

BACKGROUND

Engagement in organised physical activity is known to impart physical, mental and social benefits to older people and to support healthy and independent ageing. Facilitators and barriers to participation across the general population of older Australians have been reported, yet there remains limited understanding of the factors affecting awareness, attendance and adherence to physical activity programs by those experiencing higher needs and social disadvantage. This qualitative study aimed to gather evidence to improve the design of physical activity programs, and the capacity of activity providers, to increase participation by under-represented and vulnerable older people, including those who are socioeconomically disadvantaged, living with a disability, culturally and linguistically diverse, or living alone. These groups were identified as being at elevated risk of isolation and loneliness in the Commissioner for Senior Victorians' 2016 report, *Ageing is Everyone's Business*. The Commissioner's report highlighted the effects of social networks, physical functioning and mobility upon isolation. Community-based physical activity programs have a valuable role to play in addressing these factors.

STUDY METHODS

Semi-structured telephone interviews were conducted with 30 physical activity providers and community organisations in Victoria from July-August 2017. These providers were recruited on the basis that they currently engage with older people from one or more of the priority groups. In addition, five focus groups were conducted with 42 older people from these priority groups who attend physical activity programs at one of these providers.

FINDINGS

Program Awareness

The factors reported as reducing awareness of physical activity opportunities by the priority groups were isolation and lack of contact with information sources, poor English language proficiency, low literacy, low access or confidence with information technology, onerous systems of referral, and lack of outreach by providers. Successful strategies for raising awareness of programs have been found to be:

- **Word of mouth** – encouraging program participants, staff and volunteers to spread the word amongst their friends and local communities.
- **Direct referral** – assessment teams, community leaders and GPs may act as points of referral to physical activity programs.
- **Building organisational networks** – local councils and community services that engage closely with disadvantaged or senior groups are valuable channels for facilitating program awareness and extending outreach.
- **Multi-channel advertising** – using a range of communication channels, both new and traditional media (e.g. local newspapers, radio, flyers, internet), which may be accessed by older people or their carers and children.
- **Community presence** – participating in community events to create opportunities for face-to-face contact with older people, to explain the organisation's programs and build rapport.

Promoting Attendance

Exploration of barriers to attendance at physical activity programs highlighted the impact of social anxiety, perceived stigma, lack of confidence, beliefs about exercise, cultural appropriateness, cost, transport, limited program availability, and risk and duty of care concerns among program providers. Steps found to overcome these obstacles were reported to be:

- **Facilitating gentle entry** – making contact before program commencement, using a buddy system or case support workers, and being welcoming without overwhelming to improve comfort during the early period of participation.
- **Identifying activities of interest** – consulting with individuals and communities and considering creative possibilities (e.g. combining dance with singing) to identify enjoyable and novel forms of physical activity.
- **Creating bonding opportunities** – helping new members form friendships through opportunities such as pre-activity information sessions or arranging group transport.
- **Learning about special needs of participants** – seeking to understand and accommodate the health (e.g. incontinence), behavioural and cultural needs of new members.

- **Fostering inclusion and safety** – ensuring staff and volunteers are respectful, non-judgmental and attending to the mix of abilities and cultural backgrounds represented in groups to promote participant comfort.
- **Using diversity to reduce stigma** – having a mix of higher and lower needs older people within groups can reduce concerns participants may have about stigma.
- **Upskilling leaders** – identifying skills gaps and arranging training and/or support to improve the competencies of leaders to adapt programs to meet the social, cultural, behavioural and health needs of participants.
- **Adapting the program** – which may entail: modifying the activity, environment or equipment; using inclusive language in promotional materials; and showing group members how to participate at their ability levels.
- **Communicating the multiple benefits** – conveying physical benefits by relating them to real life functional outcomes, and raising awareness of non-physical (e.g. mental and social) benefits from participation.
- **Offering at low or no cost** – this is particularly important during the early period of participation to address barriers like affordability, not valuing exercise, and unwillingness to spend on themselves.
- **Facilitating transport** – which may be through organising pick-ups by community transport services, arranging taxi vouchers, or assisting with public transport by easy-to-follow directions or setting up meeting points.

Facilitating Adherence

Ongoing participation is key to older people gaining the multiple benefits of organised physical activity, and obstacles to this may include deteriorating health, loss of motivation, not feeling socially comfortable, unsupportive providers, transport issues and affordability. Strategies found to facilitate adherence were:

- **Fostering belonging** – creating activities that facilitate friendship such as coffee get-togethers and outings, and actively supporting those who may be uncomfortable or disconnected within the group environment.
- **Personal recognition and support** – making follow-up calls and/or sending messages to those who miss classes as a practical way of showing that they are valued.
- **Consultation and/or co-design** – involving participants in program design and adaptation to ensure the activities are relevant to their needs and interests.
- **Reinforcing program benefits** – helping to maintain motivation by reminding participants of the benefits of sustaining activity and linking these to their goals, interests and functional needs.
- **Engaging participants as volunteers** – creating opportunities to adopt leadership or administrative roles can build self-confidence, enhance belonging and motivation, and nurture diversity within groups.
- **Increasing group frequency** – more regular group participation can help to maintain and improve fitness and promote habit formation.
- **Offering rewards and incentives** – providing praise, rewards (e.g. certificates), and incentives (e.g. pedometers, refreshments) to build confidence and independence.
- **Creating variety** – changing the setting, by using gyms or outdoor venues, or incorporating different equipment or activities, can reduce boredom and improve the functional benefits of activity.
- **Prioritising enjoyment** – this can be achieved by a fun, inclusive environment and by laughter and music.
- **Matching staff to groups** – engaging leaders who share the language or culture of participants can assist in building rapport, while those with relevant social and technical skills can enable a safe and comfortable environment.

CONCLUSION

This study has highlighted the value of cooperation between organisations concerned with the wellbeing of socially disadvantaged older people to share information, networks and skills to promote their attendance and ongoing participation in physical activity programs. Physical activity providers can more successfully engage under-represented and vulnerable older people in partnership with local councils, community transport services, and the wide range of organisations which support these groups (e.g. migrant resource centres, disability support services, and community welfare organisations). This study has also shown that program providers need to recognise the social, technical and cultural competencies required by leaders to build rapport and effectively support older people with diverse needs. Progress towards engaging under-represented and vulnerable older people will be affected by the availability of resources to support capacity-building of program providers and to address ongoing barriers to participation, notably cost, transport and the availability of suitable programs.