

# A scoping exercise to explore physical **inactivity** in older adults

in Lincolnshire



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# Background and **aims**

Rates of inactivity in older adults (those aged 55 and above) in Lincolnshire are worse than the national average, with 31% of adults aged 55 – 74 and 59% of adults aged over 75 in Lincolnshire inactive, compared with national averages of 27% and 49% respectively (Active Lives Survey 18/19).

The anticipated increase in Lincolnshire's older adult population is expected to be coupled with a further decline in physical activity levels (and an increase in physical inactivity), which is not only a risk factor for falls and skeletal injuries, but also the fourth greatest risk factor for premature death (Joint Health and Wellbeing Strategy for Lincolnshire).

To help meet the predicted increase in demand for care from an inactive and ageing population, and in-line with the Blueprint for a more active Lincolnshire, Active Lincolnshire want to increase rates of activity and decrease rates of inactivity in older adults by promoting and supporting regular daily activity. Recent guidelines published by the Chief Medical Officers' (CMO) suggest that each week adults and older adults should accumulate 150 minutes of moderate or 75 minutes of vigorous intensity aerobic activity, or a combination of both. However, it also emphasises that any daily activity is better than none; even light activity brings benefits to health and wellbeing when compared to sedentary behaviours.

In order to understand how they could better promote and support regular daily activity among older adults in Lincolnshire, Active Lincolnshire commissioned Social Change UK to undertake a scoping exercise to understand current provision, what is missing and what more can be done to help older adults get and keep active.



# Methodology

We undertook a mixed methodology approach to understand the factors contributing to high levels of inactivity amongst older adults in Lincolnshire. We engaged with this resident group and key stakeholders.

## Desk-based research

We undertook desk-based research in order to understand the current picture of inactivity in Lincolnshire. We reviewed publicly available data and data provided to us by Active Lincolnshire and other key stakeholders.

This research enabled us to understand what is currently known about inactivity and highlight gaps in knowledge around attitudes, behaviours and beliefs held by residents. We further explored these themes in the stakeholder and resident research.

## Resident research

We undertook a survey with residents to explore themes and gaps in knowledge highlighted in the desk-based research and how barriers to, and opportunities for, doing activity differed across age and district. This survey was completed both online and via paper copies.

Following analysis of the survey, we conducted two resident focus groups to further explore key themes, such as their values, capabilities, opportunities and motivations. These focus groups took place in Boston and Lincoln.

## Stakeholder research

We undertook a survey with stakeholders and partners to capture their understanding of tackling physical inactivity in older adults in Lincolnshire. We explored what they thought was important to tackle for both Lincolnshire in general and specifically for older adults in Lincolnshire, alongside their perceptions of where responsibility lies in getting older adults active. We also attended a Lincolnshire Physical Activity Taskforce (L-PAT) steering group, where stakeholders and partners were encouraged to complete the survey.

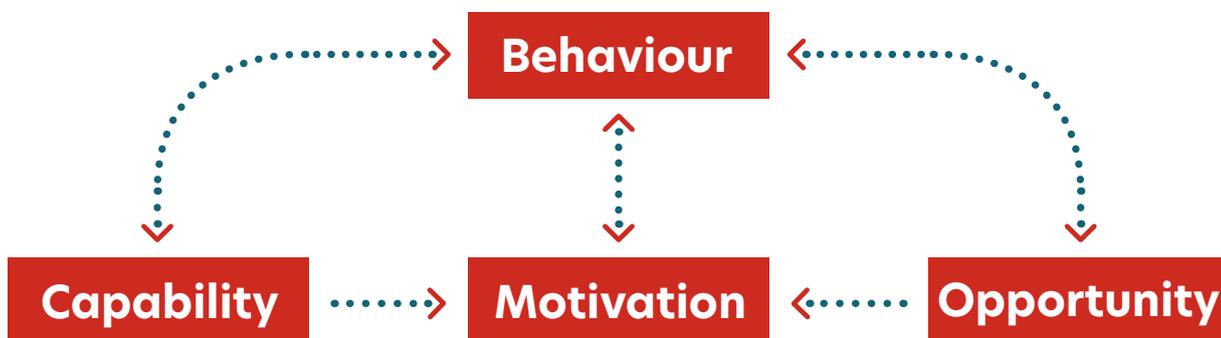
Following the completion of the resident research and stakeholder survey, we hosted an Insight into Action workshop, where key findings were presented back to stakeholders and partners. Attendees were encouraged to generate recommendations to support positive change in residents' physical activity levels.



# The COM-B model

We embedded the COM-B model throughout our research, from the development of the research tools to the analysis of the findings, to ensure we uncovered behavioural insights key to understanding why many older adults are physically inactive.

The COM-B model proposes that there are three components to any Behaviour (B): Capability (C), Opportunity (O) and Motivation (M). In order to perform a behaviour, an individual must feel they are both psychologically and physical able to do so (C), have the social and physical opportunity for the behaviour (O), and want or need to carry out this behaviour more than other behaviours (M).



## Capability

Capability refers to whether we have the knowledge, skills and abilities required to engage in a particular behaviour. Its two components are:

- Psychological Capability: our knowledge/ psychological strength, skills or stamina
- Physical Capability: our physical strength, skill or stamina

## Opportunity

In the context of this model, opportunity refers to the external factors which make the execution of a particular behaviour possible. Its two components are:

- Physical Opportunity: opportunities provided by the environment, such as time, location and resource
- Social Opportunity: opportunities as a result of social factors, such as cultural norms and social cues

## Motivation

Motivation refers to the internal processes which influence our decision making and behaviours. Its two components are:

- Reflective Motivation: reflective processes, such as making plans and evaluating things that have already happened
- Automatic Motivation: automatic processes, such as our desires, impulses and inhibitions

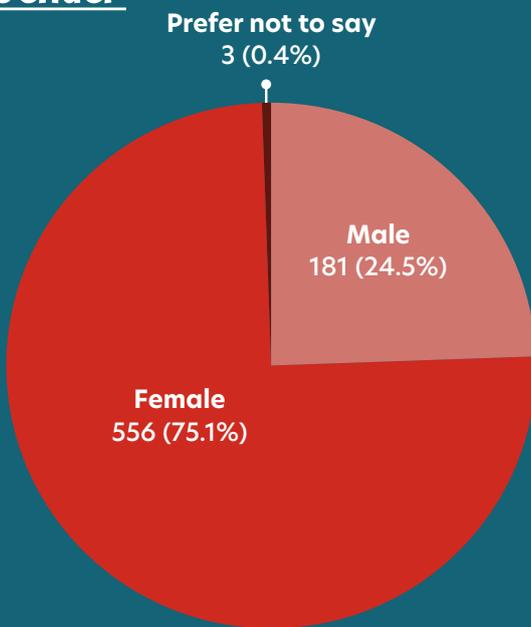
# Residents survey findings

We conducted a survey with residents over the age of 55 to explore the activities they do on a day-to-day basis, the opportunities they have to be active and what motivates them to get and stay active.

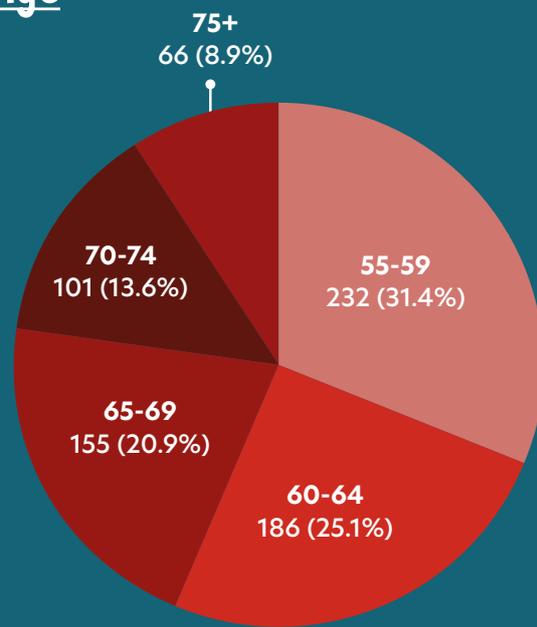
## Survey respondents

A total of 740 residents completed our survey. Please see the diagrams below for a breakdown of their gender, age, district and ethnicity.

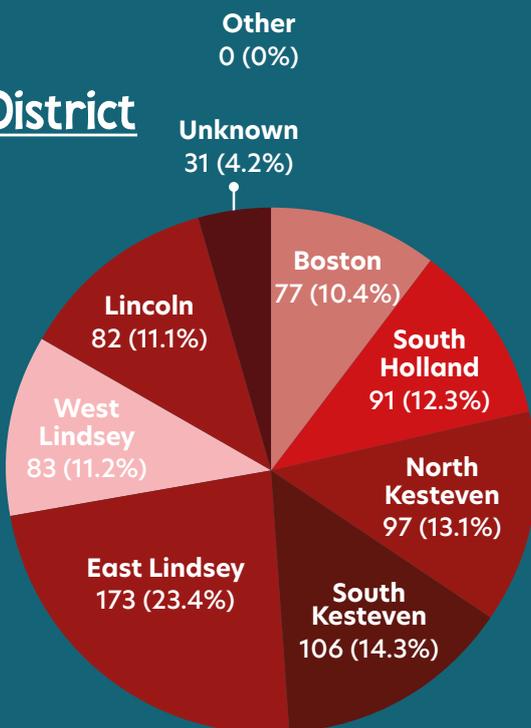
### Gender



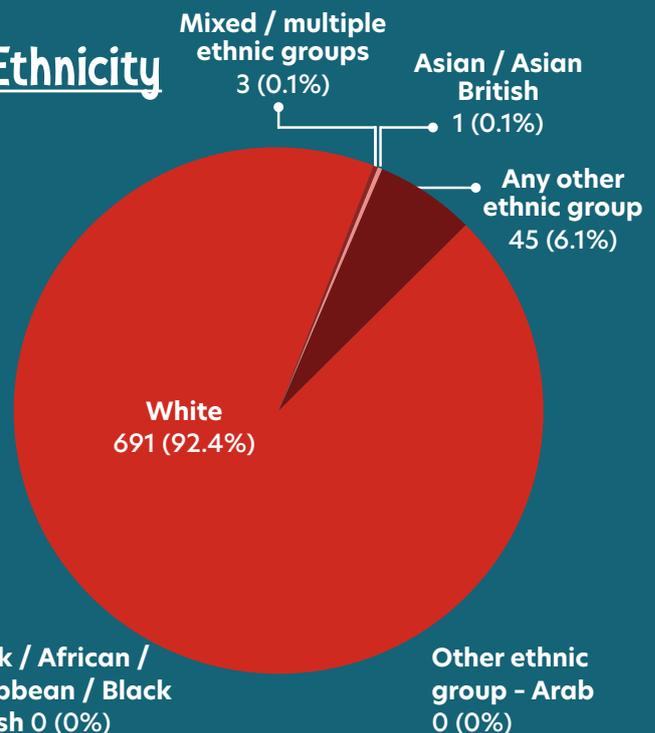
### Age



### District



### Ethnicity



# Values

We explored what residents consider to be **important to them** in life by asking them to rate a number of factors on a scale of 1 - 5, where 1 was not very important and 5 was very important. The table below displays the values in order of importance.

## Key:



Living for as long as possible in good health (existence)



Seeing friends and family regularly



Feeling a part of the community



Financial security



Doing regular physical activity / exercise



Tradition - sharing customs or beliefs from generation to generation



Being happy and content in life



Feeling young



Looking young



Eating healthy

Most important

Least important

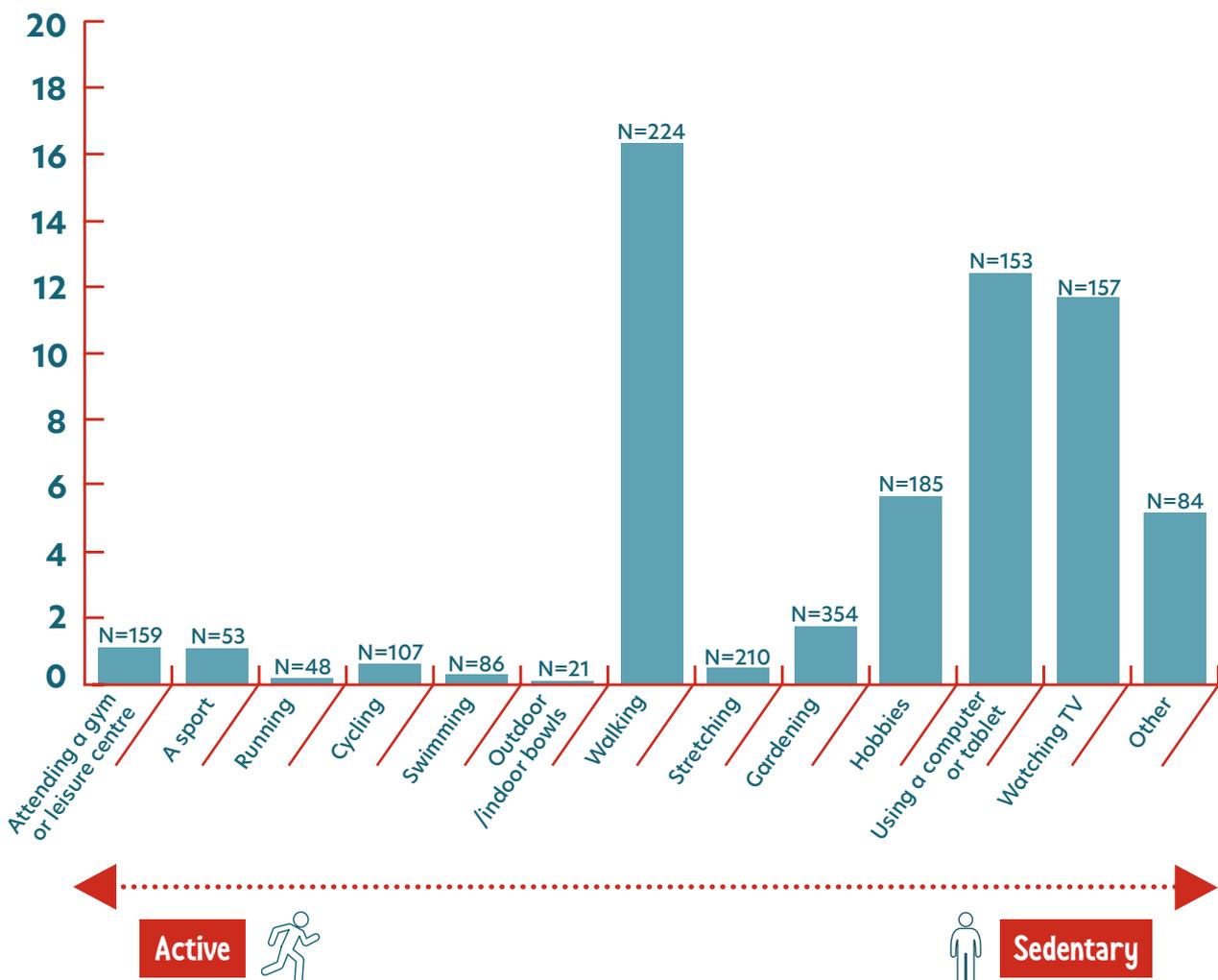
	Overall	55 - 59	60 - 64	65 - 69	70 - 74	75+

Overall, residents most valued living for as long as possible in good health and valued looking young the least. Although looking young was consistently valued least across all age groups, residents aged 55 - 59, 65 - 69 and 70 - 74 most valued financial security.

## Engagement with physical **exercise**

We explored what activities residents undertake on a regular basis and how long they spent on these activities. The average time spent on each activity per week is recorded on the graph below.

Average hours spent per week doing activities



On average, residents spent almost 3 hours per week per physical activity compared to an average of spending over 8 hours per week per sedentary activity, such as watching tv, using a computer or tablet and hobbies.

Whilst the above suggests that some residents are meeting the CMO guidelines for minimum time spent doing physical activity, the survey did not determine whether they completed the activities with moderate - vigorous intensity and therefore reached the guidelines for being 'physically active' (Active Lives Survey, 2019). Equally, the intensity in which residents walked or did gardening was not determined, and so we cannot be sure whether these activities were done at a 'leisurely' or more active pace, which would bridge the gaps between being 'inactive', 'fairly active' and 'active'.

However, regardless of the intensity in which these activities were carried out, it can be seen that many residents are achieving CMO guidelines that 'any activity is better than none'.

Residents were asked what hobbies and other activities they do on a regular basis. Answers included:

- Reading books, newspapers, online resources;
- Housework, such as cooking, cleaning, ironing and other general house / garden maintenance work;
- Social activities, such as playing bridge, attending local groups and clubs, meeting with family and friends;
- Recreational activities, such as dog walking, horse riding, attending the cinema / theatre, arts and crafts, listening to, learning and playing music;
- Caring for family members / partners;
- Working, volunteering and charity work.



## Key question

How do we build more active hobbies and activities into their week?

## Insight

Older adults are working within the CMO's guidelines that 'any activity is better than none', but in doing so are placing themselves within the 'inactive' and 'fairly active' demographics (Active Lives Survey, 2019). There seems to be little awareness of the importance of doing activities with moderate - high intensity to support strength and balance. Initiatives need to work to raise this awareness with older adults and support them to frequently do activities with moderate - high intensity.

## We asked residents how they usually get to their activities.

Almost two thirds of residents (61.1%) said they self-drive or take a taxi, over half (57.8%) said that they undertake their activities at home and half of residents (51.1%) said that they walk to their activities.

	Response	
	Number	Percentage
Self-drive / taxi	452	61.1%
I undertake these activities at home	428	57.8%
Walk	378	51.1%
Car share or get a lift from a friend / family member	81	11.0%
Take public transport	65	8.8%
Other	27	3.7%

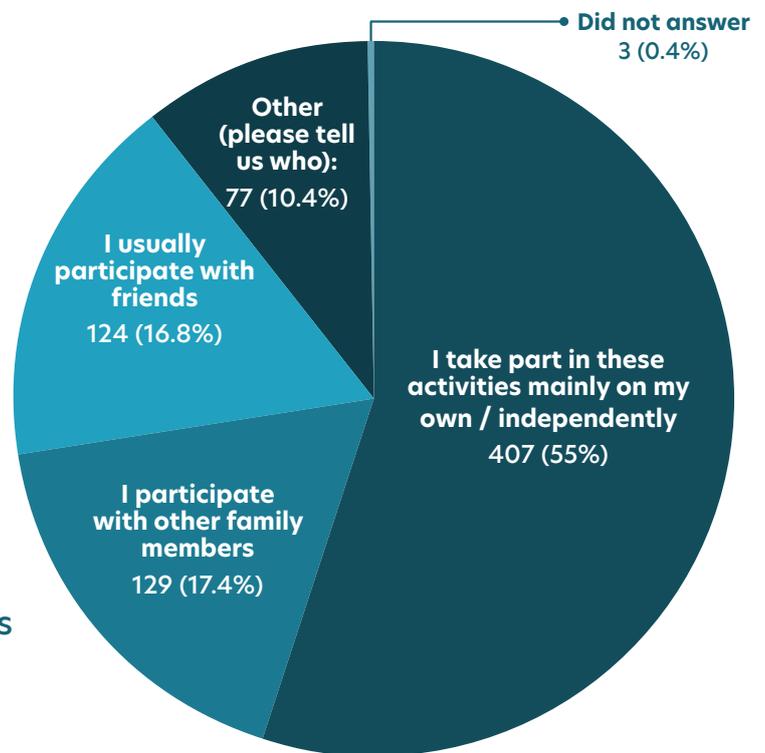
When asked to explain what other means they used to get to their activities, residents answered:

- Cycling;
- Carrying out the activity at someone else's home (e.g. mother's).

Across those who took part in the survey, we found that only one resident (from South Holland) noted that they don't travel to get to their activities. This was because their local rural area lacks activities, and even if it had more opportunities, it lacks appropriate transport.

Residents were asked who, if anyone, they usually did their activities with. This was to explore whether they usually did their activities alone or in groups.

Over half of residents (55%) said they mostly take part in activities independently and a third of residents (34.2%) engage in these activities with friends or family.



When asked to explain, residents who answered 'other' said they did activities with:

- A mixture of the above people;
- Other people attending their social groups and clubs;
- Work colleagues;
- Fellow volunteers.

Following this, we explored who and what would influence residents to be more active in their day to day lives.

	Response	
	Number	Percentage
People like me (same age, physical build etc)	344	46.5%
Friends	331	44.7%
Family members (son, daughter, partner etc)	305	41.2%
Health professionals (GP, nurses)	251	33.9%
A health and wellbeing expert (e.g. professional trainer, nutritionist)	214	28.9%
Reading/ hearing positive stories (such as people of all ages getting physically active)	127	17.2%
Reading/ hearing negative stories (such as people dying young due to inactivity)	60	8.1%
Famous person on TV or in the news	15	2.0%
Religious leader/ community leader	7	1.0%

When asked who would influence them to be more active, overall residents said that people like them (46.5%), friends (44.7%) and family members (41.2%) would influence them the most. Religious / community leaders (1%), famous people (2%) and negative stories in the media (8.1%) had the lowest influence. This is consistent across all age groups and districts.

## Key question

**Most people do physical activity on their own, but would be influenced by and prefer to be with other people. What are you 'offering' or tempting people with that is geared towards groups and families?**

# Barriers to being active

Residents were asked what they felt prevented them from being active. In this question, we explored how far residents were limited by their capabilities, opportunities and motivation, in-line with the COM-B model of behaviour change (Capability, Opportunity, Motivation and Behaviour).

## Capability

We explored the biggest capability barriers faced by residents across age and district. Our findings are presented in the tables below.

### Key:



My joints get sore and I have general aches and pains



I have health issues that make being active difficult, such as asthma or arthritis



I often feel too tired to be active



I have a disability that makes being active difficult, such as conditions that affect my muscles or mobility

### Age

	Highest agreement	2	3
Overall			
55 - 59			
60 - 64			
65 - 69			
70 - 74			
75+			

## District

	Highest impact	2	3
Overall			
Boston			
East Lindsey			
Lincoln			
North Kesteven			
South Holland			
South Kesteven			
West Lindsey			

Overall, the biggest capability barriers were sore joints, health issues and feeling too tired. However, this differed when we broke these barriers down by age and district. We found that disability was the third biggest barrier for residents aged 70 - 74 and those living in Boston, Lincoln and South Holland, and the second biggest barrier for those aged 75 and over.

**Physical barriers** were the biggest capability barriers faced by residents across all age and district demographics. Having sore joints and general aches and pains was the biggest barrier, followed by health issues that make being active difficult.

Residents did not feel that there were many **psychological barriers** preventing them from doing physical activity. Feeling too tired was one of the biggest capability barriers overall and across all groups, with the exception of residents aged over 70 and those living in Lincoln and South Holland. However, this was the only psychological barrier felt by residents across age and district demographics.

# Opportunity

We explored the biggest opportunity barriers faced by residents across age and district. Our findings are presented in the tables below.

## Key:



Being with, or looking after my family is my priority



My local area doesn't have activities that I can go to



I don't want to do it alone



Cost - I can't afford to do it as often as I would like



Time - I don't have the time i.e. family commitments, work



It isn't possible to do activities with other people in my family (such as my children or my partner) and I would prefer to be active with my family

## Age

	Highest impact	2	3
Overall			
55 - 59			
60 - 64			
65 - 69			
70 - 74			
75+			

## District

	Highest impact	2	3
Overall			
Boston			
East Lindsey			

Lincoln			
North Kesteven			
South Holland			
South Kesteven			
West Lindsey			

Overall, the biggest 'opportunity' barriers faced by residents were that being with family was a higher priority, a lack of activities in the local area and being unable to afford to do the activities on offer.

When we broke this down further, we found that residents younger 'older' adults (those aged 55 - 59 and likely to be in employment) felt that they didn't have time to do the activities, whilst those aged 70 - 74 didn't think there were enough opportunities to be active as a family.

We also found some variation across districts. Whilst the biggest 'opportunity' barrier for most districts was that being with family was a higher priority, the cost of activities was the biggest barrier for those living in Lincoln and a lack of activities in the local area was the biggest barrier for those living in East and West Lindsey.

**Physical barriers** were the biggest 'opportunity' barriers faced by residents. Time constraints, cost issues and a lack of activities in the local area are three of the biggest barriers faced by residents. Interestingly, the three biggest 'opportunity' barriers for residents aged 65 - 69 and those living in Lincoln were all physical barriers.

Although residents reported only a few **social barriers** to being active, they were the biggest 'opportunity' barriers faced by residents overall. Being with family as a priority was a barrier felt by almost all age and district demographic groups.

# Motivation

We explored the biggest motivation barriers faced by residents across age and district. Our findings are presented in the tables below.

## Key:



Motivation - I sometimes lack the motivation to be active or do more than I currently do



Nothing, I am active enough already



If I'm honest with myself, I am lazy



I prefer to spend my free time doing other things



I don't think I'd enjoy the activities on offer

## Age

	Highest impact	2	3
Overall			
55 - 59			
60 - 64			
65 - 69			
70 - 74			
75+			

## District

	Highest impact	2	3
Overall			
Boston			
East Lindsey			
Lincoln			

North Kesteven			
South Holland			
South Kesteven			
West Lindsey			

Overall, a lack of motivation, feeling that they didn't need to do any more activity and laziness were the biggest motivational barriers reported by residents.

Although there was little variation in these barriers across age and district, those living in Lincoln felt that preferring to spend their free time doing other things was a bigger barrier than being too lazy to do physical activity.

**Reflective motivation barriers** were the biggest barriers faced by residents, with many residents admitting to having a lack of motivation to do more activities or being too lazy to engage further with activities.

Upon reflection, many residents thought that they were active enough already and so did not need to be motivated to do more activity. Simply providing more activities will therefore not work with these residents; they need to be motivated to do more.

Residents reported very few **automatic motivation** barriers, with only those living in Lincoln saying that they wanted to spend their free time doing other things rather than doing physical activity.

## Insight

**Physical capability, physical opportunity and reflective motivation were the biggest barriers faced by residents. Supporting people of low ability, providing appropriate activities locally and re-framing people's perception of physical activity are therefore key to supporting increased activity levels.**

Nearly half of residents (48%) felt unable to take part in the activities which they would like to do on a regular basis. These activities included:

- Sport / exercise, such as dance, Zumba, spinning classes, horse riding, yoga, pilates, martial arts, tai chi, football, tennis;
- Outdoor activities, such as Nordic walking, cycling and bike rides;
- Water-based activities, such as swimming, aqua aerobic, rowing;
- Recreational activities, such as archery and shooting club.

We asked to residents to consider the reasons why they felt they couldn't take part in these activities.

	Response (N=355)	
	Number	Percentage
My local area doesn't offer this activity	162	45.6%
My joints get sore and I have general aches and pains	117	33.0%
I have health issues that make being active difficult, such as asthma or arthritis	105	29.6%
Cost - I can't afford to do it	95	26.8%
I often feel too tired	83	23.4%
Motivation	78	22.0%
I have a disability that makes being active difficult, such as conditions that affect my muscles or mobility	78	22.0%
Time - I don't have the time i.e. family commitments, work	78	22.0%
I don't want to do it alone	64	18.0%
Difficulties with transport - the travel needed to get to this activity is preventing me	50	14.1%
Another reason (please describe):	48	13.5%
I would not feel comfortable doing this activity as I think everyone would stare at me	38	10.7%
I don't feel safe taking part in my local area	34	9.6%
I do not feel emotionally ready or able to do this physical activity (i.e. I feel too unhappy)	33	9.3%
I don't feel I have the skills or ability	30	8.5%
Weather (too hot or cold)	25	7.0%
It isn't possible to do this activity with other people in my family (such as my children or my partner) and I would prefer to be active with my family	20	5.6%

Nearly half of those who answered this question (45.6%) said their local area didn't offer this activity and nearly a third (29.6%) said that they had health issues which make doing activity difficult.

Residents noted that 'other' reasons for not being able to do the activities they would like to do include external factors outside of their immediate control, such as:

- Poor, limited or no local facilities available;
- Lack of safe travel routes to get to the activities;
- Unaware of any group activities nearby and difficulty finding these;
- Work constraints;
- Time constraints in terms of having the time to do activities and activities being held at an appropriate time; and
- Being a carer for a family member, i.e. children, parents and partner, limits the time and opportunity for engagement with activities.

## Encouraging physical activity

We explored what would motivate residents to increase the activities they do in their day to day lives.

Residents said that knowledge that being more active could lengthen their lives, (52%) putting on clothes that don't fit or look good (46.2%) and seeing or feeling immediate or short-term improvements in health and wellbeing (44.3%) were their main motivators for increasing their activity levels. However, 1 in 10 residents (8%) still said they were not motivated to make changes.



	Response	
	Number	Percentage
Knowing that being more active will hopefully lengthen my life	385	52.0%
Putting on clothes and they don't fit or look good	342	46.2%
Seeing or feeling immediate and short-term improvements in my health and wellbeing (such as finding it easier to walk up the stairs)	328	44.3%
Looking in the mirror and not feeling great and thinking I 'must make a change'	316	42.7%
Getting out of the house	295	39.9%
Regular and ongoing motivation, support and encouragement from others	221	29.9%
I am motivated by my family and wish to be healthy for them	218	29.5%
Spending time with other people / being around people	212	28.7%
Seeing friends/family and people around me getting fitter and healthier and looking and feeling good	210	28.4%
A health professional (GP, nurse, doctor) telling me I have to get more active	188	25.4%
Incentives and rewards for making changes (i.e. shopping vouchers for walking 1km each day for a week)	102	13.8%
A family member / friend telling me I should get more active	90	12.2%
Other (please explain)	71	9.6%
Nothing, I am not motivated to make any changes	59	8.0%

Despite many saying that they would be more physically active **for** their family and friends (29.2%) the majority of people did not want to be **told** by them to get more active (12.2%). Residents also noted that they would not necessarily be motivated by incentives and rewards for making changes (13.8%).

# Local opportunities to be active

We wanted to explore what locations could help over 55s to be more active. We asked residents where they currently (or might) feel more comfortable taking part in physical activity.

	Response	
	Number	Percentage
Local green space (such as parks, fields, lakes)	349	47.2%
At home	332	44.9%
Local gym / leisure centre	316	42.7%
Local community hall / venue	290	39.2%
Local church	61	8.2%
Other (please explain)	40	5.41

Overall, nearly half of residents (47.3%) would prefer to do physical activity outdoors. This was followed by preferring to do activity at home (44.9%) and at local gyms / leisure centres (42.7%). When we looked further into this, we found that older people wanted to stay very local or close to their homes.

When asked for what other places might make residents feel more comfortable doing physical activity, some noted that feeling comfortable had nothing to do with the location or that they were not interested in doing more activities.

Nearly half of residents (42.8%) thought that there were plenty of local opportunities to be active, but over half of residents (57.2%) either did not think there were enough opportunities or were not sure.

We asked participants to expand on this and explain what is currently missing from their local area that they would like to see to help them keep active. Examples include:

## More local activities at a suitable time

People wanted more activities at more suitable times for them. Working residents do not feel able to attend 'over 50s' groups because they are run during working hours. They felt that there were few activities available at suitable times and wanted to see more evening or weekend classes available.

“Just because I'm over 50, doesn't mean I'm retired – I work and therefore can't access the 'over 50s' activities, which are put on during working hours.”

| Female, 55 - 59, North Kesteven

## Support socially isolated people to do activities

Some residents felt there was a lack of support for them to be active. They felt that they were unable to access support within the community due to their caring responsibilities or being too young to access 'older' adult support groups, which are often geared towards people aged 70 and above. This can both cause and reinforce feelings of social isolation.

“I don't think, due to poor mobility for both of us, we could manage exercise, but [we] would like to get out more to be amongst people. [My] husband has dementia but [is] not getting any support. [I] feel very lost and isolated mainly due to deafness and very poor mobility.”

| Female, 75+, North Kesteven

“Support groups for people socially isolated in their community but of the younger age band of seniors. I'm only 62 and most things are targeted at people in their late 70s / 80s.”

| Female, 60 - 64, North Kesteven

## Insight

**Supporting people who are socially isolated is a key step to address before encouraging physical activity. Once social isolation has been overcome, sustained engagement with physical activity will be key to maintaining people's levels of social interaction.**

### Activities for me

Residents do not think that the activities available are suited to them. They feel that activities are either aimed at young people or seniors. They would like to see more opportunities for the 'young age band of seniors' (i.e. residents aged 55-65).

**“I don't want to feel stupid amongst younger people.”**

*| Female, 65 - 69, South Holland*

**“I'm only 62 and most things are targeted at / involve late 70s 80s.”**

*| Female, 60 - 64, North Kesteven*

### Better facilities

Although nearly half of residents thought that there were enough local opportunities available (42.8%), many residents did not think that local facilities were in good condition. Facilities which residents would like to see provided and better maintained include a swimming pool, green spaces, parks and woodlands, safer cycle paths, outside gyms and a leisure centre.

We asked residents how they kept informed about what is happening in their local area to understand whether digital or print routes would be the best channels of communication.

	Number	Percentage
Facebook	472	63.8%
My friends and family (word of mouth)	312	42.2%
Free magazine through my door	308	41.6%
Local newspaper	254	34.3%
Leaflet through my door	192	26.0%
Local parish council newsletter	188	25.4%
My neighbours	134	18.1%
Community noticeboard	132	17.8%
Local shop noticeboards	130	17.6%
Community event/ gathering (coffee morning, weekly exercise class etc)	124	16.8%
Church news/service/event	65	8.8%
Instagram	42	5.7%
Twitter	41	5.5%
Letter	11	1.5%

We found that Facebook was the most used platform, with nearly two thirds of people (63.8%) using this to find out what is going on in their local area.

Word of mouth through friends and family and free magazines through the door were also popular ways of finding about activities in the local area, with 42.2% and 41.6% of residents responding with these answers respectively. Letters, Twitter and Instagram were the least used.

There is little variation across age groups with regards to the most used route of information, but people over the age of 75 are less likely to find out about activities through Facebook and are more likely to use the local newspaper.

# Audience groups

Following our initial analysis of the survey data, we conducted a segmentation exercise which identified the following four key audience groups.

Segmentation helps us to identify groups with different attitudes, behaviours and beliefs. No single action or campaign will effectively reach or resonate with every segment. However, these segments can be used to create different strategies for different groups of people to help us connect and resonate more with our target audiences.



**“I’m already at my limits”**

*Most likely to be: 65 - 69 , IMD 7*

## Traits

### Values

- Most likely to think regular activity is important

### Capability

- Highest Capability to be active
- Health, disability, joints, emotionally ready, skills, a lack of activities for them and tiredness are not barriers

### Opportunity

- Have the most Opportunity to be active
- Weather, cost, time, area, having to do it alone and activities for families are not issues
- Think there are enough local spaces

### Motivation

- Have the most Motivation to be active
- Will do activities in their free time, would enjoy activities, don't feel they lack motivation and don't think they are lazy

### Communication

- Least easy to influence or motivate
- Easy to inform - they access newspapers, newsletters, Facebook and Twitter

## Typical lifestyle

Retired and in good health. Active within their communities and regularly attending social activities.

## How to help

Have the highest Capability, Opportunity and Motivation, and so are the most able and therefore likely to be active. However, they are likely to think they are already doing enough, so this could be a barrier that prevents them from doing more.

## Stage of behaviour change

 **Pre-contemplation**

**I'm not bothered.**

*Most likely to be: 60 - 64, IMD 3*



## Traits

### Values

- Don't really think regular activity is important

### Capability

- Have some Capability to be active, but the potential for more
- Feel like health and tiredness are barriers
- A lot of indifference towards Capability barriers

### Opportunity

- Have little Opportunity to be active
- Believe that their area doesn't really have activities
- Quite indifferent to the opportunities that are available
- Do not think there are enough local spaces

### Motivation

- Lack Motivation to be active
- Quite indifferent towards what would motivate them to be active

### Communication

- Unlikely to be easily influenced or motivated
- Not so easy to reach and inform - they access Facebook

## Typical lifestyle

Working age with health conditions. Not very active within their communities and prefer to stay at home.

## How to help

Have little Capability, Opportunity and Motivation but are indifferent to their perception of these in connection to doing activity. They do not consider regular activity to be important and so are unlikely to be motivated to engage in it. These residents need to start thinking about activity as something they want to do (Motivation) so that they work to have the Capabilities and Opportunities to do so.

## Stage of behaviour change

 **Contemplation**

**"I can't do this."**

*Most likely to be: 60 - 64, IMD 7*



## Traits

### Values

- Least likely to think regular activity is important

### Capability

- Lowest Capability to be active
- Health, disability, joints, being emotionally ready, lack of skills, lack of activities for them and tiredness are all barriers

### Opportunity

- Have the least Opportunity to be active
- Weather, cost, time, local activities, doing it alone, lack of family issues and family as a priority are all barriers
- Do not think there are enough local spaces

### Motivation

- Have the least Motivation to be active
- Prefer to spend free time doing other things, wouldn't enjoy activities, know they lack motivation, lazy

### Communication

- Not easily influenced or motivated by external factors / people
- Fairly easy to inform - they access free magazines, leaflets and Facebook

## Typical lifestyle

Working age with poor health and disability. Feel unable to engage with their communities and so stay at home (socially isolated).

## How to help

Have the lowest Capability, Opportunity and Motivation. However, as they recognise that these are barriers to doing activity, they may be more likely to recognise the need for and thus change. Activities need to be developed that support them to regardless of their ability (Capability), are appropriate and accessible to them (Opportunity) and that appeal to them as something they would do in their free time (Motivation).

## Stage of behaviour change

 **Contemplation**

**“Push me!”**

*Most likely to be: 60 - 64, IMD 6*



## Traits

### Values

- Consider regular exercise to be important
- Think feeling a part of the community is important
- Think tradition is slightly important

### Capability

- Have the Capabilities to be active
- Don't feel like health, disability, lack of skills and tiredness are barriers

### Opportunity

- Have Opportunities to be active
- Weather, local activities and available family activities are not barriers
- Think there are enough local spaces

### Motivation

- Have some Motivation to be active
- Are willing to do physical activities in their free time, think they would enjoy activities and don't consider themselves to be lazy

### Communication

- Easily influenced to make changes - most likely to be influenced by external people / factors
- Easily motivated to make changes - most likely to be motivated by external people / factors
- Easy to inform - they access most communication channels regularly

## Typical lifestyle

Working age and in good health. Fairly active within their community, but not as active as they would like to be.

## How to help

Have a degree of Capability, Opportunity and Motivation, but not enough to get them to be regularly active. However, the fact that they recognise the importance of regular exercise suggests they would be open to change. Reinforce and strengthen their perception of their current Capabilities, Opportunities and Motivation in-line with their community values.

## Stage of behaviour change

**!** Preparation

# Qualitative findings

Following the residents survey, we conducted two focus groups to further explore key themes and issues which arose through the survey. These groups were conducted in Boston and Lincoln City.



## The benefits of physical activity

### Improving mental health and wellbeing

Residents are aware of a range of benefits from doing physical exercise. They discussed how doing physical activities not only improves their mood and makes them feel good, but it also motivates them and makes them feel more able to take part in and do more in their everyday life.

“[That’s the thing with] exercise isn’t it, it makes you feel good. It makes you feel better.”

| Female, 72, Boston

“Long term it makes you more motivated. I play tennis. I wouldn’t want to play tennis every day of the week, 7 days a week, but it does make me more motivated for other things around the house, [such as] cleaning, or you know, it picks your mood up I think.”

| Female, 55, Lincoln

“Two years ago I made a New Year’s resolution to go out and have a walk once a day and it’s made a big difference. Mood, friends, everything.”

| Female, North Kesteven

In addition to the physical activity itself, residents also talked about how doing these activities in a group setting and talking to different people are key for keeping good mental health. Being with and talking to others allows them to keep their mind active and the social engagement helps to fight depression and loneliness.

“It’s wellbeing isn’t, that’s the main thing when you’re on your own. You’ve always got something to think about and it’s not always what I want to think about so I get depressed you see. When you’re here, you lose it, you’re happy, you’re not sitting on your own.”

| Female, 87, Boston

“The social side is so important, it keeps your brain active. [...] I think the more engaged you are with other people, the happier you are.”

| Male, 82, Boston

“It keeps you interested if you do something and because you’re doing something in a group, you discuss things you’re doing, you get ideas from things, it keeps your mind alert and interested in something instead of sitting at home looking at four walls.”

| Female, 61, Lincoln

“This is an amazing place for women, especially if they’re on their own. I think it’s so important that there’s a lot of women that have come to this club and it has actually changed their lives because they’ve been so lonely.”

| Female, 72, North Kesteven

## Maintaining good physical health

Residents recognised that doing regular activity is key to keeping in good physical health in terms of supporting balance in older adults and preventing stiffness in joints.

“I used to belong to a vitality group in the village and I intend to re-join it to keep active and keep myself [from] seizing up.”

| Male, 82, Boston

“One of the exercise groups I would like in Sleaford is tai chi, because this helps particularly the elderly with balance, [which is] very important. You easily fall over when you get older, not just because you can't see but because you get wobbles.”

| Female, 90, North Kesteven

“I do like to think exercise is very important to keep you on the go, to keep you moving.”

| Female, 90, North Kesteven

“I've got fibromyalgia and arthritis and it's so important that you keep active because you can go the opposite way because you're extremely tired, keep to your bed and that doesn't do you any good whatsoever.”

| Female, 72, North Kesteven

# Barriers

## Transport

### Travel required to get to activities

Residents felt that the travel needed to get to available activities discourages them from engaging with activities. They discussed how people who cannot drive or have difficulty walking would not only have difficulty getting to the location of the activities, but also difficulty in getting to the transport links that would get them there, for example, using trains.

“The town hall and church hall in Sleaford do things like Vitality, but they’re not easily [accessible] if you can’t walk far. If you can walk, you’re ok, but there are people who cannot walk.”

| Female, 90, North Kesteven

“I would be more active and able to get out more if we had a bus service but they’ve taken the buses off. So, if I can’t walk then I don’t get there.”

| Female, 73, North Kesteven

“I am an official carer, so I belong to the carer’s group [and] I get information about all [the activities], but everything is at Age UK in the centre of Lincoln [and] I’m not a Lincoln person. [...] I know we’ve got good train routes but I’ve got to get there.”

| Female, 76, Lincoln

“It’s getting to the place isn’t it, you need someone to take you. I think the transport would [stop] a lot of people. Even coming here, [for] some of the people if someone didn’t bring them then they couldn’t get [here].”

| Female, 72, did not provide location

## Poor transport links

Poor transport links was frequently raised as a barrier stopping residents from doing as much activity as they would like. They discussed how a lack of adequate bus routes or services are barriers to them getting to places.

“Public transport, that’s the only thing that stops you from doing things, because I no longer drive.”

| Female, 90, North Kesteven

“[It would] be better if I could get out on the bus service. Even if it wasn’t every 30 minutes, two in the morning and two in the afternoon would be a lot better.”

| Female, 73, North Kesteven

“I can drive at the present time and I’m fortunate in having a bus route past my front door so I’m ok. When I need to, I can rely on public transport, but people who haven’t got a car and are a little bit off the track they have to rely on [collection services].

| Male, 82, Boston

“Where I live the bus service isn’t that good and if you do get a bus it takes you an hour just to get here [to North Hykeham].”

| Female, 70, North Kesteven

## Low ability

### Low ability due to health conditions

Residents with health conditions are concerned that doing exercise will cause them further harm and worsen their health conditions. This is particularly true for residents with musculoskeletal conditions, who are keen to follow medical advice to avoid overly strenuous exercise to help manage their condition.

**“I think they [health issues] are complete barriers. I’ve got a broken vertebrae in my spine and I’ve been told not to exercise. Walking is difficult, sitting is difficult, bending is impossible, so I have trouble as a whole basically coping.”**

| Female, 62, Lincoln

**“Things like arthritis though, you get a bad knee or hip and always worried that you’re going to do more damage.”**

| Female, 67, Lincoln

One resident noted how being prevented from doing activity due to poor health may lead to more health issues, thereby disabling people further.

**“It’s a big barrier isn’t it. If you can’t do exercise, you’re not going to lose weight, you’ll put on weight and you’re going to get more pain because you’re heavier.”**

| Female, 61, Lincoln

## Low ability due to age

Residents expressed frustration with their changing physical abilities as they get older. They discussed how they would like to do more, but as they have gotten older, their ability to do the activities they used to do within the same time and intensity has declined.

“I’ve had an operation on my spine and realised I can’t do more than half an hour of gardening. [...] That’s one of the problems, the realisation that you can’t do what you used to years or even months ago.”

| Female, 66, Boston

“There are some things you’d like to do that you can’t do, so you have to compromise. I used to live in the garden, but now I can’t do it.”

| Female, 87, Boston

“I could decorate my front lounge in 3 days a few years ago. [Recently], it took me 3 weeks.”

| Female, 73, Boston

“When I go for a walk along the seafront, I get so far and then there’s a seat and I sit there, have a walk to then next seat and then I remember I’ve got to go back again. Only this year I’ve started to get so frustrated that I want to do [more] but I can’t.”

| Female, 84, Boston

## Cost

Cost is considered to be one of the biggest barriers to being active. Regardless of income level, residents discussed how they are limited by their fixed incomes. They feel they cannot always afford to attend activities they would be interested in engaging with due to the cost of the activity itself or the cost of the transport needed to get to the activity.

**“Not everyone can afford to join everything. [...] The elderly are on fixed incomes, so you're limited to what you can do.”**

| Female, 87, Boston

**“I did join an exercise class for the older [person], but it was five pounds for three quarters of an hour. It was done privately and it catered for all because some people sat down, some stood up. It was fine but to say it was five pounds every week – I wouldn't say I'm poor but I'm certainly not rich.”**

| Female, 76, Lincoln

**“If you join these clubs, a lot of them are expensive. When you get to our age, you're on pensions so you haven't got access to [lots] of money to be paying to go to those.”**

| Female, 76, Lincoln

**“The thing is it costs more [going places because of health issues], because I can't get on an ordinary bus. [...] I have a bus that takes me from my house to the luncheon club, and then brings me home and I can't sit as long as the others. I used to be on the bus with a lot of people and it's cheaper to do that but I have the bus to myself purely because it goes from A to B, and I'm not having to go all around Lincoln which makes the journey too long.”**

| Female, 62, Lincoln

## Safety

Residents discussed how their perceptions of safety in their community prevent them from being able to attend activities. Travelling in the dark concerns them, with fears for personal safety, trips and falls. Residents also discussed how using uneven footpaths and narrow roads with limited footpaths and cars causes them concern.

“I wouldn't dare drive on the roads. I used to bike to London. 24 miles a day, I used to do.”

| Female, 90, North Kesteven

“On our little roads, you'd be frightened you'd end up in a ditch [when cycling].”

| Female, 72, Boston

“To walk on some of the footpaths is terrible. If it's dark, you can't see where you're putting your foot. If you walk on the road then cars whizz past you.”

| Female, 76, Lincoln

However, not everyone feared for their safety. Some residents felt safe within their community and this allowed them to be more physically active there. One resident noted that she felt able to walk around her community using different routes because of her perceptions of safety.

“Unless I'm carrying something, I'll walk [to my daughters house]. It's a good 10 minute walk and I'll walk back at night. I'm quite happy in the village, I feel safe. I'll walk to the shops, I'll walk to the village hall and I've got different routes that I can take. If you've just got one safe route, it gets a bit boring after a while.”

| Female, 70, North Kesteven

## Family responsibilities

Some residents noted that caring for family members or time spent with family prevents them from going out and engaging with activities. They discussed how they did most things with their partners, or felt that they could not leave their partners, and so have had little opportunity to do things independently.

“When you’re married it’s difficult [to go places] because you don’t want to be leaving your partner three times a day.”

| Female, 76, Lincoln

“I started going to quite a few [groups] since my husband died two years ago. It’s been hard work and luckily I’ve got some nice friends, but I’ve never been able to leave the door on my own for 49 years. [...] You do have to push yourself, and looking back, I wish I had when my husband was alive. We did everything together and as much as I loved him to bits, I wish we could have had some separate lives.”

| Female, 62, Lincoln

# Local activities and opportunities

## Opportunities suited to me

### Opportunities are not for me

Residents felt that many of the opportunities available are either geared specifically towards 'younger people' or that their local areas are lacking activities which engage over 50s. One resident noted that she felt as if the older generation has been forgotten by society.

“There’s nothing in the village. They do have a fitness group for young people doing circuits and stuff like that.”

| Female, 70, North Kesteven

“There is a group in the village that does exercise, but it’s for younger women.”

| Female, 70, North Kesteven

“I do think that us senior citizens are forgotten. Everything’s geared up for youngsters.”

| Female, 76, Lincoln

“Unfortunately with Lincolnshire, everything is geared to students and there’s nothing geared to us.”

| Female, 62, Lincoln

One resident thought it was difficult to find activities for people who are in the 'middle' of older adulthood, those who are retired but under 70. She noted that if opportunities were not geared towards younger people, then they are for people over a certain age and considered to be 'vulnerable and frail'.

“It is quite difficult I think to find exercise classes which are geared to this middle [age group], when you’re not over 70 where you can’t do a lot, but you’re also not under 50. You’re in the middle. [...] I think that is quite hard actually to find that middle [age group] range of activity.”

| Female, 72 North Kesteven

## Leaders and instructors of activities for older people

Many residents were discouraged from engaging with activities by their perception that activity classes are set up by people who lack experience in working with various ages and health conditions. Residents would be reassured and more likely to attend activities if they were led by someone qualified to work with older people of low ability and people with disabling health conditions.

**“Some people can't stand for exercise, so you'd need to have someone who is experienced in doing exercise with older people.”**

| Female, 70, North Kesteven

**“I have a problem with my back, and if I go [to an exercise class] I never know if a teacher's just set it up on their own or whether she's experienced [with health conditions] and she knows how to deal [with my back].”**

| Female, 57, Lincoln

**“I don't mind what age group the people are that are wanting to join [a class], it's just the people who are teaching the class that [matters as] sometimes I think they don't understand the actual ailments the people [doing] the exercise have got.”**

| Female, 61, Lincoln

**“I would need [to do activity with] someone qualified, because a lot of people set up things and they're not 100% qualified.”**

| Female, 62, Lincoln

One resident noted that she would not even trust the advice of her GP to advise her on which activities or classes would be best for her, as she would only trust the advice and guidance of someone more specialised in working with her health issues. This is in-line with findings from the residents survey, where only a quarter (25.4%) of residents said being told to get more active by a health professional, such as a GP, nurse or doctor, would motivate them to be more active.

“Not the doctors! It’s too general these days, they’re general practitioners, not specialised [which] you need. [If] you can’t get down on the floor at Pilates the instructor can tell you what to do sat on the chair, or don’t do this it could hurt your bad shoulder, do it this way, that was the advice she gave. [A] doctor wouldn’t have been able to do that.”

| Female, 67, Lincoln

## Places to do activity

### Lack of accessible facilities

Residents living in Lincoln discussed how the few facilities available to them are poorly designed for accessibility. For example, a local centre may hold a gentle exercise class, but residents would be required to walk up some stairs to get to the activity.

“Lincoln hasn’t got a hydrotherapy pool that physiotherapists or doctors can refer you to. You have to go to Grantham. Lincoln’s always been badly provided with a swimming pool.”

| Female, 66, Lincoln

“The gymnasium [in Birchwood] has stairs, so if you have to walk up the stairs to the gymnasium to use it, you’ve had it. I can’t do the rumba or really fast exercises, [but] the gentle exercises are upstairs and you can’t get upstairs to do it.”

| Female, 61, Lincoln

“We would be more interested in an easier accessible activity.”

| Female, 68, Lincoln

## Good facilities encourage activity

Residents spoke highly about places in their local area which currently, or could, hold activities. These places, such as local village halls with adequate space for group activities and well maintained footpaths, fit in with their needs and wants. As such, they feel more comfortable with these facilities and are more likely to use them.

“**[The] village hall, [it's] amazing here. There's a super village hall in South Hykeham, this space is a bit big but that space is nice. It's intimate and you wouldn't be in a huge group.**”

| Female, 69, Lincoln

“**The best thing that's happened to us in decades is the old railway that's become a sustainable path with all sorts of sustainable travel. So, you can walk, horse-ride, cycle, and it takes us from our village of Skellingthorpe into Lincoln and you can get from Lincoln to Woodall Spa and the Trent and it's brilliant, it's fantastic. It's very well used, it's brilliant. [There's] No motorised vehicles at all, and you're out in the middle of the countryside. So I think more traffic free (options).**”

| Female, 55, Lincoln

# Advertisement of local activities

## Lack of advertisements

Residents feel that local activities are not being advertised enough. Many residents noted how word of mouth is often the main way in which they find out about the activities going on locally.

“We get a magazine every week, but there’s nothing about what’s going on.”

| Female, 57, Lincoln

“I work three times a week and there’s never anything on a Thursday or Friday when I don’t work so she [a friend] told me about this [textile] group, and that’s how I know.”

| Female, 57, Lincoln

“You do find that a lot of people want to do something, anything, but don’t know where to start because a lot of things aren’t advertised”

| Female, 62, Lincoln

“Event things are on Facebook but you’ve got to be actively looking for it. They used to do a lot of adult evening classes at schools, evening education classes, and they seem to have stopped, you used to be able to go to libraries and pick up leaflets about what’s on and I used to think that was really good. The booklet told you what was on in all schools in the district.”

| Female, 55, Lincoln

## Regular updates

Residents think that advertisements should not be limited to online channels and that clubs need to be easier to contact. Residents noted that they would benefit from receiving regular magazines or posters through the door which inform them of the opportunities within their local area. Options for contacting and receiving updates need to be through more channels than just the internet to effectively reach and engage older people.

**“It’s a bit difficult to target a certain [geographical] area on the internet.”**

| Female, 66, Lincoln

**“I know that where I live, they have a magazine that gets put through your door every month and it tells you what’s going on in our area. They should be doing that with every single area.”**

| Female, 61, Lincoln

**“They [activity groups] need to be more accessible. They need to be easier for people to get in contact with, because not everybody that [has] got the internet has access to Lincoln.”**

| Female, 68, Lincoln

# Taking part in group activities

## Initial engagement experience

Residents' initial engagement experience with activity groups can present a barrier to taking part in activities. Residents recognised that attending or contacting a group for the first time can be daunting due to not necessarily knowing anyone else there, and so it is important to ensure that they are met with a welcoming, social and open environment to encourage them to continue attending (sustained behaviour).

“One of the toughest things for new members is to go to the first meeting. When you don't know anybody, it's quite daunting and I think it's the same with exercises, if you don't know anybody [then] you're less likely to want to go.”

| Female, 70, North Kesteven

“I think I would need some support initially just at first, because I have no sense of confidence, it's very slowly coming back.”

| Female, 62, Lincoln

“I think also [it's important] to be made welcome. I think that initially, if someone's made an effort to get somewhere on their own, then they need to feel welcome

| Female, 62, Lincoln

“Once people come to something like this, they enjoy it. You've got to help them when things come along. A lot of people won't support what's given to them. There's a lot of elderly people near me that require a lot to come to a clubs like this. [It would help] if you could just get them out the house to realise they'd enjoy a club like this.”

| Female, 87, Boston

**“I’ve gone around and knocked on doors to get people to come to the lunch clubs. A lot of people would like to come but they dare not come.”**

| Female, 84, Boston

## The social aspects of group activities are important to residents

Residents discussed the importance of engaging in group activities and interacting with other people in their day to day life. They would largely prefer to participate in group activities as opposed to being alone, as it provides them with the opportunity to meet new people, talk about their worries and concerns, and support people within their local communities.

**“[I’d do activity with] any group because you’ve all got the same idea in mind in an exercise group. It does help with loneliness and isolation to meet other people.”**

| Female, 90, North Kesteven

**“It doesn’t necessarily have to be [with] someone you know. I mean I’ve re-joined this group and I only know about three people in this group from the previous group I was in, but I’m quite happy to chat to strangers and become friends with somebody fresh.”**

| Male, 82, Boston

**“You don’t always want to invite them [new people] to your home, but you want the conversation...if there’s something that worries you, you’ve got somebody to talk it over with, and they don’t have to be personal friends, in fact it’s easier to talk about things like that with a stranger.”**

| Female, 90, North Kesteven

# Perceptions of their own ability to take part in physical activities

## Working at their own pace

Older residents with mobility issues prefer gentler forms of physical activity as opposed to intensive classes. They value being able to work at their own pace, sitting out from activities when they do not feel able to participate, and not being pushed beyond what they know to be their limits. They praised activities such as 'Vitality' (weekly exercise classes for over 60s in Lincolnshire), which allow them to do what they can and sit down if they do not feel able to take part standing.

“The Vitality [class] was in effect, gentle exercise for the over 50s, and that was fine.”

| Male, 82, Boston

“They're usually wonderful the people who do it [Vitality classes]. They know if you've got limitations and you can do what you like.”

| Female, 72, Boston

“At Vitality [class], if you think you can't do this [activity] you can sit it out. You don't have to do all the exercises, and I think it's what [people want]. They want to do what they can, they don't want to be pressured into doing something that they might hurt themselves in.”

| Female, 90, North Kesteven

“I used to go to a group that did salsa classes and that was for over 50s, and we used to do salsa and do exercise. [You could] sit down and do exercise, and it was for that age group.”

| Female, 70, North Kesteven

**“I would like tai chi. It’s a gentle one and I know there’s a lot of people who want tai chi.”**

| Female, 90, North Kesteven

**“I remember when I went to line dancing, there was this lady, she must have been nearly 90 and she loved the music and she loved to come and all she did to the music was just shuffled back and forth. She loved it and they all accommodated her.”**

| Female, 72, North Kesteven

## Working within perceived limitations

When asked about their current activity, residents who fit into the “I’m already at my limits!” segment group consider themselves to be as active as they need and want to be. They recognised where their limitations lie and are happy to work within these and not push themselves further than they think they need to.

**“I think I’m quite happy with the limitations I set on myself. [...] I’m happy to engage with the activities I do and that’s enough for me. I don’t necessarily want to increase my participation.”**

| Male, 82, Boston

**“You can get complacent, thinking I’m exercising and active enough, but it’s at what level? I think I walked today, but if it’s just an amble it’s not really counting as exercise.”**

| Female, 55, Lincoln

# Perceptions of activity

## Activity in the home

Residents discussed how they try and keep active in the home, as they are aware of the importance of being active.

“I have a flight of stairs, so I do go up and down the stairs. I do think that you need to do something.”

| Female, 62, Lincoln

“I try to get out in my garden for an hour a day, weather permitting. By the end of the hour I think I've done enough. I try to do that every day weather permits. I find it therapeutic.”

| Male, 82, Boston

“[I do] more gentle exercising, [like] hovering. It's good exercise, cleaning windows.”

| Female, 66, Lincoln

Some residents noted that they do not feel motivated to engage with physical activity in their home as they do not feel that it is an adequate location.

“These DVDs with aerobics, your house isn't big enough half the time for the workouts and you're hitting the light fitting.”

| Female, 55, Lincoln

“I just don't feel motivated by those things, standing in front of the TV on my own, I just feel so stupid!”

| Female, 69, Lincoln

## Understanding of 'being active' and 'being physically active'

When asked about being 'active', residents do not consciously associate this to being 'physically active'. They consider being 'active' to be related to getting out of the house and keeping busy, such as attending crafting clubs, bingo and working, as opposed to engaging in regular exercise.

**“I think I stay pretty active – I’ve got a business where I employ people. It keeps my mind purposed on what’s important and keeps me active.”**

| Female, 73, Boston

**“I run a club on a Monday and do all sorts there. I go on outings, go walking, go to bingo [and I’m] still driving my car.”**

| Female, 87, Boston

## Motivation to be active

### Commitment

Residents think that making a commitment to a group or to attending an activity is key in motivating people to attend regular activities, such as example, weekly clubs or team activities.

**“I think sometimes it’s good for you to have something to do to make you get up and do something. If you join a group and they meet up at a certain time every week, you know you’ve got to do that, whereas you can be very lackadaisical about going out and doing the garden.”**

| Female, 90, North Kesteven

“I always prefer team activity or group activity because it makes you keep going, you’re letting other people down [if you don’t go]. If just you enrolled it doesn’t matter, it’s only you you’re letting down.”

| Female, 55, Lincoln

## Enjoyment

Residents discussed how they are more likely to engage with activities which are fun and enjoyable. They want to look forward to engaging with the activity and feel a positive mental boost from doing so.

“The music is good, it [line-dancing] is just moving to music. Some of the dances are quite hard, quite involved and others are quite easy and its quite enjoyable when its easy.”

| Female, 62, Lincoln

“It needs to be fun. Just exercise for its own sake is no fun, you know. [...] [You need to be] getting something enjoyable out of it [so it’s] not just a chore.”

| Female, 55, Lincoln

“When I go to a class, I want to be enthused.”

| Female, 76, Lincoln

## Engaging with children and young people

Some residents think that children and young people's energy can help motivate older adults to be more active and provides them with an opportunity to do more.

“I look after my granddaughter on a Monday and I look after my twin granddaughters and grandson on a Tuesday. It's exhausting, absolutely shattering. I think you can get a lot from younger people because we do tend to be a bit of a dinosaur as we get older [..]. It does help.”

| Female, 69, Lincoln

“Being around young children and the grandchildren, that's a help [to get moving]. You're thinking along different lines and seeing them happy. Both healthy and happy. You do things with the grandchildren you wouldn't do normally. They bring you into the modern world.”

| Female, 84, Boston

## Motivating men specifically to be active

Some female residents expressed frustration that it is often difficult to engage their male partners in physical activity. They think that men lack the motivation to be active and that the benefit of being social does not motivate them to engage in regular activities, especially groups that have a high female attendance, and that they'd often prefer to engage with a 'men's only' club.

“It's hard to get them [men] in your peer group, for men especially, to be active.”

| Female, 55, Lincoln

“I can't motivate my husband, I take the dog out and say 'are you coming with me?' 'No!'. It's really hard. He plays darts but apart from that he doesn't do any activities and I find that really frustrating.”

| Female, 69, Lincoln

“I would like my husband to do something on a regular basis but I just can't motivate him. Maybe they're just not such social creatures, I don't know, I guess they're not.”

| Female, 69, Lincoln

“Think about walking, you get quite a few that are women only walking groups, and I don't think I've ever seen any that are men only. [I] don't know if some men just think, no, I don't want to go on a walk with women, it'd be a bit lame, whereas if a man only group they might be tempted.”

| Female, 55, Lincoln

# Capability insights

## A lack of support for me



### I want help to overcome my health conditions

Residents with health conditions are not confident in their abilities. They fear that going beyond their limits will cause them further harm and worsen health conditions, and so are unwilling to push themselves more than they feel they need to.

### I want my instructors to be experienced and qualified

Older residents want activity instructors to be experienced with working with older adults and / or people with health conditions. They are distrustful of activities set up by people who do not have this experience and are not appropriately qualified to work with older people and different health conditions.

## My current activity

### I want to do gentle exercises at my own pace

Older residents consider themselves to be aware of their limits and so want to work at a pace they are comfortable with. They will be unlikely to engage with regimented and rigorous activities which make them feel pressured to go beyond their abilities.

## I'm not emotionally ready to attend activities

For residents who feel socially isolated, simply telling them about the activities that they should be attending is not enough. The thought of leaving the house and attending social groups is disconcerting to residents and so they are unlikely to attend activities of their own accord.

## I want to do more but don't feel I can

Residents with mobility issues recognise these as age-related barriers to doing physical activity. Their perception that they cannot do as much as they used to do, or still want to do, causes them frustration.

## I know my limits and like to be in control

Residents fitting the "I'm already at my limits" think they are as active as they can be within the limitations they set on themselves. They like to be in control of their activity levels and value activities which let them 'opt out' when at their limits.

# Opportunity Insights

## I need social engagement

## I want to engage with others when doing activities

The social interaction residents gain from engaging in activities is considered to be the most important thing of all. They do not have a preference whether they engage with friends, family or strangers, as long they have the opportunity to engage with like-minded people when doing activities.



## I prefer to do activities with a group rather than by myself

Residents would rather engage with group activities as opposed to attending an activity alone. These group activities are key for not only encouraging retained engagement with activities, but also in supporting residents' mental health and combating loneliness and isolation.

## I won't attend an activity group if it is not welcoming

Residents' initial engagement with activities and their experience of this is a key determinant on whether they are likely to continue engaging with the group. If the attendee is not welcomed warmly and feels quite isolated, they are likely to be discouraged from attending in the future.

# Travelling to activities is challenging

## I don't think I can rely on public transport

There is a lack of consistent and reliable transport across Lincolnshire. Transport links are lacking in rural areas and unreliable in urban areas. If attending an activity requires residents to use public transport, they are unlikely to engage.

## The cost of transport is too high for me

Residents do not feel that the cost of transport on top of the cost of doing activities is worth it. They think that it costs too much to use public transport and so are unlikely to use it and therefore attend activities.

## I need to feel safe to be active in my community

Residents need to feel safe travelling within their community before considering being active. Residents that feel safe are more likely to go out into the community, e.g. walk to the shops, and are more motivated to attend activities. Residents that do not feel safe, however, are less likely to go out into their communities and are less motivated to engage with activities.

## Activities are too difficult to get to

Residents have the perception that activities are too far away and difficult to get to. This makes them unlikely to travel to these activities.

# There are no activities for me

## There's only so much I can do at home

Other than doing housework, gardening and climbing the stairs, residents do not know how they can use their home and garden to stay active.

## I may be over 50, but I am still able

Not all residents over the age of 50 consider themselves to have low ability or mobility issues. However, they feel that activities for older adults are geared towards the 'frail and vulnerable' stereotype of older adults, and so do not engage with these 'unsuitable' activities.

## I don't want to feel overwhelmed; I want to feel comfortable

Residents prefer to engage with small to medium sized groups as they are seen more intimate. Large groups are likely to make them feel overwhelmed and discourage them from re-engaging.

## As a man, I would prefer to be with other men

Men are considered to be harder to engage with activities as they would feel more comfortable engaging with activities predominantly attended by other men. This lack of engagement indicates that these types of activities are lacking in local communities.

# Advertisement of activities

## Don't assume I use the internet

Residents discussed how opportunities are predominantly advertised online, but as they do not actively use the internet, this is not the best way to reach them. They discussed how a mixed approach may be better to advertise opportunities to their age group, such as the use of local magazines and leaflets.

## Don't assume I'm actively looking for activities

Residents want to know what is in their local area, but do not want to have to go actively looking for this information. They want activity advertisements to be brought to them.

# Motivation insights

## How to motivate me



### I need activities to be fun and enjoyable

Residents won't be convinced to engage in activities which present as 'exercise' as these type of activities are considered as boring. They want their activities to be fun, enjoyable and exciting, otherwise they are unlikely to continue engaging.

### I want my activities to motivate me

Residents want their activities to give them purpose and motivate them to get out of the house and continue engaging long-term. This may be through commitments to attend weekly clubs or working towards an end goal.

### I know what the benefits of physical activity are, but this isn't enough for me

Whilst communicating the benefits of physical activity to mental and physical health is important and should be continued, it should not be the core message. Knowing what the benefits are is not enough to motivate residents to be active.

### I enjoy engaging in activities with children and young people

Children and young people motivate older residents to be more active. Residents subconsciously change and adapt their activity levels according to the child's activities. This helps to raise their heartrate and mood.

# My motivation to do more

## I know the importance of being active, but I don't want to be more active

Being aware of the importance of being active is not enough to motivate residents to do more. Some residents were aware of this but lacked the motivation to do more, either because they felt they were already doing enough or simply did not want to do more.

## I'd find it easier to start off small and build on that

Residents are unlikely to engage with activities which they see as time and skill intensive. They would prefer to start with smaller activities they perceive to be more manageable, which would gradually make them feel more able and motivated to do more time and skill intensive activities.

## I do not consider 'being active' to include physical activity

Physical exercise does not appeal to residents, nor does it fit in with their idea of being 'active'. Their perceptions of being active includes attending social clubs and gardening. Many residents therefore consider themselves to be more active than they actually are.

## I want to know what physical activity will do for me specifically

Residents are unlikely to be motivated by general messages encouraging people to be more active. They want to know how physical activity can benefit them and / or their health conditions specifically. They want personalised messages.

# Capability recommendations



## Support residents with health conditions

Use instructors / influencers who are experienced in health, wellbeing and older age to work within older residents' limitations. These instructors can be key in showing residents that physical activity can help alleviate their health difficulties which they may feel prevent them from participating in activities in the first place. They can also work to push residents further and challenge their sense of ability and 'I can't do this' mindset.

## Target the 'I can't do this' mindset through health by stealth

Provide low intensity classes to those who are more comfortable working at a lower pace. Take a health by stealth approach by framing the exercise as 'low intensity' to fit the 'I can't do this' mindset, whilst in reality pushing these residents to work beyond what they would usually consciously do.

## Tackle social isolation first to enable residents to engage in activities

The social isolation felt by many residents needs to be tackled as a first step in enabling them to be physically active. Start small and work with people who are likely to visit or interact with socially isolated residents, sign them up to social groups online, on their phone or through a postal service to build their confidence in interacting with others until they feel better able to be in social settings. Once they feel more confident in leaving the house, build physical activity into social events and invite residents to these, advertising them as 'social' rather than 'physical' activities.

## Cater to higher capabilities

Provide higher intensity classes for residents who still feel able and want to do more. This is particularly true for the 'younger' older resident demographic (aged 55 - 65), who feel that activities are geared towards the older, 'frail and vulnerable' demographic.

## Focus on residents' achievements

Be conscientious of older adults' limited mobility and perceived inability to do as much as they used to. Address their frustration by focusing on their achievements through their current activities.

# Opportunity recommendations

## Social engagement



## Provide group activities

Provide opportunities for residents which integrate social engagement with physical activity. Focus on marketing activities that are for groups, families and communities.

## Taster sessions for initial engagement

Provide group taster sessions so newcomers do not feel so alone and instead feel encouraged to reach out to new people. These taster sessions could also include some existing members to help integrate them into the group and make them feel more confident in continuing to attend.

# Make local activities available and accessible

## Take activities to the people

Rather than expect people to go to activities, consider how activities can be taken to them; this would particularly benefit those who are socially isolated or who have caring responsibilities. For example, weekly street sessions that get people out of their homes and doing a 20 minute 'wobble' will put smiles on faces, create excitement and get heart rates up. This could be done on the day that many residents go to the Post Office or shops, and may even become something that residents look forward to every week.

## More local activities to reassure residents

Provide more activities which are available locally to residents, rather than having activities predominantly in the city centre. This would not only take away the need for residents to use transport but would also reassure them of their safety, particularly in the dark, as they would not need to travel so far.

## Advertise and promote activities through a range of mediums and channels

A variety of methods need to be used to advertise local opportunities, in place of relying only on the internet. Residents would benefit from getting leaflets and regular local magazines through the door which showcase current opportunities and events within the local area. This would both help people without the use of the internet to find out about activities and engage those who are otherwise non-engaged and not actively looking for activities. Word of mouth is a particularly powerful tool for this age group. Residents will respond well to the promotion of available activities by community champions and people in positions of trust.

## More local activities for men

Provide more clubs to appeal to men who are not currently engaged with opportunities. This may be through men only clubs to make men feel more comfortable, e.g. 'Men in Sheds', or clubs which are welcoming of both men and women to help men be more comfortable in engaging with different groups.

## Promote activities in the home

Advise residents on the range of ways in which they can use their homes to keep active. For example, through exercise DVDs or doing strength exercises outside. This would in particular support those who are socially isolated or who have caring responsibilities to be more active.

# Motivation recommendations

## Making activities something residents want to attend

### Provide a variety of fun activities

Motivate residents to attend physical activities by making them fun, exciting and varied. Avoid doing the same activities within sessions every week and keep activities interesting residents with options for changes to the session. Music and games can be a way to make physical activity more enjoyable and therefore appealing to residents, as the focus is on the music and games as opposed to the 'exercise' element of the activity.



## Get residents to commit to activities

Provide activities which require a commitment from residents in order to motivate them to retain their engagement. This commitment could be in terms of weekly attendance, working within a team or working towards an end goal.

## Invest in initial and sustained engagement

Invest in both initially engaging people and sustaining their engagement. Invest in both by providing reasons to join and reasons to stay, e.g. loyalty card schemes or social support.

## Provide intergenerational activities

Use intergenerational activities involving children and young people, i.e. through schools or family activities, to motivate residents to engage in activities, thereby taking a 'health by stealth' approach in raising their activity levels.

# Support and motivate residents to be more active

## Reframe perceptions of being active

Educate residents on what it means to 'be physically active' and how this differs from their current perceptions. Consider the activities they already do on a regular basis and provide advice on the steps they can take to be more 'physically active', for example, more rigorous gardening, or getting off the bus one stop early.

## Provide more reasons to be active

Educate residents on how physical activities can improve health conditions and issues both in general and for them personally, for example explaining how physical activity can support someone with fibromyalgia. Go further with this education and explain the positive impact and difference it can make to their everyday life, for example making it easier to climb stairs or to play with grandchildren. This will give residents an understanding of the wider benefits of physical activity beyond supporting health. Knowing how being physically active will benefit them specifically is key to getting residents motivated to be more active.

## Market activities in-line with residents' motivations

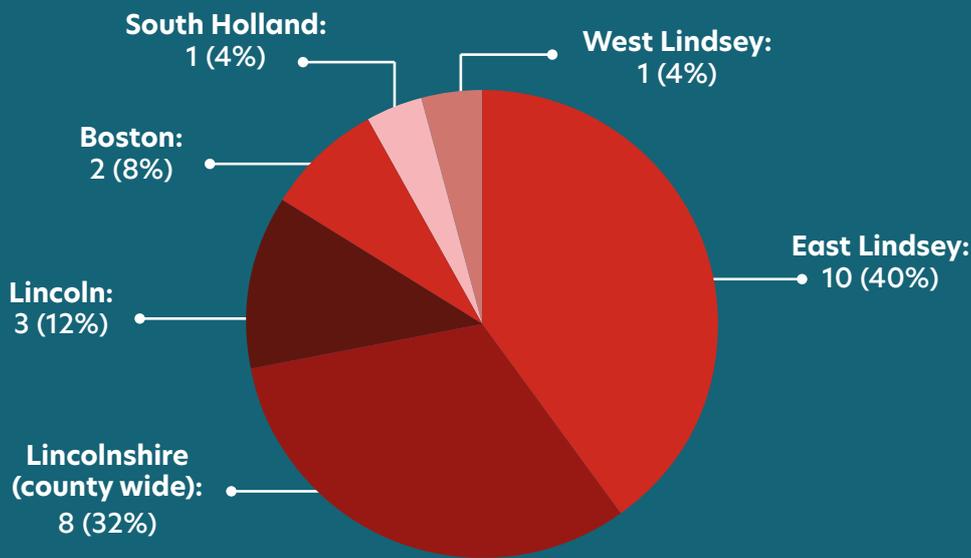
Continue to showcase the benefits of physical activity, but market activity in-line with residents' motivations, i.e. social engagement and enjoyment.

# Stakeholder and partners survey findings

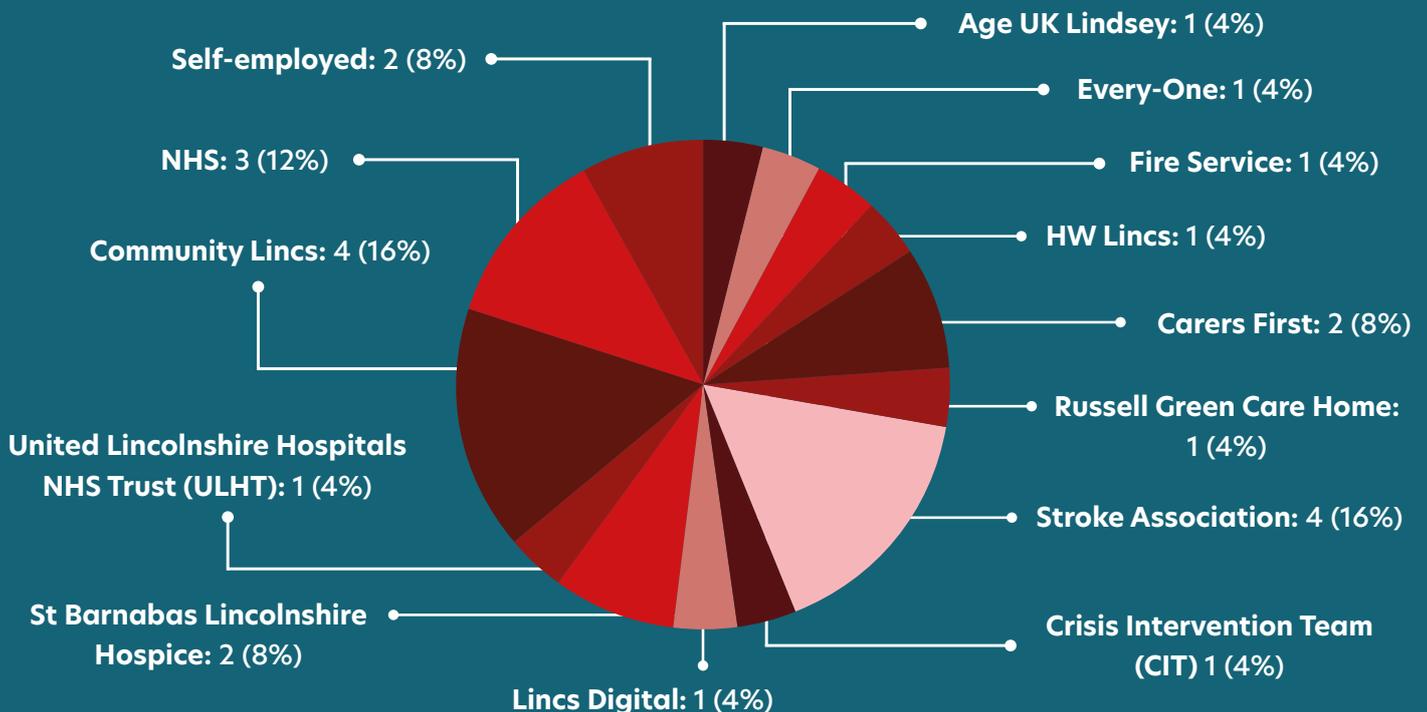
We conducted a survey with stakeholders and partners working with older adults in Lincolnshire to better understand their thoughts on tackling physical inactivity in older adults. Only a small number of stakeholders completed this survey (25 in total).

## Survey demographics

Below is a breakdown of the districts where respondents work.



Respondents were asked what organisation or company they worked with. These included:



# Prevention priorities

We presented stakeholders and partners with a range of social issues and asked them to rate how important it is to address each issue in Lincolnshire, using a scale of 1 - 5, where 1 was unimportant and 5 important. We also asked stakeholders and partners how relevant they saw these issues to be for older adults (over 55s) in Lincolnshire.

	Average score for importance to address in Lincolnshire		Average score for relevance to over 55s
Mental health	4.4	Dementia	4.5
Dementia	4.3	Mental health	4.3
Physical inactivity	4.2	Physical inactivity	4.2
Obesity and the food environment	4.2	Diabetes	4.2
Preventing ill health from smoking / smoking	4.2	Obesity and the food environment	4.1
Preventing ill health from alcohol	4.1	Preventing ill health from smoking / smoking	4.1
Preventing cancer	4.1	Preventing cancer	3.9
Diabetes	4.0	Preventing ill health from alcohol	3.7
Preventing drug misuse deaths	3.9	Antimicrobial resistance	3.5
Preventing sexually transmitted infections	3.7	Preventing drug misuse deaths	3.3
Air pollution	3.7	Air pollution	3.2
Antimicrobial resistance	3.7	Preventing sexually transmitted infections	3.1

We found that dementia, mental health and physical inactivity were considered to be both the most important issues to address across Lincolnshire and the most relevant to older adults. Air pollution and preventing sexually transmitted infections were considered to be the least important to address in Lincolnshire and of the least relevance to over 55s.

Interestingly, diabetes was considered more relevant, and preventing ill health from alcohol was seen as less relevant for older adults (by four and two points respectively) when compared to important issues to address across Lincolnshire in general.

# Physical activity barriers

We asked stakeholders and partners what factors they thought contribute to physical inactivity both across all ages and in older adults specifically, by ranking these in order of significance in contributing to physical inactivity. The results are displayed in the table below:

	Contributing factors to physical inactivity for all ages	Contributing factors to physical inactivity in over 55s
<p><b>Most significant</b></p> 	Lack of motivation / will / desire	Lack of confidence
	Lack of confidence	Poor transport links to get to places to take part in physical activity
	Cost of doing physical activity	Lack of motivation / will / desire
	Time constraints / lack of time	Inability (poor health, mobility, disability)
	Inability (poor health, mobility, disability)	Cost of doing physical activity
	Poor transport links to get to places to take part in physical activity	Lack of interest in available activities
	Lack of awareness / poor marketing of activities	Time constraints / lack of time
	Poor infrastructure (such as cycle lanes, paths, equipment)	Lack of awareness / poor marketing of activities
	Lack of interest in available activities	Poor infrastructure (such as cycle lanes, paths, equipment)
	Lack of indoor facilities (such as leisure centres, gyms)	Lack of indoor facilities (such as leisure centres, gyms)
	Lack of green space outdoors or lack of outdoor activities	People feel unsafe
	<b>Least significant</b>	People feel unsafe

Stakeholders and partners considered a lack of confidence and a lack of motivation to be significant barriers to being physically active across all age groups and specifically those over 55. They also thought that poor transport links and inability (poor health, mobility, disability) were significant contributors to physical inactivity in older adults.

Stakeholders and partners considered time constraints to be less of a barrier for older adults than all ages. This may be due to the perception that older adults are retired and therefore do not have work commitments. Additionally, poor transport was considered to be a more significant barrier for older adults than all ages. This is likely due to the perception that older adults have limited mobility and are therefore more reliant on using public transport.

Interestingly, stakeholders and partners did not think that feeling unsafe, poor infrastructure and a lack of indoor facilities were significant contributors to physical inactivity. However, our resident research found that residents not only consider there to be a lack of facilities enabling them to be active but are also reluctant to attend some activities because they do not feel safe to travel in the dark or on uneven pathways.

We also asked stakeholders and partners to list what other factors contribute to physical inactivity. Poverty and laziness were listed as factors contributing to inactivity across all ages and specifically in older adults. 'Other' factors contributing to inactivity across all ages include:

- Caring responsibilities;
- A lack of understanding of the negative impact inactivity has on health.

## Interventions and helping people to be more active

We presented stakeholders and partners with a selection of interventions to help older people get more active, and asked them which they considered to be suitable, feasible and acceptable to the target audience and wider stakeholders.

	Suitability	Feasibility	Acceptability
Investment in cycle lanes	✓✓✓	✓✓✓	✓✓✓
Incentives for sustained physical activity (e.g. voucher booklet and loyalty card)	✓✓✓✓	✓✓✓✓	✓✓✓
Group activities/ family fitness sessions	✓✓✓✓	✓✓✓	✓✓✓
Investment in council leisure services to attract older people to visit more regularly	✓✓✓✓✓	✓✓✓	✓✓✓
Free entry to council leisure services for over 55's	✓✓✓✓✓	✓✓✓	✓✓✓✓✓

### Key

✓✓✓ = Somewhat suitable / feasible / acceptable

✓✓✓✓ = Highly suitable / feasible / acceptable

✓✓✓✓✓ = Very highly suitable / feasible / acceptable

Investment in walking groups and walking 'days out' across the county	✓✓✓✓	✓✓✓	✓✓✓
Health professionals (or equivalent) working in communities with older residents	✓✓✓✓	✓✓✓	✓✓✓
1:1 training session in community settings	✓✓✓✓	✓✓✓	✓✓✓
Videos marketed to residents featuring exercises suitable for people aged over 55 (e.g. 10-minute daily exercises in the home)	✓✓✓✓	✓✓✓	✓✓✓
Marketing campaign to inspire older people to get more physically active (e.g. 10 changes you can make)	✓✓✓✓	✓✓✓✓	✓✓✓
Partnerships with the private sector (e.g. private gyms, fitness centres)	✓✓✓✓	✓✓✓✓	✓✓✓✓
Greater promotion of our green spaces/ coastline for physical activity	✓✓✓✓	✓✓✓	✓✓✓✓
A programme of regular activities outdoors	✓✓✓✓	✓✓✓	✓✓✓✓
Gardening clubs and competitions	✓✓✓✓	✓✓✓	✓✓✓✓
Reviving dance clubs and competitions across Lincolnshire	✓✓✓✓	✓✓✓✓	✓✓✓✓

### Key

✓✓✓ = Somewhat suitable / feasible / acceptable

✓✓✓✓ = Highly suitable / feasible / acceptable

✓✓✓✓✓ = Very highly suitable / feasible / acceptable

Noticeably, all suggestions were considered to be either somewhat or very sustainable, feasible and acceptable.

Stakeholders and partners considered investment in walking groups and walking 'days out' across the county to be interventions which would make the most impact on older adults. Investment in cycle lanes were considered to be the least impactful.

When stakeholders and partners were asked what other interventions would be appropriate for increasing physical activity in older adults, answers included:

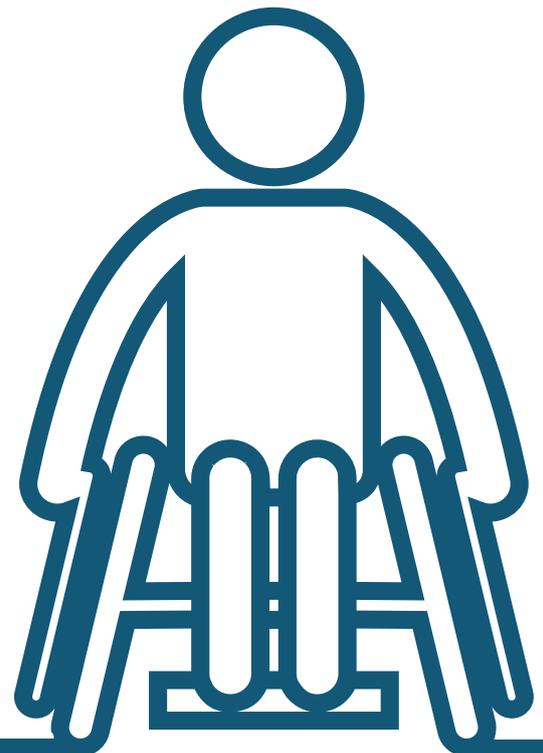
- Inter-generational activities, such as getting schools, activity clubs and children to engage with the elderly to help keep them active;
- Better transport links to support older adults to get to activity locations;

- Further promotion of activities, including promotion of the locally available activities and locations more and provide information on how these are accessible to older adults and those with disabilities;
- Greater accessibility of activities, such as providing activities at times to suit the age group, at an affordable price, and that support everyone including those with medical difficulties to engage;
- Providing more opportunities and facilities to be active in all areas of Lincolnshire, not just cities;
- Increased joint working amongst organisations in the health services and the private sector to work together to combine their knowledge of what older adults need and help to provide this;
- Greater education about the 'need' for activity; and
- Loyalty cards to incentivise people to get active.

One stakeholder noted that there should be a community-based, whole health preventative approach to help educate older adults about the reasons to be active and provide them with the social support to motivate them to get and stay active.

Stakeholders were asked if they thought there were enough opportunities around for older adults to keep active, to which only one respondent (4%) thought there was. The 24 stakeholders and partners (96%) who did not think there was enough activities were asked what they thought was missing. Answers to this included:

- Appropriate transport links and access to different facilities and activities;
- Maintained cycle paths to support people to cycle;
- Taster sessions specifically for older adults to reduce the anxiety of using facilities with younger people;
- A variety of local activities at appropriate times and the facilities to do these;
- Encouragement and support from local community groups and GP surgeries;
- Affordable activities; and
- An understanding of what residents feel are the barriers to being active and the impact of these.



Although almost all stakeholders and partners (96%) did not think there were enough activities to keep older adults active, only around half of residents (57.2%) thought the same.

When asked what they thought was missing from their local area, both stakeholders and residents thought that there is a lack of activities at appropriate times (i.e. not during working hours) available in local areas. However, where stakeholders and partners predominantly discussed the lack of appropriate activities and infrastructure to enable residents to get to activities, residents discussed how they did not think there was enough local support for those with health difficulties, who have caring responsibilities and who feel socially isolated.

## Responsibilities

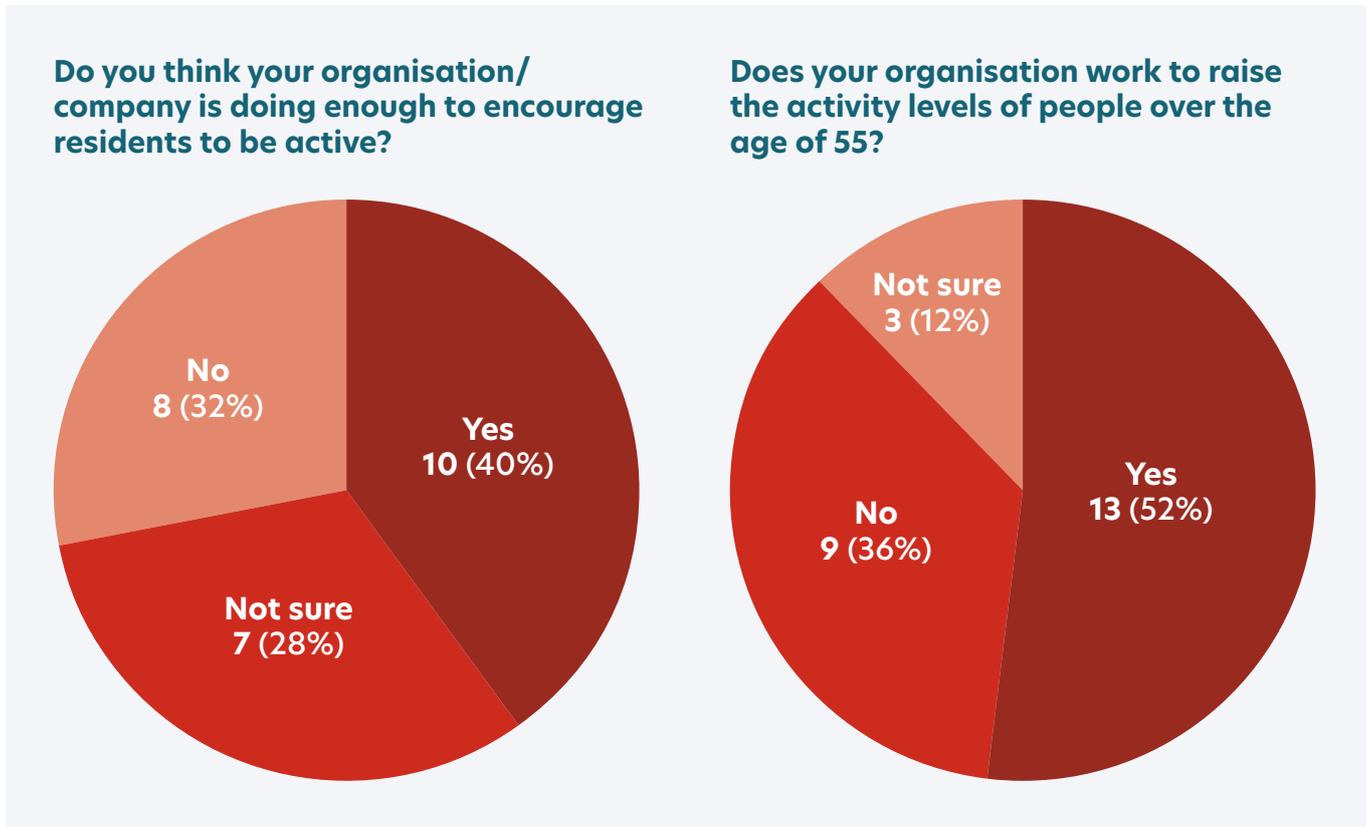
We wanted to explore stakeholders and partners' sense of responsibility in encouraging older adults to be more active and asked whether they thought people should be told to be more active. Most felt that we should be sending a strong message, but this should be done in such a way that it does not appear to 'nanny' people.

	Response	
	Number	Percentage
Yes, we should be sending a strong message	9	36%
Yes, but we should not appear to be 'nannying' people	6	24%
Yes, I think we should, but I don't think the leadership in the county agree	1	4%
No, we should allow people to make their own decisions and choices.	3	12%
No, it is not our responsibility	0	0%
Not sure	0	0%
Other	6	24%

### Answers provided to 'other' included:

- Help people to understand why it is important to them and how it can help their physical and mental health;
- Facilitate people to be more active by providing safer roads, footpaths and cycle paths;
- Inform people of what is available and the different abilities that these opportunities cater for; and
- Provide practical advice on how residents can increase their activity.

Stakeholders and partners were asked if they thought their organisation or company does enough to encourage residents to be active and if they work to raise the activity levels of people over the age of 55.



More than half of stakeholder (60%) said no, or they were not sure that they were doing enough overall to encourage residents to be active. Around half (40%) said they were doing something specifically to encourage the over 55's.

Following these questions, stakeholders were asked how their organisation works to increase the activity levels of older adults in Lincolnshire. Answers included:

- Promoting and signposting local groups and opportunities currently available;
- Working with partners to deliver activity sessions and provide opportunities to engage in activity;
- Encouraging residents to be active;
- Supporting residents to be active by undertaking a personal physical and health assessment and offering a range of opportunities;
- Working to request funding to support gym memberships and other activities; and
- Providing a range fun, accessible and tailored exercises to those living in care home.

To further explore their perceptions of responsibility, we asked stakeholders and partners who they thought should be responsible for raising activity levels in residents over the age of 55.

	Response	
	Number	Percentage
Over 55's themselves (personal responsibility)	25	100%
Care homes/ nursing homes/ home care/ social care	21	84%
Public health	20	80%
Charities supporting older people	20	80%
Employers (for people still in work)	20	80%
Active Lincolnshire	19	76%
Lincolnshire County Council	19	76%
District/ borough/ city councils	18	72%
NHS front line (nurses, doctors)	15	60%
Lincolnshire Physical Activity Taskforce (L-PAT)	14	56%
NHS commissioners and managers	13	52%
Planners and developers	13	52%
The business community	13	52%
Education sector	11	44%
MP's and elected members	10	40%
Other	3	12%

Stakeholders thought that those with the greatest responsibility in encouraging over 55s to be active were the residents themselves. This was followed by care homes (84%), public health (80%), charities supporting older people (80%) and employers (80%). 76% of respondents thought Active Lincolnshire were responsible for increasing activity in older adults. MP's and elected members (40%), and the education sector (44%) were considered to have the least responsibility in raising activity levels in over 55s.

For the 12% of respondents who answered 'other', we asked them to further explain who they thought were responsible for raising activity levels in older adults. Answers included:

- Schools, as engagement with young people will help older adults keep active;
- Everyone, as a combined approach to getting older people active would be more effective.

Although all stakeholders and partners considered over 55s themselves to have the most responsibility in raising their activity levels, many residents reported that they do not feel that they have the capabilities, opportunities or motivation to do so. Regardless of whether this responsibility should and does in fact lie with residents, they don't currently feel supported to take and act on this responsibility.

In summary, residents are expected to take responsibility and do physical activity, but they are not being shown how or supported to do so. In some cases, this can make it harder for them to take this responsibility and be more active.

**We explored how far stakeholders and partners considered those responsible in getting and keeping older adults active were capable, motivated and active in doing so.**

	Capability	Motivation	Action
NHS front line (nurses, doctors)	✓✓✓✓	✓✓✓	✓✓✓
NHS commissioners and managers	✓✓✓	✓✓	✓✓
Public health	✓✓✓	✓✓✓	✓✓✓✓
Planners and developers	✓✓✓	✓✓	✓✓
District/ borough/ city councils	✓✓✓✓	✓✓	✓✓✓
MP's and elected members	✓✓✓✓	✓✓	✓
Lincolnshire County Council	✓✓✓✓	✓✓	✓✓
Over 55's themselves (personal responsibility)	✓✓✓✓	✓✓	✓✓
Employers (for people still in work)	✓✓✓✓	✓✓	✓✓
The business community	✓✓✓✓	✓	✓
Charities supporting older people	✓✓✓✓	✓✓	✓✓✓
Education sector	✓✓✓✓	✓✓	✓✓
Care homes/ nursing homes/ home care/ social care	✓✓✓✓	✓✓	✓✓✓
Active Lincolnshire	✓✓✓	✓✓✓	✓✓✓
Lincolnshire Physical Activity Taskforce (L-PAT)	✓✓✓	✓✓	✓✓✓

### Key

✓ = Not at all capable / motivated / active

✓✓ = Not very capable / motivated / active

✓✓✓ = Somewhat capable / motivated / active

✓✓✓✓ = Highly capable / motivated / active

✓✓✓✓✓ = Very highly capable / motivated / active

Although stakeholders and partners considered all of the stakeholders responsible for getting and keeping older adults active to be capable of doing so, only a few stakeholders were considered to be motivated and / or actively working to increase physical activity levels.

Only the NHS front line, district / borough / city councils, charities supporting older people, care homes, Active Lincolnshire, L-PAT and Public Health were considered to be actively encouraging older adults to get and stay active. Even fewer were considered to be motivated in encouraging older adults to get active, with the NHS front line, Public Health and Active Lincolnshire being the only organisations seen to be motivated to increase physical activity levels in older adults.

The business community were considered to be neither active nor motivated in supporting older adults to get and stay active.

## Further views

We encouraged stakeholders and partners to leave further feedback around physical activity and inactivity in Lincolnshire. Stakeholders and partners noted that, in their opinion, time constraints, difficulties with transport and a lack of suitable activities were barriers facing residents from being active. Additionally, respondents spoke about how engagement with the younger generation and stern discussions with health professionals could motivate residents to be more active. This is in contrast to what we found in the residents research. Many are not influenced by stern words and not everyone will listen to a health professional.

Some comments made by stakeholders and partners are included below:

**“I believe that it is everyone’s responsibility to invest in the health and wellbeing of the older generation and that being active is key to sustaining wellbeing.”**

**“Physical activity seems to favour those who want to attend group activities, rather than those what would prefer to walk, cycle, run on their own, the lack of circular, safe and supportive networks in each town and village can add a perceived barrier to the public.”**

“People are continuing to work longer hours over the age of 55 and often have child-care responsibilities for grandchildren, which all reduce the time (and energy) available to participate and sustain motivation.”

“By raising awareness through our younger generation starting at school and building bonds with the elderly we will help maintain physical activity and instil in the young the high importance of it.”

“Older people are either self-motivated or not. I think the medical profession needs to be blunter and more honest in telling people they need to exercise and put the onus back on older people but also offering suggestions and support.”



# Insight into Action workshop



Following the residents research and initial stakeholders and partners survey, we hosted an 'Insight into Acton' workshop at Bishop Grosseteste University on the 31st October 2019. We presented our findings to stakeholders and partners working with older residents in Lincolnshire and engaged them with exercises to generate key recommendations for supporting older residents to be more active.

For the first exercise, stakeholders and partners were presented with the four key audience groups identified from the residents survey. Attendees were asked to consider how they could improve the Capabilities, Opportunities and Motivation of these groups in order to facilitate increased levels of physical activity.

For the second exercise, we presented back key findings and questions which arose from the stakeholder and partners survey. We then asked stakeholders to consider these key questions and collaboratively think of recommendations to address and resolve the key questions.

At the end of the workshop, we asked stakeholders and partners to consider their discussions and the findings we presented and work collaboratively to generate six key recommendations to support and enable a positive change in residents' physical activity.

Stakeholders and partners that attended the workshop are presented in the table below:

Group	Organisation
1	Active Lincolnshire Lincolnshire Community Health Services NHS Trust University of Lincoln / Community Lincs Lincolnshire Police Age UK Lincoln and South Lincolnshire
2	Active Lincolnshire GLL North Kesteven District Council Lincolnshire County Council East Lindsey District Council University of Lincoln
3	Active Lincolnshire HW Lincolnshire Lincolnshire County Council Invest SK University of Lincoln
4	University of Lincoln City of Lincoln Council Lincolnshire County Council / Active Lincolnshire Active Lincolnshire / England Netball Lincolnshire County Council
5	Active Lincolnshire Lincolnshire Police Greater Lincolnshire Nature Partnership Lincolnshire Coop 2020 Community Sport CIC

# Recommendations for key audience groups

## “I’m already at my limits!”

This segment is the most difficult to change. They have the highest capabilities, opportunities and motivation to be active, but already think they are doing enough and are unlikely to push themselves to do more. This is true even if their idea of ‘being active’ is not congruent with physical activity.

### Supporting capability to be active

- Educate residents and increase their knowledge on what physical activity is, the importance of physical activity and the benefits of being physically active. (Groups 1 and 2)
- Change residents’ perceptions of what level of physical activity is good and beneficial to them and support them to apply this to their current activities. For example, working to raise their breathing rate when gardening or walking. (Groups 1 and 5)
- Use trained professionals and community activators to provide residents with advice on being physically active and support them in getting and staying active. (Group 2)

### Supporting opportunity to be active

- Work to change residents’ norms and routines to include physical activity by embedding it into their current lifestyles, routines and social activities. For example, embed walking exercises into lunch clubs. (Group 3)
- Work with service providers to publish and promote the opportunities which are currently available locally, i.e. through newsletters and activity finders. (Groups 1 and 5)

- Provide a variety of new and different opportunities in residents' local areas. (Groups 1, 2 and 4)
- Provide appropriate transport opportunities to support residents to get to their activities. (Groups 3 and 5)

## Supporting motivation to be active

- Provide rewards and incentives to motivate residents to engage in physical activity. (Group 2)
- Use education and visual experiences (e.g. case studies) to teach residents what it means to be active and showcase the wider benefits of physical activity. (Groups 3, 4 and 5)
- Utilise existing social groups and motivate people through 'peer competitions'. Additionally, community activators and 'buddies' can be used to encourage and motivate residents to be more active. (Groups 2, 3 and 5)



## "I'm not bothered."

This segment is difficult to change. They have some capability to be active but lack the opportunities and motivation to engage with physical activity. They don't consider regular activity to be that important and so are unlikely to increase their physical activity levels.

### Supporting capability to be active

- Enable people to take small steps towards being more active and change their mindset to grasp the 'I can' mantra rather than 'I don't care'. (Groups 1, 2, and 5)
- Take a non-confrontational, health by stealth approach and work to change their culture and learned behaviour to include physical activity as a routine activity. (Groups 1, 4 and 5)
- Use health professionals and GPs to assess residents' capabilities and signpost them to physical activities appropriate to their levels of capability. (Group 3)

### Supporting opportunity to be active

- Embed activity in local social groups and opportunities which are currently available (e.g. local parish) or may be available in the future. These social groups can include both 'people like me' and / or family members. (Groups 1, 2, 3 and 4)
- Provide classes / activities to address specific insecurities held by residents, i.e. single gender classes, or classes in the dark, to make residents feel more comfortable and therefore able to engage with physical activity. (Groups 1, 3 and 5)
- Promote and raise awareness of activities, facilities and open spaces which are currently available in the local area. (Groups 2, 4 and 5)

## Supporting motivation to be active

- Use health by stealth to challenge people's current beliefs around physical activity and work to embed changes in their current lifestyles. (Groups 2, 3 and 4)
- Use 'people like me' and trusted individuals to emotionally support and influence people to do activities. They can also act as role models to encourage residents to take a more active approach to finding and engaging with physical activity. (Groups 1, 3 and 4)
- Support family participation and reframe physical activity as something which will benefit their friends and family, so that they are motivated to be more active for their loved ones as opposed to being active for their own benefit. (Groups 2, 3 and 4)

### "I can't do this."

This group are likely to change. They have the lowest levels of capability, opportunity and motivation across the segment groups but recognise the importance of doing regular activity.

## Supporting capability to be active

- Educate residents on how physical activity can help them and can alleviate some of their ailments. (Groups 1 and 2)
- Introduce fun, low level activities which fit the needs and abilities of a range of people. Support them to make incremental progress to increase and reinforce their capabilities. (Groups 1, 3 and 5)
- Use social activity as a gateway to physical activity and change people's mindset so it is seen as something 'fun' to engage in with friends, as opposed to a 'chore' to be done alone. (Groups 3 and 5)
- Utilise [health] professionals and support them to work with one joint, consistent message to encourage residents to be physically active. (Groups 1 and 5)

## Supporting opportunity to be active

- Provide facilities and activities which are local and accessible. Technology could also be utilised to support residents to be active in their own homes, e.g. through virtual reality games. (Groups 1, 2 and 5)
- Provide socially inclusive physical activities which support groups to get involved together, such as family activities, community projects and opportunities to engage with a group of friends. (Groups 1 and 2)
- Provide activities which are free or of low cost. (Groups 1, 2, 3 and 5)
- Take a health by stealth approach and work with the activities and venues which are already established and that people are comfortable with, e.g. church halls and lunch clubs, to embed physical activity. (Groups 3 and 5)

## Supporting motivation to be active

- Target family units and / or groups of friends and provide activities which they can engage with together. This includes making incentives family-wide. (Groups 1, 2 and 3)
- Use role models to advertise positive stories of physical activity and use 'buddies' to encourage residents to engage with and continue to attend physical activities. (Groups 4 and 5)
- Introduce activities which focus on what people want and would respond well to. This may involve masking exercise as something else, e.g. Wii Fit, to encourage people of low ability to engage with the activities. (Groups 3 and 4)
- Use health professionals to advise people on the importance and benefits of being physically active and signpost them to appropriate physical activities. (Groups 1 and 3)

## “Push me!”

This group is the most likely to change. They have some degree of capability, opportunity and motivation and consider regular exercise to be important. They are easily influenced and motivated by others and regularly use a range of communication channels.

### Supporting capability to be active

- Introduce peer groups to support people to feel comfortable and confident in engaging with activities. (Groups 2 and 5)
- Encourage and support residents to participate in activities and push their capabilities 'to the next level'. (Group 1)
- Enable residents to make an informed choice about what they want to and can do, rather than making them feel forced to do an activity they may not enjoy. (Group 5)

### Supporting opportunity to be active

- Provide a wider variety of opportunities in the local area and provide taster sessions so people can try new things, make a choice about what activities they would like to engage with and then work to progress their activity levels at their own pace. (Groups 1, 2, 3 and 5)
- Take activities which are appropriate for over 55s to the residents, i.e. introducing workplace activities or step challenges, so to make it easier for them to engage with activities. (Group 3)
- Provide community activities which benefit the community (e.g. a public garden) and intergenerational activities that families can engage with together. This increases their 'return' for engaging with activity (i.e. improvements in community and spending time with family) and therefore makes them more likely to engage with the activity. (Group 1)
- Provide these residents with the opportunity to become a community activator and act as a leader to encourage others to be more physically active. This opportunity would not only help them to increase the activity levels of others but also themselves. (Group 2)

## Supporting motivation to be active

- Empower residents to be more involved with their communities and act as 'buddies' or role models to support other people to be active. Making the commitment to support others to be more active would in-turn motivate them to raise and maintain their physical activity levels. (Groups 2, 3 and 5)
- Show residents how activity can easily become a part of their everyday routine and encourage them to embed this in their day-to-day; for example, taking the stairs as opposed to the elevator. (Groups 2 and 5)

# Key findings and next steps

Stakeholders and partners were presented with key findings which arose from the stakeholders and partners survey. These were accompanied by key questions for stakeholders to address and generate recommendations to support change.

## Tackling physical inactivity in over 55s

### Key finding

Stakeholders and partners recognise that tackling inactivity in over 55s is just as important as tackling inactivity across all ages in Lincolnshire.

### Key question

If this is the case, do we need a different approach for older adults or not?

### Stakeholder recommendations

A different, more targeted approach is needed to tackle age-related barriers, such as health and mobility issues. (Groups 1, 2 and 3)

The overarching key message to tackling inactivity needs to be consistent in order to avoid mixed messages and applied to all ages, so that regular physical activity can be established as a norm to be continued in later life. (Groups 3 and 5)

## Perceptions of capability

### Key finding

Stakeholders and partners believe key contributors to physical inactivity in older adults are mainly an inability to take part due to poor health, mobility and disability, and a lack of confidence to be active.

## Key question

If this is the case what is being done - or what could be done - to support people to feel able and confident?

## Stakeholder recommendations

Support a change in stakeholders' perceptions (e.g. healthcare professionals and GPs) with regards to their ability to assess and support people's capabilities so to enable them to have a bigger role in tackling inactivity. (Groups 1 and 2)

Enable health by stealth by supporting residents to take small steps towards being more active and integrating physical activities into residents' current activities and lifestyles. (Groups 2, 3 and 5)

Educate residents on and promote the reasons to be active. This needs to go beyond the standard 'it makes you healthy' message and include the wider benefits of being physically active. (Groups 3, 4 and 5)



## Perceptions of opportunity

### Key finding

Poor transport links, a lack of local facilities, and a lack of activities for older adults are considered to be the biggest opportunity barriers preventing residents from being able to engage with physical activity.

### Stakeholder recommendations

Make activities accessible and easy to get to by utilising familiar local spaces, such as church and village halls, to provide more local activities. In addition to providing more local activities, consider taking the activities to residents in the home or workplace, e.g. through work walking clubs. (Groups 1, 2, 3 and 4)

Improve transport provision to be accessible, consistent, of low cost and sustainable. For example, invest in car share schemes and minibuses to develop one consistent system for travelling to activities which works for all (or most) residents wishing to engage. (Groups 1, 2, 3, 4 and 5)

Develop an activity finder which can signpost residents to local activities and facilities that is inclusive of both indoor facilities and outside spaces and green areas. (Group 5)

### Key finding

Stakeholders and partners thought that the activities provided need to be suitable for the age group and available locally at an appropriate time to remove the need for transport and allow working residents to attend activities.

### Key questions

Are the activities available suitable for older adults? If not, what activities need to be provided?

## Stakeholder recommendations

Provide activities which can fit around or within a working day, e.g. clubs at lunchtime or after working hours. (Groups 1 and 4)

Improve and increase the provision of facilities and actively maintain these; encourage developers to incorporate this thinking into their plans and invest in this maintenance. (Groups 2 and 4)

Ask older residents what they want and need from activities so that stakeholders and partners can provide activities and facilities which appropriately fit and support this and in turn foster increased engagement. (Groups 3 and 5)

## Perceptions of motivation

### Key finding

Older residents are not considered to be motivated to improve their activity levels. A lack of motivation, will, or desire is considered to be one of the main motivation barriers preventing older residents from being active.

### Key question

How do we improve residents' will, motivation and desire?

### Stakeholder recommendations

Use progress trackers and their associated goal-orientated incentives to motivate residents to be more active. For example, achieving 10,000 steps per day. (Group 1)

Use peers and role models which are relevant to the target audience to provide social support to encourage and motivate people to be more active. (Groups 2 and 4)

The messaging, support provided and role models used need to be appropriate to the targeted groups and their barriers. (Group 4). In this case, the targeted audience would be residents over the age of 55 and barriers highlighted in the research.

## The role of stakeholders and partners

### Key finding

60% of stakeholders and partners thought that residents should be told to be more active

### Key question

Is this approach working?

### Stakeholder recommendations

The success of 'telling' people depends on their individual characteristics and personality. There needs to be consistent messages which are appropriate to the characteristics and groups that are being targeted. (Groups 1, 2 and 4)

## Perceptions of responsibility

### Key finding

All stakeholders and partners believe that older adults themselves should be responsible for increasing their levels of physical activity.

Stakeholders and partners also thought that social care organisations, public health, charities supporting older people and employers were responsible for increasing activity levels in over 55s.

### Key questions

Do you agree with this? Following the residents research, do we need to change stakeholders/ partners too? Who is the right 'messenger'?

### Stakeholder recommendations

Individuals should and need to be taking ownership of their own physical activity levels but need to be supported to do so. A holistic, person-centred approach involving all partners and the 'right' messages for the audience is needed to support residents to take this responsibility. (Groups 2 and 4)

## Work to increase physical activity

### Key finding

Although those in a position of responsibility were considered to be capable of encouraging older adults to be more active, overall, they are not seen to be motivated and / or actively working to increase these activity levels.

NHS front line staff, Public Health organisations and Active Lincolnshire were the only organisations considered to be both motivated and actively working to increase physical activity in older Residents.

### Key question

Do you agree with this?

### Stakeholder recommendations

Many organisations are motivated and actively getting involved in getting people to be more active. However, few are seen and only those that are seen are considered both active and motivated. (Group 5) - *Promote work more and communicate what is being done to support activity in Lincolnshire.*

Organisations have competing priorities across different local contexts (Group 3) so their activities largely differ and may therefore go unnoticed. Promote this more and support collaborative working across stakeholders with similar priorities and goals.

### Key finding

Some stakeholders and partners thought that responsibility for getting older adults active lies not with specific organisations, but with everyone involved in working with over 55s.

A whole-health approach is deemed to be necessary for older adults, with organisations working collaboratively in order to effectively support older adults to be more physically active.

## Key questions

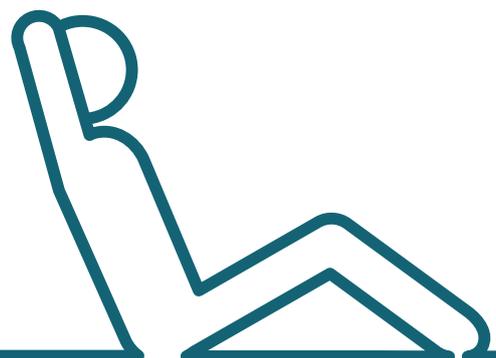
Are organisations working collaboratively now to support older adults to be active? How can collaborative working be increased to further support older residents to be active?

## Stakeholder recommendations

Stakeholders and partners need to get together as a group more regularly to support a whole-health approach to tackling physical inactivity. In addition to meeting more frequently, stakeholders and partners should pull together a representative group of older adults to consult with them and advise them on their approach and activities to ensure that they are relevant and appropriate for the target audience. (Group 5)

## Insight

**These recommendations indicate a need for stakeholders and partners to work more collaboratively and use a whole-systems approach to supporting older adults to increase their physical activity levels. Stakeholders and partners should consider how they can contribute and work with others to support a movement towards healthy placemaking and bringing everyone together across sectors, departments and communities to put the health, wellbeing and happiness of residents at the heart of all decision making. This includes advocating changes to local transport provision, developing a central hub to showcase activities on offer, working to promote activities or providing more accessible activities for older adults across Lincolnshire. Healthy Placemaking is the responsibility of all - and not just those in health and social care.**



# Stakeholder recommendations

At the end of the Insight into Action workshop, stakeholders and partners were asked to consider what they had learned through the workshop and generate six key recommendations to help stakeholders to support residents to get and stay physically active. Thematic analysis highlighted three recommendations all groups could agree on: engage through social groups, advertise and market activities and change perceptions.

## Engage through social groups

- Use community champions and 'activators' to help individuals find activities and motivate them to engage with these. The commitment required by champions and activators to get the community motivated and engaged would also have a positive effect and increase their own motivations to engage with physical activities. These champions can work to strengthen communities by developing community assets and resilience. (Groups 2, 4 and 5)
- Utilise schools and youth groups to enable intergenerational activities so that children and young people can encourage and motivate older adults to engage in activities. (Groups 1 and 2)
- Take a health by stealth approach by integrating physical activity into already existing social activities and develop new social activities which appeal to residents (e.g. men in sheds) and embed physical activity into these. (Groups 2, 3 and 5)

## Advertise and market activities

- Work with local authorities, stakeholders and partners across communities to develop a central 'hub' where available activities are documented so to make it easier for people to find these (activity finder). Following the development of this comprehensive overview of activities available in Lincolnshire, work to promote and raise awareness of these across residents according to their suitability, e.g. advertising activities suitable for over 55s to the older adult demographic. (Groups 4 and 5)
- Change the language and activities used in the promotion of activities and the benefits of being physically active. Use marketing and language which is both appropriate and relevant to residents over the age of 55. An example would be to use case studies of local people in Lincolnshire to better relate to residents and remain relevant. (Groups 2, 3 and 4)

## Change perceptions

- Take a community / social approach to encouraging activity. Get the whole community engaged with each other so they have the opportunity to engage with 'people like me' and re-frame physical activity as a social activity as opposed to a chore. (Groups 1 and 5)
- Change stakeholder perceptions with regards to how change can be achieved. Emphasise that they need to go beyond the top level and take a person-centred approach to supporting physical activity. They need to understand residents' deeper wants, needs and barriers with regards to being physically active and then work with these to develop more tailored programmes and approaches, as opposed to taking a 'one size fits all' approach and providing new facilities which residents are unlikely to use. (Groups 4 and 5)

# Recommendations



Following the completion of all resident and stakeholder research, and using our skills and experience, we have provided you with a set of recommendations to help you facilitate behaviour change and move and motivate older people to embed physical activity into their daily lives.

1.

Most residents are physically active on their own – but they want to be physically active with others. Continue to support and promote group and family ‘together’ activities or set them up where they do not exist.

2.

Enabling greater confidence and improved self-esteem must be considered when designing physical activity into older residents’ day to day lives. What we think might appeal, or what we believe they can do will be dismissed by those feeling they lack capability or fear the unknown. Stakeholders need to change their approach and go beyond merely providing the means and encouragement to do activities. They need to support people with low or low perceptions of capability.

3.

Residents are influenced by people ‘like them’. Encourage word of mouth and consider community activation. This can be achieved by recruiting 20 super activators who each have to find 10 residents to join them each. Those recruited then must also sign up another 10 people.

4.

Change perceptions from “I can’t” [because of my health] to “I must” [because of my health]. This could include promoting “10 ways to move more – even with a bad back” or “10 ways to move more – even with knobby knees and sore joints”.

# 5.

Reframe the conversation around physical activity to tackle deep seated views that physical activity is an 'add on' and cannot be built into a busy schedule, or because they feel too tired or that other priorities such as spending time with family is more important.

# 6.

Offer more outdoor activities that utilise our wonderful green spaces in Lincolnshire. These events need to be consistent to allow word of mouth to grow and encourage participation. For example, Saturday 'Park Fun' [for those who cannot get to a Park Run or feel they cannot run]. This could be held in a green space/ area and showcase a range of group/ family activities that can be done outdoors and bring people together to take part in active challenges. Equally, this could also be done in an indoor local space for people much older [in winter months].

# 7.

Encourage use of community facilities or increase participation at established events by incentivising older people to do more physical activity. Our suggestion is a loyalty card/ voucher booklet that would give people aged over 55 discounted access to paid for activities. Many places offer discounts for 'OAPs' but if a county wide scheme was set up and widely advertised [perhaps linked to free bus passes and bus routes] many would be encouraged to use the facilities more often. A rewards structure such as 'free tea or coffee' after attending 10 sessions would help to sustain attendance.

# 8.

Walking groups probably offer the best opportunity to encourage greater physical activity. Invest in the promotion of existing groups and create new groups and routes in areas underrepresented. Consider producing a mini booklet of all the walking groups and routes across Lincolnshire and present the audience with a challenge of completing 52 routes a year [one a week]. The key is to make activity fun, easy and popular.

# 9.

Despite a lot on offer, many residents do not feel aware of what is available to them. Online advertising will help to build awareness but utilising the local free magazines to advertise will also build awareness.

# 10.

We have many younger 'older people' who are looking for less traditional activities often marketed at their age group (aged 55-65). These are what we are calling the 'lost active generation' and activities for this group must be 're-designed' to appeal to this audience.

# 11.

Encourage stakeholders and partners across Lincolnshire to work together and meet more regularly, using these recommendations to work collaboratively to make changes across the wider systems in which they work and have influence (to generate and foster a whole-systems approach). This will help to ensure that changes in increasing older Lincolnshire residents' levels of activities are more successful and sustainable in the longer term.

# Limitations of this research

**Whilst this research had high participation rates and led to a wide range of insights and recommendations to support an increase in physical activity levels by older adults across Lincolnshire, there are some limitations to note with the study.**

One limitation is that over three quarters of the sample obtained for the residents survey (75.1%) were female. However, the total sample size (740) exceeded the number of participants required for a sample size representative of older adults in Lincolnshire (~384). With the sample of 740, we can be 95% confident (with a 5% confidence interval) that responses provided in the survey were representative of the wider older adult population in Lincolnshire. This includes having a demographic range (i.e. gender, age, ethnicity) representative of our target population.

Another limitation of this research is that the qualitative work was only conducted in two locations; Lincoln City and Boston. However, due to budget constraints, it was decided that the qualitative research would be conducted in two districts with differing levels of deprivation so to explore as far as possible differences in capabilities, opportunities and motivations across districts. If this project scale, budget and resource had been able to support a larger study, it would be feasible to conduct qualitative research across more Lincolnshire districts in order to explore key themes and questions to understand differences at a district level. If this study was to be replicated on a larger scale, we would also recommend further co-creation workshops with residents to develop interventions which are acceptable, suitable and feasible for the target audience, to maximise their impact in raising activity levels in adults across Lincolnshire.

Finally, few stakeholders were able to take part in the online survey. However, the stakeholders that did take part worked in different, if not multiple, districts, within different organisations and across different roles. In addition to this, further stakeholders engaged with the L-PAT meeting and Insight into Action workshop. This shows that although engagement with the stakeholder survey was low, views from a wide range of sectors across Lincolnshire were gained through the qualitative research. In addition to this, stakeholders were provided the opportunity to work collaboratively with each other to come up with solutions to tackle the rates of inactivity in older adults across Lincolnshire.

# This research was conducted by Social Change UK

[www.social-change.co.uk](http://www.social-change.co.uk)

