. But we also know that this age group limit themselves by not going out in bad weather, in the dark and the weekend - when the perception is that everyone else is enjoying family time. We need to help them find alternative ways to be active daily, particularly in the Winter months which become increasingly sedentary.
The mindset of being too old, too slow, too frail hinders many from even thinking about being active, assuming they had an interest in the first place, and increasingly impacts upon confidence to join in things. As does losing touch, something that happens frequently at this age when friends move away or die, or caring responsibilities become all consuming. Many older people don’t ask for help, even though there may be people more than willing to offer it, and the result is no-one to go with and a lack of confidence to go it alone.

For motivated people, being able to find a suitable community-based activity for physical activity can be a challenge. It’s not just the location and timing and how to get there – very real practical challenges, but it is understanding what type of things they would be expected to do and whether these are suitable for them and any conditions they may have. There is a lack of specific personal guidance on exercise from trusted influencers. The dos and don’ts for their conditions and the understanding of what will go on in an exercise class and how adaptations can be made.

Due to the rural nature of our county, the risk of isolation is very real. Proximity to basic services is challenging for many. Older people in particular face additional challenges of social isolation due to where they live, poor mobility or a mixture of both. Lack of options for supported transport is the biggest challenge facing both older people wishing to engage in community-based provision and for providers of those services wishing to reach isolated older people. There are resourceful ways in which these challenges have been overcome in some areas, but any provision expecting to target this cohort of older people will need to include supported transport as a must.
Promoting the concept of being active daily will help us all to reset our mindsets and relook at the design of our systems and interventions so that they work to help older people achieve being active daily for themselves.

Now is the time for us all to get this right. Every policy and funding decision, every interaction with older people should lead us to the future we want: a society where every older person can thrive – let’s redesign our systems so that they work for all of us.
Introduction

Active Oxfordshire asked Press Red, a physical activity behaviour consultancy, to compile a report that collated insight on older people’s relationship with physical activity behaviour in Oxfordshire. The insight was gathered from a mixture of desk research including a literature review and physical activity data analysis. It also included a small amount of field research with older people engaged through Age UK Oxfordshire services and the Age UK Oxfordshire team in West Oxfordshire.

Active Oxfordshire would like to use the insight to inform their future commissioning of physical activity delivery for older people and to inform future communication campaigns for this audience.

Full details of the research objectives, methodology and consultees can be found in Appendix A.
What do we know about the older people population in Oxfordshire?

Population

Older people are a very large and rapidly growing group. Half of all adults in Oxfordshire are now aged 50 years and over. That’s more than a quarter of a million people. In 20 years’ time, the number of those aged 50 and over in Oxfordshire is projected to increase by 25%, and those aged 75 years and over by 63%. Our older populations are increasing faster than any other age group.

**Figure 1: Proportion of the adult population who are aged 50 and over**

**Figure 2: Age group population change in Oxfordshire between 2020 and 2040**
There are more older females than males in Oxfordshire, and this gap widens with age. At 75 years and over, 58.5% of the population are female compared to 41.5% male.

**Figure 3: Gender Split by Age in Oxfordshire**

The percentage distribution of males and females by age group shows a notable gender gap. At 50+ years, 47.3% of the population are male, and 52.7% are female. This gap continues to widen as age progresses. At 75+ years, 41.5% of the population are male, while 58.5% are female. This indicates a significant life expectancy difference between genders.
Both the number of years people will live and how many of those years will be healthy varies hugely across the county and between the richest and poorest in Oxfordshire. Life expectancy across Oxfordshire is averaged at 81 years for men and 84 years for women. But this disguises a range of 74 to 85 years for men and 77 to 90 years for women. Showing that inequalities exist across the county of between 11 years (for men) and 13 years (for women).

Not everyone benefits equally from longer lifespans. An accumulation of a lifetime of advantages or disadvantages, together with differences in where we live and in our income, results in unequal levels of health, wealth, happiness and security in later life. Currently too many people spend a significant proportion of their later life in poor health, or managing a disability which could have been prevented. Across Oxfordshire, male healthy life expectancy, ranges from 57 years to 75 years—a difference of almost 20 years. And for females this difference is 20 years, ranging from 57 years to 77 years. The following maps show diverse range of healthy life expectancy across the county.

**Figure 4: Male Healthy Life Expectancy Across Oxfordshire**

![Map of Oxfordshire showing male healthy life expectancy by MSOA in quintiles](image)
Across Oxfordshire, 31.3% of people aged 50 and over are limited in day-to-day activities due to a health condition. By the age of 75 years and over, this figure rises to 64.5%.5

**Figure 6: Age breakdown of population who are limited in day-to-day activities, Oxfordshire**6

[Diagram showing age breakdown of population who are limited in day-to-day activities]
In terms of health conditions, Oxfordshire on the whole compares well to national averages. However, two health conditions that stand out for having a slightly worse trend than the national average, are the number of adults aged 65 and over i) with dementia and ii) who sustain hip fractures. 

Dementia and Alzheimer’s disease are increasing as the leading cause of death in people over 75

Falls are the largest cause of emergency hospital admissions for older people in the UK

The prevalence of depression is significantly higher in Oxfordshire than the national average, with 67,000 adults having a diagnosis – that’s 11% of the population

How fast you go downhill is not determined by ageing but by loss of fitness. A gap opens up between the best possible rate of decline and the actual rate of decline. A gap called the fitness gap. After the onset of disease, the fitness gap gets wider faster, because everyone thinks, including many members of the medical profession, that when you’ve got long term conditions you should rest, take it easy. So, then we have a combination of ageing, loss of fitness, disease and negative beliefs and attitudes.

Sir Muir Gray CBE, Public Health Specialist
Deprivation

The income deprivation affecting older people index, measures the proportion of all those aged 60 or over in an area experiencing deprivation relating to low income. Oxfordshire has relatively low levels of income deprivation affecting older people but there are small areas in the county that are ranked among the most deprived 20% nationally and these are concentrated in parts of Banbury and Oxford City.

**FIGURE 7: INCOME DEPRIVATION AFFECTING OLDER PEOPLE IN OXFORDSHIRE**
Loneliness and social isolation

Loneliness and social isolation are related but they are distinct concepts.

Social isolation refers to a lack of contact with family or friends, community involvement, or access to services. Whereas loneliness can be understood as an individual’s personal, subjective sense of lacking desired affection, closeness and social interaction with others.$^{11}$

Being alone and feeling alone are very different things. Research suggests that the subjective feeling of loneliness has a bigger negative impact on our health and wellbeing than objective isolation. The quality of our relationships is more important than the number of them.$^{12}$

As a risk factor for mortality, social isolation is comparable to obesity or cigarette smoking.$^{13}$

Age UK have compiled maps showing the relative risk of loneliness based on the Census 2011 figures for the factors: marital status, self-reported health status, age and household size. These are shown below for Oxfordshire’s five local authorities and can be accessed from the national Age UK website.

**FIGURE 8: RISK OF LONELINESS IN MIDDLE-LAYER SUPER OUTPUT AREAS IN OXFORDSHIRE’S DISTRICTS**$^{14}$

*Source: Age UK*
In terms of geographical barriers, the majority of Oxfordshire’s small areas (LSOAs) are *more* deprived than the national average, and 85 are among the 10% *most* deprived nationally and are concentrated outside the main urban centres. There are 146 LSOAs in the 20% *most* deprived nationally. The index of geographical barriers is based on road distances to post offices, primary schools, GP Surgeries, and general stores or supermarkets.\(^\text{15}\)

This gives a picture of the geographical challenges faced in many parts of rural Oxfordshire.

**Figure 9: Geographical barriers: physical proximity of local services by Oxfordshire LSOAs**

Although a rural county, the majority of the population still live in urban areas\textsuperscript{16}.

\textbf{Figure 10: Oxfordshire Population Distribution by Settlement Type}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{population_distribution.png}
\caption{Population distribution by settlement type}
\end{figure}

\textbf{Car ownership}

Older people’s ability to access transport is thought to support their activity levels and their wellbeing, helping them to avoid isolation and loneliness\textsuperscript{17}. Transport is likely to be particularly important for older rural residents\textsuperscript{18}.

Across Oxfordshire, one-in-three over 75-year olds have no access to a car (or van). In Oxford City, it is almost half of this age group\textsuperscript{19}.

\textbf{Further reading}

Needs Analysis for Older People in Oxfordshire 2018, part of the county’s Health and Wellbeing Joint Strategic Needs Assessment (JSNA)

\textbf{Take-away}

\textbf{Oxfordshire’s older people population}
- Older people are a very large and rapidly growing population group. Over 50s are half of the adult population
- 75+ year olds are the most rapidly growing population group
- There are more older females than males and this increases with age
- People are living for longer, but we are not necessarily healthier
- Those living in the least deprived areas can expect to live in good health for approximately 20 years longer than those in the most deprived areas
- More than 60% of 75+ year olds are limited in their day-to-day activities
- Prevalence of Dementia and hip fractures are out of kilter with national health condition trend comparisons
- Income deprivation affecting older people is mainly concentrated in parts of Oxford City and Banbury
- There is a high risk of loneliness prevalent in many parts of the county
- The rural nature of the county means that residents face significant geographical barriers in terms of physical proximity to services
How active are older people in Oxfordshire?

How we measure physical activity behaviour

The UK Chief Medical Officers have set out how much physical activity older people should do, on a weekly basis, for it to benefit their health.

- Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. **Some 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.

- Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining **muscle strength, balance and flexibility** on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness.

- Each week older adults should aim to accumulate **150 minutes** (two and a half hours) of **moderate intensity aerobic activity**, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health.

- Older adults should **break up prolonged periods of being sedentary** with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.

Using these guidelines, and data from Sport England’s Active Lives Adult Survey, we categorise adult behaviours into **active**, **fairly active**, and **inactive**.

<table>
<thead>
<tr>
<th>Active</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>People doing <strong>at least 150 minutes</strong> of physical activity per week of moderate intensity</td>
<td>People doing <strong>less than 30 minutes</strong> of physical activity per week of moderate intensity</td>
</tr>
</tbody>
</table>
Physical activity behaviour in Oxfordshire

Evidence shows that as we age, there is a steep decline in our physical activity behaviour. Proportions of active people reduce, while proportions of inactive people rise sharply with age.

Half of the inactive adults Oxfordshire are aged 55 and over (50.7%)
That’s approximately 52,000 people

Oxfordshire has a higher proportion of inactive older people compared to national averages. Of the proportion of people who are inactive, 26% are aged 75 and over, compared to 20% in England.

**Figure 11: Inactive population by age comparing Oxfordshire to England**

Nationally, people aged 75 and over are almost three times as likely to be inactive than people aged 16 – 34 years. In Oxfordshire the gap is even wider and is growing over time.

The inactive classification includes everyone who does less than 30 minutes of moderate level physical activity per week. But within that classification is a group of people who do no physical activity at all. *In Oxfordshire, 31.7% of people aged 75 and over, do no physical activity at all.*
The same pattern of declining physical activity behaviour by age can be seen across Oxfordshire. And while the county compares well to England across most age groups, for those aged 75 to 84 proportions of inactivity are worse than the national picture:
- There are 51.1% inactive 75 to 84-year olds in Oxfordshire compared to 47.2% in England
- More than half of Oxfordshire’s 75 and over population is inactive
- This is almost double the proportion of inactive 65 to 74-year olds, meaning that the sharp increase within the 75+ age bracket is a significant cause for concern

Source: Sport England, Active Lives, Nov 17 to Nov 18, age 16+, excluding gardening
Further analysis suggests that the physical activity behaviour of older females is of particular concern across Oxfordshire.

- 56.8% of females aged 75 and over are inactive compared to 43.9% of males in the same age group
- Female inactivity in the 75 and over age groups is worse than the national average
- Additionally, 21.1% of females aged 55-74 are inactive compared to 15.9% of males.

**FIGURE 14: INACTIVITY BY AGE GROUP AND GENDER - OXFORDSHIRE**

![Graph showing inactivity rates by age group and gender in Oxfordshire]

*Source: Sport England, Active Lives, Nov 17 to Nov 18, age 16+, excluding gardening*

While the county overall compares well to national physical activity averages, this will undoubtedly hide variations between local authorities and areas within. There is insufficient data to compare this for the older age groups.

**Further reading**

*Older People Press Red Insight Pack Nov 19* a more in-depth look at physical activity behaviour data for older people in Oxfordshire.

**Take-away**

**Oxfordshire’s older people’s physical activity behaviour**

- As we age, we become less active. Half of our inactive adults are aged 55 and over
- Half of all people aged 75 and over are inactive, which is worse than national averages
- Proportions of inactivity rise sharply between the age groups of 55-74 and 75+
- 32% of those aged 75 and over, do no physical activity at all
- Our 75+ year old females are more inactive than males and our proportions are worse than the national average
The benefits of physical activity for older people

Many people still don’t realise that physical activity has significant benefits for health, both physical and mental and can help to prevent and manage over 20 chronic conditions and diseases, including some cancers, heart disease, type 2 diabetes, dementia and depression.\(^\text{20}\)

The World Health Organisation has stated that physical \textit{inactivity} is the 4\textsuperscript{th} leading cause of death worldwide.\(^\text{21}\)

The UK National Institute for Health and Care Excellence made it clear in 2015 that “disability, dementia and frailty can be prevented or delayed”\(^\text{22}\)

\textbf{FIGURE 15: HEALTH BENEFITS OF PHYSICAL ACTIVITY}

Older adults who participate in \textit{any} amount of physical activity gain some health benefits. For this age group, being active daily\(^\text{23}\):
- helps maintain cognitive function
- reduces cardiovascular risk
- helps maintain ability to carry out daily living activities
- improves mood and can improve self-esteem
- reduces the fall of risks.
Nearly **one in three** people aged 50 and over in Oxfordshire **live with a long-term condition**, and those in this group are two-and-a-half times as likely to be inactive, despite evidence that being active can help manage many conditions and reduce the impact and severity of some symptoms.

**Distinction between ageing and physical decline**

One major change needed is to challenge and reset beliefs about what happens to us as we grow older, to know that it is possible to combat some effects not by a drug or potion but by increasing activity – physical, mental, and social.²⁴

The sometimes drastic loss of ability that many older people experience is not an inevitable part of ageing. Ageing is a normal biological process that leads to a decline in vision, hearing, skin elasticity, immune function, and resilience – the ability to bounce back.²⁵ The common decline in fitness that occurs with age is different, and the effects of ageing and of loss of fitness are commonly confused.

People with long term conditions and those who experience pain often mistakenly believe that exercise will make things worse, rather than understanding that the more conditions you have the more you need to improve the four aspects of fitness: strength, stamina, suppleness and skill.

The good news is that at any age and with any combination of health problems, exercise provides, in the words of an important report from the Academy of Medical Royal Colleges, “the miracle cure”²⁶. In fact, older people can increase their fitness level to that of an average person a decade younger by regular exercise.²⁷

Negative beliefs and attitudes about growing older are a significant problem. The prevailing attitude that exercise is for young people while older people should be encouraged to relax needs to be challenged.

**Take-away**

**The benefits of physical activity for older people**

- Any amount of physical activity will produce health gains for older people.
- Being active **daily** will significantly increase those gains
- Older people living with a long-term health condition are 2 ½ times as likely to be inactive
- Many problems typically ascribed to ageing are actually due to disease, loss of fitness, and negative beliefs and attitudes about growing older
- Interventions aimed at older people should avoid using chronological age alone when targeting, but respond to different attitudes and beliefs
Understanding the barriers and enablers of an active lifestyle in older people

Inactive older people are a large and diverse group. There are big differences across the age group. A 55-year-old might not have much in common with a 75-year-old, let alone a 95-year-old. There are also big differences in perceptions, experiences, motivations and capabilities among people of the same age. Any intervention designed for older people should therefore avoid using chronological age alone when targeting or segmenting.

Sport England have identified five groups of people aged 50 and over to provide insight into the different attitudes and motivations of this age group to physical activity.28

**FIGURE 16: SPORT ENGLAND’S PHYSICAL ACTIVITY ATTITUDES AND BELIEFS GROUPINGS FOR OLDER PEOPLE**

1. **MY ACTIVE DAYS ARE IN THE PAST**
   Some older people feel like their days of being physically active are over. It is no longer for them. They are too old, too unfit and it could be bad for their health. They are health conscious but don’t feel being active helps them look after their health. These people tend to be older, with long-term health conditions.

2. **JUST NOT INTERESTED**
   Some inactive older people are not interested in being more active and many never have been. There’s no sense of wishing for days gone by and they are more likely to identify with a variety of reasons for not being active.

3. **MY LIFE KEEPS ME ACTIVE ENOUGH**
   Some older people feel they’re active enough in the course of their life. They are more likely to be doing something and don’t see a need to do anything differently but are not reaching the 30-minutes physical activity threshold.

4. **ONGOING ATTEMPTS TO BE ACTIVE**
   Older people are interested in being more active, but despite being aware of the health benefits they can’t get a habit to stick. They lack confidence, are unsure of what to do and worry about their ability and feeling out of place.

5. **POSITIVE ABOUT ACTIVITY AND TRYING TO HANG ON**
   Older people have a mismatch between their attitudes and behaviours. They have stronger positive associations with physical activity than other inactive older people and are less likely to face some of the emotional and practical barriers that are more common among other groups.
Behavioural insight findings

Field research was carried out with a small number of older people engaged in Age UK Oxfordshire’s services. This was complemented by interviews with members of the Age UK Oxfordshire team who are responsible for the delivery of those services and engage with older people on a regular basis. This was to understand the challenges they face in putting on services and engaging older people with them.

The older people interviewed were all aged 70 and over, and the majority were in their eighties. The findings are reflective of this older age group.

Details of the research objectives, methodology, consultees and limitations can be found at Appendix A.

The findings have been drawn together in order to answer the question: what would it take for older people to become more physically active?
Mapping the problem

What stops older people from moving more?

The weather: the impact of the weather on how much an individual moves during the day can be significant. ‘Bad’ weather may be cold, damp, wet, windy, grey. It is subjective to the individual and can mean the absence of ‘good’ weather. Winter is substantially worse than Summer, leading to a lot more indoor and sitting time for older people. Similarly, many older people shield themselves from ‘too hot’ weather. Given the typical British weather system, this can add up to a lot of days spent indoors, being sedentary.

- “When it’s bad weather I don’t want to go out”

Don’t go out in the dark: a self-imposed curfew is common, restricting movements to daylight hours only. In particular, the shorter Winter days dramatically reduce opportunities to move more.

- “If it was light, I’d be out in the garden”

Weekends: all community activities, aside from faith worship, are programmed for the weekdays. There is a feeling that ‘everyone else’ has different routines at the weekend. If you don’t work, or you don’t have family members visiting at weekends, there may not be much differentiation between a weekday and the weekend. The result is the weekends can feel more isolating and become a very sedentary time, particularly when combined with bad weather and short days.

- “There’s nothing on at the weekend”

Intentions to act: many of us have the intent to move more, go for a walk or do an exercise routine, but when it comes to it, often people are too tired, too busy with caring responsibilities or they forget.

- “I can never remember the exercises I should do”

Caring responsibilities: carers are often exhausted, with all their energy and focus going into the person they care for. At a stressful time of life, exercise can easily get neglected. It can be hard for them to take the message and often would prefer to hear it from a professional – you need to focus on yourself. This gives them permission to do so.

- “I can’t even get into the garden as he’d be on his own”

Being enabled to move more: very few people are hearing at a personal level, how remaining or becoming active will make them healthier and happier. Many get the message that they should ‘exercise’, but they don’t know what this means for them personally. They want to know what they could do and how to make it appropriate for their personal health circumstances.

- “They just tell me to exercise and lose weight. They don’t tell me how”

Not interested: perceptions that exercise is not for me because I’m not that type of person or I believe it will do me more harm than good. Or I simply think it is boring.

- “I’m not interested in just walking on my own”
With health conditions, life can be complex: an individual often feels they have to be well enough to think about being physically active. If they are feeling rotten that week or the person they are caring for is ill, then they won’t do it.

Mobility issues: making it hard to move around the house and carry out day-to-day tasks.

What stops older people accessing exercise opportunities?

Can’t travel independently: maintaining independence is fundamental to many people’s lives and when their ability to travel on their own is curtailed, this can have a dramatic impact on their quality of life. Living in a rural village where there is no bus service can mean being totally cut off if you don’t drive and have use of a car. Mobility issues mean many older people are unable to get on a bus. And if they live in a village that has a bus service, it is more difficult to get a volunteer driver to come out, as neighbourhoods served by public transport are not prioritised.

- “I’m now widowed, and my husband did all the driving”
- “I don’t want to be a burden by asking family and neighbours for lifts”
- “Someone told me about the U3A open day. I’d love to go but I can’t get there”

Lack of confidence: Taking the first step to engage in some kind of community activity can be a daunting prospect for many, but even more so if you have no-one to go with. Older people may initially insist they are fine. It’s only when you get to know them a bit better that they will admit they would like to do something. They also worry about their own capabilities – are they too slow? Would they be able to do it?

- “I’m too slow. I wouldn’t be able to keep up”
- “I prefer to go on my own as I can go at my own pace”
- “I love dancing but it’s no fun without a partner. I used to dance with my husband, it wouldn’t be the same without him”

How do I know it’s appropriate for me? Those with limited mobility or other health issues can be very cautious about taking part in physical activity opportunities. Some are worried that exercise would ‘set off’ or worsen their health condition. They are also concerned as to whether exercise leaders are able to cater for their health needs.

- “I’d like to start [an exercise class] at the very bottom, but I can’t find one”
- “I can’t get down on the floor”

Be careful of using off-putting names for activities
‘Gold’ and ‘Silver’ are often used to denote an activity is suitable for an older person, but many older people perceive these terms as related to podium places in elite sport – in some minds it can make the activity sound extra strenuous.

The phrase that most older people used themselves to describe what they were looking for, was gentle exercise.
Guilt at taking ME time: particularly those with caring responsibilities feel guilt at taking time out for themselves, for any purpose let alone to exercise. Even when accessing a respite opportunity, they are likely to use it to get chores such as shopping done. This mindset often continues once those caring responsibilities end and the individual is left with a huge amount of free time, but are unused to focusing on themselves.

- “When he goes to the over 60s session I use that time to get the shopping in”

Lost touch: it’s easy to lose touch with people as we age. Old friends and neighbours sometimes move away when they retire or become less independent. Others die. It becomes harder to make new friends and get to know new neighbours. Those taking on caring responsibilities find it increasingly more difficult to keep up with people and what’s going on locally.

- “Neighbours go from house to car. From car to house. Don’t see or talk to anyone. I don’t really know them”

Cost: while cost itself did not come up as a particular barrier, older people are very conscious of the fact that they are living on a pension and budget carefully. People were spending generally in the region of £5 for a session and were happy with that. However, the thought of doubling that in a week if they wanted to do more sessions was met with resistance. For those who can’t travel independently, they have to factor the cost of a taxi there and back making attendance prohibitive.

- “Would I like it? Yes. Would I like it for £8? No”
- “If have to pay for the class and transport to get there it could be £40 or £50”

Sitting about
There was a lot of negativity about sessions designed for older people where the majority of time is spent sitting.

- “Wasn’t for me. 4 ½ hours of sitting about. Sat down exercising, sat down playing games. I didn’t return even though there was a lunch and tea and coffee included”
- “When my husband died, I didn’t return. I didn’t like just sitting”
What challenges do older people service providers face?
The Age UK Oxfordshire team had a great deal of experience at supporting older people to become more socially active in their community. They identified the following challenges, some of which are related to physical activity opportunities but not all. The older people themselves appear to have more psychological challenges and the providers more practical ones.

Psychological (how someone sees their situation)
Older people...
- can be very reluctant to let go of their independence and therefore don’t ask for help
- don’t want to be a burden to others such as the family or neighbours. Often family are very willing to help out as they want to see them engaging in the community
- may not want to spend any money
- don’t always realise how much they would benefit from taking part
- can often take a while for the idea to sink in. Often need a few interventions before the individual will actually take action
- have to be in the right mindset – it’s important to catch people in a good moment, when they are receptive to advice and not excessively worrying about other things
- can sometimes be put off by hearing ‘exercise’

As providers of services
- Their role is not to push but to prompt. ‘Are you going for a walk regularly?’ is fine, but they wouldn’t want to start preaching about physical activity

Physical
- A person’s own level of mobility – if they are struggling to cope with day-to-day tasks and moving around the house then asking them to venture out to take part in an community based activity may not be appropriate straightaway.

Practical
Older people...
- may be unable to afford paid-for services
- spend a lot of their time at doctor and hospital appointments

As providers of services...
- activities need to be sustainable by having enough people attend (and pay) regularly.
- there just often aren’t the number of people in the cohort in rural villages to justify putting on the activity
- they have to balance where to locate exercise classes with where exercise leaders are located as not able to pay travel expenses
- they can find it difficult to find qualified exercise leaders or people wishing to qualify
- they cannot access funding to get people to community-based activities
- have to be conscious that some older people will want to be ‘sat down’ exercising and others will definitely not want to be ‘sat down’. This has nothing to do with age, but mindset or personal mobility
- have to be conscious that their activities need a lot of explanation. It is going to be a balance and stretching session rather than you having to get down on the floor. It’s about ‘oiling the joints’
- they (Generation Games) often encounter people who are already interested in physical activity, (even if this is because they have been told to do so by a health professional). They do not often come into contact with those that are ‘disinterested’ – which they recognise is a massive cohort
- can find it difficult to access funding as try not to charge for services where possible. Able to get good rates from village halls and libraries and some town halls
- there is so much going on, it’s about making sure people know about it and encouraging them to use it.

**Particular challenges of rural isolation**
- Public transport is very limited or non-existent
- Those with mobility issues may be unable to use a bus service
- Volunteer drivers can be difficult to organise, and many come with rigid criteria, i.e. only for GP or hospital appointments
- The cost of a return taxi fare has to be added to the cost of joining in an activity, often making it prohibitive
- There may not be enough older people living in the area to warrant setting up an activity that has to be self-sustainable
How can behavioural insights help?

What motivates older people into action?

The single most important reason that older people get involved is to see and talk to other people. This need for social contact overrides other interests or disinterests. What they are involved with is less important than why.

- “I might see faces I know”
- “It’s sociable. We have a coffee afterwards”
- “It’s people you need”
- “you spend enough time on your own in the house”
- “you’ll meet nobody stopping in”
- “If you don’t turn up, you’ll quickly lose track of people”

This motivation was the same for those attending exercise classes, but in addition they said
- “It’s a life saver”
- “It keeps everything going”
- “It makes me feel good”
- “It has to be a really bad day for me not to go”
- “It oils the joints”

What are the triggers to engaging with services?
Older people are often very reluctant to let go of their independence and this may inhibit them from reaching out for help from services. However, there appear to be certain trigger points that cause them to be more likely to engage.

- A new, or progressively worse health condition
- A fall or a series of falls
- Caring for a spouse and their condition deteriorates
- Family become worried. Often triggered by an incident i.e. food poisoning, fall etc
- Nudged by health professional or Age UK or other trusted influencer
- Loss of a spouse
- Want to improve quality of life and if have money, use it to do something positive
- In need of respite from caring responsibilities
- Need for social interaction
What does a good week look like?

We asked older people what turned an OK week into a good one.

This was their response:

- The sun shines
- When it’s good weather and I can get out the back door and into the garden
- No hospital appointments
- Going somewhere different – like the cinema
- Meeting friends and socialising
- Having a little break
- Meeting people and being involved in things
- Celebrations – being with people
- The weather
- I met somebody in town, and they’ve stopped to chat, and we’ve had a laugh
- Something different happens. Full of fun
- Something special – go and see family
The importance of walking

Older people tend to walk a lot, but often don’t regard this time as ‘active’ time, it’s just what they do and how they get about. This is common among all ages.

“[Walking]... is a habitual activity, almost as unnoticed as breathing.”
Professor Colin Pooley

The problem with not noticing our walking, is that we also fail to notice when we don’t walk.

Ideally, we would like older people to be conscious of all their walking time and celebrate it as an achievement each day. Some people may need help teasing this out to show them their capability. For example, a person who says they ‘can’t or won’t walk’, may actually be spending 20 to 30 minutes on their feet in a supermarket but not consider this as a walk.

We want to get to the place whereby older people think... If I missed my walk today (because the weather’s bad or I’m having a rough day etc), then I’ll do some exercises while I’m watching TV tonight. i.e. they notice the absence of the walk and replace it with an alternative way to move.

Many of the older people we met at Specsaver’s Chatterbox had walked before attending the coffee morning. Several had been on a spinoff from a health walk run from the leisure centre. What was interesting was that having previously taken part in the health walk, they now felt that they were too slow or couldn’t walk that far. They had instead created their own informal group that did a walk that suited their needs. While they have creatively found a way to meet their own needs, it does show an untapped market, and others with the same need, would have no way of joining in unless they happened to know this group of women.

Other attendees described how they had ‘walked the long way around’ to get to the coffee morning or ‘walked in and will get the bus back’. Walking was the most common form of movement mentioned.

Proportion of older people in Oxfordshire who have walked twice in the last 28 days:
- 82.1% of 55 to 74-year olds
- 66.4% of 75 and over year olds

Everyday walking helps people stay connected, increases independence, reduces isolation and improves health. Making sure pavements are well maintained and free of obstructions, providing places to sit and adjusting crossing times are just some of the actions that can positively influence an older person’s decision to go out.
# Changing the system – how isolation barriers are being overcome

Given the obstacles that present themselves for older people, particularly those experiencing isolation from living in a rural area, those on the ground have been finding ways around this. Here are some examples.

<table>
<thead>
<tr>
<th><strong>Community Buses</strong></th>
<th><strong>The Oxfordshire Comet</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Villages with axed bus services have set up community buses offering vital access to places like Witney and Oxford once a week</td>
<td>A bookable transport service run by Oxfordshire County Council between 10.15 and 2.30 Monday to Friday for residents who don’t have access to suitable public transport. Over 65s can use their free bus pass</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Volunteer Link-Up &amp; Good Neighbourhood Schemes</strong></th>
<th><strong>Bespoke community-led solutions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Offering practical help to older people including transport and shopping trips. Charge 40p per mile which is cheaper than a taxi</td>
<td>In North Oxfordshire, a community have organised themselves with a bus and a driver to pick people up to attend a Generation Games session</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Someone to go with</strong></th>
<th><strong>Lift shares</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age UK team take an individual to an activity for their first session. This overcomes transport issues and confidence at not wanting to go alone. If they attend once and meet someone, they are far more likely to attend again</td>
<td>When the Age UK team take someone to a session for the first time they will talk to regulars and see if anyone is able to offer the new person a lift on a regular basis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Family help</strong></th>
<th><strong>Carers’ Peer Support Group</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoning a family member to say they’d really like to attend this activity but just can’t get there. Could they take them for a couple of weeks until they are comfortable with a lift share set-up?</td>
<td>Able to bring your cared-for person to the group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Reducing taxi costs</strong></th>
<th><strong>Making exercise at home easier</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age UK’s home support worker leaves 5 minutes at the end of their booked time to take the client to an activity session. They get a taxi home but means they are only paying that fare one-way</td>
<td>Age UK Oxfordshire’s Generation Games give out exercise DVDs and Therabands to those wanting to exercise at home or those not able to get to a session</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Bringing exercise to them</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chatterbox coffee mornings held fitness MOTs where participants did a balance, a reach, a grip and a strength test. Results were quantified and a score given</td>
</tr>
</tbody>
</table>
Effective interventions often address practical barriers to being with others, like mobility problems, poverty or lack of transport. But our learning suggests that helping to change a lonely person’s mindset is the essential ingredient. Re-engaging with society needs the right mental space, not just practical opportunities to socialise\(^\text{32}\).

**Reaching older people**

Older people described the ways in which they most liked to find out what was going on in their local area.

- Word of mouth or ‘hearsay’ is the most trusted source of information on what’s going on.
- Local newspapers were a good source of information and were read thoroughly
- Age UK’s Engage magazine was a trusted source (bearing in mind that all consultees were engaged with Age UK’s services in some way)
- What’s On in West Oxfordshire? was also mentioned
- Internet searches
- Referrals from other areas of Age UK and memory clinics (for dementia support)
- Referrals from GP surgeries, physios, nurses and occupational therapists
- Networking with community groups such as U3A, WI, and over 50s groups

**What’s already going on for older people?**

This section does not attempt to act as an audit of supply for older people’s physical activity provision, but simply reports on what has come to light through the research. A such, it is not a comprehensive listing and there will most definitely be omissions.

Oxfordshire County Council run an online directory **Live Well Oxfordshire** designed to bring together information about groups and organisations offering services for adults with a variety of needs. It is developed in partnership with Age UK Oxfordshire and this is the trusted source used by professionals in the county for older people.

Activities are listed under the 5 Ways to Wellbeing headings of Connect, Keep Learning, Be Active, Take Notice and Give.

The Age UK Oxfordshire team are regularly visiting town halls, village halls, churches etc and so keep an eye on notice boards to see what’s going on for older people in their area. Where needed, they will help an organiser to list their activity on the Live Well site.

**Active Oxfordshire’s website** contains a listing of physical activity opportunities for older people across the county.

Generally, the feeling from the Age UK Oxfordshire team is that the county has a good supply of activities for older people, including those with dementia. Although when an individual’s dementia is advanced, it can be trickier to find something suitable.

The majority of provision is focused on social dynamics. Physical activity opportunities are provided by **Generation Games**. These include exercise to music classes both seated and standing, strength and balance classes available on referral as part of a falls prevention programme, and a variety of sessions focused on specific health conditions (Parkinsons, MS
and COPD) lead by specially qualified instructors. Their class timetable shows 70 sessions running across the county, including 18 in West Oxfordshire. They also have a DVD that can be posted for home use.

There is a selection of day centres across the county and these will provide a physical activity session for around 20 minutes a day. Guideposts run a Lights Up session offering people with memory problems including dementia and their carers the opportunity to enjoy activities together. Alongside craft, music and reminiscence sessions they will incorporate physical activity in the form of dance and games-based activities.

The Southern area of Age UK Oxfordshire’s Community Information Network have started a physical activity in the form of dance and games. These classes allow people who are lacking motivation and encouragement to try something new. Within the Age UK Oxfordshire system, if people are looking for an exercise class, they would be referred to Generation Games. However, the Age UK team find that people who want to go to an exercise class tend to source these themselves. Their work is mainly with people who are lacking motivation and encouraging those who are ‘stuck at home’. It can be a long process to entice someone out of their home if they have been isolated for a while. The process may start with being a phone friend, to get them to appreciate that someone is checking in with them. With that relationship established, it is then easier to lure them out of the house for a coffee for example. This may well spark something and act as a springboard to trying the next opportunity. Once they meet other people and are happy in their company, they will find out about activities others are doing and they may choose to join them. It’s a slow process but can often lead to a dramatic change in the quality of an individual’s life.

Outside of Age UK Oxfordshire, there are many forms of physical activity provision for older people across the county. Some national governing bodies of sport have developed, or are developing, walking forms of their sports. Walking football is the most well-known and is
available at various venues across the county. Walking netball is also becoming more popular. There are numerous health walks across the county and Nordic walking is also well-liked among the older age group.

A programme called Go Active Gold has been running in South Oxfordshire and Vale of White Horse since 2016. Initially funded by Sport England for three years, and since taken on by the respective district councils, it’s aim is to encourage older people in rural areas to live more active lifestyles. The concept is to work in partnership with local communities to deliver a varied, inclusive and social, physical activity programme. It operates with both a paid and a volunteer workforce of rural activators. The communities that have been able to develop a strong network of volunteers have found their activities have become sustainable over the longer-term. Being village based, activities vary dependent on the wishes of the participants and the facilities and equipment available to them. Taster sessions and functional fitness MOTs are offered as a way of engaging with locals and seeing what type of activities they might enjoy. Some examples of activities that subsequently run include walking netball, yoga, Pilates, tai chi, meditation, Pickleball, Nordic walking and table tennis. Evaluation of the programme has found both health and social inclusion benefits for those taking part.

Watch a short film showcasing the work of Go Active Gold.
Changing beliefs and attitudes at a system level

“What we need to do is to live longer, better, and compress that period at the end of life when people are dependent on others and need social care. So, we now need to see activity playing a central part, linked to every drug prescription, linked to every health care intervention, and the most important thing is to change beliefs and attitudes. To believe that we can prevent dementia and frailty and to be positive in our attitudes.”

Sir Muir Gray CBE Public Health Specialist

Incorporating movement into all older people interventions

By building forms of movement into those activities that older people already engage with or services that they consume, we will begin to change the cultural norm that surrounds active older people. This high visibility will show older people the importance placed on everyday movement by their trusted influencers. And the experience of taking part will be a practical demonstration of how to exercise in simple and appropriate ways – showing it can be fitted in easily by adding on to existing habits.

For example, people attending a coffee morning, film session, support group or having a companion visit could expect to experience a five/ten-minute movement session as part of that intervention. This would have the added benefit of building an association between sedentary time and physical activity by using the if..., then..., principle (if I’m going to sit and watch a film for 2 hours, then I’ll do some exercises first to compensate).

Easy to follow resources compiled of simple seated or standing stretches, exercises or coordination movements would be needed. Many of these are already in existence such as British Gymnastic Foundation’s Love to Move programme. Sport England’s #StayInWorkOut movement has listings of online exercise platforms and a dedicated section for older people.

Making this happen would rely on the existing workforce to be comfortable leading a simple stretch, coordination or movement routine, and so training would be important to ensure they have the confidence in their own ability to deliver.

Things to consider
- Keeping it light, fun, varied and socially inclusive
- Supporting activity leaders to feel comfortable leading a shot exercise routine, with resources, training and ways to share ideas and experiences and new routines
- Support activity leaders to be able to adapt routines for different levels of mobility
- Use activity in its broadest sense: physical, cognitive and emotional
- Constant reinforcement of ‘plugging the fitness gap’ to remind older people why this is important
- Creating a bank of exercise resources for activity leaders to follow
- Commissioners to ask suppliers how they might incorporate movement into their activities prior to agreeing funding support
Setting up taster sessions of exercise classes at coffee mornings, support groups, WI meetings or any other kind of gatherings would be an effective way to bring exercise to where older people already are. They give people the idea of what’s on offer before asking them to commit. The experience of actually doing it, and having fun at the same time, is the best advertisement for any kind of physical activity. This experience would be a practical demonstration of how the exercises are either already appropriate for them or can easily be adapted for them. Taster sessions can be followed up with ‘come and try’ offers entitling people to a few weeks for free. It is also a way to establish car shares prior to attending a new session if you are able to get a group of people interested.

The World Health Organisation’s analysis of interventions that work for older adults include “physical activity interventions in a group setting using an existing social structure or meeting place.”

Ensuring physical activity opportunities engage potentially isolated older people
People experiencing, or at risk of, social or geographic isolation due to the rural nature of where they live or their mobility problems, face additional barriers to engaging in community based physical activity opportunities.

Transport is essential and will need to be one of the first considerations when setting up any interventions to target these groups. Focus effort on:
- Influencing commissioners to include the cost of supported transport for all initiatives aimed at reducing social isolation or loneliness. Without this type of support, interventions will not succeed in attracting these audiences
- Working with communities to identify transport solutions that they can develop, lead and manage themselves, building on existing examples across the county.
- Make lift sharing the norm across older people interventions, with the philosophy based on the desire to reduce pollution, congestion, costs etc, rather than it being just for ‘needy’.
- When locating interventions in rural areas, consider the need to pay travel expenses for people leading the activity. In addition, look to develop local people into activity leaders through training and ongoing support

Having someone to go with, boosts motivation for people lacking in confidence. Already practiced by many of the Age UK Oxfordshire team, accompanied visits to community-based activities have proven a very successful way to engage socially isolated or lonely people. It is the stepping-stone approach that builds confidence and contributes to a change in mindset for many people. There will always be limited capacity within the paid workforce to carry out this role, but there are many examples across the UK of volunteer networks being recruited for such roles. It takes time, effort and resources to develop volunteer networks and these should be costed out and thought given to how they will be managed and supported in the long-term.
Messaging

Many people we’re trying to reach aren’t going to think of themselves as ‘old’. Peer-led messaging, an age appropriate workforce and making use of ‘people like me’ could help to create more of a norm around active older people in society.

Priority target groups for messaging:
- People aged 75 and over
- Females aged 75 and over
- Older people of any age with long term health conditions

Campaign messaging to focus on inspiring and supporting older people to:
- be active daily
  - notice and celebrate when we move
  - remind us to replace one movement routine with another if we’ve skipped it

and for older people with long-term health conditions to:
- build physical activity into their lives
  - by finding what works for them

Noticing and celebrating when we move
This will help build an understanding of our capabilities. We might not think we could walk a mile, but if we notice we spend 20/30 minutes on our feet in a supermarket, we might be more inclined to think we could join a gentle walk for 30 minutes.

See the Greater Manchester Moving That Counts! Campaign inspiring us all to move more, in our own way. Its focus is: anything that makes you move more counts! What counts for you?

Reminding us to replace one movement routine with another if we’ve skipped it
By noticing when we move, we can also notice when we don’t move, and use the if..., then..., plan to switch for example, a cancelled walk to the shops with climbing the stairs X times during the day.

Inspiring and supporting older people with long-term health conditions to build physical activity into their lives
For the first time ever, many of the UK’s leading charities are coming together to inspire and support people with health conditions to be active with the We are undefeatable campaign. The message is clear - When you’re managing a long term health condition, being active is about finding what works for you.

Messaging aimed at engaging older people in community physical activity opportunities
The older people we talked to were unwavering in their reasoning for taking part in community activities. They wanted to see and talk to other people. This matches many other sources of evidence on older people’s motivations and should always be the lead
message when promoting activities of any type for this age group. Physical activity opportunities can easily be positioned as social opportunities, i.e. ‘walk and talk’.

It is better not to dwell on the detail of the many health benefits of physical activity but keep it very simple, such as moving more makes you feel better and happier etc. Provide:
- language they can relate to, i.e. gentle exercise
- a description of what the class involves
- a description of who it is for – without using age, focus on level of mobility
- images of real people, in groups, having fun, doing the exercise in ‘normal’ clothing
- a phone number and encouragement to speak to instructor beforehand

A potential theme for messaging is using the word Ageless. As older people can increase their fitness level to that of an average person a decade younger by regular exercise this may provide a platform to frame that type of positive message. Active and Ageless links the two with help of alliteration. This would need to be tested with the target market. Whatever messages are chosen, they must seem obtainable to an older person. It must make them think – this is possible for me.

Ways to boost motivation

**Building new routines:** Typically, there is a gap between our intentions and our actions, but routines make it easier by making positive behaviours habitual. Moments of major change are the most timely points for the formation of new habits. Offer support as soon as possible.

**Goal setting and public commitments:** setting achievable goals is proven to increase motivation – with the emphasis on achievable. People should be encouraged to commit to key actions in front of others as this is proven to increase follow-through. Service providers then check in on progress to encourage older people to achieve their goals.

**If..., then..., plans:** Prompting older people to think about when, where and how they will move can help them achieve their goals. In particular, thinking about situations in which they might struggle to achieve their movement goals and then making ‘if..., then..., plans. Give regular prompts and reminders to sustain motivation over time.

**Virtual social support:** receiving ongoing encouragement from friends, family members or others by phone, text message, email etc is another strong motivator. Ask people to nominate an ‘exercise supporter’ (a family member or friend) and then send these individuals regular SMS prompts on how to help the older person.

The Behavioural Insights Team
What stops older people moving in Oxfordshire and how behavioural insights can help
The ageing process itself often isn’t a problem until we reach our nineties. What is a problem is the loss of fitness that accumulates as we age and this leads to (preventable) disease. This loss of fitness is reversible and we need to challenge existing perceptions that older people should ‘take it easy’, by ensuring all their trusted influencers encourage them to be active daily. And explain it in a way that is personal and relevant to them and their current circumstances.

Walking is the most popular form of activity and the easiest to fit into everyday life for most people. However, the window for walking daily can feel very short for some older people. With tendencies to not go out unless the weather is good and only in daylight hours, Winter in particular can be a very sedentary time. Mindsets fuelled by thoughts of being ‘too old for all that now’, mean physical activity is not something everyone is thinking about or even interested in.

Even for those who are motivated to be active, plans can easily be scuppered by being too tired, having a bad day, exhausting caring responsibilities, or simply forgetting. Venturing out into a community-based activity can be overwhelming for some. As we age, we lose touch with many of our peers and are often resistant to asking for help, even from those who would be very happy to do so. The result is no-one to go with and a lack of confidence to go it alone. And that’s assuming we know how to find a suitable activity that interests us, and we can afford on a pension.

There are a great many examples of older people living an active and socially fulfilling lifestyle. It may have required a little forethought and ingenuity to overcome specific barriers, but the paid and unpaid support networks in Oxfordshire have been resourceful in finding ways to make this happen. Supported transport for those with poor mobility or living in rural areas without access to public transport remains one of the biggest challenges.

Promoting the concept of being active daily will help us all to reset our mindsets. It will help us all relook at the design of our systems and interventions so that they work to help older people achieve being active daily for themselves. By modelling our own behaviour and using trigger points such as bereavement, new health conditions and falls we can aim to catch those who might otherwise slip through the net. The more we all notice, celebrate and use if/then plans to replace skipped routines, the more we will all move. The more all of our interventions include movement as the norm, the more older people will expect to move. And the more movement becomes synonymous with meeting people and having fun, the more community interventions will attract those otherwise uninterested in physical activity. But let’s not forget that for some, the motivation is there but the tangible barriers such as inability to travel independently will hold them back unless we are creative in how we design and fund our interventions.
Appendix A

Research objectives, methodology, consultees and limitations

Active Oxfordshire asked Press Red, a physical activity behaviour consultancy, to compile a report that collated insight on older people’s relationship with physical activity behaviour in Oxfordshire. The insight was gathered from a mixture of desk research including a literature review and physical activity data analysis. It also included field research with a small number of older people engaged through Age UK Oxfordshire services, and interviews with members of the Age UK Oxfordshire team.

Active Oxfordshire would like to use the insight to inform their future commissioning of physical activity delivery for older people and to inform future communication campaigns for this audience.

Objectives of research

1. To compile a resource that provides insight on the inactive behaviour of older people in Oxfordshire. Demonstrating where and in which groups of older people inactivity is most prevalent and providing contextual information to better understand their needs.
2. To gather insight to understand the barriers to and enablers of an active lifestyle in older people and the types of interventions that appeal to inform the messaging of an older people’s physical activity campaign.
3. To explore findings in context through consultation with a targeted group of older people and those who work with them.

The resource will be designed for use by any potential partner who could be part of the solution to encourage older people to engage in physical activity

Target audience for the field research:
- Older residents of West Oxfordshire who are:
  - Inactive
  - Living in a rural area
  - Female
  - Experiencing isolation
- People working with target audience including those who carry out social prescribing

Consultation methods

People working with older people: telephone interviews x 6
Older people groups and individuals: face-to-face interviews/discussions over 1 day

The following tables give details of those who took part in the research. The Specsavers’ Chatterbox group was identified by Age UK Oxfordshire, as were the two individuals visited in their own home.
<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Gender</th>
<th>Age</th>
<th>Marital status</th>
<th>Mode of travel / Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Female</td>
<td>84</td>
<td>Widowed</td>
<td>Drove (5 mins) Witney</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Female</td>
<td>72</td>
<td>Widowed</td>
<td>Bus (15 mins) Witney</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Female</td>
<td>80</td>
<td>Married</td>
<td>Drove (15 mins) Carterton</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Male</td>
<td>80</td>
<td>Married</td>
<td>Driven (15 mins) Carterton</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Female</td>
<td>79</td>
<td>Divorced</td>
<td>Walk (15 mins) Witney</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Female</td>
<td>81</td>
<td>Single</td>
<td>Walk (30 mins) Witney</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Female</td>
<td>95</td>
<td>Widowed</td>
<td>Walk (20 mins) Witney</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Female</td>
<td>73</td>
<td>Widowed</td>
<td>Walk (5 mins) &amp; bus (10 mins) Witney</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Female</td>
<td>87</td>
<td>Widowed</td>
<td>Drove Minster Lovell</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Female</td>
<td>88</td>
<td>Widowed</td>
<td>Bus (10 mins) Witney</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Specsavers’ Chatterbox Witney</td>
<td>Female</td>
<td>70s</td>
<td>Not known</td>
<td>Volunteer Link Up Leefield (7 miles)</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Own home</td>
<td>Female</td>
<td>80s</td>
<td>Widowed</td>
<td>Brize Norton</td>
</tr>
<tr>
<td>6(^{th}) March 2020</td>
<td>Own home</td>
<td>Female</td>
<td>80</td>
<td>Widowed</td>
<td>Stonesfield</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Organisation and Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>12(^{th}) March 2020</td>
<td>Ruth Gibson</td>
<td>Home Support Options Coordinator Age UK Oxfordshire (West)</td>
</tr>
<tr>
<td>12(^{th}) March 2020</td>
<td>Andrew Dyer</td>
<td>Dementia Support Services Age UK Oxfordshire (North &amp;West)</td>
</tr>
<tr>
<td>12(^{th}) March 2020</td>
<td>Fiona Macpherson</td>
<td>Outreach team Manager Action for Carers Oxfordshire</td>
</tr>
<tr>
<td>17(^{th}) March 2020</td>
<td>Sian Whitlock</td>
<td>Community Information and Activity Worker (Burford, Carterton, Witney) Age UK Oxfordshire</td>
</tr>
<tr>
<td>18(^{th}) March 2020</td>
<td>Stephen Mott</td>
<td>Community Information and Activity Worker (Burford, Carterton, Witney) Age UK Oxfordshire</td>
</tr>
<tr>
<td>20(^{th}) March 2020</td>
<td>Sarah Wheatley</td>
<td>Generation Games Exercise Specialist Long-term Conditions Age UK Oxfordshire</td>
</tr>
</tbody>
</table>
Limitations
The following limitations relating to the research were identified:
- Input from consultees was not always equal, due to their limited time availability or their lack of responsiveness to questions
- By necessity, all conversations held at Specsavers’ Chatterbox Witney were with individuals who were already engaged in some kind of community activity, but not necessarily physical activity related
- All individuals were engaged with an Age UK Oxfordshire activity or service
- The sample size was relatively small.
Appendix B – Case Studies

Carol’s story: a caring void

Carol sits at the window watching. It’s a grey day and there’s not much to see looking out onto the cul-de-sac where she has lived for more than 50 years. Until 3 months ago she shared the house with her husband who, 5 years previously, was diagnosed with Alzheimer’s. 18 months ago, he became housebound and Carol’s been a full-time carer since. That is until 3 months ago when he died.

Clearly consumed by her loss, Carol says she’s found it difficult to cope. There’s a vacuum in her life that so recently was crammed full of caring duties when she didn’t have a minute to herself. She describes having washing on the go every single day and finds it hard to reconcile the fact that now there’s nothing to fill a load.

Carol checks the window again. She doesn’t drive and the bus service is not good and so she’s reliant on a good neighbour to drive her to do a food shop. The neighbour is coming this afternoon and Carol wants to be ready for her. She doesn’t go out other than these shopping trips. It’s been so long since she’s been able to go anywhere, as she couldn’t leave her husband on his own, that she’s out of the habit. She says she hasn’t got into a new routine yet – she just does what comes along.

From Carol’s home, it is possible to walk to the local shops, GP surgery, library and a couple of community halls. She used to do this, but her walking got slower and slower and she doesn’t like going out in the dark or in the gloomy or cold weather. There are no longer many people around that she knows. Most of her friends and neighbours have moved away or died and she’s completely out of touch with local people and what’s going on in the community – other than what she hears from her neighbour. Her other neighbours may pass the time of day, but she doesn’t really know them. Once a week Carol has an Age UK companion visit to do some cleaning and her eyes light up as she describes being able to have a good natter with her.

When asked about how much she moves during the day, Carol says she can’t sit about for long. She loves her garden and can’t wait to get back to it – our conversation took place at the tail end of 3 months of almost solid rain. She has abandoned it for a while as she felt she couldn’t leave her husband on his own to be in the garden, so it’s in real need of attention. A lot of pruning is necessary, and she composts all her cuttings. She shows me some grass seed she has ready to sew.

Would she like to join in any community-based activities? She thinks so, but she’ll probably leave it to have a look until the weather improves. She thinks the library might be a good place to start. We talk some more, and she confirms that she’d find it much easier if she had someone to go with.

In the meantime, the window watching continues and it’s clear to see why. This is one of the rare opportunities for social interaction in Carol’s week and currently the only time she goes out. Who’d want to miss that.
Mary’s story: motivated but stuck

Within moments of meeting Mary, she describes the disadvantage she feels at trying to renew her Blue Badge online. It’s not straightforward and she needs help. She’s no stranger to the online world but problems like this are when things feel out of her control.

Mary is an extremely capable woman who fills her week with things that give her purpose and sociability. Her routine revolves around what’s happening in the village. There’s a weekly church coffee morning, a monthly Sew & Chat group, a real textiles group (as an experienced crafter, she feels she has valuable skills to pass on) and she helps out at a children’s Treasure Box crafting session. There are evening events also, but she doesn’t like to go out in the dark. There is no street lighting in the village.

What she loves about the village is that when she walks to the Post Office or shop, she’ll nearly always meet someone she knows. There’s always a ‘hello’ or ‘good morning’ and they’ll happily stop and chat. She finds this so valuable.

Mary no longer drives because of double vision in her eyes. She’s a widow with no children and so there is no family nearby. Getting about can therefore be problematic for her.

She uses a Rollator to walk to the village shop where the environment is walkable, and the roads are not too busy. She knows where all the lowered curbs are. But when she goes further afield, she needs help to walk as she can’t manage the curbs. She knows her limitations and knows that she has lost a sense of confidence with her vision the way it is.

There is a community bus once or twice a week, but she can’t use it as she can’t walk around Witney unaided. She has used Volunteer Link very occasionally to get to the GP, but they won’t take her to her dentist or the eye clinic in Banbury. She’s had to call in favours from friends and a Godson for that. She has good neighbours, but she wouldn’t like to be presumptuous and call on them for lifts. It’s very important to her that she doesn’t become a nuisance.

Mary’s organised herself with an Age UK companion visit once a week and she appreciates that she’s lucky enough to be able to afford it at £18 an hour. They visit places she couldn’t otherwise get to – the bank, optician, vet or they do a food shop.

Mary describes herself as someone who doesn’t like to sit still. She challenges herself to go up and down the stairs during the day and walks for 15 minutes into the village 2 or 3 times a week, things that have really helped keep her replacement knee mobile. She’s really keen to join an exercise class but she can’t find one she can get to. She knows it’s important to keep moving and keep her muscles strong. But she also wants it for the social aspects. As she says, ‘you spend enough time on your own in the house’.

As for her Blue Badge, she’s been told go to the library to get access to a computer and help there – but that’s in Witney and she has no way of getting there on her own.
Barbara’s story: fighting to go out

Barbara is full of fight and you get the feeling she’s been fighting for a long time.

Housebound through a terrible accident, and with no family to call upon, Barbara’s life has been turned upside down in the last two years. Still with the capacity to be positive she likes to look at life as a glass half full. But that’s been tested severely since her accident.

Initially she had a great friend in her village who would drive her about but sadly she has recently died, leaving Barbara unable to get out of the house unaided.

Barbara can get a volunteer driver to take her to hospital appointments, once she’s explained she has no one who can take her. But not to the GP. She has to get a commercial taxi for this, and they charge waiting time.

Because Barbara lives in a village with a bus service, she says she doesn’t automatically qualify for Volunteer Link. The problem is she can’t get on the bus and so needs a driver. She says she’s found it problematic using them. Requesting a lift and then waiting several days to see if they will do it. They charge 45p per mile, which is cheaper than a commercial taxi, but they complain if it’s over two hours before they pick you up. Barbara says if you want to join a coffee morning or other activity, 2 hours goes in a flash. If she goes shopping, she wants to ‘look around a shop and talk to somebody’ rather than rush in and rush out.

She’s enquired about mobility scooters but says they cost £400 a month to hire. She could buy one for that but doesn’t want to. They are available to hire in Witney for shopping, but the time is very limited, and she’d need to be able to get to Witney to use them – and she can’t.

Barbara talks unprompted about her desire to do an exercise class. She says the council sent her to one, but she found it too advanced. “The participants were lying on the floor doing all sorts, so I said no thank you”. They said they’d send her to a beginners’ class, but she’s heard nothing since. She knows such classes are available commercially but says if she has to pay for the class and the transport to get there, it’s going to cost her £40 or £50, which isn’t affordable. She feels it’s important to know that any class is run by someone with medical training to make sure it is suitable for her condition. She doesn’t feel safe attending something run ‘in the church or village hall’ for this reason. She’s very conscious that she hasn’t exercised for 2 years since the accident. She wants to start at the very, very bottom and work up.

Having opportunities to socialise is clearly paramount for Barbara. She misses social interaction. Even though she has carers come in to help her wash and dress she says there’s no time to talk – they’re gone. So, she wants to get out to talk to people. She’s just been told about a U3A open day which she would love to attend, but she can’t get there.

In the meantime, Barbara keeps on fighting for just a simple thing – to go out

*All names have been changed for privacy reasons*
Notes

1. ONS, 2018-based subnational principal population projections for local authorities and higher administrative areas in England. “Adults’ is those aged 20 years and over due to five year bands of data.

2. ONS, 2018-based subnational principal population projections for local authorities and higher administrative areas in England. “Adults’ is those aged 20 years and over due to five year bands of data.

3. ONS Census 2011

4. The State of Ageing 2019 Adding life to our years. Centre for Ageing Better

5. ONS Census 2011

6. ONS Census 2011

7. ONS – Public Health Outcomes Framework


15. Needs Assessment for Older People in Oxfordshire 2016

16. ONS Census 2011


19. Census 2011

20. PHE Guidance Physical Activity: applying All Our Health 2019


22. NICE. Dementia, disability and frailty in later life—mid-life approaches to delay or prevent onset. 2015. https://www.nice.org.uk/guidance/ng16

23. Start Active, Stay Active: a report on physical activity for health from the four home countries’ Chief Medical Officers


27. BMJ 2017;359:j4609 doi: 10.1136/bmj.j4609 (Published 2017 October 17) Focus on physical activity can help avoid unnecessary social care. Scarlett McNally and colleagues.


29. Pooley C. G. et al. (December 2014). ‘You feel unusual walking’: The invisible presence of walking in four English Cities. Journal of Transportation and Health

30. Sport England’s Active Lives Adult Nov 17 to Nov 18

31. Is Walking a Miracle Cure? Living Streets

32. Bringing people together: how community action can tackle loneliness and social isolation. The National Lottery Community Fund 2019


35. BMJ 2017;359:j4609 doi: 10.1136/bmj.j4609 (Published 2017 October 17) Focus on physical activity can help avoid unnecessary social care. Scarlett McNally and colleagues.