

Swimming

Walking the dog

Taking the stairs

Sex

Washing the car

Mowing the lawn

SECTION 5



ACTIVE FOR LATER LIFE

Promoting physical activity with older people



BEATING HEART DISEASE TOGETHER

SECTION 5 – PUTTING IT INTO PRACTICE

The framework for defining the physical activity and health needs of older people, described in section 1, outlined three related and overlapping categories:

5.1 Making Activity Choices,
for people *entering old age*

5.2 Increasing the Circle of Life,
for people *in the transitional phase*

5.3 Moving in the Later Years,
for *frailer older people*

This framework may help with the planning of national and local interventions in that the categories relate not only to health status and functional capacity of older people, but also point towards policy frameworks and the range of professionals and service providers who may be involved.

The framework has been designed to assist in the planning of a continuum of opportunities and services to meet the needs of all older people.

In each of these areas, the focus of work will be on:

- involving older people in developing programmes
- providing high quality and accessible programmes with local partners
- promoting positive images of older people by developing innovative programmes that avoid stereotyping
- building the skills of the workforce through education and training.



SECTION 5 – PUTTING IT INTO PRACTICE (CONTINUED)

The Active for Later Life framework – a continuum of activity opportunities

Activity area	Target group	Focus	Providers
<p>Making activity choices <i>Independent and unsupervised activity</i></p>	<p>Those entering old age Independent older people whose health status does not affect their capacity to participate Older people with low risk</p>	<p>Disease prevention, maintaining activity levels and functional capacity Starting and sustaining participation in physical activity Involvement in active leisure, sport and exercise programmes Active living and lifelong learning</p>	<p>Leisure, recreation and activity providers Voluntary sector dance and sports groups Private sector health and fitness clubs Primary health care teams Activities may be self-directed, often assisted or supported by instructors, coaches, teachers and leaders</p>
<p>Increasing the circle of life <i>Supervised classes and groups within a health, social, residential or care setting</i></p>	<p>Those entering the transitional phase Older people in contact with services, eg, housing or care People whose activity level is declining and limited by function and health status Older people with medium risk</p>	<p>Maintaining independence, social networks and functional capacity Movement, dance and assisted walking activities Chair-based exercise programmes, movement and games activities Home-based exercise programmes</p>	<p>Service managers Social, care and residential settings Day centres, housing wardens Activities co-ordinators in nursing and residential settings Qualified leaders/ instructors/teachers of older people Health/care professional. Home visitors, eg, community nurses</p>
<p>Moving in the later years <i>Requires adapted physical activity</i></p>	<p>Frail older people Physically frail, may be housebound and in a care or nursing setting People whose dependency and activity levels are significantly limited by health status Older people with high risk</p>	<p>Improvement in quality of life Maintaining independence and activities of daily living Rehabilitation, eg, falls prevention, cardiac and stroke rehabilitation Specific needs, eg, dementia, Parkinson's disease</p>	<p>Specialist services Physiotherapists Occupational therapists Exercise practitioner with additional training Health and care teams with specific training Activities co-ordinators in nursing and residential settings</p>



5.1 MAKING ACTIVITY CHOICES

PROMOTING PHYSICAL ACTIVITY WITH PEOPLE ENTERING OLD AGE

Target group focus

This target group includes those older people who largely enjoy independent living but may have some indications of disease although their health status does not affect their capacity to participate in physical activity. They will already be experiencing natural age-related functional decline. They may also be experiencing increased functional decline associated with increasing inactivity (which is also associated with age). Although there are significant variations, most people in this group are likely to be in the 50-70 age range. These are people most likely to fall within the National Service Framework category of those 'entering old age': they can participate in all activities of daily living and are able to regularly engage in appropriate physical activity.

Recommendations

The principal focus in this category is on encouraging the adoption of activity choices to meet a wide range of physical, psychological and social needs. This might include starting as well as sustaining participation in physical activity opportunities such as joining a walking group, exercise classes, sporting activities and dance.

MAKING ACTIVITY CHOICES

Key physical activity recommendations for this group

To improve health, all adults should try to build up gradually to accumulate half an hour of moderate intensity physical activity on five or more days of the week (Department of Health 2005).

Strength and endurance exercises for all major muscle groups should also be undertaken for 30-60 minutes, two to three times a week, and flexibility exercises on a daily basis (World Health Organization 2002; American College of Sports Medicine 1998).

The challenge is to help older people recognise the value of regular physical activity, appreciate the health and other benefits and to learn to integrate the components of an effective programme – endurance, flexibility and balance – into a more active lifestyle.



See Section 1 – Physical activity recommendations for older people



5.1 MAKING ACTIVITY CHOICES (CONTINUED)

Pre-activity health check for older people

Physical activity should not be hazardous to health but older people, particularly those who have been inactive for some time or those with pre-existing conditions (for example angina or high blood pressure), should check with their doctor before taking up physical activity.

Checking with a doctor before starting an activity programme can be positively promoted when it is seen as a commonsense measure. This is supported by the American College of Sports Medicine (1998).

Key policy themes and priorities

From the range of policy priorities identified in section 2 (see *Connections to national and local policy*), four key policy themes emerge that are most appropriate for people making activity choices.

Successful ageing

Maintaining independence and mobility

Purposeful occupation

Activities with defined purposes, relevance and integrity

Ageing well

Health promotion and the management of conditions

Developing lifelong learning

About physical activity



5.1 MAKING ACTIVITY CHOICES (CONTINUED)

Potential programme partners

The policy priorities mentioned above will direct you towards potential programme partners. In each local area there may be differences but the key to success in providing activity choices will be:

The voluntary sector

Walking and cycling groups

Dance and movement organisations

Sports clubs and associations

Age-related non-governmental agencies

Community organisations and religious groups

Local authority services

Leisure and recreation department

Sports development teams

Adult or community education

Facility providers

Leisure and recreation centres

Fitness and health clubs

Local schools, colleges and universities

Health services

Primary health care teams and services

Strategic local leadership and co-ordination

Section 3 outlined some of the processes and strategies required to ensure that local activities are co-ordinated and to ensure the best use of local resources and expertise so that all local players are working together to share good practice. Potential key players have been identified above, but there is also a need for a local focal point and strategic leadership. Again, local circumstances will vary but in Making Activity Choices, local leadership is most likely to be provided by a person with lead responsibility for health promotion and older people – for example:

- the lead person for the implementation of Standard 8 of the National Service Framework for Older People (usually within a primary care trust)
- an Age Concern Ageing Well co-ordinator
- a local authority physical activity and exercise development officer
- a specific 50+ physical activity/sport development co-ordinator
- an Active Communities manager.



5.1 MAKING ACTIVITY CHOICES (CONTINUED)

Opportunities for programme development

Opportunities for new programmes for this target group can be developed in a number of ways. This section provides a number of ideas for activities, and key resources and other sources of information that could be used to help local developments. For more information see the Information directory.

Many of these opportunities form part of mainstream health, physical activity, exercise and sports development activity. However, they may require specific and appropriate promotional and marketing strategies designed for the older adult.

These suggestions should only be used as a general guide, for three reasons:

- older people may well describe the benefits in a different way
- the benefits are often inter-linked
- such benefits will also depend on the frequency, intensity and duration of the physical activity undertaken.

KEY

The following symbols indicate some of the more specific benefits that might be gained as a result of participation in each type of programme.

C = Cardiovascular health

F = Flexibility

IM = Independence and mobility

MSE = Muscular strength and endurance

OL = Opportunities for learning

PS = Psychological and social health

Making Activity Choices

Activity	Key resources
<p>Walking and cycling groups and activities</p> <p>C & IM</p> <p>Walking remains the most popular activity among older people and can be undertaken individually, with partners and friends, or in groups. Programmes can build on the opportunities provided by regular local walks led by volunteers and promote 'active transport'.</p>	<p>Start up a Walking Group and U3A Walking Network University of the Third Age www.U3A.org.uk</p> <p>Walking the Way to Health Countryside Agency and British Heart Foundation www.whi.org.uk</p> <p>Ramblers Association www.ramblers.org.uk</p>
<p>Dance and movement (within local community and arts-related programmes)</p> <p>C & PS</p> <p>Dance opportunities are identified by older people as being attractive, safe and sociable. Local branches of the Keep Fit Association and the Fitness League, and many other dance and movement organisations, provide local community-based opportunities for activity with a strong social element. These range from line dancing to tea dances, from cha-cha-cha to folk dancing.</p>	<p>Beyond the Tea Dance. A Charter for Older People Foundation for Community Dance www.communitydance.org.uk</p> <p>Creative Movement for Healthier Older People Dance4 www.dance4.co.uk</p> <p>Growing Bolder. A Start-Up Guide to Creating Dance with Older People Green Candle Dance Company www.greencandle.com</p> <p>Jabadao www.jabadao.org</p>



5.1 MAKING ACTIVITY CHOICES (CONTINUED)

Making Activity Choices

Activity	Key resources
<p>Adult and lifelong education programmes</p> <p>OL & PS</p> <p>Linking adult education to physical activity programmes, based on the premise that it is never too late to learn or to start being active.</p>	<p>The Impact of Learning on Health National Institute for Adult and Continuing Education www.niace.org.uk</p> <p>Prescribing Learning. A Guide to Good Practice in Learning and Health National Institute for Adult and Continuing Education www.niace.org.uk</p> <p>University of the Third Age www.U3A.org.uk</p>
<p>Extending sports participation</p> <p>C & PS</p> <p>Programmes to develop veterans' and older performers' sections in local sports clubs and associations will provide opportunities for those already committed to sports to be able to sustain their involvement.</p> <p>Community Sports Partnerships lead this work at a local level.</p>	<p>Active Communities Running Sport Volunteer Investment Programme Sport England www.sportengland.org.uk</p> <p>Sport – A Leap into Learning? National Institute for Adult and Continuing Education www.niace.org.uk</p> <p>Active Older Adults: Ideas for Action Human Kinetics, at www.humankinetics.com</p> <p>British Orienteering Association www.britishorienteering.co.uk</p> <p>British Masters Athletics Association www.bvaf.org.uk</p>
<p>Building on primary health care teams' advice and referral</p> <p>CVH, MSE & F</p> <p>Health professionals in primary care teams are ideally placed to encourage older people to increase their level of physical activity. This can be done in one of several ways:</p> <ul style="list-style-type: none"> • opportunistically – giving routine advice on the benefits of increasing activity • offering specific counselling services • recommending facilities – for example local walking programmes • developing exercise referral schemes. 	<p>Physical Activity Toolkit – A Training Pack for Primary Health Care Teams www.bhfactive.org.uk</p> <p>Exercise Referral Systems: A National Quality Assurance Framework Department of Health http://www.dh.gov.uk/Home/fs/en</p>



5.1 MAKING ACTIVITY CHOICES (CONTINUED)

Making Activity Choices

Activity	Key resources
<p>Pre-retirement and workplace education programmes</p> <p>C & PS</p> <p>There are opportunities provided through workplace and pre-retirement programmes which consider the transition out of paid work as an opportunity for health promotion through:</p> <ul style="list-style-type: none"> • pre-retirement health checks • provision of exercise classes and 'active' commuting opportunities to and from work • information and resource packs promoting health and well-being. 	<p>Pre-retirement Health Check Pilots Developed by the Health Development Agency available online at http://www.nice.org.uk/</p> <p>Life Academy (formerly the Pre-Retirement Association) www.life-academy.co.uk/</p>
<p>Working with non-governmental organisations</p> <p>C, PS & OL</p> <p>Physical activity opportunities can be developed within health promotion programmes, in partnership with Age Concern, University of the Third Age.</p>	<p>Age Concern – Ageing Well www.activage.org.uk</p> <p>University of the Third Age www.U3A.org.uk</p>
<p>Exercise promotion via health and fitness clubs</p> <p>C, MSE & F</p> <p>Building on the enthusiasm of older people who are known to display a high degree of loyalty once committed to membership of groups and clubs.</p>	<p>Fitness for Life (Central YMCA) www.centralymca.org.uk</p> <p>Fitness Industry Association www.fia.org.uk</p> <p>Fitness Professionals (Fitpro) www.fitpro.com</p>
<p>Adapting and modifying sporting activities</p> <p>Developing specific programmes for older people who perhaps have left sports-specific participation behind, but do not want to be limited or stereotyped by chair-based movement or other 'gentle exercise' programmes.</p>	<p>Institute of Sport and Recreation Management www.isrm.co.uk</p> <p>British Sports Trust www.bst.org.uk</p>
<p>Initiating new local exercise classes</p> <p>C, MSE & F</p> <p>Providing new groups for seniors and 'mature movers' in local venues, using qualified teachers and instructors.</p>	<p>Fitness for Life (Central YMCA) www.centralymca.org.uk</p> <p> See also the Training section of the Information directory.</p>



5.1 MAKING ACTIVITY CHOICES (CONTINUED)

Making Activity Choices

Activity	Key resources
<p>Inter-generational activities with local schools</p> <p>PS & OL</p> <p>Developing links between local schools and older adult groups and organisations can be used as a vehicle for inter-generational understanding and activity programmes.</p>	<p>Centre for Intergenerational Practice www.centreforip.org.uk</p> <p>Age Concern Transage Action www.ageconcern.org.uk</p>
<p>Promoting 'active living' eg walking and cycling to work, stair-use, gardening</p> <p>IM & PS</p> <p>Promoting accessible opportunities to be more active by encouraging non-participants to build activity into their daily routines.</p>	<p>Walking the Way to Health Countryside Agency and British Heart Foundation www.whi.org.uk</p> <p>Sustrans www.sustrans.org.uk</p>
<p>Environmental projects such as Green Gyms and Home Zones</p> <p>PS & OL</p> <p>Urban and rural environmental projects – for example voluntary work restoring woodlands, building new pathways or restoring streams and ponds – provide opportunities for physical activity as well as social contact and networks of new friends.</p>	<p>Pedestrians Association – Living Streets www.livingstreets.org.uk</p> <p>British Trust for Conservation Volunteers (Green Gyms) www.btcv.org.uk</p>
<p>Educating and training older people to become activity motivators and organisers</p> <p>PS & OL</p> <p>There are numerous opportunities to initiate new activity programmes by providing opportunities for older people to become activity leaders and teachers. These also provide new opportunities for lifelong learning, and for developing new interests and skills.</p>	<p>Community Sports Leaders Award (British Sports Trust) www.bst.org.uk</p> <p>Walking the Way to Health Countryside Agency and British Heart Foundation www.whi.org.uk</p> <p>Someone Like Me www.laterlifetraining.co.uk</p> <p> See also the Training section of the Information directory.</p>



5.1 MAKING ACTIVITY CHOICES (CONTINUED)

Motivating older people

 See Working paper 2 – Overcoming the barriers

For more information on motivating older people click on *overcoming the barriers*

Many older people will have a history of inactivity. As well as considering barriers towards physical activity, programmes designed to motivate inactive older people to become active will need to consider:

- those determinants and factors associated with positive changes – for example:
 - having a positive attitude towards physical activity
 - having a GP who recommends physical activity
 - belief in the health benefits of physical activity
 - high levels of self-efficacy for physical activity
 - high levels of social support for physical activity
- those who are in a position to provide motivation, advice and guidance to older people.

The role of health professionals

Health professionals are in a unique position to provide motivation, and evidence suggests that, for many older people, the advice of their GP can be a powerful motivational factor. Such advice will need to address in particular:

- the specific barriers to physical activity identified by older people
- the perceived lack of ability of older people
- possible lack of transport
- medical concerns
- fear of injury
- erroneous beliefs about physical activity.

A simple model for health professional advice to older people identified by Eakin (2001) suggests the following sequence of activities for each patient contact:

- assessment of problem area(s)
- collaborative identification of goals between patient and professional
- creation of tailored action plan that specifies which activities will be undertaken
- identification of any social and environmental barriers
- systematic follow-up and support.

 See Working paper 5 – One-to-one interventions – recommendations for practice



5.1 MAKING ACTIVITY CHOICES (CONTINUED)

Motivation through senior peer mentoring

Older people are in a unique position to influence and motivate other older people ('someone like us'), and programmes can be developed that incorporate the concept of the senior peer mentor. These programmes have been in existence in the UK and in the US for some time within specific health projects which target older people. By involving older people themselves in health promotion activities with their peers there is the potential to deliver a health gain in partnership with large numbers of older people.

A senior peer mentor is someone who helps and encourages other older people (their peer group) to take the first steps towards healthy living and successful ageing. They point people in the right direction, providing appropriate information, being someone that an older participant can talk to and who will understand things 'from their point of view'. It is someone who can help with positive health promotion and who may be seen as a positive role model. Senior peer mentors are not expected to give medical advice. They encourage those involved to seek this help by helping to remove fear and by listening to their concerns.

For more information about the Senior Peer Activity Motivator Programme click on www.laterlifetraining.co.uk and www.bhfactive.org.uk

Reaching older people

In some cases, reaching many people in this group is no different to promoting activity with other target groups, as they are living independently. Consequently the principles of promotion and marketing programmes and opportunities for older people are no different to those required for other population groups.

Reaching potential new participants and 50+ groups requires an understanding of where older people 50+ go and ensuring that promotion materials are there – for example via local branches of age-related organisations, local community groups and organisations.

Local outlets for promotion will include:

- pre-retirement groups
- local branches of voluntary organisations
- doctors' and dentists' surgeries
- libraries
- post offices
- public transport
- pubs and clubs
- community groups
- religious organisations
- Healthy Living Centres
- day centres
- local information centres.



5.1 MAKING ACTIVITY CHOICES (CONTINUED)

Local radio and TV, and local newspapers, are important channels of communication. One news paragraph in a free newspaper may reach and attract a large number of older people. A press release or ready written news article will also make life easier for local media partners. All promotional materials need to give a clear point of contact for those interested in activities.

Promotional launches involving local personalities, eg, famous 80 year olds, can be useful in attracting media coverage, but beware of coverage that may trivialise the main message or offer stereotyped images of older people being active.

Local programmes can use a range of promotional ideas which should focus on promoting positive images by developing innovative programmes that avoid stereotyping the older person.

Building the skills of the workforce through education and training

Many people will be self-directed in making activity choices but often they will enjoy the help of an experienced and qualified leader, coach, or teacher who can provide appropriate advice and guidance.

 **See also the Training section of the Information directory, for details of some of the training programmes currently available for leaders, instructors and teachers who work with older people**



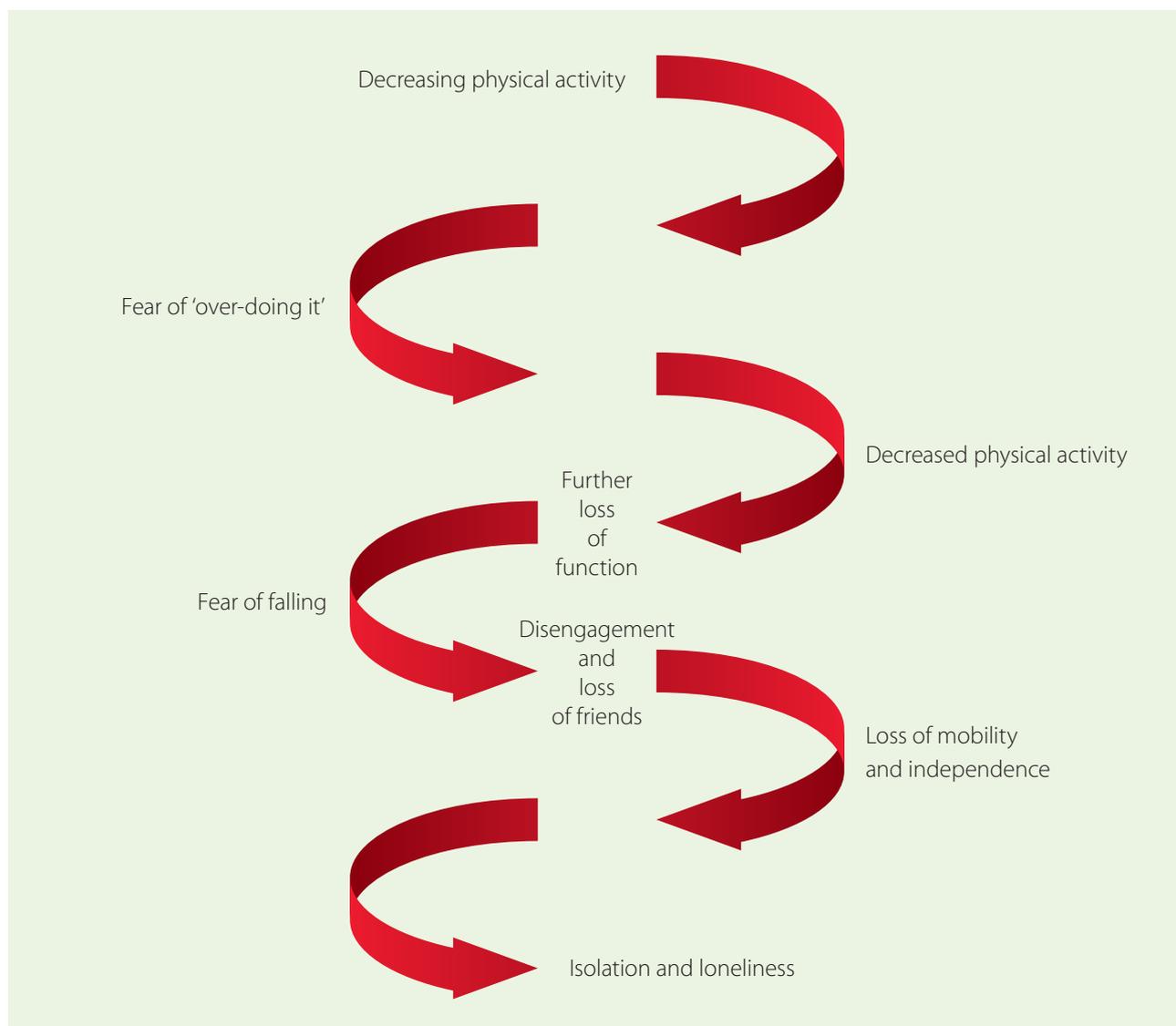
5.2 INCREASING THE CIRCLE OF LIFE

PROMOTING PHYSICAL ACTIVITY WITH OLDER PEOPLE IN THE 'TRANSITIONAL PHASE'

Target group focus

The target group is older people with very low levels of physical activity who are experiencing diminishing functional capacity and are accessing a range of services to support their daily living. This may include those who continue to live at home and those who already live in a care or residential setting. Although there will be significant variations, most people in the transitional phase will be in the 65-85 age range. These older people are most likely to fall within the National Service Framework category of those in the 'transitional phase' and are very unlikely to be engaged in physical activity. While they may still be living independently, they may also be beginning to develop chronic medical conditions which may threaten their independence.

Diagram 8 Downward spiral of physical activity, function and decline



5.2 INCREASING THE CIRCLE OF LIFE (CONTINUED)

RECOMMENDATIONS

The principal focus in this category is promoting physical activity that will improve functional capacity, increase mobility and help in the maintenance of independent living. This will allow older people to stay in touch with their friends, family and neighbours, get out and about in order to maintain their social networks and visit places of interest, and sustain all the activities of daily living, eg, shopping, getting about the house and gardening.

INCREASING THE CIRCLE OF LIFE

Key physical activity recommendations for this group

For this group the most appropriate recommendations are:

Start at a level of activity with which you are comfortable. This may be as little as five minutes at a time. Progress to two or three sessions of 10-15 minutes of moderate physical activity per day.

Any activity is better than none at all. The aim should be gradually to increase the duration and intensity of activity and work towards the recommended levels of:

- moderate intensity activity for half an hour on at least five days of the week (Department of Health, 1999)
- strength, balance and endurance exercises for all major muscle groups for 30-60 minutes, two to three times a week, and flexibility exercises on a daily basis (WHO 2002, American College of Sports Medicine, 1998).

NB For many inactive and de-trained older people, these recommendations may provide a daunting challenge.



See Section 1 – Physical activity recommendations for older people

Pre-activity health check for older people

To ensure that programmes are safe and individually tailored, a written health assessment should be carried out for all individuals, whatever their age and health status. This should be completed before the programme begins.

Although there are real concerns about the over-medicalisation of recreational and everyday activities, as this may imply that activity is risky or even dangerous (a concern of older people themselves), such an assessment can be used in a positive way. It is important to clarify (both to health professionals and to potential participants) that the purpose is to ensure that inclusion and participation is at an appropriate level, rather than to ensure safety by excluding older participants.



5.2 INCREASING THE CIRCLE OF LIFE (CONTINUED)

Key policy themes and priorities

From the range of policy priorities identified in section 2 (see Connections to national and local policies), the four key themes identified in 'Making Activity Choices' are also appropriate for people 'Increasing the Circle of Life'. However, there may be a shift in priorities to meet the needs of older people in this category.

Successful ageing

Maintaining independence and mobility

Purposeful occupation

Activities with defined purposes, relevance and integrity

Ageing well

Health promotion and the management of conditions

Developing lifelong learning

About physical activity

Potential programme partners

A range of organisations including the voluntary sector will be providing services to older people in this group. They have the potential to become partners in local programmes. For example:

- Supported housing and residential associations, eg, local branches of the Anchor Trust and other major housing service providers
- local branches of the voluntary sector, eg, Age Concern day centres
- social services day care
- health and care services including primary health care teams
- home visitors including health visitors and community nurses.

Strategic local leadership and co-ordination

Strategic local leadership and co-ordination will most likely be provided by a person with lead responsibility for health promotion and older people – for example:

- the lead person for the implementation of Standard 8 of the National Service Framework for Older People (usually within a primary care trust)
- a community health care trust
- an Age Concern Ageing Well co-ordinator
- a local authority physical activity and exercise development officer
- a specific 50+ physical activity/sport development co-ordinator
- service managers, eg, of home support or sheltered housing services.



5.2 INCREASING THE CIRCLE OF LIFE (CONTINUED)

Opportunities for programme development

Opportunities for new programmes for this target group can be developed in a number of ways. The following indicate some ideas that might be appropriate.

KEY

The following symbols indicate some of the more specific benefits that might be gained as a result of participation in each type of programme.

C = Cardiovascular health

F = Flexibility

IM = Independence and mobility

MSE = Muscular strength and endurance

OL = Opportunities for learning

PS = Psychological and social health

These suggestions should only be used as a general guide, for three reasons:

- older people may well describe the benefits in a different way
- the benefits are often inter-linked
- such benefits will also depend on the frequency, intensity and duration of the physical activity undertaken.

There is some overlap between this section and the equivalent section in Moving in the Later Years on page 00 in that many of the activities and opportunities may be appropriate for both groups of older people. Providers identified will be able to offer advice and guidance on the appropriateness of their programmes and the skills and experience of those involved, and any adaptations that may be needed.

Increasing the Circle of Life	
Activity	Key resources
Promoting gardening PS & IM	Thrive www.thrive.org.uk
Dance and creative movement activities C & PS & IM Partnerships with arts and dance agencies can be used to create a variety of dance and movement opportunities for older people.	Dance 4 www.dance4.co.uk Green Candle Dance Company www.greencandle.com Foundation for Community Dance www.communitydance.org.uk



5.2 INCREASING THE CIRCLE OF LIFE (CONTINUED)

Increasing the Circle of Life

Activity	Key resources
<p>Progressive chair-based and exercise classes PS, IM, MSE & F</p> <p>Several studies have shown that seated exercise is the safest, most effective way of strengthening functional muscle groups. Chair-based exercise programmes are an ideal way to introduce older people to exercise. Mastering basic exercise techniques on the chair gives the person confidence and skill before transferring these moves to standing. The American College of Sports Medicine (1998) recommends that for frailer older people it is better to build up strength before progressing to more dynamic activities.</p> <p>However it is important to note that while chair-based exercise is an excellent way of introducing exercise, the very nature of chair exercise means that what is achievable is limited. To achieve optimal improvements in endurance, balance, co-ordination and the wide range of functional movements involved in everyday life it will be necessary, wherever possible, to progress to supported standing work and finally to free-standing, strengthening and travelling activities.</p>	<p>Alive and Kicking. The Carer’s Guide to Exercises for Older People Sobczak.J. 2001, Age Concern. Contains guidelines (including safety guidelines) on structuring exercise plans and progression for chair exercise leaders and exercise teachers working with older people. www.ageconcern.co.uk/shop</p> <p>Chair-based Exercise Leadership Course, Leicester College. www.leicestercollege.ac.uk/empt/courses.asp</p> <p>Later Life Training Ltd at www.laterlifetraining.co.uk</p> <p>Extend www.extend.org.uk</p> <p>Excel 2000 www.dominoproductions.co.uk/excel2000/flash/index.html</p> <p>Keep Fit Association www.keepfit.org.uk</p>
<p>Independent and home-based programmes PS, IM, MSE & F</p> <p>Evidence shows that significant improvements in levels of fitness and functional capacity can be achieved when those already taking part in chair or other group exercise sessions can be taught and encouraged to exercise independently in their own home.</p>	<p>Alive and Kicking. The Carer’s Guide to Exercises for Older People Sobczak.J. 2001, Age Concern. Contains working guidelines on safety for chair exercise leaders and exercise teachers that apply equally to chair-based and standing exercises, for those working with older people. www.ageconcern.co.uk/shop</p> <p>Help the Aged exercise videos and DVDs <i>Exercise – A Guide from the National Institute on Aging</i> National Institute on Aging, 2001 <i>Exercise for Healthy Ageing</i> Research Into Ageing</p> <p>Help the Aged</p>



5.2 INCREASING THE CIRCLE OF LIFE (CONTINUED)

Increasing the Circle of Life

Activity	Key resources
<p>Independent and assisted walking and mobility</p> <p>C, PS & IM</p> <p>Regular walking is important for older people in the ‘transitional phase’ and not only provides an opportunity for regular physical activity, but also helps in maintaining the individual’s ‘circle of life’, including contact with friends and neighbours and using local services and amenities.</p> <p>Walking is particularly appropriate for de-conditioned individuals of all ages and those with additional health problems. For frailer older people, assisted walking is a sensible and recommended way to begin. Many individuals will be unable to progress beyond this assisted walking stage. Others may well go on to walk independently, but independent walking is not recommended initially as it has been shown to be unsafe for this group.</p> <p>As a person becomes older and walking becomes more difficult, there may be a tendency to do as little as possible unless there is a good reason for it. Walking to and fro in a hallway very quickly becomes very boring. So thought will need to be given to the motivation for and purpose of walking. For example:</p> <p>Walking areas</p> <p>Although not always possible, there may be specific areas and routes that can be designated as familiar walking routes (for example a patio or a garden in a residential home with benches for resting), or a circular route or a specific corridor decorated with attractive paintings and pictures of different places that could provide opportunities to visit different countries or, over a period of time, walk ‘round the world’.</p> <p>Promoting walking programmes</p> <p>Walking programmes can incorporate strategies for individuals and groups to accumulate ‘walking miles’ by regular measured walks, eg, the distance of a hallway or the length of a corridor. These distances can be ‘converted’ into miles and equated with more interesting walking targets London to John O’Groats, or to a particular landmark or event.</p> <p>For those living at home, walking targets and opportunities can relate to everyday living – for example collecting a daily newspaper or posting letters, as well as joining a local walking group.</p>	<p>Chair-based Exercise Leadership Course (Includes training in assisted walking. Leicester College). Chair-based Exercise Leadership Course, Leicester College. www.leicestercollege.ac.uk/empt/courses.asp</p> <p>Moving More Often www.bhfactive.org</p> <p>Later Life training at www.laterlifetraining.org.uk</p> <p>Walking the Way to Health Countryside Agency and British Heart Foundation www.whi.org.uk</p> <p>Step to the Future Exercise Video and DVD A new programme of exercises from Help the Aged. (including aerobic endurance and strength exercises) designed to keep older people active into later life. The DVD is also available in Hindi. The VHS and DVD is available to order at www.helptheaged.org.uk</p> <p>Be Strong, Be Steady strength and balance exercises for healthy ageing. This video contains a programme of chair-based and standing exercises devised specifically for older people. The programme is introduced by people who describe the important role exercise plays in their lives. Each exercise is demonstrated by a specialist and then performed in real time by older people. www.helptheaged.org.uk <i>Translations of the video to Bengali, Punjabi and Cantonese</i></p>



5.2 INCREASING THE CIRCLE OF LIFE (CONTINUED)

Increasing the Circle of Life

Activity	Key resources
<p>Other activities</p> <p>PS, IM & OL</p> <p>In addition to specific chair-based exercise activities, opportunities to experience a variety of activities will greatly assist the motivation of older people and reduce the potential for boredom. Variety can be provided through different activities such as:</p> <ul style="list-style-type: none"> - parachute games - ball games - kite flying - music making - movement with scarves - making games equipment. <p>For more ideas on activities see <i>Information on exercise programming for older people</i>, in Section 6.</p>	<p>National Association of Providers of Activities for Older People www.napa-web.co.uk</p> <p>Improve Your Balance in 10 Minutes a Day Improving your balance is extremely important to prevent falls. The American Geriatrics Society believe you can improve your balance dramatically in just two minutes per day. www.healthinaging.org</p>
<p>Themed events and activities</p> <p>PS & OL</p> <p>The stimulus for other types of activity promotion can be provided by building programming around different themes, for example to coincide with major sporting and recreational events such as Wimbledon, the FA or Rugby League Cup Final, or the London Marathon.</p>	
<p>Getting out and about</p> <p>PS & IM</p> <p>Regular visits to local venues can incorporate physical activity opportunities through visits to local and countryside parks and shopping centres as well as visits to leisure centres, swimming pools and community centres.</p>	<p>See National Association of providers of Activities for the Older Person www.napa-eb.org.uk</p>
<p>Inter-generational activities with local schools</p> <p>PS & OL</p> <p>Developing links between local schools and older adult groups and organisations can be used as a vehicle for inter-generational understanding and activity programmes.</p>	<p>Centre for Intergenerational Practice www.centreforip.org.uk</p> <p>Age Concern Transage Action www.ageconcern.org.uk</p> <p>Magic Me T: 020 7375 0961</p>



5.2 INCREASING THE CIRCLE OF LIFE (CONTINUED)

Increasing the Circle of Life	
Activity	Key resources
<p>Adult and lifelong education programmes</p> <p>PS & OL</p> <p>Linking adult education to physical activity programmes based on the premise that it's never too late to learn or to start being active.</p>	<p>The Impact of Learning on Health National Institute for Adult and Continuing Education www.niace.org.uk</p> <p>Prescribing Learning A Guide to Good Practice in Learning and Health National Institute for Adult and Continuing Education www.niace.org.uk</p> <p>Learning in the Fourth Age National Institute for Adult and Continuing Education www.niace.org.uk</p> <p>University of the Third Age www.U3A.org.uk</p>

Motivating older people

Many older people in the 'transitional phase' will have a history of inactivity. For a summary of the barriers to physical activity for older people see What are the barriers for older people? in Section 2. As well as considering these general barriers towards physical activity, programmes designed to motivate inactive older people in the transitional phase to become active will also need to consider the following issues.

Overcoming concerns and fear

Studies show that older people may lack motivation as they may be concerned with their health and afraid of activity because of possible injury or harm to themselves as well as being apprehensive about trying new activities. In spite of understanding the potential benefits, many may shy away from taking part. Providing sympathetic leadership and introductions through demonstrations, taster activities and 'come and observe' opportunities will help to overcome these concerns.

Professionals also express the concern that the older people might over-exercise and cause themselves injury. The chances of over-exertion are slim as older people have the ability to pace themselves and are most likely to work at a 'moderate' level. Often the reverse is true and the professional will most likely need to encourage the participant to extend their level of involvement.

Motivation can also be increased by making sure that the purpose of an activity programme relates to the participant's goals. In the transitional phase, these are most likely to be linked to:

- maintaining independence, and getting out and about
- preserving activities of daily living
- playing with grandchildren
- fun and social activity.



5.2 INCREASING THE CIRCLE OF LIFE (CONTINUED)

Evidence also suggests that opportunities to change lifestyle, eg, to take up physical activity, may also be triggered by significant life events – for example:

- retirement
- becoming a grandparent
- recognition of loss of function
- the onset of a condition or illness
- moving home
- bereavement.

The influence of significant others

Older people have strong views about the sort of person who should promote physical activity. Ideally it is seen as someone who has a combination of authority and understanding of older people ('someone like us'), of a similar age and sometimes who appears as 'ordinary' rather than super-fit or glamorous.

Consequently GPs and health professionals (as authoritative sources of information), professional carers (in their understanding of older people's needs) and other older people (peers) – as 'someone like us' – are all in an ideal position to advise and encourage older people to become physically active.

The advisory process

Although to date there is limited evidence of the effectiveness of advising older people to become more active. Eakin et al, (2001) suggest that the following recommendations form the essential components of the process advising older people:

- use of an extended consultation time (30-40 minutes)
- an assessment of the problem area(s)
- recognition of participant's readiness to change and become active
- physical activity goals agreed by both participant and professional
- identifying potential social and environmental barriers
- an individual and tailored action plan
- a choice (range) of accessible local opportunities including lifestyle activities
- providing supplementary educational information and materials
- providing systematic follow-up and support.

'Promoting physical activity among middle-aged and older adults in health care settings'. By Eakin EG. 2001. In the *Journal of Aging and Physical Activity*; 9: S29-S37.



5.2 INCREASING THE CIRCLE OF LIFE (CONTINUED)

Motivation through senior peer mentoring

Senior peer mentoring can be a means of motivating older people to become active and is appropriate for people in the 'transitional phase'. Mentoring can be undertaken by those involved in visiting older people's homes and can form a part of befriending and volunteering programmes in residential homes and care settings.

KEY RESOURCES SYMBOL

Senior Peer Mentor Physical Activity Motivator Programme

www.bhfactive.org.uk

Senior Health Mentoring at Ageing Well, Age Concern – ActiveAge

www.activage.org.uk

Building the skills of the workforce through education and training

Because of previous patterns of inactivity, lack of confidence or lack of motivation, older people in the transitional phase may require skilled and enthusiastic professionals and volunteers who:

- can motivate and advise older people to take up activity
- are appropriately trained to plan and deliver physical activity opportunities, or are aware of other suitable local opportunities.

These will include:

primary health care professionals including GPs and practice nurses

housing wardens and managers

professional and volunteer carers

health visitors

community nurses

senior peer mentors.

Developing the skills of the workforce through training and education provides additional personal and educational benefits for those involved. It may inspire staff to become active themselves, perhaps for the first time. In addition, the importance of those who work with older people being 'active role models' should not be ignored.



See also the Training section of the Information directory, for details of some of the training programmes currently available for leaders, instructors and teachers who work with older people

For information about examples of local programmes designed to promote physical activity among older people and to encourage them to 'increase the circle of life', see the *Active for Later Life Learning Network*, at www.bhfactive.org.uk



5.3 MOVING IN THE LATER YEARS

PROMOTING PHYSICAL ACTIVITY WITH FRAILER OLDER PEOPLE

Target group focus

This target group includes older people who may be described as physically frail. If they are living in their own home, they may have very limited mobility. Many people in this category are likely to be in a care or nursing setting and, for a variety of physical or psychological reasons, may be dependent on others. In most cases, their participation in physical activity will be limited by their health status and a number of specific conditions such as arthritis, stroke, dementia or Parkinson's disease. Although there may be significant variations, most older people in this category will be in the 80+ age range. These older people are most likely to fall within the National Service Framework category of 'frail older people' and are often described as being 'vulnerable' or 'at risk' as a result of health problems such as dementia and frailty in general.

Recommendations

The principal focus in this category is promoting physical activity that will significantly enhance the quality of life, restore independence in some areas of functioning, and assist in the performance of activities of daily living and with the complications of immobility. Regular activity and the subsequent contact with carers, family and where possible the local community will also assist psychological well-being.

Physical activity within the concept of recreation or leisure may at times be felt to be inappropriate for those working with frailer older people. Physical activity should be placed within a range of activities with purpose and meaning, designed to maintain the autonomy and dignity of the older adult in later life.

MOVING IN THE LATER YEARS

Key physical activity recommendations for this group

An increase in age or frailty is not in itself a contraindication to physical activity. Therefore, the recommendations for the amount and type of physical activity that are appropriate for this group of frailer older people are no different from the recommendations for other older people, although adaptations may be required to meet individual needs

For this group the most appropriate recommendations are:

Start at a level of activity with which you are comfortable. This may be as little as five minutes at a time. Progress to two or three sessions of 10-15 minutes of moderate physical activity per day.

Any activity is better than none at all. The aim should be gradually to increase the duration and intensity of the activity and work towards the recommended levels of:

- moderate intensity activity for half an hour on at least five days of the week (*Department of Health, 2005*)
- strength and endurance exercises for all major muscle groups for 30-60 minutes, two to three times a week, and flexibility exercises on a daily basis (*American College of Sports Medicine, 1998*).

NB For many sedentary, frail and de-trained older people, these recommendations may provide a daunting challenge, but any activity is better than nothing and it is never too late to start. A 'little and often' approach – progressing from just three minutes at a time and accumulating 'activity snacks' during the day – may be a valuable way of starting. The older and/or frailer the participant, the greater the potential benefits from the inclusion of strengthening, stretching, balance and co-ordination activities.

 See Section 1 – Physical activity recommendations for older people



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Safety in physical activity

“The literature on exercise training in the frail elderly between the ages of 80 and 100 years in nursing homes includes no reports to date of serious cardio-vascular incidents, sudden death, myocardial infarction or exacerbation of metabolic control or hypertension. The fear of excess injurious falls and fractures subsequent to re-mobilization has not been borne out in clinical trials. Sedentariness appears to be a far more dangerous condition than physical activity.”

From: *Position Stand: Exercise and Physical Activity for Older Adults* (American College of Sports Medicine, 1998)

Recommendations relating to specific needs and conditions

Intermediate care and rehabilitation

Standard 3 of the National Service Framework for Older People aims to:

“provide integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admissions, support timely discharge and maximise independent living.” (Department of Health, 2001)

Intermediate care can be used to maximise older people’s physical functioning, build confidence and re-equip them with the skills they need to live safely and independently at home. While specific targeted physical activity and exercise programmes can contribute greatly towards these aims, specific guidance on intermediate care and rehabilitation programmes is not included within this Active for Later Life resource. Such programming would be developed through an individual care plan based on the particular rehabilitative and care needs of the older adult concerned, and developed by a core team of professionals.

Those at risk of falls, or who have fallen

Working paper 11 – Working with older people in falls prevention, includes specific recommendations on the type of exercise programmes recommended for those at risk of falls, or who have fallen.

Specific conditions

A number of conditions commonly affect older people in this category – for example arthritis, stroke, Parkinson’s disease, dementia and depression, as well as hearing and visual impairment. The presence of these conditions and other impairments have important implications for the planning of physical activity programmes for the older adult. These relate to:

- the main characteristics of the disease
- the effects on exercise response
- specific aims and benefits of the programme
- the possible effects of any medication
- the physical activity recommendations
- appropriate adaptations
- special considerations
- motivation and education of the participant.



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Specific advice and guidance on appropriate recommendations and programming for these groups (often described as 'special populations') can be obtained from the organisations listed in the Information directory or from physiotherapists and occupational therapists.

 **Information on Older people, physical activity, cognitive decline and dementia can be obtained from Working paper 12.**

Pre-activity health check for older people

To ensure that programmes are safe and individually tailored, a written health assessment should be carried out for all individuals, whatever their age and health status. This should cover all the relevant factors and be completed before the programme begins. For older frailer people, such an assessment should be seen as an integral element of an individual care plan.

Although there are real concerns about the over-medicalisation of recreational and everyday activities, as this may imply that activity is risky or even dangerous (a concern of older people themselves), such an assessment can be used in a positive way. It is important to clarify (both to health professionals and to potential participants) that the purpose is to ensure that inclusion and participation is at an appropriate level, rather than to ensure safety by excluding older participants.

Key policy themes and priorities

There are a number of key themes and concepts that may provide the starting point for promoting physical activity in the later years. These include:

Successful ageing

Maintaining independence and mobility

Purposeful occupation

Activities with defined purposes, relevance and integrity

Ageing well

Health promotion and the management of conditions

Developing lifelong learning

About physical activity

Dignity and care

maintaining identity and self-esteem, feeling useful and contributing to the community



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Activity and activity programming

The definitions of physical activity provided in Section 1 may not be appropriate for this group of older people and much can be achieved by including physical activity within a broader programme of 'activity'. Generic activity programmes can assist in both maintaining existing interests and developing new ones, as well as providing physical and mental activity. A well structured and balanced activity programme is one that will:

- increase physical abilities including mobility, strength, balance, co-ordination, respiration and circulation
- improve mental abilities including logic, concentration and memory
- enhance orientation
- encourage communication, interaction and social skills
- facilitate creative expression
- provide an opportunity to continue learning
- promote individuality
- create alternative roles for older people
- emphasise older people's abilities and skills, and increase self-esteem
- require older people to make choices and decisions, thereby increasing autonomy
- reduce the stress and challenging behaviour induced by boredom
- provide relaxation (Hurtley et al, 2000).

The evidence outlined in section 1 of this resource highlights the ways in which physical activity can contribute to such a generic activity programme.

Occupation

Occupation has been defined as "the purposeful use of time, energy, interest and attention in work, leisure, family and cultural, self care and rest activities" (Wilcock, 1993). The need to engage in *purposeful* occupation is a basic human need and plays an important part in the maintenance of health. Meaningful occupation can provide opportunities for interaction, communication, consultation and choice and ultimately enhance self-esteem and self-worth. This contrasts with the notion of including physical activity as a means of 'occupying' older people and filling time. It may be argued that, for frailer older people, the concepts of *leisure and recreation* are unhelpful. The focus on activity must be relevant to the occupational needs of the older person.

Therapy

Therapy (eg, speech therapy, physiotherapy and occupational therapy) is often linked to the notion of change, improvement, growth and adaptation. Therapy is perceived as a dynamic concept, in contrast with care where there is no anticipation of response or change on the part of the person being cared for. Physical activity can have a critical role in certain aspects of the therapy programmes as described above.



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Play

It has been argued that play or playfulness is:

- a critical feature of human existence and therefore an integral part of old age as well as other life stages
- a feature of the circularity of life whereby older people return from whence they came (Perrin and May, 2000).

Theories of play are varied, and play can include movement, liberation, creativity, festivity and fantasy. In a variety of ways, physical activity can greatly contribute towards these goals and has the potential to provide much more than just 'fun and games'.

Whatever the overriding principles that underpin programming, the needs of the frailer, older participant should be the starting point for activities with clearly defined purposes, relevance and integrity.

Dignity in Care

The Government's Dignity Challenge was developed from the key concerns of older people receiving care from a range of settings. These included maintaining identity and self-esteem, feeling useful and contributing to the community. Ten challenges were then developed for care homes, and other care providers to address these concerns. These challenges relate to many opportunities involving residents of care settings and their choices and opportunities to be active.

The ten challenges are:

1. Having respect for dignity throughout the organisation and providing care and support free from any physical, psychological, emotional, financial, sexual abuse, neglect or ageism.
2. Supporting people with the same respect you would want for yourself or a member of your family.
3. Treating each person as an individual means offering a personalised service.
4. Enabling people to maintain the maximum possible level of independence, choice and control.
5. Listening and supporting people to express their needs and wants.
6. Respecting people's right to privacy.
7. Ensuring people feel able to complain without fear or retribution.
8. Engaging with family members and carers as care partners
9. Assisting people to maintain confidence and positive self esteem.
10. Acting to alleviate people's loneliness and isolation.

The Dignity Culture

A dignity culture is required that will create a resident-centred community that honours older people and de-emphasises top-down authority, and seeks to value and offer choice in decision making to the resident and those closest to them. A home with a dignity culture is a place where staff are enabled and facilitated to learn: where a culture of enquiry is actively encouraged: where staff are supported and performance is evaluated with clear goals that motivate them: where problems are resolved in partnership together and time is provided to reflect and learn from practice. It is also a place where emotional needs are acknowledged and addressed.

Dignity in Care Online Practice Guide at

<http://www.scie.org.uk/publications/practiceguides/practiceguide09/index.asp>



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Potential programme partners

A range of organisations have the potential to assist in providing a variety of services to frail older people. They have the potential to become partners to your programmes. For example:

- other activity co-ordinators in housing, residential and healthcare associations
- local branches of the voluntary sector, eg, Age Concern
- the lead person for the implementation of Standard 8 of the National Service Framework for Older People
- home visitors, including health visitors and community nurses
- a local authority physical activity/exercise or recreation development officer.

In addition to local contacts, a number of national agencies and organisations with regional and local branches will also be able to provide ideas and support (see the A to Z of useful organisations.)

Leadership and co-ordination

The activity co-ordinator

Fundamental to the development of (physical) activity programmes for frailer older people in the residential setting is the development of an activity co-ordinator. A variety of job titles are used to describe this work, for example activity organiser, or social activities or entertainment secretary. Activity programmes need to be relevant, appropriate, fun and based on individual and collective needs and they require a combination of specialist knowledge and skills. Co-ordination of activities is a critical function in that programmes should be planned, sustainable and a regular feature of residents' lives and not simply 'bolted on' or unconnected and disparate activities.

It is important that the activity co-ordinator is not seen as the sole provider of activities. If participation in activities is an integral feature of the care setting policy, then all care staff should be encouraged to take responsibility for providing activities. This would enable the activity co-ordinator to provide ideas and resources for other staff who may be able to work with the co-ordinator on specific types of activities. Other people will have specific interests and skills that can be used to enhance the programme.

Leading a team

The activity co-ordinator should have the opportunity to develop a team approach within the residential or care setting and to develop an ethos of support, encouragement and co-operation within the whole establishment. This will require the commitment of everyone involved including staff at all levels, volunteers and visitors, residents' families and the residents themselves.

Developing partnerships with the local community

The activity co-ordinator will also need to develop relationships with a range of agencies and organisations in the local community who can enhance activity programmes. In addition to those identified above as 'potential programme partners', local relationships can be built with those agencies identified in Appendix 2 Identifying potential partners.

Key resource

The Successful Activity Co-ordinator: 2nd Edition: For activity and care staff engaged in developing an active care home. Obtainable from Age Concern Books, <http://www.ageconcern.org.uk/shop>



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Opportunities for programme development

This section highlights two approaches to programming:

- including physical activity within broader activity programming, and
- specific opportunities for physical activity as stand-alone activities.

KEY

The following symbols indicate some of the more specific benefits that might be gained as a result of participation in each type of programme.

C = Cardiovascular health

F = Flexibility

IM = Independence and mobility

MSE = Muscular strength and endurance

OL = Opportunities for learning

PS = Psychological and social health

These suggestions should only be used as a general guide, for three reasons:

- older people may well describe the benefits in a different way
- the benefits are often inter-linked
- such benefits will also depend on the frequency, intensity and duration of the physical activity undertaken.



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Moving in the Later Years

Activity	Key resources
<p>Including physical activity within broader activity programming</p> <p>PS & OL</p> <p>Thematic activities</p> <p>The creative use of themed activities – whereby a subject or topic acts as a focus for a series of varied but linked activities – is an established means of activity programming with frailer older people. Themed programmes provide the opportunity for activities that meet a variety of needs, eg, cognitive, creative, physical, communication, social, sensory and reminiscence. Themed activities can have a number of starting points but those that might lead to the inclusion of specific opportunities for physical activity include:</p> <ul style="list-style-type: none"> • childhood days • the countryside • cultural and religious festivals • entertainment and festivals • gardens and gardening • health • heritage and history • hobbies and leisure • music • outings • seasons • sports. <p>Themed programmes can be used for a one-off special day or a week-long event, or form the basis of a more sustained regular programme.</p> <p>EXAMPLE</p> <p>Using the countryside as a specific theme, a number of sub-themes could provide opportunities for physical activity, meeting different needs:</p> <ul style="list-style-type: none"> • Picnic in the local park - Physical • Countryside quiz - Cognitive • Spotting local wildlife - Physical • Countryside – the written word - Social • Out and about – visiting local beauty spots - Physical • The changing seasons in the countryside - Creative and cognitive • My favourite place in the country - Reminiscence and communication • Around the world – climate and countryside - Cognitive • Countryside customs and traditions - Physical and communication • Preserving the countryside – environmental concerns - Communication • A place in the country – visiting country houses - Physical • Countryside activities - water, hills and mountains - Social • Countryside cooking and regional recipes - Sensory • Video/film club – On Golden Ponds - Social • Drawing and painting the country - Creative • Country, western and eastern music - Physical and social • A day at the seaside - Physical • Modern farming and farmers’ markets – Physical 	<p>Therapeutic Activities and Older People in Care Settings – A Guide to Good Practice</p> <p>Perrin.T. 2002. National Association of Providers of Activities for Older People</p>



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Increasing the Circle of Life

Activity	Key resources
<p>Making the most of the local community and its resources</p> <p>PS, IM, MSE & F</p> <p>Many older people fear entering a home and the feeling of being isolated and ‘cut off’ from life outside. Exploring the potential of each local community and its human and physical resources will provide a range of opportunities for activities that keep older people in touch with their local community. Maximising the resources of the local community can be seen as a two-way process with opportunities to ‘get out and about’ as well as inviting visitors in for an ‘at home’ event.</p> <p>Getting out and about</p> <p>With appropriate transport, a number of activities can be built around the following venues:</p> <ul style="list-style-type: none"> • children’s playgrounds • shopping centres, department stores and markets • libraries and museums • local parks and picnic spots • internet cafés • local further education college beautician school • cinemas • leisure centres • garden centres. <p>Being ‘at home’</p> <p>Experts and enthusiasts with particular interests and skills could be invited to the home. Topics could include:</p> <ul style="list-style-type: none"> • gardening and horticulture • pets and animals • creative arts (artists in residence) • celebrity sports personalities and teams • exercise and health • local history. 	<p>Getting Out and About: A practice guide for care settings.</p> <p>Obtainable from: NAPA</p> <p>http://www.napa-web.co.uk</p>
<p>Specific opportunities for physical activity as a stand-alone activity</p> <p>NB There is some overlap between this section and the equivalent section in Increasing the Circle of Life on page 00 in that many of the activities and opportunities may be appropriate for both groups of older people. Providers identified will be able to offer advice and guidance on the appropriateness of their programmes and the skills and experience of those involved, and any adaptations that may be needed.</p>	
<p>Promoting gardening</p> <p>PS & IM</p>	<p>Thrive</p> <p>www.thrive.org.uk</p>



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Increasing the Circle of Life

Activity	Key resources
<p>Dance and creative movement activities</p> <p>C, PS & IM</p> <p>Partnerships with arts and dance agencies can be used to create a variety of dance and movement opportunities for older people.</p>	<p>Jabadao www.jabadao.org</p> <p>Dance 4 www.dance4.co.uk</p> <p>Green Candle Dance Company www.greencandle.com</p> <p>Foundation for Community Dance www.communitydance.org.uk</p>
<p>Progressive chair-based and exercise classes</p> <p>PS, IM, MSF & F</p> <p>Several studies have shown that seated exercise is the safest, most effective way of strengthening functional muscle groups. Chair-based exercise programmes are an ideal way to introduce frailer older people to exercise. Mastering basic exercise techniques on the chair gives the person confidence and skill before transferring these moves to standing. The American College of Sports Medicine (1998) recommends that for frailer older people it is better to build up strength before progressing to more dynamic activities.</p> <p>However it is important to note that while chair-based exercise is an excellent way of introducing exercise, the very nature of chair exercise means that what is achievable is limited. To achieve optimal improvements in endurance, balance, co-ordination and the wide range of functional movements involved in everyday life it will be necessary, wherever possible, to progress to supported standing work and finally to free-standing, strengthening and travelling activities. Some frailer older people will prefer the security and stability provided by chair-based activities and others will be limited to chair-based activities by their functional limitations.</p> <p>Evidence shows that significant improvements in levels of fitness and functional capacity can be achieved when those already taking part in chair or other group exercise sessions can be taught and encouraged to exercise independently on their own.</p>	<p>Alive and Kicking. The Carer's Guide to Exercises for Older People Sobczak.J. 2001. Age Concern Contains Age Concern guidelines on structuring exercise plans and progression for chair exercise leaders and exercise teachers for those working with older people. Age Concern Books. www.ageconcern.org.uk/shop</p> <p>Chair-based Exercise Leadership Course (Includes training in assisted walking. Leicester College). Chair-based Exercise Leadership Course, Leicester College. www.leicestercollege.ac.uk/empt/courses.asp</p> <p>Moving More Often www.bhfactive.org</p> <p>Later Life Training www.laterlifetraining.co.uk</p> <p>Extend www.extend.org.uk</p> <p>Excel 2000 www.dominoproductions.co.uk/excel2000/flash/index.html</p> <p>Keep Fit Association www.keepfit.org.uk</p> <p>Step to the Future Exercise Video and DVD A new programme of exercises from Help the Aged. (including aerobic endurance and strength exercises) designed to keep older people active into later life. The DVD is also available in Hindi. The VHS and DVD is available to order at www.helptheaged.org.uk</p> <p>Be Strong, Be Steady strength and balance exercises for healthy ageing. This video contains a programme of chair-based and standing exercises devised specifically for older people. The programme is introduced by people who describe the important role exercise plays in their lives. Each exercise is demonstrated by a specialist and then performed in real time by older people. www.helptheaged.org.uk <i>Translations of the video to Bengali, Punjabi and Cantonese</i></p>



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Increasing the Circle of Life

Activity	Key resources
<p>Independent and assisted walking and mobility</p> <p>CH, PS & IM</p> <p>Where appropriate, mobilising through regular walking is important for frailer older people and provides not only an opportunity for regular physical activity, but helps to maintain the individual's contact with friends and other residents.</p> <p>Walking is particularly appropriate for very de-conditioned individuals of all ages and those with additional health problems. For frailer older people, assisted walking is a sensible and recommended way to begin. Many individuals will be unable to progress beyond this assisted walking stage. Others may well go on to walk independently, but independent walking is not recommended initially as it has been shown to be unsafe for this group.</p> <p>As a person becomes older and walking becomes more difficult, there may be a tendency to do as little as possible unless there is a good reason for it. Walking to and fro in a hallway becomes boring very quickly. So thought will need to be given to the motivation for and purpose of walking. For example:</p> <p>Walking areas</p> <p>Although not always possible, there may be specific areas and routes that can be designated as familiar walking routes (for example a patio or a garden in a residential home with benches for resting), or a circular route or a specific corridor decorated with attractive paintings and pictures of different places that could provide opportunities to visit different countries or, over a period of time, walk 'round the world'.</p> <p>Promoting walking programmes</p> <p>Walking programmes can incorporate strategies for individuals and groups to accumulate 'walking miles' by regular measured walks, eg, the distance of a hallway or the length of a corridor. These distances can be converted into miles and equated with more interesting walking targets, eg, London to John O'Groats, or to a particular local landmark or event.</p> <p>For those living at home, walking targets and opportunities can relate to everyday living – for example collecting a daily newspaper or posting letters.</p>	<p>Moving More Often www.bhfactive.org</p> <p>Improve Your Balance in 10 Minutes a Day Improving your balance is extremely important to prevent falls. The American Geriatrics Society believe you can improve your balance dramatically in just two minutes per day. www.healthinaging.org</p>



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Increasing the Circle of Life

Activity	Key resources
<p>Other activities</p> <p>PS, IM & OL</p> <p>In addition to specific chair-based exercise activities, opportunities to experience a variety of games activities will greatly assist the motivation of older people. Games activities can also achieve some of the goals of specific chair-based exercise, eg, improving flexibility, muscular endurance and circulation as well as different opportunities for interaction, socialisation and fun. Variety can be provided through different activities such as:</p> <ul style="list-style-type: none"> – parachute games – ball games – kite flying – music making – movement with scarves – making games equipment. 	<p>National Association of Providers of Activities for Older People www.napa-web.co.uk</p> <p>For other ideas on activities see <i>Information on exercise programming for older people</i>, in Section 6.</p>
<p>Themed events and activities</p> <p>PS & OL</p> <p>The stimulus for promoting other types of activity can be provided by building programming around different themes, for example to coincide with major sporting and recreational events such as Wimbledon, the FA or Rugby League Cup Final, or the London Marathon.</p>	
<p>Inter-generational activities with local schools</p> <p>PS & OL</p> <p>Developing links between local schools and older adult groups and organisations can be used as a vehicle for inter-generational understanding and activity programmes.</p>	<p>Centre for Intergenerational Practice www.centreforip.org.uk/www</p> <p>Age Concern Transage Action www.ageconcern.org.uk</p> <p>Magic Me T: 0207 375 0961</p>
<p>Adult and lifelong education programmes</p> <p>PS & OL</p> <p>Linking adult education to physical activity programmes based on the premise that it's never too late to learn or to start being active.</p>	<p>The Impact of Learning on Health National Institute for Adult and Continuing Education www.niace.org.uk</p> <p>Prescribing Learning. A Guide to Good Practice in Learning and Health National Institute for Adult and Continuing Education www.niace.org.uk</p> <p>Learning in the Fourth Age National Institute for Adult and Continuing Education www.niace.org.uk</p> <p>University of the Third Age www.U3A.org.uk</p>



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Motivating older people

Many frail older people may not only have a history of inactivity but also their specific needs and conditions may increase their fear of physical activity and add to the potential barriers towards participation. (See also *Working paper 2 – Overcoming barriers.*)

However, there are also frailer older people who have positive previous experiences of physical activity and who recognise that, while their health and functional status may impose limitations, continuous participation is important.

In addition to considering these general and specific barriers towards physical activity, programmes designed to motivate frailer older people will need to consider:

- individual goal-setting
- preserving activities of daily living and maintaining a degree of independence
- getting out and about (to the residents' lounge, visitors' room or garden)
- social activity and interaction with others.

Involving frailer older people

The interests of frailer older people should be the starting point of programming. Getting to know residents, their abilities, interests and previous life history and experiences will be a starting point to involving them in programming. It is also important to get their views on the relative merits and success of different activities. Individual care plans as well as the views of other staff, family and visitors will also inform this process.

Overcoming concerns and fears

Studies show that older people may lack motivation as they may be concerned with their health and afraid of activity because of possible injury or harm to themselves as well as being apprehensive about trying new activities. In spite of understanding the potential benefits, many may shy away from participation. Providing sympathetic leadership and introductions through demonstrations, taster activities and 'come and observe' opportunities will help to overcome these concerns.

Professionals also express the concern that the older people might over-exercise and cause themselves injury. The chances of over-exertion are slim as older people have the ability to pace themselves and are most likely to work at a 'moderate' level. Often the reverse is true and the professional will most likely need to encourage the participant to extend their level of involvement.

The influence of significant others

Developing an ethos of support, encouragement and co-operation within the whole care establishment is critical to the promotion of regular opportunities for physical activity. This will require commitment from staff at all levels including management as well as professional care and nursing staff, domestic and auxiliary assistants, volunteer visitors, and residents' families, and peer support from other residents.



5.3 MOVING IN THE LATER YEARS (CONTINUED)

Management will have a key role in ensuring that all those involved (including the activity co-ordinator) have adequate opportunities for planning and training and that programmes are sustained as a regular feature of the life of frailer older people. In addition, decisions taken by managers concerning facilities can be critical, for example:

- the opportunity to provide adequate interruption-free space for activity groups
- choosing seating for residents (its suitability for chair-based exercise)
- the commissioning, planning and design of new facilities.

Building the skills of the workforce through education and training

Because of concerns of 'over-doing it' as well as previous patterns of inactivity and a lack of confidence or lack of motivation, frailer older people require skilled and enthusiastic professionals and volunteers who:

- can motivate and advise frail older people to take up activity
- are appropriately trained to plan and deliver physical activity opportunities, or
- are aware of other suitable local opportunities.

These will include:

- activity co-ordinators
- managers of residential settings
- professional and volunteer carers
- community nurses and other professionals who visit the older person at home
- senior peer mentors.

Developing the skills of the workforce through training and education provides additional personal and educational benefits for those involved. It may inspire staff to become active themselves, perhaps for the first time. In addition, the importance of those who work with frail older people being 'active role models' should not be ignored.

Such training may also contribute towards national training strategies which include training plans for all residential and nursing establishments and the development of training opportunities within the social and care services.

 **See also the *Training* section of the *Information directory* for details of some of the training programmes currently available for leaders, instructors and teachers who work with older people**

