



More people  
More active  
More often

# Life in our Years

Unlocking physical activity participation  
for older adults



Partnered by:

**E G Y M**



RESEARCH  
INSTITUTE

# Table of Contents

<b>Forewords</b>	<b>4</b>
<b>Acknowledgements</b>	<b>6</b>
<b>Executive Summary</b>	<b>7</b>
<hr/>	
<b>Introduction</b>	<b>8</b>
An ageing population and the cost to society	8
Physical activity benefits for older adults	8
Overcoming barriers to physical activity participation	9
Older adults in our sector (membership and preferred activities)	9
Aims and objectives	10
<b>Methodology</b>	<b>11</b>
Phase 1 – Case study submission	11
Phase 2 – Input from older adults	11
<b>Findings, Discussion &amp; Recommendations</b>	<b>12</b>
<b>Accessibility</b>	<b>13</b>
Flexibility and range of offerings	13
Frequency of offerings	14
Timing and booking options	15
<b>Atmosphere</b>	<b>16</b>
A sense of welcome and comfort	16
Belonging and inclusion	16
Facility upkeep	16
<b>Socialising</b>	<b>17</b>
Socialising provides camaraderie and enjoyment	17
Socialising seen as an integral part of offerings	17

# Table of Contents

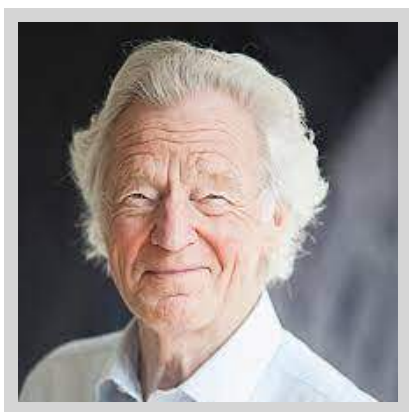
<b>Instructors</b>	<b>18</b>
Instructor knowledge (technical skill and health)	18
Instructor attention and feedback	18
Instructor communication and interpersonal skills	18
 <b>Categorisation and Promotion</b>	 <b>19</b>
Categorise by ability not age	19
Promotion of intergenerational mixing	20
Ensure transparent communication	21
 <b>Long-term support for physical health following the pandemic</b>	 <b>22</b>
Improve accessibility	22
Build confidence through re-introduction into fitness	22
Continue digital offerings	22
Actively integrated healthcare systems	23
<hr/>	
<b>Future research</b>	<b>24</b>
<b>Conclusion</b>	<b>25</b>
<b>References</b>	<b>26</b>

# Forewords



**Huw Edwards**

CEO, ukactive



**Professor Sir Muir Gray**

Director of the Optimal Ageing  
Programme for Living Longer Better

It is well documented that the UK is becoming a progressively older nation in both absolute and relative numbers, and this has profound implications for a number of key institutions that support our daily lives. Longer life expectancy is not by itself a problem. The problem is that the number of those years spent heavily dependent on others is not decreasing, in fact in some groups it may be increasing and this increases the need for health and social care.

Furthermore, this situation is compounded by the legacy of the Covid-19 pandemic and the impact of lockdown, where our wider health needs have been side-lined by the urgency to address this crisis, and a political climate where our leaders are still looking to answer the unreconciled issue of long-term social care provision.

It is clearly therefore a national priority to find solutions within society to increase the number and proportion of years that people live in good health. The case for this was made very effectively in the recent APPG Longevity report – Levelling Up Health – which championed a new Health Improvement Plan that places preventative measures at the heart of the solution.

We must also ensure the strongest possible case is made for increasing activity – physical, cognitive and emotional – as we live longer, and that this is part of the package of solutions we embrace as a nation.

This is hugely important as it is an area where significant progress needs to be made. Despite the known benefits of regular physical activity, only 53.8% of adults over the age of 55 complete the recommended 150 minutes of moderate intensity physical activity per week. Furthermore, just over a third (34.4%) complete less than 30 minutes per week and are therefore classified as inactive.

So this is why this report is vital and provides an opportunity to make some real changes.

Firstly, it is an opportunity for the engine room of activity in this country – gyms, pools, and leisure centres – to play an even bigger role by digesting the important and constructive feedback within the report from that target audience on how and why they would use these facilities more. The key themes and recommendations in this report – accessibility, atmosphere, importance of social interaction (particularly with purpose), workforce engagement, and promotion – are important learnings for our sector and will help develop and build on the great work already taking place.

Secondly, this report is an opportunity to drive the development of strong and irreversible partnerships with health agencies, including the NHS, and the sector must be involved in the new Health and Care Partnerships announced in the White Paper titled 'Integration and Innovation'. One of the positives of the past year has been the profile on the essential services we provide across our facilities and services, showcasing a breadth of programmes that have a direct role in improving the nation's physical, mental, and social wellbeing. Looking forward, this report, and the adoption of the recommendations, can become the catalyst for developing the robust pathways from GPs and Allied Health Professionals (AHPs) to these facilities and to sports medicine and rehabilitation services such as geriatric medicine – an agenda that has an overwhelming support of the older people who contributed to this report.

It's now important that we take this report – its learnings and recommendations – and bring them to life. We want to move the recommendations from the pages they are written on into the thousands of gyms, pools, and leisure centres that exist within every community. ukactive will now work with partners across our sector and the wider health community to make this a reality so our sector can play its fullest role in improving the nation's health and wellbeing.

# Forewords



**Kerstin Obenauer**  
Country Director, EGYM UK

This industry wide collaboration, driven by ukactive and supported by EGYM, is an incredibly important and insightful piece of work.

The UK population is ageing at an astounding rate. The Office of National Statistics predicts, 75 per cent of UK population growth between 2012 and 2040 will be in the over-60 age group, with increases from 14 to 22 million. Within this group, the fastest growing segment is those aged 85+. This is leading to an exponential rise in the number of UK Centurions with over 600,000 UK citizens expected to live beyond 100 by 2070.

As a result, 'older adults' represent a huge opportunity for the physical activity sector, both in terms of commercial return and in terms of the wider value we can contribute to society.

Whilst generally encouraging older adults to increase their levels of general activity is, of course, a step in the right direction, as the experts in physical activity prescription, it is important that we, as a sector, also recognise not all forms of physical activity deliver an equal health and wellbeing return.

Whilst there is obvious merit in encouraging more older adults to achieve the Chief Medical Officer's recommended 150 minutes of aerobic activity per week, there is increasing evidence that incorporating an element of resistance training can positively influence an array of health and wellbeing indicators including: mobility, strength, bone density, mental health and long term metabolic conditions such as diabetes.

As part of this collaboration, de-personalised data collected from almost 250,000 EGYM Smart Strength Series users has been independently analysed by the ukactive Research Institute to show the positive impact resistance training has on muscular strength in older adults. The results are compelling.

The challenge for the general population, including older adults, and the opportunity for the physical activity sector lies in the fact that, whilst increasing safely and effectively increasing aerobic activity is accessible to most through basic activities such as walking or cycling, most people do not have the knowledge or access to the equipment necessary to be able to self-prescribe an effective and safe resistance training programme. This is where the sector can really demonstrate its value, utilising the expertise of our hugely talented workforce and our specialist equipment.

This report highlights the excellent work already taking place across the UK, encouraging engagement with older adults and driving positive health outcomes. It also provides a series of practical recommendations that, if implemented, will further enhance our offer, helping older adults maintain health, happiness and fulfilment for longer whilst relieving the burden on social and health care services.

# Acknowledgements

We would like to thank all of the individuals and organisations who contributed to this research. Throughout each phase of this project, we have required input, knowledge, and time from a range of individuals, without whom we would not have been able to produce these findings and recommendations.

To those who supported ukactive by submitting case studies or disseminating our call for evidence, your engagement with the research has helped us paint a picture of how tremendously hard the fitness and leisure sector is working to address the barriers to physical activity participation experienced by older adults, and recommend pathways for continued improvement. We hope that this report will support you in your individual and collective missions to increase physical activity participation among older adults.

To the 427 people who volunteered their time to review case studies and the 57 who also took part in our online focus groups, thank you for your input, experiences, and expertise, which have enabled us to understand the ways in which the fitness and leisure sector can better support you to be physically active. Your participation has directly influenced our interpretation of the findings and development of the recommendations. We hope that this report will ensure the fitness and leisure sector supports older adults to engage in regular physical activity and lead healthy and independent lives.





# Executive Summary

The population of the United Kingdom (UK) is progressively getting older, a trend expected to continue. Healthy ageing can be achieved through physical activity participation and is essential to supporting older adults to lead independent lives, increasing healthy life expectancy, and reducing pressures on the overstretched NHS and social care system. However, despite this, physical activity levels in older adults (55+) remain low, with only 53.8% being classified as 'active'. The fitness and leisure sector has a unique position to support the activity levels of older adults. Yet, while barriers and challenges to older adults physical activity participation have previously been explored, understanding examples of what the fitness and leisure sector is currently doing and how this is perceived by older adults is not fully understood. Therefore, this research aimed to:

1. Determine the sector's offer to support over 55s to be physically active.
2. Gain insight from older adults on the extent to which these offerings meet their needs and wants.
3. Produce recommendations for the sector to expand and improve these offerings.

A mixed methods research approach was utilised which included the submission of physical activity offering case studies from across the fitness and leisure sector followed by a review of the case studies and focus groups with older adults to identify if and how offerings meet their needs and desires. A total of 124 case study submissions were received from a wide range of fitness and leisure sector offerings directly delivering to older adults, training individuals to work with older adults or providing exercise equipment for older adults. A total of 86 reviews of the case studies were provided by older adults and 53 older adults took part in focus groups. Combined analysis identified six themes

highlighting what impacts older adult's decisions to engage in offerings, from which nine recommendations were produced. These themes and recommendations include:

1. Having easy and accessible offerings that utilise customer feedback to make necessary adaptations to scheduling (e.g. flexibility in frequency, booking options and range of activities) and that support needs of older adults centred around maintaining strength.
2. Create, build and maintain a welcoming and inclusive atmosphere to increase likelihood of repeat usage, through fostering a sense of community and rapport between the workforce and customers and maintaining high standards of safety and facility upkeep.
3. Maintaining and increasing socialising opportunities through offerings in order to support physical, mental and social health, improve experience and drive attendance.
4. Preparing the workforce with the people skills to deliver high quality offerings primarily with knowledge on communication and interpersonal skills, and an understanding of common health conditions and how to adapt exercises to individual health needs.
5. Appropriately categorising and communicating offerings to maximise attendance by a) categorising by ability or intensity, not age; b) providing clear and detailed information about what offerings include and ability level and c) advertising intergenerational mixing.
6. Ensuring offerings support physical health and integrated health care systems long-term following the pandemic by providing sessions that address changes in physical ability, supporting physical rehabilitation of older adults from Covid-19, and continuing a digital-hybrid approach.

The offerings presented a range of approaches to support older adults to be active with specific targeting, approaches, delivery, links and evidence. This demonstrates the breadth of great work that the fitness and leisure sector is currently doing and the extent to which older adults themselves feel these offerings meet their activity needs.

To ensure that offerings are continually refined and developed for older adults, it is also recommended that future research consider the consistent capture of evidence in this area. This should include measuring the sector impact of the implementation of the recommendations on older adult's health, behaviour change and the local health care systems.

The physical activity sector is well-equipped to support healthy ageing and healthy life expectancy, and can help to ease pressures on the healthcare system, the economy, and support the UK's recovery from the Covid-19 pandemic. This report has outlined the many ways in which the fitness and leisure sector leverages its expertise to engage older adults in appropriate, safe and effective opportunities for physical activity, and to support physical and mental health outcomes. The recommendations in this report are designed to support the sector to expand and enhance existing offerings for older adults, thereby further cementing its reputation as an essential health service to the nation.

We hope that the recommendations drawn from this research provide clear and tangible actions for all parts of the fitness and leisure sector as well as any interconnected sectors to continue to develop and evolve their activity offerings, ensuring that older adults are supported to lead a healthy, independent life for as long as possible.



# Introduction

## An ageing population and the cost to society

The population of the United Kingdom (UK) is progressively getting older, and this trend is expected to continue. For example, over 65-year-olds make up 18.0% (11.8 million people) of the UK population and are expected to reach 26.0% (20.4 million people) by 2066. In comparison, the 16-64-year-old population is only expected to increase by 2.1 million people over this time<sup>1</sup>.

As the population continues to age, we must ensure older adults are supported to lead healthy and independent lives for as long as possible. While life expectancy has increased over time, healthy life expectancy has not increased by the same extent, meaning the population is living longer, but more of those years are spent in poor health<sup>2</sup>. This disparity has a considerable impact on the social care system and adds to the overstretched capacity of the NHS. The NHS currently has the longest waiting list for planned hospital treatment such as knee and hip replacements since records began, with a total of 5.12 million people waiting, of which just over 385,000 people have been waiting for over a year<sup>3</sup>. As we age, chronic diseases and long-term health conditions become more prevalent and as a result account for a sizeable portion of GP (50%) and outpatient (64%) appointments, inpatient bed days (70%), and overall health and social care expenditure (£7 of every £10)<sup>4</sup>. Adult social care accounts for over 40% of local authority spending and has increased each year since 2014/2015 to an estimated £23.1 billion<sup>5</sup>. A further £6.9 billion is expected in 2020/2021 due to the impact of the Covid-19 pandemic<sup>5</sup>. While expenditure increases, government funding to local authorities has been decreasing<sup>5</sup>, contributing to existing pressures on the social care system and reducing its long-term sustainability.

A longer life presents opportunities for commercial organisations who can successfully innovate to achieve business expansion and diversity by fully understanding the opinions of older adults and their role within society<sup>6</sup>. However, it has been suggested the commercial businesses are unprepared to meet the needs of older adults with gaps in products and services based on what older adults actually want<sup>6</sup>. Given that it has been estimated that over 50's hold approximately 70% of the wealth<sup>7</sup>, understanding the needs of older adults combined with innovative approaches to provide appropriate services may present an area for commercial growth.

## Physical activity benefits for older adults

Many important aspects of healthy ageing, and healthy life expectancy, can be supported through regular physical activity.

### These include<sup>8-11</sup>:

- Good physical and mental function,
- The reduction of falls and fall-related injuries,
- Improved sleep,
- Opportunities for social interaction and reduced loneliness,
- Helping individuals to deal with disease symptoms and functional limitations through feeling in control and responsible for their own health and wellbeing

### Physical activity also promotes positive economic and social outcomes, which can be achieved through the<sup>12</sup>:

- Prevention of 900,000 cases of type-II diabetes and 1.5 million back pain cases every year, generating a total of £4.1 billion in healthcare savings every year.
- Prevention of 30 million GP visits, reducing pressures on an already overstretched NHS.

More recently and in light of the global Covid-19 pandemic, evidence suggests that meeting the recommended levels of physical activity was associated with reduced risk of severe Covid-19 outcomes (hospitalisation, admission to intensive care unit [ICU] and death), and that even doing some activity was better than none in reducing this risk<sup>13</sup>. Increasing physical activity levels may help healthy ageing as well as help prevent the threat posed by Covid-19 and potentially future epidemics or pandemics by boosting the immune system<sup>13</sup>. This demonstrates demonstrating the importance of regular physical activity

to society, particularly against the backdrop of an ageing population and an overstretched health and social care system.

Despite the known benefits of regular physical activity, only 53.8% of adults over the age of 55 complete the recommended 150 minutes of moderate intensity physical activity per week and are to be classified as active. Just over a third (34.4%) complete less than 30 minutes per week and are therefore classified as inactive<sup>14</sup>. Within the 16-54 age group, 66.2% are considered active while 22.4% are classified as inactive<sup>14</sup>. Whilst 150 minutes of moderate intensity physical activity every week classifies an individual as active, the recently updated physical activity guidelines from the UK Chief Medical Officers' (CMO)<sup>11</sup> also indicate that older adults should include muscle strength, balance and flexibility exercises twice a week. Specific to the fitness and leisure sector, ukactive's Moving Communities report highlights that 23% of public leisure memberships are held by adults over the age of 55<sup>15</sup>, yet public leisure accounts for only one part of the fitness and leisure sector. This highlights the need for a wide range of opportunities and support for older adults to be active, especially as the guidelines may seem daunting for those taking part in little to no regular physical activity.

As highlighted in the recently updated physical activity guidelines, strength and balance, as well as general movement, are important for older adults. Strength is associated with improved function, reduced morbidity, and reduced risk of premature mortality<sup>16-18</sup>. Strength increases in early adult life but declines with age at approximately 1% per year<sup>19-23</sup>.





Considering the important role of strength, it has been argued that both early development of strength capacity<sup>24</sup> and lifetime engagement in resistance training are important to slow the typical rate of decline with age<sup>25,26</sup>. Recent research suggests older adults can 'bend the ageing curve'<sup>27</sup> with long-term participation in resistance training. This is further supported by big data from EGYM analysed by the ukactive Research Institute, where EGYM users were engaged in an automated, smart strength equipment training programme, which included regular strength testing and progressive training adapting strength parameters over time. Examining the trajectory of strength in almost 250,000 EGYM users aged over 55 showed substantial increases in strength with maintenance occurring over time (Figure 1; solid orange line), in contrast to the expected decrease in strength that would happen with ageing (Figure 1; dotted orange line). This is shown for leg press strength due to the importance of the lower body musculature for the maintenance of daily functional ability; though the trajectory is similar for other muscle groups. The increase and maintenance associated with strength training compared to the natural decline over time demonstrates the importance of early and continued engagement in effective strength training for older adults. This presents a key area for the fitness and leisure sector to support older adults.

### Overcoming barriers to physical activity participation

The Government aims to ensure that everyone can enjoy at least five extra healthy, independent years of life by 2035, and has committed to reducing the healthy life expectancy gap between affluent and deprived communities<sup>28</sup>. Physical activity can play a vital role in achieving this ambition, yet in order for the many benefits of being physically active to materialise, current barriers to participation need to be overcome. Attitudes towards physical activity participation among older adults are mixed; some older adults (aged 60 or above) perceive physical activity to be unnecessary or even harmful, whilst others see the benefits but encounter barriers to participation<sup>29</sup>. It has been suggested that improving population health requires a visible and vocal public champion to set out what needs to be done, and challenge key players to do more<sup>30</sup>. At the local level, this includes the promotion of social movements for healthier lives as well as businesses playing a vital role in the health of the nation<sup>30</sup>. Furthermore, non-medical pathways to support healthy ageing and help prevent falls, such as those provided by the fitness and leisure sector, could democratise delivery with a sufficient level of challenge to the right people, at the right time, and by the right workforce<sup>31</sup>. This includes raising awareness that falls are not an inevitable part of ageing, encouraging

uptake of physical activity, utilising exercise referral pathways that work, sticking to the evidence for the population, and monitoring for outcomes and improvements<sup>31</sup>.

The health status and physical activity enjoyment of over 60-year-olds influences activity participation<sup>32</sup>. Linked to health status, positive physical activity behaviour change often occurs in the event of a health scare and tends to be combined with influence from family or friends<sup>32</sup>. Encouragement by family and friends in addition to clinicians has been suggested as a route to improve participation<sup>33</sup>. However, Age UK<sup>32</sup> have suggested that undertaking more physical activity for health benefits alone was not enough to justify behaviour change.

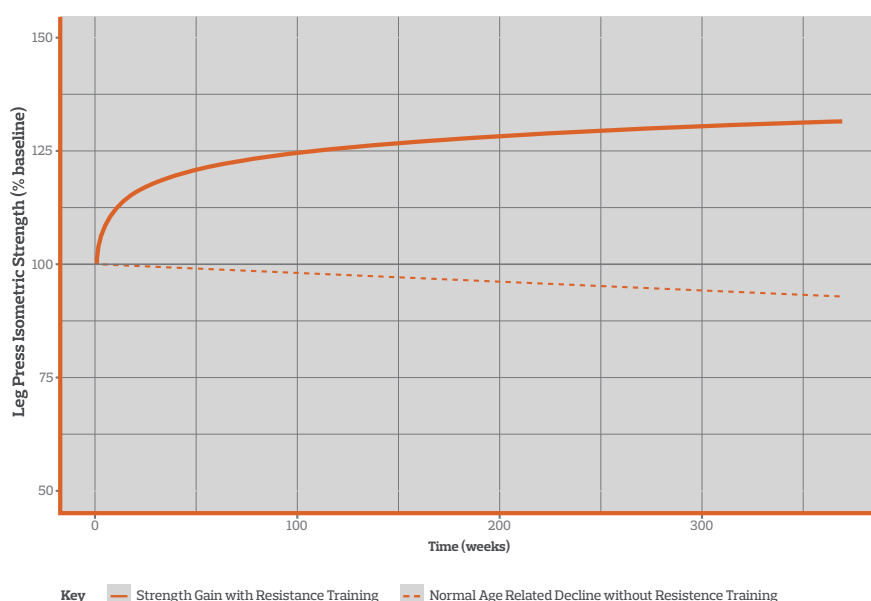
Instead, messaging linking physical activity with mobility and independence was found to be more effective. Activity classes aimed at older adults were seen as less appealing as many individuals did not feel they classified as older adults, whereas classes focused on ability were viewed more favourably<sup>32</sup>. Combining physical activity with opportunities to socialise were also seen as positive ways to increase activity levels<sup>32</sup>, alongside keeping costs low and enjoyment high, delivering activity in a group setting, and supporting individuals to raise their self-efficacy for physical activity<sup>33</sup>.

There are a range of barriers that may discourage older adults to take part in regular physical activity. Previous research presents a number of ways in which older adults can be supported to overcome these barriers, many of which can be implemented by the fitness and leisure sector. This presents opportunities for the fitness and leisure sector to support older adults to be more physically active.

### Older adults in our sector (membership and preferred activities)

A concerted effort is required to provide support and opportunities for physical activity to help older adults maintain independence and reduce the cost burden of social care<sup>34</sup>. There are a number of ways in which the fitness and leisure sector can lead this agenda. However, whilst the barriers and challenges experienced by older adults have been identified, understanding the examples of what the fitness and leisure sector is currently doing and how this is perceived by older adults themselves is not fully understood. Research is required to gain a greater level of understanding of the fitness and leisure sector's offer to support older adults to be physically active.

**Figure 1.** Strength gains in persons over 55 years of age engaging in EGYM resistance training



Note: Data is for EGYM users over 55 years of age (n = 248,492)  
 A linear-log mixed model was fit to these data:  $\text{Isometric Strength} = \log(\text{Time}) + (\log(\text{Time})/\text{Participant})$   
 Model fitted values were then transformed to % changes from baseline (i.e. the model intercept)

### Aims and objectives

In light of the need for further evidence and ukactive's ambition for a healthier, happier and more active population, the ukactive Research Institute undertook a research consultation across the fitness and leisure sector, which aimed to:

1. determine the fitness and leisure sector's offer to support over 55s to be physically active.
2. gain insight from older adults on the extent to which these offerings meet their physical activity needs and what they would like to see as part of offerings, including any changes brought about due to the Covid-19 pandemic.
3. produce recommendations for the fitness and leisure sector to improve the physical activity offerings for older adults and contribute to increasing physical activity participation levels among older adults.

The threshold and terminology set and used by Sport England<sup>35</sup> for older adults was adopted as part of the research methodology, meaning data was collected on and from any person aged 55 years and above. Data themes, findings and any references to older adults throughout the rest of this report is thus based on insight from individuals aged 55 years and above.



# Methodology

A mixed methods research approach was utilised to meet the aims and objectives of the research and this was undertaken across two phases (see Figure 2 for an overview).

## Phase 1 – case study submission

Case study submissions from a wide range of fitness and leisure sector offerings directly delivering to older adults, training individuals to work with older adults or providing equipment for older adults to exercise (objective 1) were sought. This involved an open-call across ukactive's membership and wider network to provide examples of solutions, programmes, offerings, initiatives and commissioning models in place across the sector. An online survey platform (open between 7th October 2020 and 9th February 2021) collected the case study submissions through open and closed questions (the full survey can be seen [HERE](#)).

## Phase 2 – case study review and focus groups with older adults

Case studies were reviewed by a cohort of older adults, followed by focus groups (objective 2). A group of older adults (55–90 years old) with varied physical activity participation both in and outside of fitness and leisure facilities were recruited through ukactive members and partners to take part in this stage. Phase 2 took the shape of a qualitative task orientated group process where participants direct problem identification, solution generation, and decision-making called Nominal Group Technique (NGT)<sup>36,37</sup>. Here NGT utilised the experience and knowledge of older adults to identify what they felt was appropriate to best support them and other older adults to be physically active and use physical activity offerings.

Through the case study review and focus groups older adults were asked to identify aspects of offerings that discouraged taking part in physical activity offerings (problem identification), aspects that were important to them and encouraged them to take part, as well as additional aspects that could be implemented to support more individuals to be active across the fitness and leisure sector (decision making and solution generation). In addition to the above, the focus groups also explored the experiences, opinions and perceptions of the role the physical activity, fitness and leisure sector can play in supporting their physical and mental health post the Covid-19 pandemic. Five one-hour long focus groups were conducted with 53 older adults by the ukactive Research Institute. These were recorded, transcribed, and analysed using thematic content analysis, a process which identifies re-occurring patterns in the data and then categorises patterns into prevalent themes and sub-themes<sup>38</sup>.

**Figure 2.** Research process: Fitness and leisure sector offerings to support adults over the age of 55 to be physically active.





## Findings, Discussion & Recommendations

A total of 124 case study submissions were received from across the UK on current offerings designed to support older adults to be physically active, demonstrating the breadth of the fitness and leisure sector's activity provision targeted to older adults. Many of the offerings aimed to support physical activity participation (60%) and improve physical health (52%) of older adults. Mental health (28%) and social or community support (21%) based aims were also common with 'other' (17%) aims targeted at education, using nature, social housing support, and diet or weight management also cited.

For phase two, 86 case study reviews from older adults were received. Based on these reviews, older adults rated the offering type, offering outcomes, and activities provided as some of the most important factors for engagement. Older adults who rated the offering type as 'high' reviewed case studies that primarily provided programmes or

interventions that were continuous. Older adults who rated activities highly, the top three activities within these case studies were group activity classes, resistance exercises and chair-based exercises. Offering outcomes that were rated as highly important centred on offerings that increased physical activity levels, strength and balance, social connections, and personal wellbeing.

Six themes were identified from the case study submissions, reviews and focus group analysis. These themes provide key areas that should be considered to develop offerings that support older adult physical activity participation across the fitness and leisure sector.

**Key themes highlight that older adult's decisions to engage in physical activity through offerings was impacted by:**

1. How accessible they are and how much they cater for their physical needs and goals
2. How it feels to attend them
3. How many opportunities there are for social interaction
4. How they are led or instructed
5. How they are categorised and promoted
6. How they support physical health and integrated health care systems long-term following the pandemic.

Each of these themes are explained in detail below, with aligning recommendations for the sector to take forward.



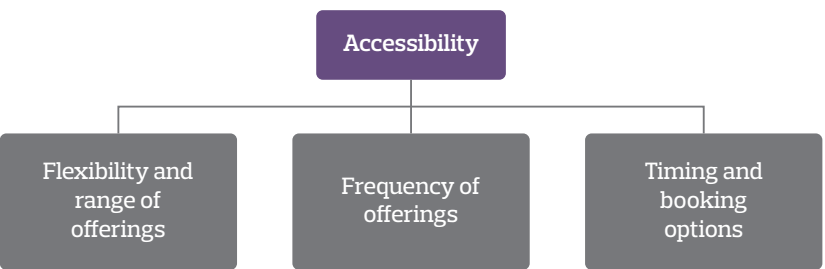
# Accessibility

Accessibility of offerings emerged as a key theme (Figure 3) throughout the case study reviews and focus groups. This refers to flexibility in the structure and range of activities as part of the offering, frequency of the offering, timing and booking options associated to the offering, as well as the location and length of the offering.

## Flexibility and range of offerings

Flexibility in offerings, including their fee options, range of activities, frequency, and timing, was noted as important to older adults. With regard to paying for an offering, the case study submissions indicated that an individual paying for an offering through fees per session (53%) or memberships (weekly / monthly / annually; 36%) were

Figure 3. Accessibility sub-themes.



The most common offering type was continuous programmes or interventions supporting older adults, provided by 75% of case study submissions (see Figure 4 for more details). Continuous (with no set end point) was a positive element highlighted about case studies as part of the review by older adults, while time bound offerings were a negative element highlighted. Individuals who provided this feedback stated that they preferred continuous options because it allowed them more flexibility with attending and supported their physical activity participation over the long term. Conversely, time bound offerings (e.g. 6 to 12-weeks) were often not considered long enough to cause lasting health impacts or behaviour change.

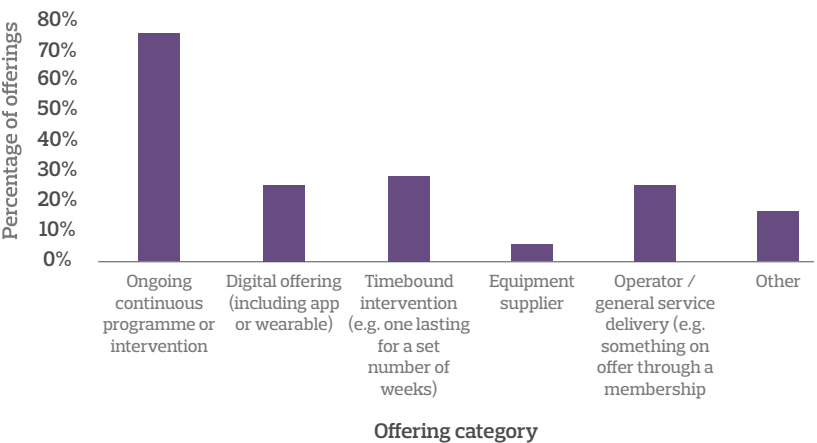
frequent, as were offerings that had no fee (36%). A number of older adults highlighted fees as a negative element to offerings as part of the case study review, with some older adults within the focus groups stating this could be a barrier to attendance. However, this was not considered the most important factor that discouraged attendance to offerings. Overall, older adults felt that where a fee had to be incurred it presented less of a barrier if there was flexibility in the options for how to pay it (e.g., to pay by session and/or in blocks or as a membership fee).

The case study submissions highlighted that a vast range of activities are provided to older adults who preferred to have a range

of activities available to pick from, which indicates that current offerings have taken this into consideration. Group activity classes were provided by 70% of the case study submissions which also reflects the types of offerings most frequently spoken about by older adults in the focus groups. This was followed by more specific offerings similar to group activity, like resistance exercises (59%), chair-based exercises (61%), falls prevention and strength and balance (55%) activities. As presented in the introduction, examination of EGYM strength data showed substantial increases in strength with maintenance occurring over time, in contrast to the expected decrease in strength that would happen with ageing, supporting the concept of long-term participation in resistance training 'bending the ageing curve'<sup>27</sup>. Given that resistance exercise and strength and balance activities are common offerings provided by the fitness and leisure sector, engaging older adults in these offerings as early as possible could have a substantial impact on the strength abilities of this population, supporting and maintaining independence. Older adults in the focus groups spoke about the importance of having access to offerings that supported both strength and balance, although balance was mentioned more frequently. This suggests that older adults are aware of and have a desire to improve these functions, and that offerings focusing on these aspects should continue to do so.

Other activities that offerings commonly included were walking, social activities such as tea/coffee catch-ups, and yoga / Pilates / Tai-Chi, (each in 48% of offerings). These activities indicate that offerings provide older adults with an opportunity for social interaction through group activities that also support key areas of physical health. The opportunity for social interaction through socialising was one of the six key themes identified and discussed in detail later. Social interaction was not only achieved through taking part in physical activity offerings, but was also reported by older adults as a key motivating factor driving them to try out and re-attend these offerings.

Figure 4. Case Study Submissions – offering type breakdown







### Frequency of offerings

Frequency of offerings emerged as a much more important area of accessibility for older adults. Of the case study submissions delivery once a week (33%) or more than twice a week (29%) are common delivery frequencies. Many offerings stated that their delivery frequency changed depending on the specifics of the offering. Offerings are delivered in a range of settings which is summarised in Figure 5. Online or digital offerings may have become more prevalent. Offerings were often delivered in groups of 25 or less, but not 1 on 1 sessions (50%) with some larger group delivery of more than 100 people (12%) (Figure 6). Digital delivery (15%) and general offering through a facility which had no limit of site capacity (13%) were also common amongst the case studies received. This aligns with older adult preferences when it comes to size of offering. In the focus groups, older adults stated that they preferred smaller class sizes (e.g., less than 20) as this class size fostered a greater sense of belonging and safety. These smaller class sizes allowed the instructor to pay more attention to form and technique and provide personalised feedback. It was noted, however, that the need for this differs depending on the type of class or offering. Having a smaller class size was perceived as more important for classes that required higher attention to detail around technique (e.g., Pilates or weight training) and less important for classes where risk of injury was lower (e.g., Aquafit).

Figure 5. Case Study Submissions – delivery location.

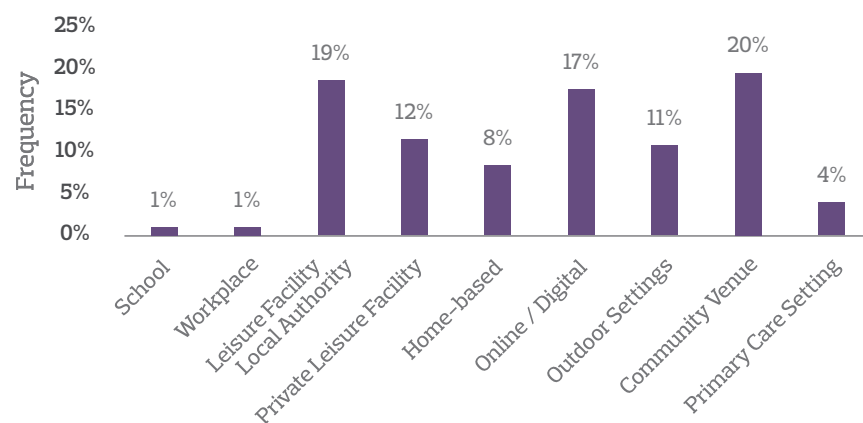
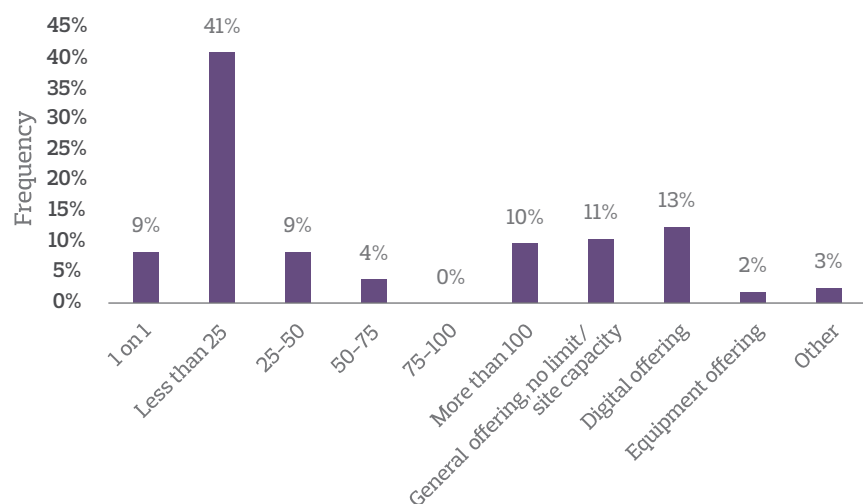


Figure 6. Case Study Submissions – average number of older adults taking part in offerings.

Note – multiple options could be selected, results for each option are a percentage of the total number of case studies.



### Timing and booking options

Timing of offerings was also important to older adults, specifically that a range of offerings were available on different days and at different times throughout the week so they could choose the timings that worked best for them. Preference around day of the week or time of day was based on the availability to book and attend offerings, and this determined when individuals attended a facility. Many focus group participants stated that greater scheduling flexibility was needed based on user needs, and that when an offering is oversubscribed more of that particular offering needs to be provided. Older adults stated that the offerings that were most flexible, in terms of their frequency, timing options and range of activities, and catered to their needs were the offerings that engaged in regular customer feedback and made changes based on the feedback. This suggests that continuous monitoring and evaluation of offerings is important in ensuring they remain fit for purpose and suitable for the needs of the target audience.

The attendance of older adults to specific offerings also depended on the accessibility of the booking systems. The ability to book classes or activities in advance was considered extremely valuable because it helped maintain a regular activity routine and enforced personal accountability to attend. Older adults praised online booking, however noted that a fairer booking process which limited the number of classes someone could book in a day would help prevent popular classes being booked up by people who then did not attend. Participants also referenced that the booking process needed to be more accessible to older adults who did not have access to technology,

suggesting a certain number of spaces per class be reserved for individuals to book in-person or over the telephone. Reliance on online booking can present digital inequality barriers for some older adults; this is broadly defined as encompassing access, usage, skills, and self-perceptions around use of digital technologies<sup>39</sup>. Here, based on what older adults described, digital inequality barriers refer specifically to access, usage and skill of using apps or websites to book on to bookable offerings and a lack of non-digital booking alternatives.

“ One class that I used to attend, if you didn't stay up until midnight, and book your slot for the following week, you wouldn't get in. And this is an issue for a lot of older people. I mean, I'm lucky, I do have access to the Internet, and I do know how to use it, but there are a lot of older people who don't. Most people book online, and that does restrict many [older] people from accessing these classes. **Jack, male**

A majority of pre-bookable offerings (e.g., group exercise classes) were described to take place at peak times (considered to be mornings and evenings by the focus group participants) which was described by participants as 'limiting'. This however, varied dependent on location. Older adults stated that fitness and leisure facilities could maximise how frequently older adults attended offerings by making more available during off-peak times, such as in the middle of the day (catering to retired individuals), or on the weekends, instead of just the mornings and evenings. Older adults who attend facilities to use the gym floor rather than sport facilities or classes, stated they preferred attending in off-peak times because it was easier and quicker to

use the equipment they wanted. In comparison, older adults who attended facilities for classes said it felt lonely and empty at off-peak times, with fewer opportunities for social interaction and intergenerational mixing. Given the variety in preference for timing, it was suggested that determining the right split should be determined through customer feedback, so as to suit customer needs.

“ Where I go there are very few classes between midday and 5pm, or 6pm. They tend to be in the morning or the evening, and not so much in terms of classes during the rest of the day, which is a bit restricting. **Kiera, female**

### Recommendation:

#### Make it easy and accessible

Utilise customer feedback to make necessary adaptations to scheduling that ensures offerings are accessible to the needs of all older adults. Accessibility can be supported through:

- Ensuring a proportion of bookable offerings are reserved for in-person and telephone booking, in addition to online, to remove digital inequality barriers.
- Distributing popular offerings throughout the day to support working and retired older adults.

### Recommendation:

#### Focus on strength

Engage older adults in offerings that maintain and build strength as early as possible to sustain strength and help maintain independence.



## Atmosphere

The atmosphere created by those who run physical activity offerings influenced whether an older adult would return, and was a key theme throughout the focus groups (Figure 7).

### A sense of welcome and comfort

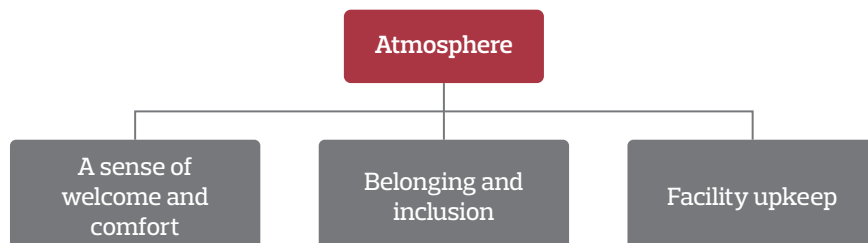
Having a welcoming and inclusive atmosphere was rated as a positive element to offerings in the case study reviews. As part of the case study submissions, each offering self-rated, on a scale of 0 to 10, how much of an inclusive, comforting, and welcoming atmosphere they feel is created for older adults using their offering. The majority rated themselves as 8 or above out of 10 (88%). This suggests that those delivering offerings feel they are working to develop environments with atmospheres that reflect the needs of older adults. At this stage however, we cannot say whether older adults would rate offerings in the same way. What can be said is that when exploring this theme in more depth in the focus groups, a sense of feeling welcomed and comfortable in the offering environment was extremely important. The older adults suggested that if no one welcomed them or there was no rapport with staff or other customers, they would find this off-putting and would be unlikely to return. Yet, if older adults felt welcomed and known as individuals, this would encourage them to continue attending. The importance of being 'known' as an individual was frequently stated by older adults. Being 'known' came from staff and instructors taking the time to speak to and connect with them, having their individual needs considered, and feeling like they were a part of a community.

“ I think the biggest thing that would be off-putting is if you felt that there was no rapport with anyone. There's no greeting, there's no welcome... and conversely, the biggest thing that draws me to our leisure centre is the feeling of we're all recognised as individuals. So we're ... no one's lumped together as any type of exercise or any class or gender or age group or, or fitness level or anything. We're all individuals. And that is what I think would encourage more people to exercise if you're known as an individual and ... a person... on your own fitness journey. **John, male** ”

### Belonging and inclusion

A positive atmosphere can also be created through a sense of belonging and inclusion. This not only includes feeling part of a community, but also the sense that everyone is welcome as they are, with their individual fitness needs and abilities recognised. While this atmosphere is primarily dependent on the staff and instructors, particularly when it comes to catering to specific fitness needs, older adults felt that the type of advertising, promotion and representation within the

Figure 7. Atmosphere sub-themes.



centre or offering location also plays an important role. Older adults stated that it was important to be able to see individuals like themselves, for example in promotional materials and on the gym floor, and specifically referred to only seeing 'fit individuals in lycra' as off-putting or a deterrent. This was not specific to age, but instead a desire to see 'all shapes and sizes' represented.

“ [Some older people are] uncomfortable surrounded by people in too much lycra and I do think that puts a lot of people off. So it's how you engender that sense of [everyone is welcome]. **Camilla, female** ”

### Facility upkeep

Finally, atmosphere was also dependent on the upkeep of the facility which was specific to offerings that were run in a leisure centre, operator site or studio. This included external and internal look (including promotional materials and general maintenance), cleanliness, how up to date the machinery was and how quickly it was repaired when broken, the quality and working condition of facilities (e.g., showers, changing rooms) and safety. Upkeep, particularly appearances, could outweigh

“ My very local nearest Sports Centre is council run. And it literally is about half a mile up a hill from me and I would go there, except the only times I've been there, the paint is peeling off everywhere, the posters are skew-whiff and out of date, and it just has a general air of dilapidation and neglect to it. And so I go in there, and I asked, you know what, what they're doing and I, at the back of my mind, I'm afraid I am thinking, I wonder how up to date, the facilities are, you know, the gym facilities, the training machines, etc. when the rest of the facility looks so rundown. So it does have a[n] impact. **Sue, female** ”

### Recommendation:

#### Create and build atmosphere

Offerings should look to build and maintain a welcoming and inclusive atmosphere to increase the likelihood of repeat customer usage and build customer confidence. Atmosphere and confidence can be built by:

- Fostering a sense of community and belonging among older adults attending offerings through building rapport between the workforce and customers.
- Maintaining high standards of safety through keeping all facilities, equipment, and promotional materials up to date, clean and in good working condition.

location in terms of deciding what centre to attend. While this factor was not expressed as frequently as factors of belonging and feeling welcome, older adults did state that if a facility looked like it was in disrepair and was not timely on its equipment and facility maintenance (e.g., left machinery unrepaired for extended periods), it negatively impacted perceptions of the offerings and desire to attend it. Therefore, while general maintenance, safety and upkeep of facilities should be a standard of all offerings, ensuring customer confidence exists around this is equally as important to prevent these negative perceptions.



## Socialising

One of the factors that encourages participation in physical activity offerings or attendance to fitness and leisure facilities was the opportunity for socialising and interaction with others. A number of case study submissions included offerings with social opportunities indicating that meeting this particular need is already occurring and could be replicated or extended to improve social opportunities. However, this does not reflect what the majority of case study submissions feel their offering outcomes are. As part of the case study submission, submissions were asked to rate eight outcomes in order of importance. The most important outcomes were increasing physical activity levels (44% rating this first), increasing strength and balance (20% rating this second) and maintaining or increasing personal wellbeing (e.g., happiness/reducing anxiety; 24% rating this third). Maintaining or increasing opportunities for social interaction (reducing isolation; 24% rating this seventh) and supporting Covid-19 rehabilitation (54% rating this eighth) were deemed the least important outcomes related to the case studies submitted.

Although opportunities for social interaction were not seen as important outcomes within the submitted case studies, opportunities to socialise were frequently highlighted as positive elements by older adults through the case study reviews. This was also a strong theme that emerged from the focus groups (Figure 8).

older adults who were retired noted the importance of being able to attend an offering and meet people on a regular basis, which positively replaced the workplace interaction they used to have. Social interactions were both reduced and missed during the Covid-19 pandemic with many offerings not being delivered in their usual face-to-face format. This experience highlighted that for many participants a key aim and role of offerings should be to bring people together through socialising, and that physical activity offerings could also support mental health and bring back missed social interaction taken away through the Covid-19 pandemic. It was also noted that messaging around the social opportunities included as part of offerings would help make them more appealing.

“The social aspect of any type of activity is incredibly important. Both for your enjoyment of doing it, and also your mental health. I think getting out there and meeting with other people and doing things with other people, just talking with other people. One of the things that I think many people have missed during COVID is social interaction with friends, family. So I think sport and activity can add enormously to that.” **Linda, female**

### Socialising seen as an integral part of offerings

Older adults stated that they felt it was increasingly important to continue to interact and see others as they aged, and that a gym environment was a great place



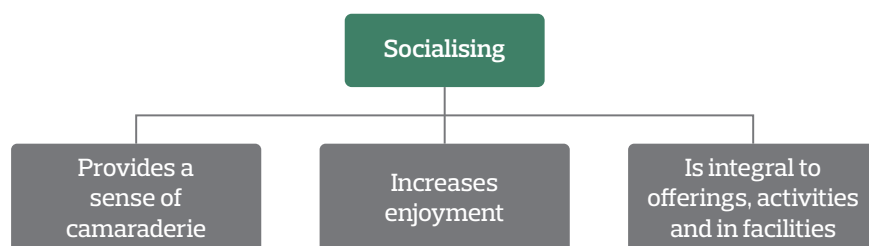
said to promote socialising and support improvements in self-efficacy for physical activity<sup>33</sup>. Social support was discovered as a protective factor against risk of loneliness, even more so throughout the Covid-19 pandemic, making opportunities for social interaction highly relevant<sup>41</sup>. Therefore increasing, improving and maintaining opportunities for older adults to socialise and interact through exercise also offers an opportunity for the fitness and leisure sector to improve membership attendance, draw in new members and enhance member experience because of the link between regular physical activity, socialising and perceptions of enjoyment<sup>40</sup>.

### Recommendation:

#### Make it social

Offerings should look to maintain and increase socialising opportunities for older adults in order to support physical, mental and social health, improve experience and drive attendance.

Figure 8. Socialising sub-themes.



### Socialising provides camaraderie and enjoyment

Opportunities to socialise and interact with others, both with friends and younger individuals, was a major factor that drove older adults to attend, and continue attending, offerings. For many attending, it provided them with a large proportion of their overall social interaction. This was particularly the case for older adults who had limited interactions with others, such as those living alone or retired. For example,

to do that. The sense of 'camaraderie' and 'community' was described as a strong motivating factor for re-attending offerings, because seeing friends and interacting with others was something to look forward to and made physical activity more enjoyable. This supports previous research that suggests combining physical activity and opportunities for socialising or social interaction were positive ways to increase activity levels<sup>32</sup> and maintain them<sup>40</sup>. This also links to the data previously discussed around group activities, which have been

## Instructors

Instructors were a major influencing factor in whether older adults enjoyed themselves, felt comfortable, welcome, safe, and motivated, and returned to physical activity offerings. This was not an element initially explored through the case studies, however, it was discussed at length by older adults as part of the focus groups. The three areas in which instructors made a difference was their level of technical and health knowledge, the level of attention and feedback they provided, and their communication and interpersonal skills (Figure 9). Each of these were considered equally as important.

“ I wouldn't ever get go back a second time to a class that had a poor instructor. So they need to be very aware of their class, and have exercises that could be modified for people. **Shauna, female**

### Instructor attention and feedback

Older adults wanted instructors who paid attention to their needs during an offering, and on the gym floor, and provided feedback where appropriate which helped them progress or improve. Older adults felt that the best instructors were those who monitored individuals in a class and adjusted routines or form depending on ability, mobility and technique. Older adults

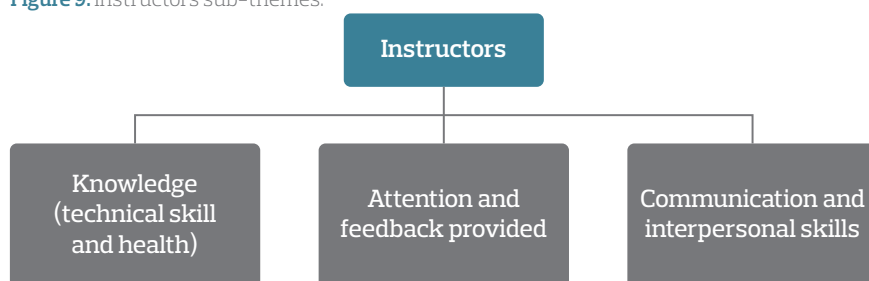
“ Good instructors will lead you forward and say, for the people who are more advanced, they can do this. For the people who are not quite so active, they can stay to this level. And that's where a good instructor shows [their] merit, by adapting himself or herself to the class that so that they can help everyone feel fulfilled at the end of that class. **Sue, female**

### Instructor communication and interpersonal skills

Finally, communication and interpersonal skills were deemed essential in engaging all individuals, not just older adults, in offerings and for repeat attendance. Communication skills referred to an instructor's ability to communicate clear instructions around how to perform exercises, emphasising safety yet remaining motivational in nature. Being motivational through conversation was mentioned repeatedly by older adults as the aspect of communication that made them want to re-attend offerings. If instructors were perceived as non-motivating, it was unlikely individuals would return. Interpersonal skills included having the emotional intelligence to recognise when individuals did not feel comfortable or were at risk of injury and knowing how to act to make them feel welcome, included and safe. This was often described by older adults to come from instructors who showed compassion and empathy towards different abilities and needs, alongside having the confidence to direct and lead safe and appropriate exercise.

“ In terms of instructors, I suppose number one is technical / competence skills, and number two I would say is empathy with the participants. So being able to adjust routines if somebody is physically unable to do something. **Claire, female**

Figure 9. Instructors sub-themes.



### Instructor knowledge (technical skill and health)

Older adults were most drawn to classes where instructors were knowledgeable and had the technical skill to be able to lead and offer safe and effective exercise options. In addition to technical skill, it was important that instructors knew how to adapt and apply this skill on an individual basis, based on ability and health condition. For example, one participant indicated it was extremely important that an instructor, either as part of an offering (e.g., group exercise class) or through supporting on the gym floor, knew how to adapt exercises to suit her mobility level so it did not aggravate her arthritis, and she would not want to attend the offering or seek out that individual again if they were unable to do this. Providing personalised adaptation to exercises, having knowledge of how different health conditions impacted ability and how to adapt exercises appropriately was what participants called 'inclusive knowledge' and could influence attendance.

frequently stated that these kinds of instructors were the ones who led the offerings they continued to attend, and would go back to when lockdown restrictions eased. This is similar to the theme of atmosphere described above, and that the sense of being recognised as having individual needs increases the feeling of a welcoming and inclusive atmosphere and desire to return. Adjusting form was particularly important in certain activity types that required more technique and skill, like Pilates or weight lifting (e.g., Body Pump), and influenced how confident older adults felt around the safety of the offering. Feeling safe and at reduced risk of injury was extremely important for older adults, and they felt instructors needed to be aware of the ability changes that came with ageing, even if they were not catering activities by age. This extended to instructors on the gym floor, who were perceived as adding to these feelings of safety, confidence and atmosphere when they paid attention to those using the facility and equipment and offered personalised, goal-orientated help or feedback if needed.

“ I do think it's important that trainers understand the conditions that we're dealing with, because they can tailor the exercises then to people's abilities. And I find that they are definitely more understanding of, of the limitations that somebody has got. I don't think I would want to be in a class with a trainer that didn't really understand that. **Margaret, female**

### Recommendation:

#### Prepare the workforce

Ensure the workforce have the people skills to deliver high quality offerings and can support older adult's specific health and activity needs.

#### Training should contain:

- Specific modules that focus on building communication and interpersonal skills, alongside applied practice, with individuals of all ages and abilities (including older adults).
- Where possible the workforce working with older adults should be assessed as competent against relevant standards for working with older adults and those with long term health conditions to enable them to cater for individual health needs and signpost to relevant support where required.



# Categorisation and Promotion

The way offerings were categorised and promoted influenced whether an older adult attended or even tried them. Of the case studies submitted, tailoring of offerings happened across a range of criteria with age tailoring most common (Figure 10). While a range of ages above 55 were targeted or involved in the case studies submitted, a vast number of offerings were age specific. Although offerings were tailored to support older adults in general, the breadth of ages involved, including a proportion under 55, indicates that these types of offerings could also be applicable for supporting a range age groups. The wide range of individuals supported was reflected in targeting by activity level, with a similar proportion of case studies targeting inactive older adults (47%) and no targeting by activity levels (44%). Only 19% of case studies targeted older adults who were already active.

## Categorise by ability not age

The way in which the majority of offerings submitted through the case studies are targeted and tailored does not align with what is preferred by older adults, as can be seen by the sub-themes (Figure 11). Tailoring by specific age groups was considered a negative element of an offering by the older adults who reviewed case studies. However, tailoring to include a range of ages within an offering, including under 55-year-olds was seen more positively. This was explored in more depth in the focus groups, with a similar pattern being reported. The strongest sub-theme was that offerings should be categorised or tailored by ability and not age. Older adults reported they were more likely to attend and return to offerings that categorised by ability or intensity, and were extremely unlikely to return to offerings, or even centres, if they targeted by age (e.g., 'senior classes' or 'over 55 classes'). A variety of words were used by older adults in our study to express how they felt about categorisation of offerings by age including

'degrading', 'patronising', 'discriminatory', 'insulting' and 'not inclusive'. It appears that this form of tailoring is perceived more negatively than positively by older adults and that titles such as 'senior classes' or 'for over 55s' should be avoided. They felt that it was not necessary to categorise by age because being older did not equate to being less physically fit, and participants felt they were more fit and able than some younger individuals they saw attending offerings. Categorising physical activity offerings by ability and not by age supports previous research which found that activity classes aimed at older adults were seen as less appealing by those individuals while classes focused on ability were seen as more engaging<sup>32</sup>. Categorisation by ability could be a way of encouraging repeat attendance to offerings and preventing older adults from feeling that they are limited to what offerings they can attend.

Figure 10. Case Study Submissions – criteria for tailoring offerings.

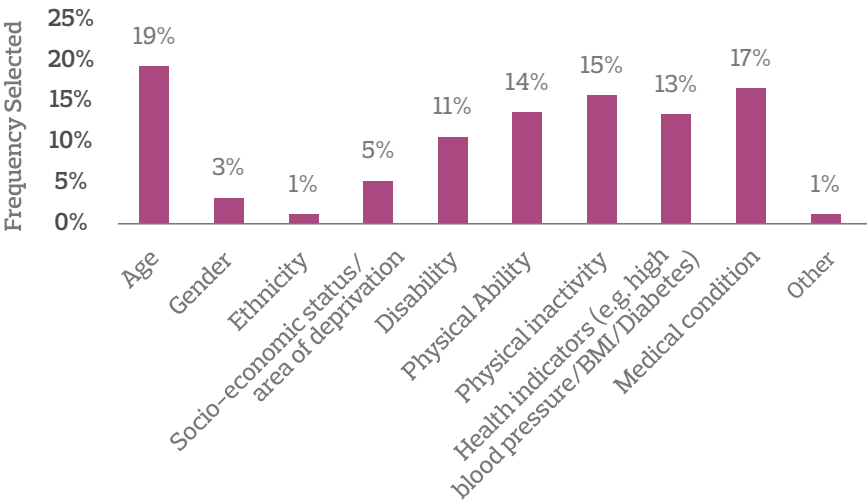
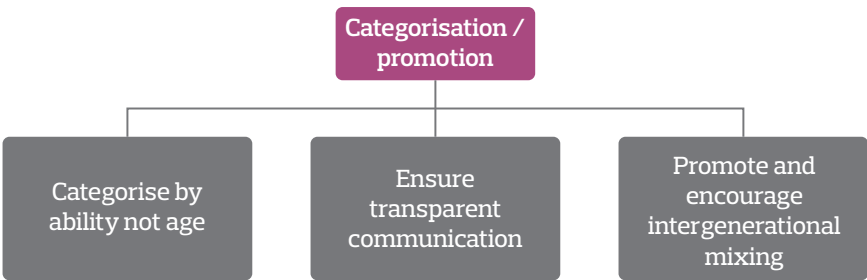


Figure 11. Case Study Submissions – criteria for tailoring offerings.





“ I don't go to any classes that are sort of aimed at sort of 55 plus, you know. Mine, the ones I go to are much wider, broader range. I choose one that's appropriate for my fitness level. You can't just group people according to age, you know, you can have some very inactive 20-year olds with very poor levels of fitness but equally you can have some very fit 55-60 pluses. I think you've got to go by fitness level and type of activity rather than age. I think otherwise it could be could end up putting people off. **Maria, female**

Another reason categorisation by age was not perceived positively was because it was associated to a lack of differentiation or consideration of individual needs and often resulted in providing offerings that were not always appropriate or challenging enough, creating barriers to participation. Instead, older adults felt that categorisation and promotion of activities and classes by ability or intensity would be more appropriate, not only for themselves, but for individuals of all ages. Given this, it is encouraging that, although not the most common tailoring criteria, 38% of case study submissions did tailor their offerings by physical ability. This indicates that while it may not be commonly implemented as of yet, there are examples of offerings across the sector that are tailoring in a manner that older adults state they prefer.

“ I like to see classes that are differentiated, where, all ages and all types of people are together, because that's what I like. I would be immediately put off, if I was told that I needed to go into a class for older people. **Charlotte, female**

“ So it's a little bit insulting, I think, in some ways to call classes, senior and certainly if they say for the over 55, over 60, or over 65, it doesn't give you a flavour, really of what to expect other than in my experience, extremely low level. **Charlie, female**

#### **Recommendation:**

##### **Make it ability-specific**

Stop categorisation of offerings by age and focus on categorisation by ability or intensity.

#### **Promotion of intergenerational mixing**

In fact, the majority of older adults frequently stated that instead of categorisation or separation by age, they preferred intergenerational mixing and wanted to see more promotion of intergenerational offerings. Those who currently took part in offerings that were more intergenerational said the offerings provided opportunities to socialise with individuals they would not normally see. They also stated they enjoyed exercising or attending offerings with younger individuals as motivating and inspiring because they could see that they were able to do just as well or better than others younger than them. One participant also noted that it benefited the younger individuals as well, who were equally as inspired to see older adults exercising because they acted as role models for healthy behaviours and activity participation in later life. This links in with research indicating that intergenerational programmes including physical activity, enhance confidence of older adults, increase feelings of community connection and contribute to their emotional and overall health and wellbeing<sup>42</sup>.



“ I frequently exercise with I would say quite young and fit members of the community, but they [are] very kind and [while they] know that I'm not quite performing at their level, they still actually encouraged me to try and do a little bit more. And, and on top of that, they actually say that I motivate them, because it's a great role model to see somebody older, actually, whose still able to come and join in classes. So I like having that. The other thing is when I'm at home, because I'm just retired now, I don't have contact with these young people anymore. And I love the conversations. I love that they make me laugh, and they make me actually feel a little bit rejuvenated. **Shauna, female**

In line with this, older adults stated that they would like to see more promotion and delivery of offerings that were intergenerational whereby individuals of different ages could exercise together. For example, this could include advertising showing individuals of different ages attending offerings together on promotional materials as well as being encouraged by staff members (including instructors). Reasons for this preference of intergenerational mixing centred on enjoyment of exercising and motivation to exercise with individuals of different generations. It appears that from the older adults in our study, a number of them already seek out opportunities to attend intergenerational offerings, indicating that these opportunities do exist. However, the overwhelming majority of participants felt that promotion of these offerings and mixing of ages could and should be improved.

#### Ensure transparent communication

Overall communication and promotion of offerings was perceived to vary. Older adults described that when offerings are targeted by age, communication about them rarely provides enough information of what to expect. All participants agreed that transparent communication about what offerings include, what the aims of the offerings are and the ability level they were targeted at would be useful information to have before attending a class, to allow them to pick suitable offerings. Previous research supports this by linking physical activity with mobility and independence<sup>32</sup>. A number of participants claimed that they

level of communication in their leisure centres or facilities was not clear enough, which could lead to pre-conceptions about an offering before attending, which in turn creates barriers to participation. This highlighted how important it was to have easily accessible, clear and concise information about offerings communicated not only by staff and instructors, but also through promotional materials, such as in brochures or on websites. This becomes particularly relevant if offerings want to promote physical activities which are vital for the maintenance of independence and daily living in older adults as they age, such as offerings focusing on strength and balance. One way in which older adults suggested communication about offerings could be done, especially in the aftermath of the Covid-19 pandemic and facility closures, was through taster classes.

“ I've done this myself, I haven't turned up to a class because of a preconception on my part about what the class would it be like, who would be there, the abilities of people there. The gym that I go to does a sort of traffic light system, so, you know, green is easy, and, you know, everybody should be able to manage it and then the red is quite a taxing class. I do some reds, but believe you, me, I wouldn't really be looking at reds if I just went on the advertising. It's only because other people actually explained about what happens in those groups that I then felt confident to attend one of those classes. So I think how they are actually explained to people and advertised, even within the class, [can make a huge difference to attendance]. **Dave, male**

#### Recommendation:

##### Make communication and promotion clear

The details of offerings need to be clearly communicated to older adults to allow them to make informed decisions based on their physical activity needs and desires.

##### This should include:

- Clear and detailed information about what the offerings include, the ability level targeted, and the aims or objectives.
- Promotion and advertising of intergenerational mixing through the offerings to support socialising and motivation for both older and younger adults.



## Long-term support for physical health following the pandemic

Older adults felt that the physical activity, fitness and leisure sector could play a key role in supporting them with their physical health in the aftermath of the Covid-19 pandemic and beyond. They highlighted four areas of focus to achieve this including improving accessibility to classes (e.g., fairer booking systems), building member confidence (e.g., through taster sessions), continuing digital offers and supporting and driving integrated approaches to healthcare at a local level (Figure 12).

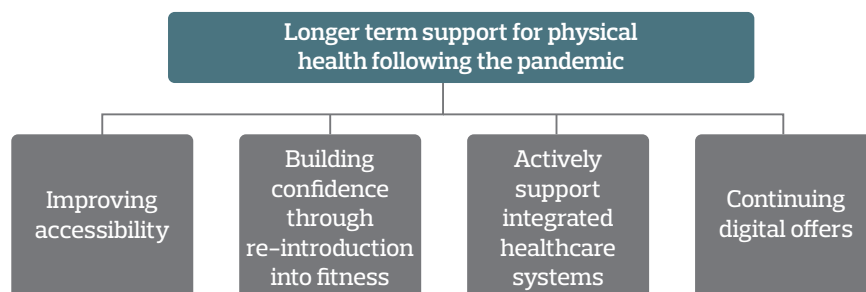
### Improve accessibility

In relation to accessibility, participants felt that by having fairer booking systems, or maintaining the limited booking slots that were used throughout the Covid-19 pandemic, they and other older adults would be provided with greater opportunities to attend offerings. A frequently noted specific example was around maintaining the booking slots for use of the swimming pool, which many found led to a much more pleasant experience due to the limited capacity, and also meant they were more likely to re-book at the same time, which helped keep a regular routine. It was also thought that facilities could maximise their opening hours to account for limited capacity throughout the day and continue to make use of their outside space (if applicable) by offering more outdoor offerings.

### Build confidence through re-introduction into fitness

Participants noted that many older adults may have lost their confidence to exercise or attend facilities throughout the pandemic due to reduced ability. They stated that building confidence was a key way to re-engage or recruit older adult members. But in order to build this confidence and get older adults to return, participants highlighted that continued communication about Covid-19 safety measures from all level of staff (including staff at facilities and senior management) was crucial. To increase self-confidence, older adults suggested that offering taster or induction sessions would help them re-engage in physical activity. One participant noted this would be considerably valuable to existing members whose fitness goals have changed because of the Covid-19 pandemic, in addition to offering support, guidance and

Figure 12. Longer-term support for physical health following the pandemic sub-themes.



a welcome for new members. When asked specifically about changes to fitness goals, a number of older adults stated the importance of being able to stay independent with their daily activities which for some had reduced due to a lack of physical activity during the pandemic. They referred again to having offerings in place that catered to this, through a focus on strength and balance for example.

“ I think something about that welcoming back because, you know, in a way, we’ve been on these pauses for on and off three times. And you know, that kind of resetting mentally and having perhaps for a few weeks having a few staff around, you know, in reception to say hello what is it you’re looking for now, is it different to what you had before? Because I think you know, there are people that want to go back to what’s normal and regular routine. But then there’s a whole load of other people are now much more aware of health and fitness, particularly since the pandemic and how it’s affected everyone, and I think that kind of, you know, keeping in touch with the with their users and clients. **Maria, female**

### Continue digital offerings

Continuing digital offerings was suggested as another way to support older adults return to exercise, especially as we transition back into facilities. Older adults overwhelmingly stated that they had enjoyed access to online offerings throughout the lockdowns because it still offered the routine, the opportunity to socialise and the sense of community they felt when attending in-person offerings. A majority of the adult participants stated that they felt digital offerings were well set-up and executed throughout the pandemic, and praised the level of attention paid by instructors as well as the variety of digital offerings made available. In addition, older adults stated that continuing digital offers would constitute a good way for existing and new members to try out offerings in an environment which felt safe and comfortable, before gradually transitioning back into in-person attendance. Digital offerings were considered particularly useful for keeping older adult audiences engaged with physical activity until they were confident to return to in-person facilities. However, older adults

also stated that digital offers could be utilised in tandem with in-person offers over the long term to facilitate access to popular offerings or offerings traditionally held at inconvenient times for older adults. It was noted however, that for digital offers to continue successfully, they should remain or ensure they are being hosted on easy to access and good quality streaming systems, paired with clear joining instructions.

Additionally, for some particular types of offerings, such as Pilates or yoga, in-person offerings were more appropriate because of the need to have form critiqued and altered by the instructor.

### Recommendation:

#### Build in post-pandemic support

To support the long-term health and attendance of new or returning members consider the changed physical and mental health needs of older adults brought about by the Covid-19 pandemic and lockdowns.

#### This could include:

- Induction or taster sessions which focus on addressing changes in physical ability and goals.
- Supporting the physical rehabilitation of older adults from Covid-19, where relevant.
- Continuing digital alongside in-person delivery as part of an ongoing hybrid approach.

“ During lockdown, or during the time when limited numbers of classes were allowed, but the they live streamed [my classes]. So that's a way for people to kind of join in without being there, you know, a bit less than an introduction. I think that's something that they could do quite easily stick a camera in the corner of the room and stream the [classes]. And it's just a way for people to sort of try it out in the safety of their own comfort their own home and to see what goes on. And that might be a good way [to then encourage individuals to go into a facility]. **Darren, male**

### Actively integrated healthcare systems

When asked what they thought about the concept of an integrated healthcare system between the fitness and leisure sector and healthcare such as GPs and Allied Health Professionals (AHPs), older adults overwhelmingly supported the concept. This was perceived to promote and drive the link between physical activity and

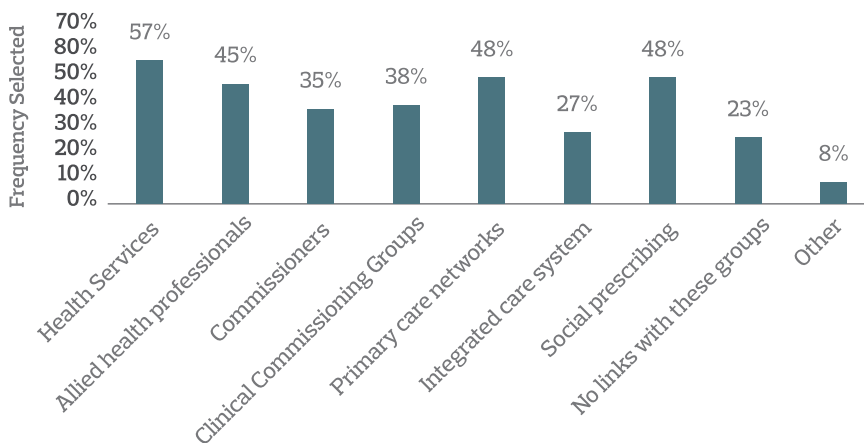
healthcare. Creating strong links between local health services and activity offerings was suggested as a way to help address physical and mental health needs after the Covid-19 pandemic. A specific example given by participants included working more closely with local GPs to provide referrals to local facilities through low cost or discounted offerings for older adults, whether that was for access to a general

membership or to specific types of training programmes (e.g. strength-based, flexibility based). Other participants also stated that links should be promoted outside of health authorities, utilising high profile individuals (e.g., celebrities) to engage harder to reach groups (e.g., lower social-economic and ethnic minority groups).

The majority of case study submissions recruited participants through self-referral (79%) and referral through a health professional, link worker, wellbeing advisor, community navigator, community health worker, or health advisor (61%). Just under half (48%) of the case studies recruit older adults through third party referral. This suggests that there are links with health services and groups in order to facilitate physical activity opportunities for older adults. The most common links offerings had with specific health groups were with health service (57%), primary care networks and social prescribing (both 48%), and allied health professionals (45%) all of which can support the referral of individuals from healthcare into physical activity offerings (Figure 13). Nonetheless, it may be the case that more offerings should consider, as part of ongoing monitoring and evaluation of offerings, how effective the quality of these links are and if they could be improved or expanded as part of bettering and enhancing offerings for older adults.

**Figure 13.** Case Study Submissions – healthcare group links held by the offerings.

Note – multiple options could be selected, results for each option are a percentage of the total number of case studies





# Future Research

This report is the first to focus on current activities provided by the fitness and leisure sector for older adults, while also providing insight from older adults on the extent to which these offerings meet their physical activity needs and what they would like to see as part of offerings. These findings have generated recommendations that will hopefully support older adults to be physically active through maintenance, adaptation or expansion of current offerings across the fitness and leisure sector. However, to understand the impact of these recommendations, how and where they are implemented across the fitness and leisure sector, and if they evolve, a research project should look to capture and report this information. Furthermore, if elements within this report are adopted and used by deliverers of offerings then measuring the

impact on older adults will be vital to determine the impact on overall health, behaviour change, and the wider healthcare system. It is suggested that further research be undertaken to measure both of these elements.

The review of case studies submitted from across the fitness and leisure sector by older adults was included as part of the qualitative NGT process in which older adults identified problems and generated solutions. This was a novel approach that not only sought older adults' opinions but utilised their experience and expertise to develop solutions (recommendations) that can facilitate change. Learnings can be taken for future research by both researchers and deliverers of offerings.

However, to maximise this approach and quality of the submitted case studies and subsequent reviews, participant (those completing and reviewing) involvement in developing case study templates and communicating case studies could help improve case study quality. Finally, building on the case study reviews and NGT approach, research evaluation could be built into the review of offerings as part of a continuous assessment process and the development of a best practice framework for physical activity offerings to support older adults. Building on the information submitted through the case studies regarding measurement and evaluation, a more detailed investigation into the methods used by offerings and quality of evidence generated could help offerings for older adults to develop.

## Recommendation:

### Build the evidence base

To support offering refinement and development for older adults, future research should build on the methodology and findings from this report.

Specific areas of focus could include:

- Investigating a best practice evaluation framework to ensure consistent capture of evidence.
- Measuring the impact of the recommendations presented within this report.
- Continuing to involve participants as a key part of research development.



# Conclusion

The case studies received came from a wide range of fitness and leisure sector offerings directly delivering to older adults, training individuals to work with older adults or providing equipment for older adults to exercise. The offerings presented a range of approaches to support older adults to be active with specific targeting, approaches, delivery, links and evidence. Some offerings had been adapted due to the challenges presented by the Covid-19 pandemic to encourage the population to remain active. Through a review of offerings and focus groups, a cohort of older adults identified aspects or barriers within offerings that discouraged participation in physical activity (problem identification), aspects that encouraged participation and additional aspects that could be implemented to support more individuals to be active (decision making and solution generation).

Combining the data collected, this report demonstrates the breadth of great work that the fitness and leisure sector is currently doing to support older adults to be physically active, either directly or indirectly, and the extent to which older adults themselves feel these offerings meet their activity needs.

The services offered by the fitness and leisure sector have never been more important in supporting healthy ageing and healthy life expectancy. Successive lockdowns from the Covid-19 pandemic have highlighted just how important physical activity is for our nation's health and wellbeing. As the UK moves towards reopening and recovery, maintaining the physical and mental health of the population is a key priority for the Government, particularly in the context of renewed austerity and the mounting

financial and sustainability pressures currently facing local authorities, the social care system, and the NHS.

The physical activity sector is well-equipped to support in this health priority, acting on the frontline of the preventative agenda to help ease pressures on both our healthcare system and the economy and support our national recovery from the Covid-19 pandemic. This report has outlined the many ways in which the fitness and leisure sector leverages its expertise to engage older adults in appropriate, safe and effective opportunities for physical activity, and support physical and mental health outcomes. The recommendations in this report are designed to support the sector to expand and enhance existing offerings for older adults, thereby further cementing its reputation as an essential health service to the nation. We hope that the recommendations drawn from this research provide clear and tangible actions for all parts of the fitness and leisure sector as well as any interconnected sectors to continue to develop and evolve their activity offerings, ensuring that older adults are supported to lead a healthy, independent life for as long as possible.

## Key themes highlight that older adult's decisions to engage in physical activity through offerings was impacted by:

1. How accessible they are and how much they cater for their physical needs and goals (e.g., flexibility, frequency, timing)
2. How it feels to attend them (atmosphere)
3. How many opportunities there are for social interaction
4. How they are led or instructed (instructors)
5. How they are categorised and promoted
6. How they support physical health and integrated health care systems long-term following the pandemic (e.g., strength focused, digital hybrid offerings, integrated approaches to health care).

Nine aligning recommendations for the sector have been developed based on this data, including reference to building an evidence base that supports the implementation of these recommendations.

# References

1. Office for National Statistics. Living longer: how our population is changing and why it matters. (2018).
2. The King's Fund. What is happening to life expectancy in England? (2021). Available at: <https://www.kingsfund.org.uk/publications/whats-happening-life-expectancy-england#healthy-life-expectancy>.
3. BBC. Hospital waiting list tops 5m in England - BBC News. (2021). Available at: <https://www.bbc.co.uk/news/health-57419504>. (Accessed: 14th June 2021)
4. Department of Health and Social Care. Long Term Conditions Compendium of Information: Third Edition. (2012).
5. The King's Fund. Social care 360: expenditure. (2021). Available at: <https://www.kingsfund.org.uk/publications/social-care-360/expenditure>.
6. Arensberg, M. B. International Workshop on Adaptation to Population Aging Issues. (2017). doi:10.1186/s41043-018-0138-0
7. Saga. Over 50s contribute more than 6 trillion to the UK economy. (2016). Available at: <https://newsroom.saga.co.uk/news/over-50s-contribute-more-than-6-trillion-to-the-uk-economy>.
8. WHO. World report on Ageing And Health. (2015).
9. WHO. The Role of Physical Activity in Healthy Ageing. (1998).
10. WHO. WHO guidelines on physical activity and sedentary behaviour. (2020).
11. Department of Health and Social Care. UK Chief Medical Officers' Physical Activity Guidelines. (2019).
12. Sport England; Sheffield Hallam University. Summary: Social and economic value of community sport and physical activity in England. (2020).
13. Sallis, R. et al. Physical inactivity is associated with a higher risk for severe COVID-19 outcomes: a study in 48 440 adult patients. *Br J Sport. Med* 0, 1–8 (2021).
14. Sport England. Active Lives Adult Survey November 2019/20 Report. (2021).
15. ukactive Research Institute. Moving Communities: Active Leisure Trends 2019 Report. (2019).
16. García-Hermoso, A. et al. Muscular Strength as a Predictor of All-Cause Mortality in an Apparently Healthy Population: A Systematic Review and Meta-Analysis of Data From Approximately 2 Million Men and Women. *Archives of Physical Medicine and Rehabilitation* 99, 2100–2113.e5 (2018).
17. Dodds, R. M., Granic, A., Robinson, S. M. & Sayer, A. A. Sarcopenia, long-term conditions, and multimorbidity: findings from UK Biobank participants. *J. Cachexia. Sarcopenia Muscle* 11, 62–68 (2020).
18. Wang, D. X. M., Yao, J., Zirek, Y., Reijnierse, E. M. & Maier, A. B. Muscle mass, strength, and physical performance predicting activities of daily living: a meta-analysis. *J. Cachexia. Sarcopenia Muscle* 11, 3–25 (2020).
19. Rantanen, T. et al. Grip strength changes over 27 yr in Japanese-American men. *J. Appl. Physiol.* 85, 2047–2053 (1998).
20. Frontera, W. R. et al. Aging of skeletal muscle: A 12-yr longitudinal study. *J. Appl. Physiol.* 88, 1321–1326 (2000).
21. Dodds, R. M. et al. Grip Strength across the Life Course: Normative Data from Twelve British Studies. *PLoS One* 9, e113637 (2014).
22. Nahhas, R. W. et al. Bayesian longitudinal plateau model of adult grip strength. *Am. J. Hum. Biol.* 22, 648–656 (2010).
23. Kemmler, W., Von Stengel, S., Schoene, D. & Kohl, M. Changes of maximum leg strength indices during adulthood a cross-sectional study with non-athletic men aged 19–91. *Front. Physiol.* 9, (2018).
24. Buckner, S. L. et al. Chasing the top quartile of cross-sectional data: Is it possible with resistance training? *Med. Hypotheses* 108, 63–68 (2017).
25. Aagaard, P., Magnusson, P. S., Larsson, B., Kjær, M. & Krstrup, P. Mechanical muscle function, morphology, and fiber type in lifelong trained elderly. *Med. Sci. Sports Exerc.* 39, 1989–1996 (2007).
26. Unhjem, R. et al. Lifelong strength training mitigates the age-related decline in efferent drive. *J. Appl. Physiol.* 121, 415–423 (2016).
27. Steele, J. et al. Long-term time-course of strength adaptation to minimal dose resistance training: Retrospective longitudinal growth modelling of a large cohort through training records. *SportRxiv* (2021). doi:10.31236/OSF.IO/EQ485
28. GOV.UK. The Grand Challenge missions. (2021).
29. Franco, M. R. et al. Older people's perspectives on participation in physical activity: A systematic review and thematic synthesis of qualitative literature. *British Journal of Sports Medicine* 49, 1268–1276 (2015).
30. All Party Parliamentary Group for Longevity. The Health of the Nation: A Strategy for Healthier Longer Lives. (2020).
31. Centre for Ageing Better. Raising the bar on strength and balance: The importance of community-based provision. (2019).
32. Age UK. One step at a time: Research into enabling physically inactive older people to become more active. (2020).
33. McPhee, J. S. et al. Physical activity in older age: perspectives for healthy ageing and frailty. *Biogerontology* 17, 567–580 (2016).
34. McNally, S. et al. Focus on physical activity can help avoid unnecessary social care. *BMJ* 359, (2017).
35. Sport England. Spotlight on older adults and their relationship with sport and physical activity. (2018).
36. Gallagher, M., Hares, T., Spencer, J., Bradshaw, C. & Webb, I. The Nominal Group Technique: A Research Tool for General Practice? *Fam. Pract.* 10, 76–81 (1993).
37. Harvey, N. & Holmes, C. A. Nominal group technique: an effective method for obtaining group consensus. *Int. J. Nurs. Pract.* 18, 188–194 (2012).
38. Braun, V. & Clarke, V. Using thematic analysis in psychology. *Qual. Res. Psychol.* 3, 77–101 (2006).
39. Robinson, L. et al. Digital inequalities and why they matter. (2015). doi:10.1080/1369118X.2015.1012532
40. Maula, A. et al. Use it or lose it: A qualitative study of the maintenance of physical activity in older adults. *BMC Geriatr.* 19, 349 (2019).
41. Groarke, J. M. et al. Loneliness in the UK during the COVID-19 pandemic: Cross-sectional results from the COVID-19 Psychological Wellbeing Study. *PLoS One* 15, e0239698 (2020).
42. Teater, B. Intergenerational Programs to Promote Active Aging: The Experiences and Perspectives of Older Adults. *Act. Adapt. Aging* 40, 1–19 (2016).



E G Y M

✉ Email: [membership@ukactive.org.uk](mailto:membership@ukactive.org.uk)  
🐦 Twitter: [@\\_ukactive](https://twitter.com/_ukactive)

✉ Email: [contact-uk@egym.com](mailto:contact-uk@egym.com)  
🐦 Twitter: [@EGYM\\_UK](https://twitter.com/EGYM_UK)