

Centre for Ageing Better – Written evidence (NPS0049)

About the Centre for Ageing Better

The UK's population is undergoing a massive age shift. By 2050, one in four people will be over 65. The fact that many of us are living longer is a great achievement. But unless radical action is taken by the government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities. We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

Introduction

The Centre for Ageing Better welcomes the House of Lord Select Committee's inquiry to consider the effectiveness of current sport and recreation policies and initiatives, and the case for a national plan for sport and recreation.

At the Centre for Ageing Better, our vision is a society where everyone enjoys their later life. Health is fundamental to this. Being in good health allows us to remain independent, to work and be involved in our local community, to maintain relationships with friends and family, and to carry out activities that give us meaning and purpose.

Being physically inactive is one of the top risk factors for developing conditions that lead to preventable disability in later life. We know that physical activity can help to prevent and delay many age-related conditions and diseases. Physical activity can also help people to manage their health conditions and to maintain their functional ability, their independence and their quality of life as they grow older.¹ Yet the proportion of people who are physically inactive generally increases with age.

Data from Sport England's Active Lives survey estimates that a quarter (26.2%) adults aged 55-74 are currently inactive, meaning they are doing less than 30 minutes of physical activity per week.² We use Sport England's definition of activity, which includes walking or cycling for leisure or travel, dancing, sporting activities and fitness activities.

Although we are happy that the Committee is taking a broad view of 'sport and recreation' and is interested in hearing about all activities that support an active lifestyle, we believe terminology matters and would urge the Committee to

¹ Department of Health and Social Care (2019), 'UK Chief Medical Officers' Physical Activity Guidelines'. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf

² Sport England (2020), Active Lives Adult Survey May 2019/20 Report. Available from: <https://www.sportengland.org/know-your-audience/data/active-lives>

adopt language that is more all-encompassing of movement and what it means to be active. 'Sport' is an unhelpful term as many people do not view themselves as 'sporty', and this language may act as a barrier to encouraging people who are inactive into physical activity. In addition, we believe that the headline term 'recreation' is limiting as there is ample opportunity to build physical activity into our everyday lives that doesn't involve recreation or leisure, for example through active travel and making walking and cycling a default option for our everyday journeys.

Question 3:

How can adults of all ages and backgrounds, particularly those from under-represented groups, including women and girls, ethnic minorities, disabled people, older people, and those from less affluent backgrounds, be encouraged to lead more active lifestyles?

The Centre for Ageing Better is particularly focused on supporting people in mid to later life who are physically inactive (doing less than 30 minutes of physical activity per week) to become more active. Among this age group, there are certain groups that are more likely to be inactive than others, including people who are unemployed, have a long-term condition or disability and are from certain black, Asian and minority ethnic groups. Women are also slightly more inactive than men, and levels of activity generally decrease as people get older.³

There are a number of barriers that prevent individuals from being more physically active.⁴ These include practical issues, such as cost or access to parking; health issues, such as having a long-standing illness or disability or being fearful that physical activity might be painful or worsen their condition; sociocultural issues, such as lack of time and psychological issues such as a lack of motivation or perceived lack of capability, as well as cultural and religious factors. There are issues related to the environment, like not having access to walking and cycling routes or green spaces, and issues related to a lack of diverse and inclusive offers that would appeal to this group and would be suitable to their age and ability.

The Centre for Ageing Better is interested in two key channels to supporting more people in mid to later life to become active:

- The fitness and leisure sector
- Active travel

The fitness and leisure sector

In its 'Reimagining Ageing' report,⁵ ukactive, an industry association that promotes the interests of commercial fitness gyms and community leisure

³ Sport England (2020), Active Lives Adult Survey May 2019/20 Report. Available from: <https://www.sportengland.org/know-your-audience/data/active-lives>

⁴ Centre for Ageing Better (2019), 'Raising the bar on strength and balance: The importance of community-based provision'. Available from: <https://www.ageing-better.org.uk/publications/raising-bar-strength-balance>

⁵ Ukactive (2018), 'Reimagining ageing'. Available from:

centres, concluded that, “The sector is not currently providing, nor marketing, a sufficiently attractive offer to older [aged 55 and over] people, despite an ambition to do so”.

Their analysis found that despite older adults (aged 55 and over) accounting for 36% of the adult population, they make up just one in five (20%) members of public leisure facilities. In a poll carried out by the Centre for Ageing Better in August 2020, we found that just 12% of 50-75 year olds who aren't current users or members think their local gym or leisure centre caters for their needs. The sector is missing an opportunity to engage with this consumer market and broaden its member and user base.

Recommendations for the sector:

As the sector emerges from the impact of the pandemic and repeated closure of its facilities due to lockdown measures, it should take the opportunity to reinvent itself and reconceptualise its service offer and how it can help inactive adults in mid to later life overcome barriers to being more physically active, particularly in terms of supporting people to get active in their community. Rather than mainly targeting their usual younger, fitter consumer base, the sector should be looking to expand its reach by considering the age inclusivity of its offer and what types of sessions the sector could be specifically targeting at older or less active groups.

An initiative in Wigan that engaged older adults in a co-design process identified recommendations for change and improvement along the following three themes:⁶

- **Promotion:** Increased and targeted promotion of adult physical activity guidelines and what programmes and services are available to enable older adults to meet these guidelines
- **Recruitment:** Making the link with local GPs, physiotherapists and social prescribers so they are aware of what services the sector has to offer locally and can refer older people to these services; as well as training volunteer champions and developing an outreach programme to promote physical activity and other health and wellbeing initiatives
- **Accessibility:** Exploring different pricing options and incentives for older adults and ensuring programmes are accessible and tailored to different needs

Recommendations for the government:

Explore what role the fitness and active leisure sector can play to provide community-based support to individuals to become active again and halt declines in functional ability post pandemic. The fitness and active leisure sector needs to adopt more age-positive and inclusive practices with a view to increasing the number of users in mid to later life. This should be backed with

<https://www.ukactive.com/reports/reimagining-ageing/>

⁶ Inspiring Healthy Lifestyles et al (2019), 'A Strong and Balanced Offer: Final Report'. Available from:

<https://edshare.gcu.ac.uk/4781/1/Strong%20and%20Balanced%20Offer%20Full%20Report.pdf>

government funding for the sector, including to support adults in mid to later life who have deconditioned.

Active travel

Active travel – walking or cycling for everyday journeys that get us from place to place – is another key approach to increasing levels of physical activity among people in mid-life. Active travel offers a convenient and accessible way to build physical activity into people's lives and can be effective at helping inactive people become active outside of their leisure time. Yet people in mid and later life are less likely to participate in active travel compared to younger age groups.

Older adults are especially dependent on walking as their main form of physical activity, which is why approaches to promote walking for travel should be a key priority for this age group. Barriers to walking environments often include a lack of pavements, poor street lighting and exposure to high motor vehicle speeds. In addition, of increasing concern is a lack of somewhere purposeful to walk to, due to many local services and leisure opportunities, such as local libraries, pubs or bank branches, closing and thereby reducing the number of local amenities that are within walking or cycling distance. People from lower socioeconomic groups in particular are more likely to live in areas with fewer green spaces and with pedestrian infrastructure that is more hazard strewn, for example uneven and deteriorating surfaces or lacking dropped kerbs, making it harder especially for those with mobility issues to navigate.⁷

As part of their inclusive cycling work, Sustrans found high unmet demand for cycling among a variety of underserved groups, including people in mid to later life – many of whom would like to start but not enough is being done to address the barriers they face, particularly around road safety and fear of traffic.⁸ Public spaces need to make it easier for everyone, regardless of their age, gender, ethnic background or health condition, to get around their community by walking and cycling.

Recommendations for local authorities:

Local authorities and local transport authorities should ensure they apply an ageing lens to their active travel and transport policies. They should invest in walking and cycling infrastructure and tackle barriers such as road safety which are especially pertinent for an older age group, for example by investing in dedicated cycle tracks separated from motor traffic and pedestrians on all busy roads, rolling out 20mph zones in urban areas and smaller settlements, and maintaining walking and cycling infrastructure so that surfaces are free of potholes, clear of debris and smooth and flush.

⁷ Graham H, et al (2020), Older people's experiences of everyday travel in the urban environment: a thematic synthesis of qualitative studies in the United Kingdom, *Ageing and Society*; 40(4):842-68.

⁸ Sustrans (2020), 'Cycling for everyone: A guide for inclusive cycling in cities and towns'. Available from: https://www.sustrans.org.uk/media/7377/cycling_for_everyone-sustrans-arup.pdf

Local authorities also need to ensure that adults in mid to later life are consulted from the start and throughout the process and that the consultation process is inclusive and enables those who are less likely to participate to engage. IT literacy, access, and language are common barriers that need to be addressed.

Recommendations for government:

Further investment into walking and cycling infrastructure and behaviour change interventions is needed to specifically tackle barriers preventing people in mid and later life from taking up active travel. In particular, the Department for Transport must ensure that tranche 2 of its Active Travel Fund does not widen inequalities. DfT should stipulate that local authorities use their funding allocations to implement and evaluate approaches that increase walking and cycling among groups currently missing out but who would stand to benefit the most from taking up active travel, including older adults, those with lower incomes, health conditions and disabilities, and people from certain ethnic minority backgrounds.

The emergence of e-bikes offers the opportunity to maintain or increase levels of cycling for non-car based everyday travel because they support older adults to overcome longer or more complicated journeys and increases their range.⁹ However, the cost of an e-bike can be prohibitive, so the Government should examine schemes to make e-bikes more affordable so they can benefit a wider range of individuals.

⁹ Jones, T et al (2016), 'Motives, perceptions and experiences of electric bicycle owners and implications for health, wellbeing and mobility', *Journal of Transport Geography*, 53: 41-49.

Question 5:

Is government capturing an accurate picture of how people participate in sport and recreation activities in its data collection? How could this be improved?

We would recommend that the Committee not focus strictly on participation in sport and recreation activities but take a more holistic view and instead focus on movement that counts as physical activity more broadly.

The Chief Medical Officers' guidelines for physical activity for adults includes guidance not only on aerobic activity but also on muscle strengthening and breaking up long periods of time spent being sedentary – two key elements of the guidance that have long been overlooked.

Muscle strengthening and balance are particularly important for older adults because they are closely correlated to an individual's functional ability and whether or not they are able to continue to carry out daily activities.¹⁰ The CMOs' guidelines specifically highlighted: "The recommendations we made in 2011 on muscle strength have not achieved the recognition we believe they merit. We therefore want to underline the importance of regular strength and balance activities: being strong makes all movement easier and increases our ability to perform normal daily tasks."¹¹

Long periods of inactivity and sedentary behaviour – which have been exacerbated by the COVID-19 pandemic and the increased amount of time people are spending at home – are associated with a higher risk for several major chronic disease outcomes as well as loss of muscle function and mobility.¹² Adults who meet the recommended physical activity guidelines for aerobic and muscle strengthening activity can still be considered sedentary if they spend extended periods of time being inactive and not moving.

Recommendation for government: It is welcome that Sport England has plans to measure strength as part of their Active Lives survey going forward. We would also call for the inclusion of measures to determine levels of sedentary behaviour. The Health Survey for England regularly measures levels of physical activity, but it does not regularly measure levels of muscle strengthening activities or sedentary behaviour. We call on the government to regularly measure all aspects of the CMOs' physical activity guidelines, including muscle strengthening activities and sedentary behaviour.

¹⁰ Rantanen, T et al (2002), 'Muscle strength as a predictor of onset of ADL dependence in people aged 75 years', *Aging Clinical and Experimental Research*, 14(3 Suppl), 10-5.

¹¹ Department of Health and Social Care (2019), 'UK Chief Medical Officers' Physical Activity Guidelines'. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf

¹² Department of Health and Social Care (2019), 'UK Chief Medical Officers' Physical Activity Guidelines'. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf

Question 6:

How can racism, homophobia, transphobia, misogyny and ableism in sport be tackled?

We would urge the Committee to also look into ageism, given age is a protected characteristic. There is a stark age gradient when it comes to levels of physical activity – the older we get, the more physically inactive we become, especially after the age of 50.

As we have outlined above, a key barrier for adults in mid to later life includes a lack of diverse and inclusive offers that would appeal to this group and would be suitable to their age and ability. There are a number of things the sector could do attract older participants and create more age-friendly and inclusive environments. Some examples of how this could be done include:

- **Marketing materials that are more age-inclusive:** using promotional materials that show a diverse range of people across all age groups and abilities rather than featuring predominantly younger, fitter people.
- **Providing offline alternatives:** Some older people aren't online or even if they are, may not have the skills and the confidence to navigate or access a range of online services or choices. The sector should ensure that it reaches older adults with hard copy materials of its services and offers.
- **Ensuring sites are accessible for people with disabilities:** Older people are much more likely to be living with one or more disabling health conditions than younger people. Sites need to be accessible not just for those with mobility issues but also for people with other health issues such as hearing or vision impairments. Equipment needs to be accessible for everyone, including those with health conditions and declining abilities.
- **Sessions that are tailored by ability, not age:** Instead of offering 50+ sessions or classes, physical activity offers should make clear for what level of ability the class would be suitable for and may want to specialise in tailoring sessions for people with certain health conditions.
- **Staff and instructors that are trained to be more age-friendly:** Staff should be trained to be more age-friendly in language and communication and should have the skills and the confidence to support people with health conditions or disabilities to take up physical activity.

Question 10:

Should there be a national plan for sport and recreation? Why/why not?

A cross-government plan for physical activity

Instead of a DCMS strategy on sport and recreation, we would welcome a cross-government plan for physical activity that promotes local whole systems approaches to physical activity. However, without sustained cross-government commitment and investment, it is unlikely any such plan will have much impact. We note that despite an ambition in the Government's 2015 sports strategy to

'submit a formal, annual report to parliament setting out progress in implementing this strategy', there hasn't been a report to Parliament in the last three years.

We would support a cross-government plan on physical activity that is matched with sustained, cross-government commitment to embed physical activity across all systems, including health, housing, employment and transport. We strongly welcome and support Sport England's new strategy launched on the 26th of January, including its recognition that regular physical activity is critical to healthy ageing, particularly for maintaining muscle and bone strength, and reducing the pace of mental decline.¹³ However, we do still need to see national leadership from government on this issue to drive further investment and to join up policies. We need the government to provide leadership for implementing the CMOs' physical activity guidelines, to provide a stronger focus on physical activity as part of DHSC's prevention paper, and a cross-government approach to physical activity (as opposed to a DCMS sports and recreation strategy) that would include commitments and accountability from other government departments, including DCMS, DHSC, MHCLG, DfE, DEFRA and DfT.

A National COVID-19 Resilience Programme

In addition to a longer term, cross-government strategy on physical activity, we need to see a more immediate response to the impact COVID-19 has had on physical activity. Social distancing measures put in place in response to the COVID-19 pandemic have led to a large proportion of the population spending significantly more time at home and, as a result, becoming physically more inactive. Yet physical activity represents the single most impactful way in which older people can reduce the risk of developing severe COVID-19, improve recovery, and limit declines in their health and ability to stay independent and carry out daily tasks while being asked to stay at home.¹⁴

In a YouGov poll commissioned by The Physiological Society in October, almost one in three over 50s polled (32%) said they had done less physical activity during the lockdown (23 March – 4 July 2020) compared to normal. And, of those, 43% said that this was because they no longer had a reason, or had less reason, to get out of the house and be active. Research carried out by Age UK found that reduced opportunities to socialise and be physically active has already had a drastic impact on older people's physical and mental health, with one in four older people reporting they are unable to walk as far as before and one in five feel less steady on their feet.¹⁵

¹³ Sport England (2021), 'Uniting the Movement: A 10-year vision to transform lives and communities through sport and physical activity'. Available from: <https://www.sportengland.org/why-were-here/uniting-the-movement>

¹⁴ The Physiological Society and the Centre for Ageing Better (2020), 'A National Covid-19 Resilience Programme: Improving the health and wellbeing of older people during the pandemic'. Available from: <https://static.physoc.org/app/uploads/2020/11/09152548/A-National-Covid-19-Resilience-Programme-report-web-version.pdf>

¹⁵ Age UK (2020), 'The impact of COVID-19 to date on older people's mental and physical health'. Available from: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf

We believe now is the time for a National COVID-19 Resilience Programme that would bring together a package of measures, including a tailored exercise programme, targeted at older adults who have key COVID-19 risk factors (obesity, type 2 diabetes, cardiovascular disease, and sarcopenia), to support older people through the lockdown and keep them healthy and resilient over the winter.

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