

MODEL & GUIDELINES FOR THE PROMOTION OF PHYSICAL ACTIVITY AND HEALTHY AGEING IN EUROPE

EUROPEAN NETWORK OF RELEVANT PRACTICES OF HEALTHY AGEING

Project in the framework of European Commission
Preparatory Action in the field of sport 2009

JUNTA DE EXTREMADURA
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“Lack of physical activity reinforces the occurrence of overweight, obesity and a number of chronic conditions such as cardio-vascular diseases and diabetes, which reduce the quality of life, put individuals’ lives at risk and are a burden on health budgets and the economy.”

White Paper of Sports 2007

Physical activity is essential for health a general well being. Participation in physical activity constitutes one of the major components of a healthy lifestyle. The expanding and strengthening evidence on the relationship between physical activity and health necessitates the important public health challenge to increase physical activity levels throughout the population.

Ageing of populations is taking place in most parts of the world at a higher rate than ever. Ageing is one of the greatest social and economic challenges of the 21st century for the European societies. The increasing number of old people is a positive sign of development. However, that can be of increasing burden to health and social services, depending on the health and functional capacity of the older population. It will affect all the Member States and it will cut across nearly all the EU policy domains.

Physical activity is important for healthy ageing, improving and maintaining quality of life and independence as people age. By 2025 more than 20% of Europeans will be 65 or over, with a particularly rapid increase in the number of over 80s.

Most of these older persons, or senior citizens, will be living in developing countries. Reducing and postponing age-related disability is an essential public health measure.

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PROMOTION OF PHYSICAL ACTIVITY AND HEALTHY AGEING

EUROPEAN UNION

Health-enhancing promotion physical activity has taken a dynamic turn in the past few years at the European Union:

2007 **WHITE PAPER on a Strategy for Europe** on Nutrition, Overweight and Obesity related health issues
Commission of the European Communities.

2007 **WHITE PAPER ON SPORT and ACTION PLAN "PIERRE DE COUBERTIN"** Commission of the European Communities "The White Paper on Sport is the first comprehensive initiative on sport by the Commission." The White Paper also proposes concrete actions in a detailed Action Plan called after Pierre de Coubertin. Both the White Paper on Sport and the Pierre de Coubertin Action plan indicate health and physical activity as one of the fundamental concerns on European level.

2008 **EU Physical Activity Guidelines** Action no. 1 of the "Pierre de Coubertin" Action Plan: "The most central concern was to have guidelines suggesting priorities for policies that would promote increased physical activity."

2009 **Lisbon Treaty** The contract of Lisbon serves as a companion for a real European dimension in sport. Through new clauses the EU can support, coordinate and add measures of the member states for the first time.

Preparatory actions in the field of sport 2009 & 2010

The European Union has recognised the important role sport plays in education, culture, social inclusion and public health within the European society. In this vein, the objective of these Preparatory Actions is to prepare future EU actions in the field of sport in view of the implementation of the sport provisions in the Treaty on the Functioning of the European Union (Article 165 TFEU):

- Providing policy support for the identification of future policy actions in the area of sport through studies, surveys, conferences and seminars
 - Testing the establishment and functioning of suitable networks and good practices through calls for proposals
 - Promoting greater European visibility at sporting events
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2011 **Communication "Developing the European Dimension in Sport"** European Commission, Commission's ideas for EU-level action in the field of sport for the next several years 15

PROMOTION OF PHYSICAL ACTIVITY AND HEALTHY AGEING

EXTREMADURA

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- 2006** **“Exercise looks after you” (ELAY)**, aimed to the prevention of diseases in senior citizens through the physical activity. ELAY is a community response to the need to support a new suitable, cost effective, social health service, supporting the availability of social services, in order to promote, in an effective way an active ageing to prevent dependency. This program is practically based on doing physical exercise in groups, increasing the social network of older people.
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- 2006** **EUNAAPA** (The European Network for Action on Ageing and Physical activity)
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- 2007** **The Regional Ministry for Youth and Sport** was created in Extremadura, The Ministry for Youth and Sports exercises the competencies in terms of youth initiatives and sports policy.
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- 2008** **The ELAY** was recognized as a Good practice for the World Health Organization.
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- 2009** **PASEO**. The PASEO project intends to improve the implementation of programs for the promotion of physical activity among sedentary older people by helping build new policy capacities.
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- 2009** **IMPALA**. The EU-sponsored (DG SANCO) IMPALA project aims to identify, implement, and disseminate good practice in the planning, financing, building, and managing of local infrastructures for leisure-time physical activity.
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- 2009** **Regional Guidelines for Sport and Physical activity**. These Regional guidelines highlight the role of healthy ageing.
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- 2009** **ELAY was awarded by the NAOS Strategy (Strategy for Nutrition, Physical Activity and the Prevention of Obesity)**. The NAOS Strategy was set up by the Ministry of Health and Consumer Affairs, through the Spanish Agency for Food Safety and Nutrition (AESAN)
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- 2010** **INTERNATIONAL FORUM ON YOUNG TALENTED PEOPLE AND SPORT IN THE 2020 Strategy**. “A regional Perspective on European and Global Policies on Youth & Sport within the framework of the Lisbon Treaty”. This International was held by the Regional Ministry for Youth and Sports in Brussels.
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- 2010-2011** **Senior Sport Project**. “European network of relevant practices of healthy ageing”. This project was framed within the European Commission in the Preparatory Action in the field of sport 2009, which is being leading by the European Sport Unit, DG EDUC.
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SENIOR SPORT (S2-PORT)

1. The Project

The S2-PORT is a project co-financed by EC DG Education and Culture and it has scheduled to run from January 2010 until March 2011. The Project aims to enhance the healthy life style of senior citizens through sport. The project has been coordinated by the Regional Ministry for Youth and Sports of Extremadura (Spain) and the consortium comprises of partners from 7 European countries with the common objective of enhancing the quality of life of older persons in terms of health-enhancing physical activities.

S2-PORT has developed a holistic methodology that can easily be adapted and implemented by different public authorities, and increase the level of awareness. It will support networking and exchange of relevant practices between the relevant actors in the field of healthy and active ageing, i.e., the sport sector and other civil society organizations, public authorities (regional and local) in order to strengthen the contribution of the sport sector to healthier lifestyles.

2. Focus of the Project

Physical activity confers immediate and long-term physiological and social benefits for certain conditions associated with old age. There is increasing evidence of its potential contribution towards maintaining mobility and independence in later life, enhancing positive images of successful ageing. It is a key importance to promote measures that increase the number of healthy and functional life years as well as the quality of life for senior citizens.

3. Objectives

- Joint reflection to design a holistic methodology to introduce physical activity as a new lifestyle to prevent disease
- Identification of relevant practices in the use of sport for prevention and healthy ageing
- Development of a Holistic Methodology based on Sportive practices as a substitute palliative care
- The holistic methodology should be a useful tool for all kind of organizations

1. As the Commission recommends strengthening the cooperation between health, education and sport sectors in order to define and implement coherent strategies to reduce overweight, obesity and other health risks, in this context, S2-PORT encourages public authorities to examine how to promote the concept of active living through the regional and national training systems, including the training of teachers and elderly people. One of the first objectives of this proposal will be the joint reflection among different territorial levels and between different actors of civil society, on how to design a methodology to introduce physical activity as a new lifestyle to prevent disease.

2. The second objective of the proposal will be based on transnational exchanges put forward by public bodies or civil society organizations in order to identify relevant practices and test suitable European experiences, in the field of sport and the use of sport as a means for prevention and healthy ageing. The analysis and subsequent identification of relevant practices will take into account two variants: the scope of practices identified and the context of practices identified. The scope of practices will be extended to the different thematic areas covering healthy ageing, giving priority to good practices exercising a profit on palliative care, disease prevention, improved quality of life and social welfare, cares and prevention on cardiovascular and metabolic depression, among others. The context of practices will be provided, depending on the tool used to contribute to the goal of healthy ageing: good practices in training, good practices in holding awareness or good practices in exploitation of results.

3. The third objective is demonstrating the potential of the most diverse actors participating in the project – within the public sector and civil society alike – that allows the development of a Holistic Methodology based on Sportive practices as substitute of medical assistance and palliative care and promoting a more physically active daily lives. The Methodology should be as practical as possible to be adaptable to each context and if possible to other target groups that could use it in the future.

4. Finally and as a main objective foreseen by the Preparatory Action and therefore by this proposal, the Methodology aims to be not only a theoretical exercise but a real and practical tool to prepare future EU actions in this field by involving stakeholders in health sectors, sportive training sectors and overall policy sectors that allow to define new political programs. The Holistic Methodology should reach the practicality and becomes a useful tool for all kind of organizations and entities involved in the promotion of Healthy Ageing. Thereby the methodology should be validated not only by the technical teams involved in the project but also and mainly by the stakeholders that later should use it.

4. Partners of the network

The project has been coordinated by the Regional Ministry for Youth and Sports of Extremadura (Spain) and the consortium comprises of partners from 7 European countries with the common objective of enhancing the quality of life of older persons in terms of health-enhancing physical activities. The network of this Project is composed by strategic Partners (See Annex 1):

- Regional Ministry for Youth and Sports (ES)
- University of Kent (UK)
- Pirkanmaan ammattikorke a houlu OY-Dirkanmaan University Applied Science LTD. (FI)

- Active Institute (DK)
- Foundation for Research & Technology (GR)
- CONI Servizi Spa (IT)
- Observatory E-Medine (IT)
- Business Development Friesland (NL)

5. Planning of activities

WP1. Project Management – Setting up and developing of a robust project management (Month 2-15)

WP2. Conceptualisation – Establishment of a solid basis for the development of the holistic methodology (Month 2-4)

WP3. Development of a Holistic Methodology – Holistic methodology for integration of physical activity in a new lifestyle (Month 5-11)

WP4. Validation of the Holistic Methodology – Evaluation, testing and validation of the holistic methodology with representatives of target and stakeholder groups (Month 11-13)

WP5. Dissemination and Exploitation – Realization of the project dissemination tools and the dissemination of the project and its results (Month 13-15)

WP6. Monitoring and Evaluation

Phase 1: Planification		WP2: Conceptualisation	
	WP1:		WP6:
Phase 2: Execution	Project Management	WP3: Development of a Holistic Methodology WP4: Validation of the Holistic Methodology WP5: Dissemination and Exploitation	Monitoring and Evaluation

6. Good Practices

Identification, collection and description of good practices of healthy and active ageing from the regions and countries involved was one of the S2-Port objectives

Characteristics of good practices

Good practices can be seen as operation models and methods which result from different procedures, activities, projects or initiatives. These models can aim at producing favourable changes in processes and hence improve the efficiency and/or quality of the outcomes. According to a Finnish report on evaluation of projects run and funded by European Union (Finnbarents, 2009, p. 13-14 [available in Finnish only]), characteristics of good practices include e.g.

Need-centred approach

There has to be a genuine need for each good practice. A good practice without a real, identified need cannot be implemented anywhere by force.

Functionality and profitability

A good practice must be analyzable, assessable and comparable. The functionality of a good practice must have been proven in real context and it must have provided some sort of added value, i.e. produced some concrete results. In addition, a good practice must be proportional to an earlier practice with which it can be positively evaluated against.

Modelling and productisation

In order to be disseminated and widely implemented, a good practice can be modelled in a way that it can be understood by outsiders. This requires for exhaustive documentation and description of the features and implementation.

Usability and exploitability

A good practice can be generalized and hence widely utilized and exploited also in other contexts.

Transferability and dissemination

Transferability of a good practice features is a long process which takes good planning phase, enough time and other resources and, most importantly, willingness to adopt the good practice.

Context-bound character

All good practices are context-bound in one way or another. This needs to be understood and accepted, leading sometimes to situations where it might be impossible to implement a specific good practice in a different context. Then, possibilities for adaptations or dismissal of implementation must be considered.

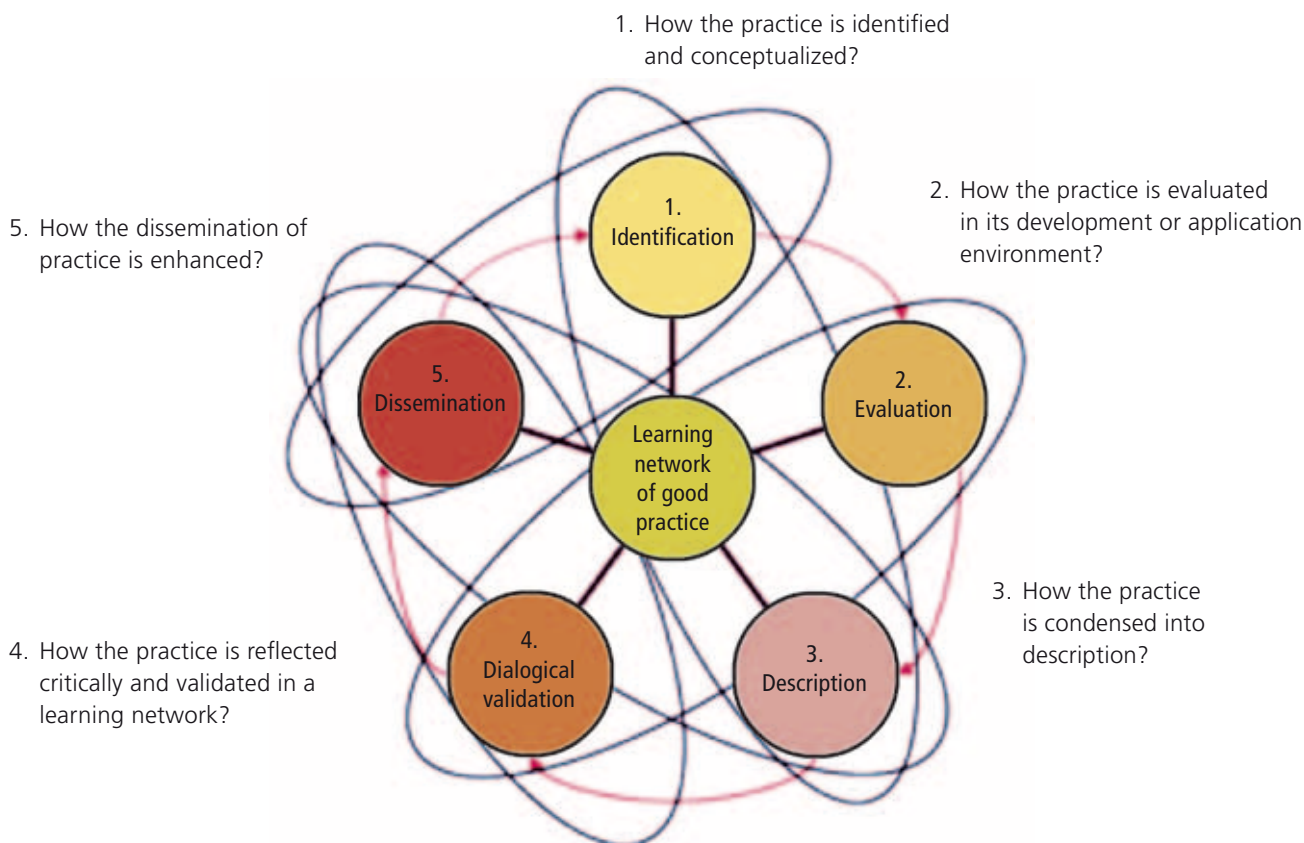
Shared development and implementation responsibility

Good practices are often identified in an interactive process where all stakeholder groups (actors of a project or an initiative, target groups and beneficiaries, partner organisations, financiers and other experts) are all equally involved.

There are several methodologies for collecting information describing good practices. The selection of the most appropriate method(s) depends on the needs, objectives and nature of the exercise: different methods apply for different purposes.

In S2-PORT, interviews based on a questionnaire tailored to the scope and objectives of the project were selected as the tool for collection of good practice descriptions. The structure of the questionnaire followed the general outline of the good practice description model designed by the Good Practice programme of the National Institute for Health and Welfare Finland. (http://www.sosiaaliporssi.fi/en_GB/goodpractice/modelstructure/)

Also, the EU Physical Activity Guidelines, approved by the EU Working Group "Sport & Health" (25 September 2008), were taken in account for the selection of these Good Practices. (Guideline 35, 36 and 37).



THE PROCESS OF GOOD PRACTICE WORK

Executive summaries of the Senior Sport Best Practices

The summaries consist of a technical part stating some facts regarding the coordinator, character of the good practice, resources and contact details for further information. The descriptive part describes the main objectives, implementation and results of the good practice cases in a way relevant for each case at hand.

A total of 14 case study summaries from Spain, Finland, United Kingdom, Greece, Denmark, The Netherlands, and Italy were selected (See Annex 2). The list of good practice cases was formed by each participating project partner identifying the success stories within the field of health-enhancing physical activity in their regions or countries. Hence, the list of good practice cases is by no means exhaustive and therefore presents only a glimpse of the variety of the numerous projects and initiatives running in Europe. On the other hand, the overall purpose of the S2-PORT is not to provide a scientific, comprehensive analysis of the entire field of ongoing activities or good practices but to identify a collection of good practice cases

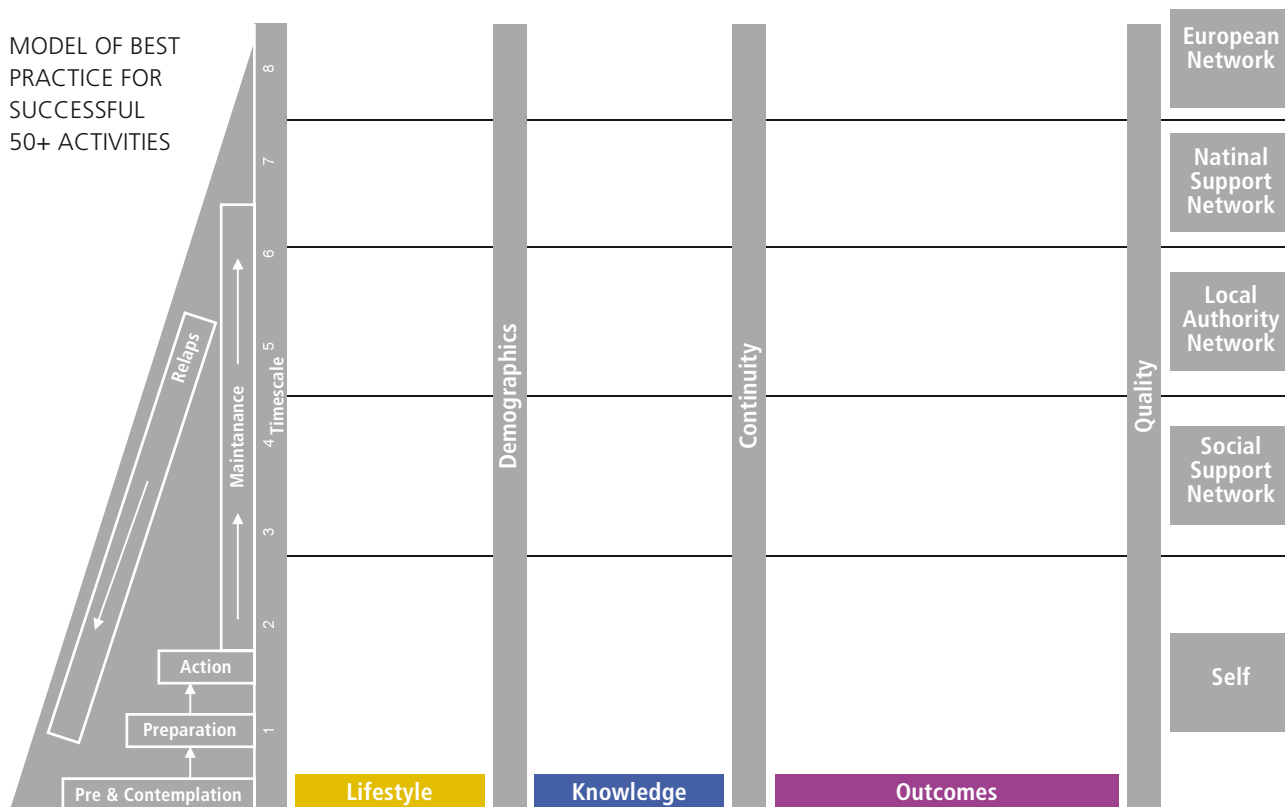
well-known to the project partners. This collection has offered material and building blocks for the holistic model to be constructed of the project and hence provide a set of viewpoints on the activities from the perspective of various actors in the field such public sector such as municipalities, private companies, associations, foundations, higher education institutions and research centers, and last but not least the older people themselves whose health and wellbeing are supported by all these actions.

7. Model & Guidelines for the promotion of physical activity and healthy ageing in Europe

Senior Sport has designed a Holistic Methodology & Guidelines to introduce physical activity as a new life style to prevent disease. A Holistic Model based on Sportive practices as a substitute palliative care. This Model & Guidelines are a useful tool for all kind of Organizations. This Methodology can easily be adapted and implemented by different public authorities, in order to increase the level of awareness among senior citizens.

MODEL & GUIDELINES FOR THE PROMOTION OF PHYSICAL ACTIVITY AND HEALTHY AGEING IN EUROPE

THE HOLISTIC MODEL



Interested parties

For an individual to select an active lifestyle there are many issues to be considered. This model considers there to be five significant and interested parties that will influence the opportunities available. These five are the self, the social network, the local authority network, the national body and the European Union. Each influences in various ways the activity and lifestyle choices available to the individual.

Through consideration of the case studies (Annex 2) there would appear to be three distinct areas that affect the individual choice of activity pursuit: Lifestyle; Knowledge; and Outcomes. The combination of the interested parties and these distinct areas of interest when combined affect the opportunity available to the individual and the selection of the lifestyle chosen. For example, peer support for the individual will positively affect the choice of activity if there is reinforcement that encourages the behaviour (smoking cessation if the significant other quits smoking at the same time). The timescale for the model starts at the Precontemplation stage and as time progresses there is greater dependence

on the next rung of the interested parties ladder. Initially the self will be in control of their lifestyle choice and likely be motivated to pursue the activity for its own sake (i.e. jogging/running to keep fit). However, after a few weeks, psychological support and motivation from the social network may be required to maintain adherence to the program. If the local authority network were to organise a 5 km fun run in spring, this would offer the individual a target to increase motivation and training. If the national body were to organise a marathon event that followed on after the fun run, the individual may find themselves part of a 6-9 month (timescale) training season that enhanced the well being of the individual (lifestyle), enhanced experience (knowledge) and increased the functional efficiency of the client (outcomes). There are three specific factors that must be included into any activity programme to ensure best practice. These are demographic considerations, continuity and quality. These factors are cornerstones of all types of activity and have been highlighted throughout the case studies as essential to the success of any programme. As such, they cross all the boundary lines between the interested parties.

Definitions of Terminology

Self. The individual that is taking part in the process or active lifestyle.

Social support network. The social network that surrounds the individual. This may include immediate and extended family, spouse, significant others, partners, friends, work colleagues, team members, fitness instructors, personal trainers, teachers, counsellors, medical support. These individuals form the first line of defence when following the daily routine or considering any activity or lifestyle change. Often positive (or negative) support for the lifestyle choices dictate the continued pursuit of the active lifestyle.

Local Authority Network. This refers to the community at large that surrounds the individual. This population offers secondary support throughout the lifetime via local government provision, medical support and private health/sport institutions. Personal trainers, health advisors and privately funded insurance companies will be central to the support network. Some University departments may fit into this category either through their research or community funded programmes. These are the individuals and committees responsible for the community at large. They have a duty of care to ensure that healthy opportunity exists for all the residents and that the needs (educational and physical) of the greater population are managed while recognising each individual need. Entrepreneurs and innovators in these financially difficult times are expected to provide some of these groups' needs and, as the move toward privatisation of health services increases, so a greater flexibility of provision and sustainability must become available.

National Support Network. This group represents National Governing Bodies of sport and may include larger University institutions. The function of these groups is to direct and inform research, report on trends and make recommendations that enhance the well-being of the membership.

European Directives. European directives and funded projects are essential to the individual maintenance of an active lifestyle. The recognition of demographic trends and instigation of lines of enquiry aid in the support of the individual who is attempting to pursue an active lifestyle. Ensuring multi-partner research programmes that support, enhance and increase knowledge exchange aid in motivating the individual to contribute to a healthier society.

Timescale. Divided into 8 segments, the timescale is open to interpretation. There are no fixed time bands, although the model assumes the following:

1-4 = weeks of participation

5-6 = a month per number. Therefore completing a quarter year.

7-8 = a quarter year per number. Thus the programme would last approximately 9 months.

Activities that the individual pursues for a period of such duration are likely to become a way of life and a healthy lifestyle choice.

Lifestyle is taken to mean the current situation of the individual. These are factors that affect the client and their way of life. These factors affect behaviour to a greater or lesser extent depending on the perception of the factor.

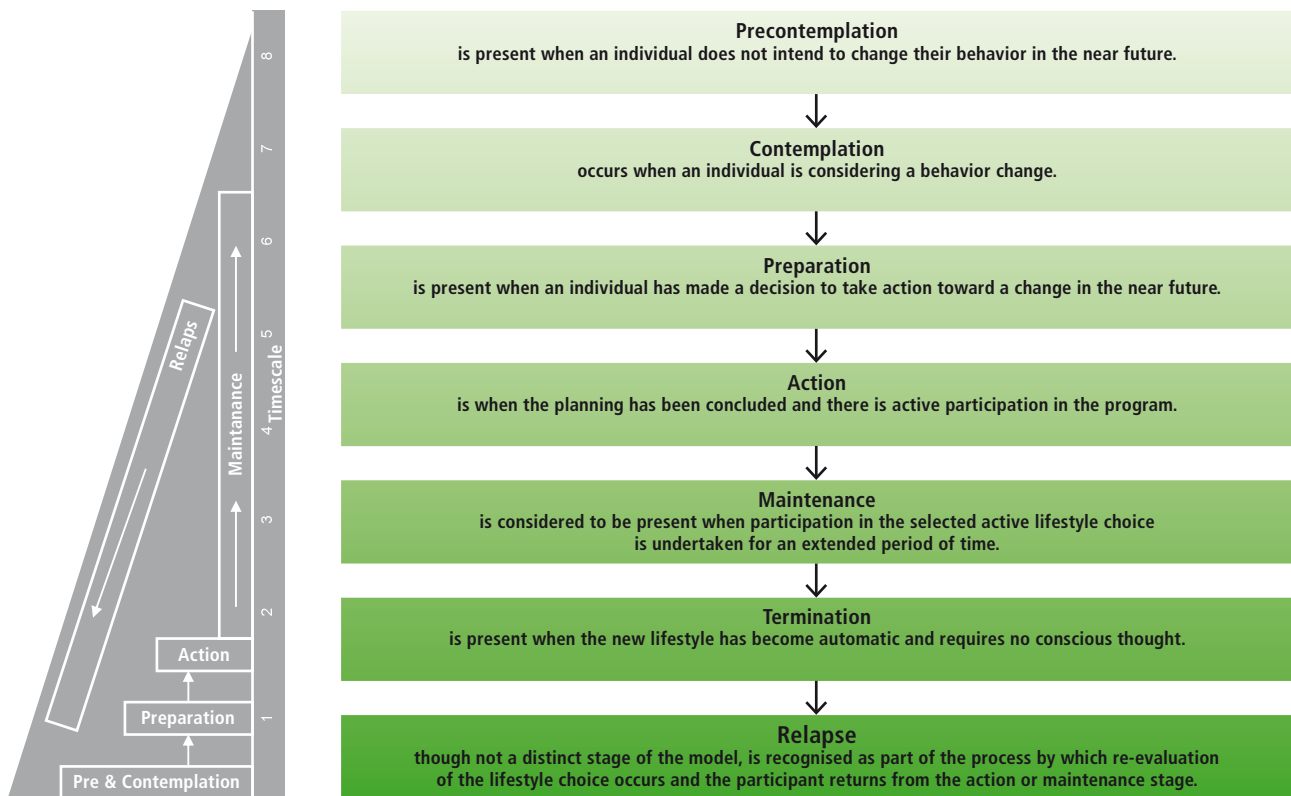
Knowledge is taken to be the understanding and awareness of the situation based on the experiences of the individual. There is an assumption that by improving knowledge a more positive lifestyle choice will be made.

Outcomes would be the results that the individual is expecting to see, providing the pursuit of the active lifestyle is maintained. Broadly these fall into four categories: Well-being, mental health, value for money and physiological changes. Where participation is recommended or chosen out of interest, these four components have a major role to play if the lifestyle is likely to be pursued.

Demographics. This would be the numbers and types of individuals within the specific area of population intended for the type of activity. The growing numbers of people aged 50 years and above is a cause for political concern and clearly the target for research and education with regard to healthy ageing!

Continuity. Almost all of the case studies highlighted the need for some open-ended aspect of the activity programme. In classes where there was no "end line", support was maintained and through word of mouth the class grew in size. Clearly this kind of support reinforces the need to "sustain" programmes.

Quality. Some assessment of the quality of the activity invariably takes place, either through rigorous external assessment or individual judgment. The balance of output versus perceived returns will inevitably consider the quality of the delivery and in turn affect continued participation on the programme.



Transtheoretical model of behaviour change (TM) (Prochaska and Diclemente, 1983). The TM was developed from an analysis of leading theories on behaviour change. There are six stages to the model; these are defined as follows:

- **Precontemplation** is present when an individual does not intend to change their behaviour in the near future.
- **Contemplation** occurs when an individual is considering a behaviour change.
- Preparation is present when an individual has made a decision to take action toward a change in the near future.
- **Action** when the planning has been concluding and there is active participation in the program.
- **Maintenance** is considered to be present when participation in the selected active lifestyle choice is undertaken for an extended period of time.
- **Termination** is present when the new lifestyle has become automatic and requires no conscious thought.
- **Relapse**, though not a distinct stage of the model, is recognised as part of the process by which re-evaluation of the lifestyle choice occurs and the participant returns from the action or maintenance stage.

Review of participation. A systematic review of attitude toward the activity is essential if continued participation in the lifestyle choice is desired. For each tier of the model a questionnaire could be used as the basis for an interview. Similar to an appraisal, the interviewer should try to ascertain the attitude towards the activity recognising the complex jigsaw of motivational factors that contribute to the successful participation.

Using a Likert scale for evaluation (strongly agree, agree, neither agree or disagree, disagree, strongly disagree) the interviewer can elicit the factors that are pertinent to the individual and adjust the programme accordingly. If during the interview the client answers agree/strongly agree to most of the questions there is a greater likelihood that participation will be maintained. The opposite is therefore also true; the more negative the responses the more likely the individual is to cease the activity. The use of open questions should be used as the response often invites an insight into the contributing factors that combine to make the individual unique.

This review process could be used on a quarterly basis and serve to shape the direction and content of the activity. Typically organised by the fitness club, personal trainer or local government instructor the questionnaire should consider questions that inform the organisation of action that is needed to keep participation a priority. Feeding back results and highlighting actions taken keep the client informed and serve to keep the activity fresh and exciting.



Typical Questions. All questions would follow the rating of 1 = strongly disagree, 2 = disagree, 3 = neither disagree nor agree, 4 = agree, 5 = strongly agree.

To the Individual (Self) on a scale of 1-5:

1. How do you rate your motivation toward the activity?
2. Do you believe the activity is beneficial? If so why?
3. Can you afford to participate at this club/activity?
4. Do you get value for money in participating in this activity?
5. Does the activity/class enhance your knowledge and develop your interest in continued participation?
6. Are the outcomes that you have set for yourself measurable? Are there physical outcomes that measure your success?
7. Do you choose to partake in this activity freely or has someone influenced your decision? If so, who and why?
8. Does your significant other support your continued participation in this activity?
9. Does your significant other perceive the issues that you feel are important to your continued participation as relevant?
10. Do your intended outcomes for this programme match the potential outcomes observed by your significant other?

For the personal trainer this type of client performance review process could be used to ensure quality delivery and increased participation. Taking this level of interest in the participant recognises significant participatory traits and allows for a sharing of knowledge and experience. In local government terms this type of review is unusual and may not be so personal. This type of review is more likely to consider the physical aspects of delivery (cleanliness, timing) although the personal touch often increases activity adherence.

National and European networks are expected to support the members in their endeavours and to keep them informed of current thinking. This type of review process is unlikely to elicit the responses that are required. The development of a questionnaire is costly and likely to highlight the need for increased communication. More and regular events have often been highlighted as requisite to increased membership participation.

When considering the review process, its timing and content are essential to improving motivation and continued participation. Once a month would be too much, once a quarter is adequate. If the results to the questions are consistently in the 4 or 5 (agree, strongly agree) the participant is more than happy with the programme and likely to continue participation. Recommendations made through the interview will add to the positive experience and should be adopted were appropriate. The constant evolution of the activity programme is paramount if participation is to be maintained.

MODEL & GUIDELINES FOR THE PROMOTION OF PHYSICAL ACTIVITY AND HEALTHY AGEING IN EUROPE

COMPONENTS OF THE MODEL

Description of model components

The holistic model presents a number of key components identified during Work Package 2 that impact on older adult participation in physical activity. These components are described below.

Self

Throughout this research the overriding factor that ensures continued active participation is the locus of control. Providing the individual has control over their choices and that there is a perception that the benefits outweigh the negatives, the lifestyle choice will be maintained. Developing confidence in participation, skill mastery and overcoming fears or concerns all serve to enhance and increase participation and performance. Thus, the client becomes self-determining and able to make informed choices about the activity or lifestyle. Often domestic commitments, work-life balance and perceived benefits all serve to increase or decrease participation of the selected activity.

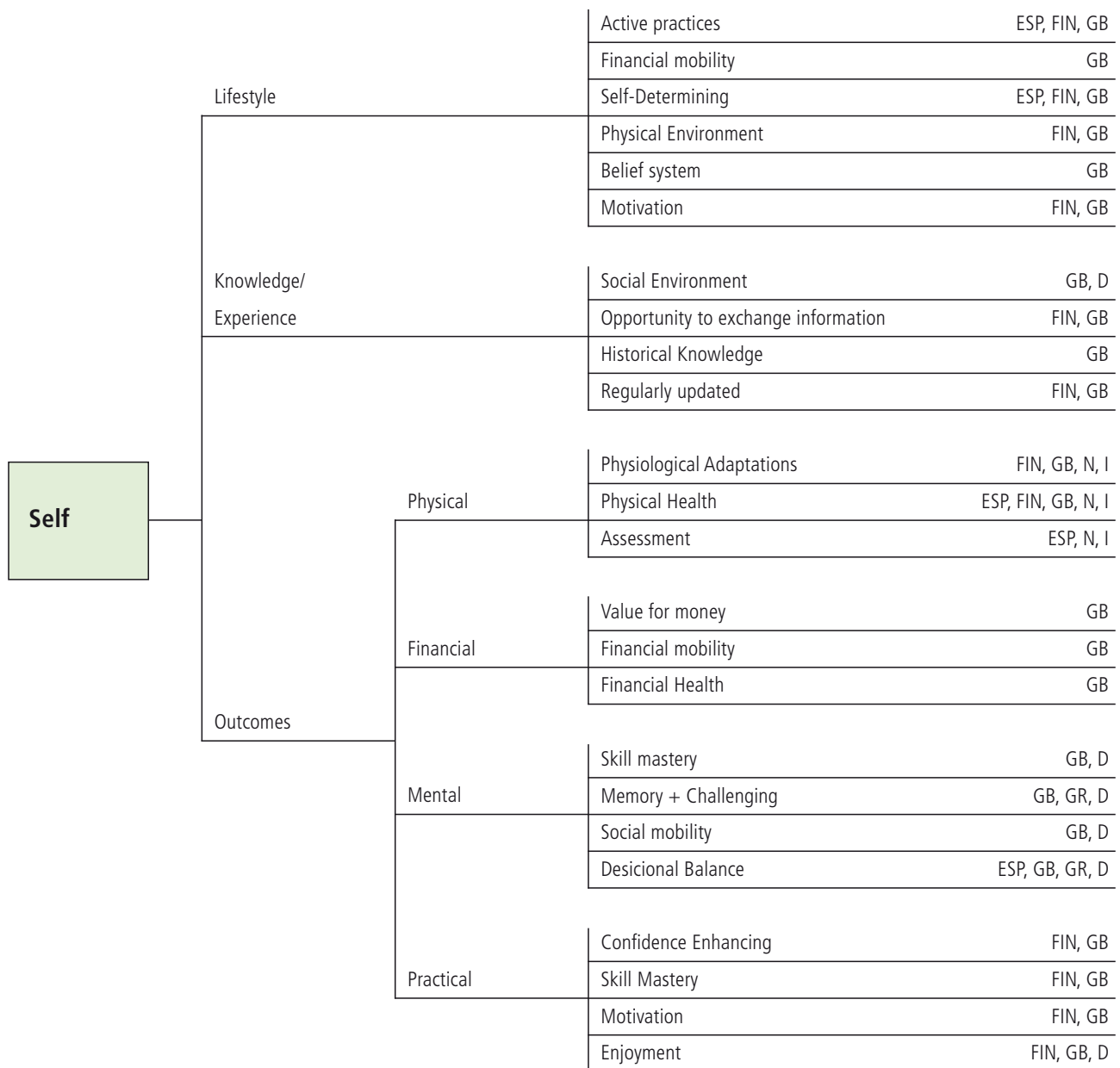
Three key areas to the model are Knowledge, Outcomes and Lifestyle. The combination of these three factors serves to inform, direct and initiate activity. Each aspect at various stages will influence behaviour to a greater or lesser extent, dependent upon situational constructs, opportunity and social influence.

Lifestyle is largely determined by domestic, social and individual preferences. Results from WP2 suggest that individual's self-determination dictates the continued participation of the chosen lifestyle. Decisions may be based on financial, physical or demographic opportunity. Financial constraints are often the first consideration in activities where private membership to a club is required (e.g. golf or fitness clubs). These constraints may reduce the opportunity to participate in the chosen lifestyle, requiring a certain level of cash flow. At this stage the local network may have some influence on pricing strategies and indeed may subsidise specific activity programmes. These programmes may be run through local government and may occur in council run facilities at a reduced or "pay-as-you-play" price. Continuity to these programmes may be affected by the "fair weather" participant where seasonal fluctuations in temperature and weather have a major bearing on the individual lifestyle choice. Access to the physical environment may also be limited through city dwelling, a lack of urban space or transportation links. These factors are known to

hamper non-exclusive participation with national chains of fitness and wellness centres targeting specific, financially mobile, demographic populations. At this stage the local government have a duty to provide services to the individual, although the type of provision is often at the behest of the committee members rather than dictated by the population at large. Activity groups such as military Brit-fit are known to be successfully using urban spaces for their high intensity fitness classes.

The belief system of the individual has a major role to play in the choice of lifestyle. Religious beliefs and family values have a major bearing on the amount of free/leisure time available. Where active pursuits are not supported or positively encouraged, there is greater possibility that the individual will choose a non-active lifestyle. However, where major life changing health incidences have occurred, the belief system has been refocused and the client has built activity into the regular way of life. The individuals concerned have redressed their choices and plan work or meetings around the activity.

Knowledge serves to inform and direct behaviour towards a certain activity learned through experience. Individuals, when interviewed during Work Package 2, have all highlighted the need for the opportunity to update and share experiences and knowledge. These commodities affect activity participation, inform lifestyle choices, direct future participation and affect decisional balance. When this is applied to the Self, the individual may be looking for affirmation of the choice made, recognition of the issue or similarity in experience. Throughout the interviews participants reflected on their history ("I have always been active"), which may serve to affirm their continued participation, highlight how knowledge exchange has increased awareness and therefore increased participation or how the group support for the programme kept knowledge updated. Where clients had previous poor activity records, knowledge exchange served as a major motivator resulting in a thirst for more information. All candidates highlighted the need for the group leader to have current knowledge, experience of dealing with specific health issues, and that the opportunity to ask informed questions that were not dealt with at the recognised health centre was paramount to their continued participation. This countered the feelings of isolation that were expressed by a number of participants with experience of a major health incident when being given the "all-clear". The need to be recognised as an individual and not just a number was evident. A



good “local” knowledge also affected continued participation when becoming self-determining and active. Clients who needed regular exercise for health reasons found their choice of route was determined by the physical demands of their health and as this aspect improved chose a route that would place a greater physical stress on the individual.

Ones decision to initiate a health behaviour is partly governed by whether the individual perceives themselves as susceptible to a particular health problem, see their condition as serious, think that carrying out the behaviour would be a worthwhile endeavour, and that they are exposed to a cue to take that action (Becker, 1974). Therefore, best practice should influence attitudes towards the importance of physical activity in enhancing ones quality of life. Field research concerning best practice reports that the implementation of activity that enhances cardiovascular fitness, proprioception and social activity, benefits the individual and increases knowledge of how increased physical activity

contributes towards fall prevention, independent living, enhanced health status and social networking. Whether a practice utilises social events which distribute information via leaflets, presentations or inter-individual knowledge exchange, or disseminate information through the use of the internet, newspapers or other media outlets, best practice should ensure that potential users of the service are continually informed and aware of the benefits of physical activity and how one may go about performing this behaviour (Shewry et al., 1990).

Outcomes by and large dictate the choice of activity the individual pursues. The return on the participation must reach the minimum level expected or, preferably, exceed the desired outcome, to ensure participation is maintained or increased. Returns are not necessarily quantifiable in that the social circle may be increased or a minor recognition of accomplishment occurs; simply that the efforts the individual has made are observed is often reward enough.

At a financial level this may be that the outlay either serves as a motivator (“It has cost me a lot of money, therefore I will use the facility”) or the return on the investment far outweighs the cost. Group activities where similar mindsets can be found allow the sharing of the problem to be the hook that keeps participation going and combat isolation.

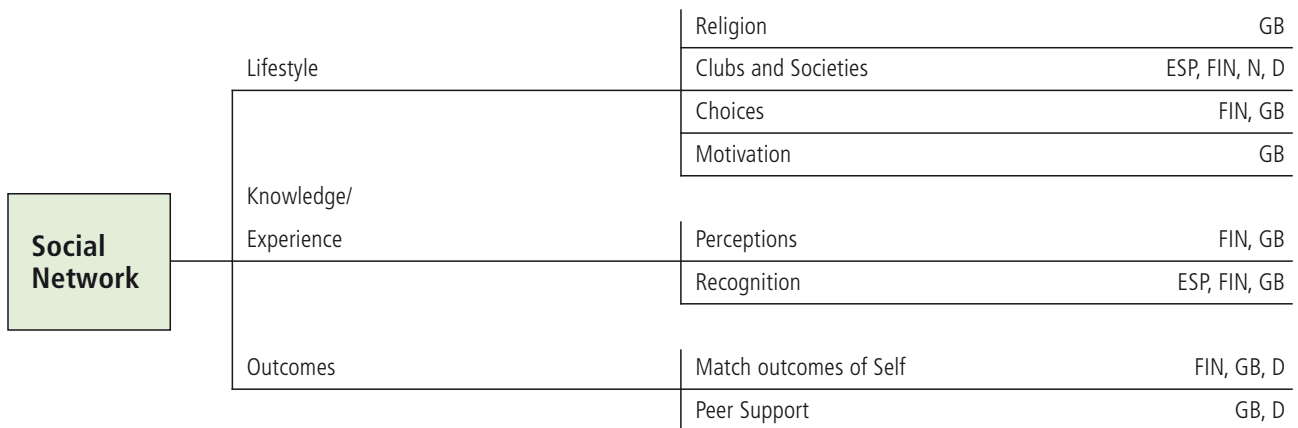
Activities that challenge the individual either mentally or physically seem to be of particular significance. Participation that teaches or enhances a particular skill develops a talent, sharpens the mind or improves fitness levels, provide motivation to the individual that significantly encourages and indeed increases participation rates. This mastery of skill, the levels of enjoyment and improvement in performance, enhance self-efficacy and feelings of self-worth. These are significant sources of motivation to the individual and as such are likely to maintain participation in the selected activity. They may possibly encourage greater activity levels. Realistic goal setting by the individual should be monitored by the instructor and used appropriately.

Based upon relevant practices previously evaluated regarding best practice, outcomes for individuals may be initially assessed using pre-activity questionnaires and/or if feasible, carrying out a face-to-face interview so that the participant may record and monitor their personal goals, whilst informing the interviewer or physical activity coordinator on the characteristics, motives and interests of their members, enabling the subsequent physical activity options to be tailored to the needs of the population. Goal setting and self monitoring has shown promise in promoting physical activity behaviour change among adults (Shilts, Horowitz & Townsend, 2004). Furthermore, strategies such as pre health screening, collaboration with local gyms and sports clubs which offer optional fitness assessments, or simply organising meetings which allows for systematic feedback to the seniors participating, and an opportunity to plan further realistic, measureable and timely goals have been shown to be highly beneficial (Strecher et al., 1995).

Social Support Network

The social network the individual finds themselves within has a major role to play in the choices made by the individual. Social standing, significant others, work colleagues and religious doctrines, all combine to affect the individual and their participation in an active lifestyle.

Team/group affiliation gives the individual an understanding of their place within society. Affiliation to like minded groups and activities increases the opportunity to participate in the chosen pastime. Within this sphere there is the opportunity to share knowledge and experience. Working within groups where mutual trust and friendship are cornerstones of the participation relationship, allows a freedom of thought, sharing of concerns and informed questioning based on background and historical knowledge. Thus, positive reinforcement by the significant social network of the chosen lifestyle by the individual raises awareness of related issues and is more likely to maintain or increase the participation levels displayed. However, the reinforcement of negative/poor lifestyle behaviours (e.g. smoking, poor diet) through bullying and lack of respect can lead to reduced activity levels and poor lifestyle choices. Inactivity on religious grounds is not uncommon, although a specific group activity targeted at minority groups is making a difference to participation levels in some urban areas. According to the social liberation process of change within the action and maintenance stage of the transtheoretical model, one may experience social changes that are in line with personal change, or perceive alternatives to current behaviours in the social environment. Practical application of this model within best practice can be seen with the use of exclusive clubs founded on common interests related to physical activity and goal achievement. A group which share the same interests and similar experiences will provide a social atmosphere conducive to change and maintenance of change (Grimley et al., 1993 and Prochaska et al., 1994).



Knowledge and sharing of information relating to the activity can reinforce the behaviour. Significant others who have shared experiences can have a positive influence on the activity levels of the individual. Awareness of health and fitness levels, attitudes and perceptions can be used to positively influence choices made by the individual. Knowledge exchange is actively encouraged through interest and an intention to improve well-being. Helping relationships may be established between members as they learn about each other, build friendships, and offer one another a caring and trustworthy social support system. This social network and support system should also be provided through relationships between the members, instructors, and coordinators. The transtheoretical model suggests that relationships such as these can help in the action and maintenance stage of change by allowing free exchanges about concerns, doubts, and successes. Someone who is empathetic and will listen without condemning or rejecting provides the member with an outlet to talk through problems and plans. A lack of social well-being in later ages highlighted through best practice research has been addressed through the use of social gatherings, excursions, charitable events and post

physical activity socialising periods consisting of coffee, singing, interesting presentations and common conversation. These periods of socialisation also allow for members to feedback, plan and organise future activities, which keep them actively involved in the running of the practice and ensure knowledge is updated.

Outcomes although determined by the self or supported by medical practice, if shared and understood by the significant other/social group can be a source of considerable motivation. Positive reinforcement, assisting with achievable target setting and the realisation of milestones has all been recognised as methods that at least maintain participation levels. Recognition of efforts made and targets missed can also aid the motivation levels, if handled appropriately. The aim of best practice should be to develop a complete support network, which has a positive impact on society and addresses the trend of diminishing social opportunities with age. Best practice reviews report that the social community built within a practice is a key focus and often serves as a longer lasting motivational factor for continuing physical activity.

Local Support Network	Lifestyle	Population	FIN, GB, D
		Health	ESP, FIN, D
	Knowledge/ Experience	Opportunity to inform/exchange	FIN, GB, D
		Regularly updated	FIN, GB
	Outcomes	Different stakeholders interest	ESP, FIN, GR, D
		Technology	FIN, GB
		Local health targets	ESP, FIN, GB, GR, D, N
		Income generation	GB, D
		Community building	ESP, FIN, GB, D, N
		Open ended	ESP, FIN, GB, D, N
		Socially visible	ESP, FIN, GB, D, N
		Sustainability	ESP, GB, D, N

Local Area Support Network

Demography and physical geography are highlighted as key factors that affect the opportunity to participate in an active lifestyle. The health divide that is attributed to financial health is well documented and as such will have a major affect on the participation levels and activities offered.

Lifestyle and the financial capacity to afford memberships to health clubs, spa's and other active pursuits, have a major affect on individual participation rates. Location, population and health demographics are central to being able to access an active lifestyle. Generally there is an acceptance that the greater the population or financial health of the district, the greater the diversity of active opportunity. Fitness chain stores (and food suppliers) target specific demographic populations and, therefore, increase the opportunity for such a lifestyle choice. Areas of deprivation by contrast rely heavily on subsidised local government activity and invariably struggle for continuity and support. Only where local targets are established (e.g. by the health service or local government) and funding from various stakeholders (e.g. supermarkets) with a vested interest are co-opted to support the programme are issues of programme longevity, sustainability and exit strategies for participants considered. Open ended programmes that consider community building and the needs of the population above the local targets may not be financially successful or attract large numbers of participants. They

do however provide a much needed community service. At times of financial crisis these classes tend to be victims of local government savings cuts.

Local distribution of **knowledge** related to activity, health or lifestyle choices provides the link between national governing bodies, research departments and the participants. Through the regular cascade of information, updates via local media, course updates for local practitioners and meetings for the dissemination of information should occur. Difficulties are evidenced through the inability to maintain a dialogue between the respective partners, interested community groups and the variety of schools of thought. The lack of continuity of programmes, poor resourcing and management of community led schemes, added to more recent budgetary constraints and the constant movement of local governmental targets, invariably causes the breakdown of this dialogue. Interestingly, self-employed instructors working in private facilities often have the most contemporary knowledge. Such individuals consider annual professional development as an investment and an opportunity. Invariably continued professional development for employers is limited by funding and the cost of courses. Best practice instructors and coordinators should be aware of the theoretical aspects of behaviour change and the different factors that contribute to successful behaviour change. In the case of a participant struggling to continue participation in physical activity, or reverting back to a sedentary lifestyle, instructors and coordinators

National Support Network	Lifestyle	Regular competitive events – e.g. Marathon	
	Knowledge/ Experience	Exchange with new research	FIN, GB, GR, D, I
		Opportunity to inform and develop	FIN, GB, GR, D, I
	Outcomes	Current	FIN, GB, D, I
		Linked to National Targets	ESP, FIN, GB, GR, D, N
		Funding of research	FIN, GR, D
		Consistent	GB
		Collaborative working	ESP, FIN, D, N

following best practice should be able to assure the individual that relapse is commonly experienced when wanting to start or change a behaviour, and from this develop a plan for that individual to tackle their issues and continue physical activity.

Outcomes although dictated by the participant on an individual basis, there are inevitably local targets that need to be addressed. Often these are linked to health assessment results or percentages of individuals participating in a specific event. The measurement and reporting has a certain bias and often is not as accurate as first thought. The method of recourse is dependent upon the policies of the company and the management of the providers. A balanced view of short and long term targets would seem to be appropriate, although the political landscape of each area has its own peculiarities. With these constant changes, biased results and changing methods of reporting, the outcomes appear to be on moving ground. Providers of activities that are private companies are concerned for profit and not the altruistic nature of health and sport participation for its own sake. This may bring into conflict the outcome needs of the individual participant, the targets set by the management of the company and the local government provider. Where the private company activity ceases to make a profit, the local government are expected to fill the hole and inevitably if there is no motivation for the activity from the local government, the individual finds opportunity for their particular physical activity reduced or non-existent

National Governing Body

A National Governing Body for sport support network effectively serves to increase opportunity, improve the knowledge base, and develop the skill set of the participants (players or coaches).

Lifestyle would appear to have no influence on governing body activity, except to direct the activity of the individual if the target set is participation in one of the regular events i.e. marathon. Often the regional governing body has greater influence over local participation rates and events through regular seasonal provision. At this level there may be sponsorship of specific events linked to local issues.

Knowledge development and dissemination are major functions of the governing body. Participants look for leadership and direction, while coaches and teachers spread the information. The regular management of information and updating of old knowledge and skills are required and delivered through a unique system peculiar to each governing body activity. Often the mismatch between the coach at the front line and the current school of thought highlights the lack of rigour of the developmental system organised and planned by the national governing body. Partnership working at this level may occur with charities, national health service trusts, and similar conglomerates with a mutually beneficial outcome (i.e. joint sponsorship of a major sporting event).

Outcomes are generally accepted as the targets set by the National Governing Body for numbers of participants and are linked to regular global events and conferences. Some activities and pastimes have annual festivals and events that keep the participants motivated.

European Union

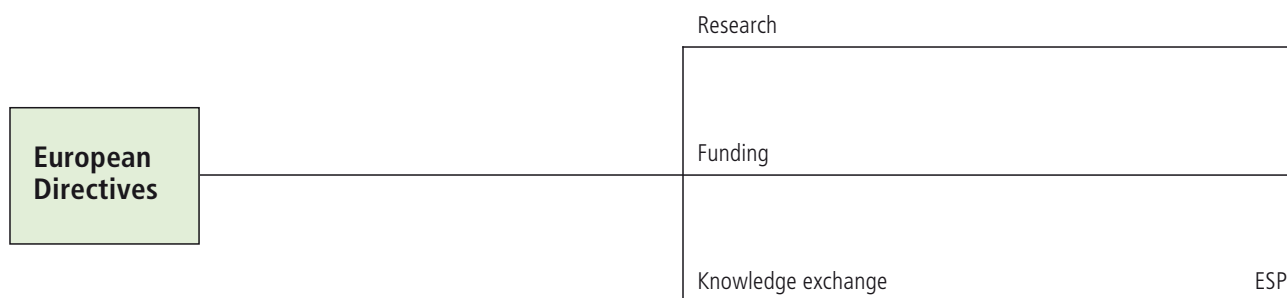
European Union directives have an overarching viewpoint that does not directly affect the individual but reports on demographic trends, observes policy and practice and may serve to direct research and practice. As advisors to the World Health Organisation, the European Union serves to inform on western developments.

Lifestyle is not directly affected by the European Union.

Knowledge and Outcomes are directly affected by the commissioning of research based activities such as S2-PORT. Without such funding, many initiatives would cease to function.

Timescale

Continuity and longevity of best practice is vital when considering behaviour change and maintenance of independent physical activity. The transtheoretical model suggests a typical timescale which represents movement from one stage to the next and the likelihood of sustaining behaviour change (Prochaska & Norcross, 2001). Seniors over 50 years of age who are not partaking in some sort of physical activity but who are seriously considering changing their sedentary lifestyle for a more active alternative in the next 6 months are classified as contemplators. Best practice strategies to encourage participation by such individuals could include adequate dissemination and awareness building through the local council, gymnasiums, leisure centres, newspapers and other media outlets. Contemplators may endorse such items as, "I've been thinking that I might want to change something about myself" and, "I have a problem and I really think I should work on it". The next stage is defined as preparation which combines intention and behavioural criteria. Individuals in this stage are intending to take action in the next month and have unsuccessfully taken action in the past year. It is therefore important that best practice utilise techniques previously mentioned which enhance the likelihood of physical activity participation. Examples might include social networking and knowledge development to positively influence ones decisional balance, or free taster sessions to assist individuals in making behavioural changes. They may also use goal setting strategies. Action is the stage in which individuals modify their behaviour, experiences and environment in order to partake in physical activity and overcome a sedentary lifestyle. Action involves the most overt behavioural changes and requires consider-

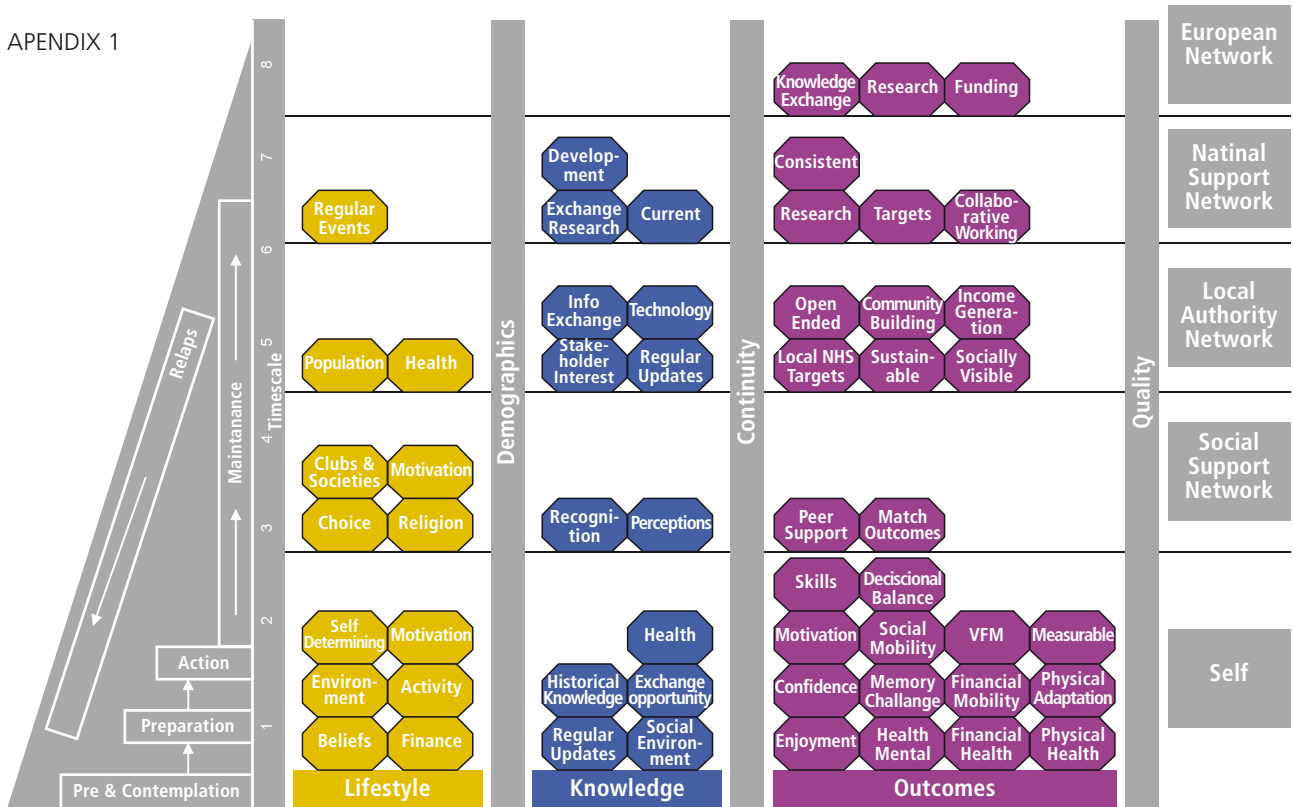


able commitment of time and energy. Individuals are classified in the action stage if they have successfully altered their sedentary behaviour for a period from 1 day to 6 months. Individuals in the action stage endorse statements like, "I am really working hard to change" and "Anyone can talk about changing; I am actually doing something about it". As previously mentioned, best practice should utilise social networking to affect social liberation and helping relationships to assist member, instructor and coordinator cohesion. Work Package 2 best practice evaluation identified the benefits of events and competitions performed in good spirit where members are presented with medals and rewards. Within the action and maintenance stages, social and self-rewards are part of the process of reinforcement management. Reinforcements can be positive or negative as long as they serve to condition the participant to continue advances in behaviour change. The final change process in the action and maintenance stages involves stimulus control. In this process, the participant restructures the environment to help the behaviour changes. This may require finding new and supportive friends, avoiding situa-

tions known to induce sedentary behaviour, or setting up new situations to encourage a new behaviour. By joining a group who are empathetic towards ones needs and goals, and who can offer knowledge and experience exchange, may enhance one's self efficacy to continue with the active behaviour. Despite all of these steps towards positive health behaviour, individuals are always at risk of relapse at any point along the continuum of change. Relapse is a normal part of the change process, but one that can cause problems if the client employs self-blame, indulges in guilt, or permanently reverts to the previous behaviour system (Grimley et al., 1995). Relapse is a real possibility that is experienced by most people during the process of any concerted effort to change behaviours. Best practice instructors, volunteers and coordinators should be aware of this and communicate this to the individual so they understand the significance of relapse as a part of the process and not as an indication of failure. Instructors can then rethink a plan for the future, by readdressing factors such as goal setting, financial mobility, time commitments and activity choice, as these may not have been optimally implemented.



APPENDIX 1



The S2-PORT model was developed through the cooperation and commitment of the project partners and many key stakeholders within the various countries affiliated to the European Union. Model development was facilitated by the initial findings of the project partners during the observation of best practice case studies within in each partner country. Also, special attention has been paid to the personal in charge of caring of elderly people at home and

in institutions to ensure that suitable amount of exercise, compatible with health conditions, are maintained and to the idea of the providing facilities by public authorities and the idea of increasing research into the link of physical activity of senior citizens, as indicates the EU Physical Activity Guidelines (Confirmed by EU Members State Sport Ministers (Biarritz, 2008))

MODEL & GUIDELINES FOR THE PROMOTION OF PHYSICAL ACTIVITY AND HEALTHY AGEING IN EUROPE

GUIDELINES FOR THE IMPLEMENTATION OF THIS MODEL

The holistic model (presented in Appendix 1) suggests that each aspect highlighted forms part of the jigsaw that serves to inform, determine or direct the individual's course of action in initiating or maintaining an active lifestyle. Whilst not exhaustive these are the key aspects that collectively reinforce behaviour and serve as motivation toward greater participation. For the user (i.e. the Self) some of these aspects are less important than others.

Timescale & Programme Continuity

Ongoing practice generally requires 6 to 9 months before the lifestyle activity becomes a way of life (Termination). Historically, any time period short of this length is accepted as behaviour intent on influencing lifestyle but not permanent change. In initiating action and moving on from contemplation to action this may take a day or a week. The individual will direct and select a course of action that may reinforce their beliefs and serve as a motivator to change. This could be through a visit to the doctors for a health check or the gym for a membership assessment. There may also be a health incident that causes a reduced quality of lifestyle, providing the attention and determination to prevent another incident occurring. However, once the motivator arrives, the response is an intention to improve the status quo. How this occurs is dependent on individual choices and preferences linked to the opportunities available.

Through the use of the stages of change model it is clear that to maintain the activity, the individual must have the opportunity for continued participation. Knowing the opportunity will always be available the client inevitably starts to plan their day or week around the class or activity. Returns on the activity investment may begin

to show after a few days or a few weeks yet it is vitally important to set realistic goals that can be achieved. These goals may be in the form of weight loss, reduced levels of blood parameters (such as LDL cholesterol), or simply reducing the numbers of cigarettes smoked. Maintenance of the lifestyle choice needs to be sustained and adjusted to incorporate changes and developments. As one target is reached so the next should be discussed, set and then readjusted if necessary. Accepting that relapse can affect the continued participation it is important to recognise that the reassessment of the target in light of relapse changes is not the end of the programme or a failure of the individual, merely a minor hiccup along the path.

One of the key elements that assist the participants' focus is the knowledge that the activity has some longevity. Knowing the session is going to be available at the next convenient time available serves as a goal to work towards. The participants on many of the programmes evaluated during Work Package 2 highlighted the need to know that the session will take place so that the session could be planned into the weekly timetable. The slightest threat to the continuity reduced the belief in the programme and often led to the participant making alternative arrangements.

Demographics

These are factors that cross the four main areas. As such they have a major role to play in the participation of the individual to the active lifestyle; they also have an effect on the social structure and an influence on the local and national opportunities available. In urban areas of great population density, it follows that there will be a greater and more diverse opportunity for activity.

GUIDELINES LIFESTYLE

Lifestyle Factors



Beliefs – Does the client believe in the product? Will the chosen activity serve to reach the targets set?

Activity programmes that use timescales and knowledge to achieve the goal are often well supported. Weight watchers programmes use regular weigh-in club meetings as well as constant updating of dietary information. This reinforcement of the product highlights positively the brand mantra and may serve to influence activity. It may also serve to support the belief that the target set is attainable.

Individual – Belief in the product is essential if continued participation is to be seen. A lack of confidence and little supporting evidence may reduce participation in the selected activity.

Instructor – Reinforcement of the benefits of the activity participation enhance the individual's perception of the product. Newsletters that positively highlight CPD, alterations to programmes based on current knowledge, setting appropriate targets, and appropriate questions on initial interview, all serve to reinforce the belief system.

Local Government – Not applicable.

National Governing Body – Consistent messages that positively reinforce activity behaviour, support and enhance the message of the activity programme ensure continued participation. Recognition of the struggle and issues surrounding participation in the activity raise the belief in the product and therefore maintain or possibly increase support. Secondary support for the activity programme through careful product placement serves to raise the profile of the activity and give kudos to the event. Use of a "major player" who is indirectly linked to the event/activity increases the belief in the product.

Finance – Can the cost of the activity be covered by the demographic of the area?

Individual – The balance of participation versus non participation to the active lifestyle is inevitably contained within the boundaries of the outlay that must equal the benefit. Consumers of physical activity are often buying a lifestyle choice.

Instructor – The cost of running the session will have a break-even point before going into profit. These costs must be covered to ensure the longevity of the product.

GUIDELINES LIFESTYLE

Local Government – Determination of the costs involved and the sustainability of the programme are central to success. The balance between providing a service and running a commercially viable product needs careful consideration. The less financially able populations often require greater subsidisation. Care should be taken to set a fee that is appropriate to the population to ensure sustainability. Creative mechanisms for generating financial support also benefit these groups.

National Governing Body – Often have little involvement in the development of the local network. Raising of the profile often becomes a self-fulfilling prophecy. Subsidising competitions, highlighting success and clear pathways inevitably increases participation rates (good examples being the Flora London Marathon and the partnership between the UK National Lottery and the London Olympic Games organising committee).

Environment – Is the environment conducive to an active lifestyle? Urban or country dwellings?

Knowing the physical environment is essential to the longevity of the project. Knowledge of the intentions of the planning department and prospective changes to the local environment may have a major impact on the activity.

Individual – The individual always has two options when choosing activity: conform to the immediate environs or wait for the activity of choice. Selection is determined through a mixture of domestic factors, obligation and levels of self-determination.

Instructor – The instructor should be aware of the demands on the clients, the choices available and the requirements of the governing body. Fusing similar activities together often alienates the purists but invariably attracts a wider cross section of clients (pilates or yoga, Tango, Salsa or Jazz dance?).

Local Government – Allowing the exercise class instructors the opportunity to train and develop will ensure that the facilities that employ these instructors and the services supplied remain competitive.

National Governing Body – National governing bodies should allow the fusion of ideas to permeate through. Too often national governing bodies are inward looking and do

not embrace change. Successful sports/activities are those that change with the times and incorporate other possibilities (e.g. mixed martial arts, fitness industry through exercise classes and customer demand).

Activity – Is the individual an active person or have they always been an “armchair sport person”?

Set the level of activity to the weakest/slowest performer. All too often the activity takes the pace of the instructor and the regular participants. Consider a different option for the beginner, e.g. use fewer reps and smaller weights.

Individual – Research the class and canvass the instructor, clients and organisation staff. The client should select a level of intensity that is comfortable and achievable, be aware of your limitations and undergo a health check before taking the class.

Instructor – Use a health screening questionnaire before allowing participation. Question the motivation and historical activity level of the individual. Be persuasive when advising the client, particularly when there is a disparity between the perception of the intensity level of the activity and the capacity of the client. Avoid patronisation and scaring of the individual. Delayed Onset Muscle Soreness (DOMS) are particularly worth avoiding. Follow up with post exercise questionnaires, personal contact and social events. These allow for the client to feel part of the group, increase opportunities for knowledge exchange and expand the sense of well being in the client. Web sites, blogs and the use of technology to record improvements/performance are excellent sources of motivation and maintain links between client and group.

Local Government – An awareness of the client group and the levels of performance available should reflect the demographic. Expectation of the private sector to provide competition and activity at appropriate levels invariably leaves the local government a target for criticism. Pro-activity in this area would enhance the perception of local governance and attract more of the active group.

National Governing Body – Set levels of competition, advise on health issues/safe practice and determine levels of coaching competence. It is vitally important to the success and participation rates of the sport that the national governing body embrace change and evolve. Growth in

GUIDELINES LIFESTYLE

activity is dependent on the support of the population and the ability to maintain a cycle of interest. Veteran's leagues and competition that engages the individual through the ages of life are examples of good practice that sustain the interest (e.g. Rugby union and Sevens tournaments, Concept II national competitions, masters golf and tennis tournaments).

Self-Determining – Is the individual in control of the lifestyle choices or are there external factors that are of greater significance?

Individual – Leisure time pursuits are selected by the individual on the basis of interest and levels of enjoyment. Often the 50+ (i.e. 50 years of age and over) market are moving into a new era, where domestic responsibilities are reducing. At this stage of life the individual has more control over time schedules and availability and is therefore more likely to feel able to choose and support a regular activity programme. Factors such as financial well-being and opportunity may determine the type of activity and facility to which membership is sought. Medical issues for the 50+ individual may also be a reason for membership to the activity programme. Recommendations from a health practitioner to change lifestyle often have a major affect on participation. Initially a reluctance to embrace the situation, followed by a modicum of success invariably enhances the well being of the client. This in turn highlights to the individual their ability to be in control of the lifestyle choices and that they can become a self-fulfilling prophecy. Thus, self-determination and will power combine to increase participation rates.

Instructor – Allowing the client to determine their levels of performance is essential if continued participation is to be achieved. Care in the initial stages of membership ensures safety and increase knowledge of the individual's situation. As the training effect takes hold, the client has the opportunity to work as hard as they wish during the activity sessions, reinforcing the ability to be self-determining, thus increasing participation levels.

Local Government – Not applicable.

National Governing Body – Not applicable.

Motivation (Individual & Group) – Is the client intrinsically or extrinsically motivated? What bearing does this have on the individual's participation in the activity?

Individual – The greater the level of motivation the individual exhibits, the more likely the active lifestyle is to be pursued. Intrinsic motivation is generally accepted as being the pursuit of the activity for its own sake, whereas extrinsic motivation occurs by way of rewards and recognition. Participation rates for adults aged over 50 years are more often influenced by intrinsic factors; although there will be a number of extrinsically motivated clients in all groups. Group motivation has been seen to be a major influence in participation levels and has been seen to influence opportunity. Once a team bond has been forged, the will of the group and direction of the activity serves as a source of extrinsic motivation to the individual participants. Over time the activity becomes a friendship circle, part of the weekly schedule and one of the first appointments confirmed in the diary. Not being seen "on parade" generates a cause for concern when participation is policed by the group. This has the affect of reassuring the individual that they are central to the functioning of the group.

Instructor – Attempt to foster the team spirit and a group dynamic. Appropriate use of key players at strategic times during the lifespan of the programme can serve to increase the participation levels, foster a group dynamic or increase interest in re-enrolment for the next programme. Setting targets such as participation in a national/local event and starting or entering competitions or leagues increases intrinsic and extrinsic motivation to both the client and the group.

Local Government – Not applicable.

National Governing Body – Not applicable.

Choices and Influence – What influence does the peer group have on the individual? What is their opinion on the chosen activity? Is there pressure to partake in an alternative choice?

Individual – Significant others such as friends, family and spouses all have a major part to play in the continuation by the individual of the active lifestyle. These individuals have a major impact on the motivation of the client and, as such, may

GUIDELINES LIFESTYLE

determine the continued participation in the programme. Negative lifestyles that directly affect health such as smoking and heavy alcohol consumption may be reinforced through social pressure and the need to change becomes harder to accomplish due to their environment. Strength of will and determination are characteristics that the individual must have if the positive lifestyle is to be maintained.

Instructor – Often the instructor has little or no influence on the significant others unless they are invited into the fold and offered the opportunity to participate in the programme. It may be useful to hold meetings with the significant others to highlight the direction and choice of the client, then raise awareness of the affects of the negative lifestyles.

Local Government – Reducing opportunities to pursue negative lifestyle practices are becoming more widespread. Areas for smoking within city centres are being reduced. The development of a positive health culture seems to be gradually happening. Selecting areas of land for cycle routes or sport participation seem to highlight the positive shift of local governments towards a more healthy and productive population. Although this does not directly affect the peer group it does increase the opportunity for positive and healthy lifestyle choices.

National Governing Body – Not applicable.

Religion – What is the religious opinion of the activity? How will this influence the participation rates?

Individual – Religion has a direct affect on the participation levels of the 50+ market. Perception of the religious doctrine toward the activity applies a social pressure onto the individual and dictates the continued participation. Issues relating to the showing of flesh are major inhibitors in activities such as swimming. In addition, where traditional dress comprises a flowing garment, there is a safety consideration for the participant.

Instructor – Awareness is needed of the issues surrounding participation. Being sympathetic to the needs of the client and not overstepping the boundaries are essential to ensuring ongoing participation. Knowing the vagaries of different doctrines will enhance the perception of the group/client.

Local Government – Offering specific classes for particular sections of society will enhance government standing in the local community. Although these sessions may not be financially viable due to low participation rates, providing the service is often the difficult balancing act between answering the demand and offsetting the costs.

National Governing Body – Recognising religious differences and offering solutions may serve to alleviate some of the difficulties for participants. Clear lines of delineation of acceptable and non acceptable behaviour, with appropriate guidelines will inevitably serve to benefit participation levels.

Clubs & Societies – What groups are available to the individual for the lifestyle choice to be maintained?

Individual – Moving to a new area where there is a limited supply of activities, particularly in rural areas, requires the individual to choose between the rock which is the preferred choice of activity and the hard place that is adapting to what is on offer.

Instructor – This requires creativity in screening the population for ideas/requests and implementing the programme that meets the majority of the needs. Established clubs and societies are also potential sources of revenue if they can be engaged with. Many clubs have been established for long periods and the opportunity to engage with them is not easily found (e.g. business and enterprise clubs, the Women's Institute, and private sports clubs).

Local Government – Establishing a directory of local clubs and societies through regular audits keeps a finger on the pulse of the community and also establishes a dialogue between interested parties.

National Governing Body – Registration of clubs, maintenance of Criminal Records Bureau (CRB) status and records of practitioners, specific insurance policies and regular training of practitioners are the backbone of the society and the face of the governing body in the community. National governing bodies that keep their members updated and active are the ones that are more likely to be in vogue.

GUIDELINES LIFESTYLE

Population – What is the social class breakdown of the area that is being considered? Are they mobile and affluent?

Invariably the affluence of the area has a major bearing on the opportunities afforded to local residents.

Individual – Not applicable.

Instructor – Often the demographic of the area dictates the pricing structure, level of competition and availability. Offering value for money regardless of the cost set will guarantee membership to your facility/club.

Local Government – There is duty to serve the community in most local authorities. Supplying the demand may not be financially viable, although creative accounting and appropriate offsetting or sponsorship may allow the activity to be supported. What is clear is that continued support for the activity needs to be established. As soon as there is a hint of closure, the numbers of participants drop away significantly.

National Governing Body – Not applicable.

Health – Are there enough related health issues to maintain the activity?

Individual – Clearly an awareness of the personal health issues and a general knowledge of ability to commit to an activity program are requisites for the active lifestyle. Lifestyle choices and influences, maintaining an up-to-date knowledge base will serve to inspire an active lifestyle.

Instructor – An awareness of lifestyle practices and developing one's coaching/teaching skills, in line with individual strengths, should maintain the profile of the business. Finding out the local needs and developing a programme that attracts the market should ensure continued business.

Local Government – Use of national health service and other recorded medical data should offer direction in decision making to counter local health issues. For example, in Medway, Kent (UK) levels of obesity indicate that many resources be directed to countering the growth of obesity. Actual data should be sought with accurate and appropriate measures being used to ascertain the scale of the problem.

National Governing Body – Clear guidelines and establishment of the scale of the disorder will serve to inform the participants of the choices that may be made and related health issues that may occur due to maintained pursuit of the lifestyle (e.g. smoking). Decisions that affect the level and quality of information passed on are vested interests, accountability and where the buck actually stops!

Events – e.g. Moon walk, London Marathon.

Individual – The use of regular events can be seen as targets for the training/activity and a source of motivation. Often events/milestones can be used to punctuate periods of training.

Instructor – Linking the training programme/activity to local or national events often punctuates the programme at appropriate times. Setting and marketing the class in line with specific events will attract a client base that supports a club/society.

Local Government – Working in tandem with national governing body timetables, establishing a regular timetable of activities that support and enhance participation.

National Governing Body – Maintaining regular competitions to punctuate the competitive season raise the profile of the activities and keep the individuals motivated. Linking activity to charitable fund raising activities spreads the word and potentially increases participants.

GUIDELINES KNOWLEDGE

Knowledge Factors

Regular Updates – Is there the opportunity for the individual to regularly update their knowledge base?

Individual – Keeping abreast of the current knowledge trends is highlighted by many activity participants as a reason to keep active. The physiological benefits of the positive lifestyle choice are accepted yet when added to up-dated and relevant information has a tendency to re-invigorate activity levels.

Instructor – Keeping the clients in tune with current practices and new developments maintains a fresh attitude to the class. Running the same class becomes boring for the participants and coach. Keeping an up to date website and using newsletters maintain a pathway for knowledge and practice.

Local Government – Allowing coaches and trainers to up-skill and update knowledge and practices keeps activity programs competitive and well supported.

National Governing Body – Regular updates of coaching badges and information offers continued professional development (CPD) opportunities to coaches and a modern career path for those in the industry.

Social Environment – What is the relationship from the individual's point of view of the social network and the lifestyle choice?

Individual – Surrounding the client with individuals who are like minded and have similar interests in a friendship circle, increase the likelihood that positive lifestyle choices will be made. It is always easier to be motivated when positive support encourages activity.

Instructor – Developing a positive network of participants is difficult. Although there is a similar interest among participants, not all personalities get along. Using a variety of media to generate social networks will always benefit the class and individuals.

Local Government – Offering alternative yet competitive opportunities keep the local community engaged and the commercial sector engaged. All too often however there is not enough interest in the local facilities or activity opportunities, through issues such as staff cuts, lack of planning and imagination on behalf of the programme planners or responsible parties for facilities.

National Governing Body – Not applicable.

Historical Knowledge – What has the lifestyle/health experience been of the individual? How has this affected their activity choices?

Individual – Understanding the journey to the present time and having a rough game plan invariably maintains activity. Making time and habit are fundamental to the individual pursuing an active lifestyle. The difficulty lies within the sphere of developing new habits and practices. Where individuals have had life changing experiences or are recommended to get active, there are new fears to face that often are encumbrances to improved performance. Being open to new viewpoints and attitudes require major shifts in thought. Overcoming these barriers can often be as fulfilling as the maintenance of the active lifestyle.

Instructor – Having some knowledge of the individual's history, their likes and dislikes, may have a positive benefit to increasing the levels of activity in the individual. Running classes that allow the comfort blanket to be pushed back a bit invariably stretch and reward the participant, thus enhancing their confidence in the programme and the likelihood that the lifestyle choice will be maintained. Keeping records of performance as proof will increase participation success. Using regular interviews, "chance questioning" or technology to keep the practice going, if used positively, will reinforce the behaviour and activity choice.

Local Government – Not applicable.

National Governing Body – Not applicable.

GUIDELINES KNOWLEDGE

Opportunity for knowledge exchange – Is the environment a stimulus for exchange of experiences?

Individual – Where a major health-related incident has occurred, most clients express the need for a non-threatening environment in which to be able to question the information available concerning the incident. Once the individual has moved on to the next phase of rehabilitation there are often more questions than answers. This causes a lack of confidence in participants. Individuals should seek opportunities to engage with people with similar experiences as well as instructors.

Instructor – Knowing your customers particular nuances is vital to the longevity of the practice. Partnering individuals with similar attitudes during the class or selecting a site for the activity that offers a post class meeting opportunity develops a camaraderie amongst participants and a non-threatening environment for knowledge exchange. Use technology (electronic newsletters) to ask questions or provide updates. Where themes and questions recur, incorporate these into the newsletter. Use a blog for discussion and provide answers to canvassed opinion.

Local Government – Not applicable.

National Governing Body – Not applicable.

Health – What knowledge is owned and understood by the individual? What can be changed?

Individual – Maintaining an interest and motivation to take part in an active lifestyle takes considerable effort. Where barriers are placed in the way, choice often becomes restricted. Changing lifestyles are difficult unless persuasive argument is used. Changing perceptions and historical experiences are major hurdles that must be overcome.

Instructor – As an instructor, understanding the viewpoint and knowledge base of the client is imperative if continued membership to the class is to be achieved. Opportunities to demonstrate, discuss and justify selected activities must be taken. During the initial meeting, questions and viewpoints should be recorded.

Local Government – Not applicable.

National Governing Body – Not applicable.

Recognition and acceptance – Social network acceptance of the individual decision and lifestyle choices (e.g. Muslim women and an active lifestyle).

Individual – How does the support network of the individual accept the status of the client? Trends of women becoming self-determining and wanting to select a healthier lifestyle may conflict with domestic and religious beliefs.

Choosing designated no-smoke areas in the house or car when the individual is trying to quit the habit supports the decision but may not be adhered to in the long term. The friendship circle may also need to be widened to allow for an influx of support. Where health scares have occurred, individuals require positive reinforcement from significant others and friends.

Instructor – Not applicable.

Local Government – Not applicable.

National Governing Body – Not applicable.

Perception – Social network perception of the health status and decision of the individual.

Individual – Ensure that the social network understands and appreciates the level of participation required, the extent of the health condition, and perceives that there is a balance between status, symptoms and intensity. An imbalance may well subject the individual to ridicule and directly affect motivation.

Instructor – Not applicable.

Local Government – Not applicable.

National Governing Body – Not applicable.

Stakeholder Interest – What targets do the local primary care trust and government have that can be combined in a mutually beneficial arrangement?

Individual – Not applicable.

Instructor – An awareness of the local targets related to direction and opportunity may serve to aid the instructor in attracting financial support, developing new revenue pathways and enhancing standing within the community/target health group.

GUIDELINES KNOWLEDGE

Local Government – Selecting and directing appropriate funding towards activity targets in a creative way will enhance opinion and improve community activity levels. Allowing particular individuals membership to key decision making governmental boards often develops a bias that may exclude particular groups or favour particular trends. Remembering that individuals on boards work for self-interest primarily, it is important to maintain impartiality.

National Governing Body – Often national governing bodies work in a bubble to the exclusion of other bodies. Use of joint CRB checks, ensuring dates of key events do not overlap, or selecting dates that compliment events, reduce the need for the participant to select one NGB over another.

Information Exchange – Between local government, the health service, and individuals on what is available, who it is aimed at and national interest.

Individual – Not applicable.

Instructor – Maintaining an-up-to date professional development portfolio ensures the practices used are current, safe and relevant.

Local Government – Not applicable.

National Governing Body – Not applicable.

Technological Opportunities – e.g. Apple apps and personal training, fitness instructor using apps to inform clients of next class.

Individual – Being aware of the way technology can be used to disseminate information and using the medium appropriately can have a positive effect on the individual and levels of motivation.

Instructor – Engage with blogs, websites, and photo opportunities.

Local Government – Applications that keep clients mindful of appointments and prescriptions, reinforcing club affiliation, maintaining league and club registers are all methods that highlight how technology is being used to raise activity awareness within the local area.

National Governing Body – Using technology to reinforce the message being delivered through the coach.

Research Opportunities – Links between universities and national governing bodies facilitate an appropriate research focus.

Individual – Participating in research with local university students allows the individual the opportunity to discover the levels of performance and functions of the body. This information and research can be a great source of motivation and spark a particular line of questioning to the client. Often the information gleaned is used to introduce a new line of activity.

Instructor – Not applicable.

Local Government – Support for university programmes and regular updating of research opportunities should be directed into collaborative working. Using local targets for reviewing activity levels, assessing success of locally funded projects and joint project direction should be standard.

National Governing Body – Financial support for university research could be used to direct and improve performance at the elite end of sport participation, while disseminating results and best practice methodology through a cascade of information process may serve to direct and influence the university process.

GUIDELINES OUTCOMES

Outcomes

Participation in an active lifestyle or regular exercise programme requires a combination of a multitude of factors. These factors when combined serve to energise, motivate and direct behaviour that enhances well-being, generates increased feelings of self-worth and improves physiological functioning. Best practice therefore requires an understanding of the various issues and the ability of the organiser to successfully target these needs. To clearly understand the demands of the client, ideally one should start at the end of the programme, i.e. the desired outcome, and then work out a method by which the result can be obtained.



Enjoyment – If the activity is not enjoyed continued participation is unlikely.

This applies equally to the coach/instructor as it does to the individual. Where activities are repeated without variation there will be a gradual diminishing of enjoyment and ultimately withdrawal from the practice.

Confidence – Overcoming physical stress or mastering a skill generates enormous feelings of well-being.

Using activities where skills are developed and enhanced, the 50+ client group need to have programmes that improve either their physiological well-being and/or enhance their skill set and ability to compete.

Motivation – Need to Achieve.

Sport participants in the 50+ age bracket, tend to be competitive. Having participated in sport for many years there seems to be little diminishment in the competitive drive. Some retired candidates highlight that this competitive streak is used as a replacement therapy for the absence of regular work. As such the class/activity should contain an element that allows for this need.

Individual – Recognition within oneself that there is such drive and the best methods to achieve the goal.

Instructor – Recognising this need within the client group and setting tasks or competitions where the need may be assuaged. Target setting and event planning are highlighted by clients as positive methods of motivation.

Skill based and physiological development – Where mastery of a skill takes place or physiology is enhanced, greater participation/maintenance generally follows.

Adults aged over 50 years recognise that improved efficiency, either physiologically or in skilled athletic performance, enhances their sense of accomplishment. Where the performance is measurable, recordable and improves over a period of time, this has the effect of raising the profile of the activity with the mindset of the individual. Activities and classes that are frequently well supported have an element that improves performance in some way.

GUIDELINES OUTCOMES

Mental Health and Memory Challenge – Activities such as probus create opportunities for discussion. Is the activity/programme stimulating?

While there is some expectation that physiological performance deteriorates over time, a major recurring theme is the need to stimulate and “keep the brain ticking over”. The activity must offer the individual a range of challenges that stimulate interest and challenge recall. Often the move from employment to retirement, whilst considered to be nirvana in most cases, carries with it feelings of redundancy and a lack of stimulation. Leadership and best practice therefore should challenge not only the physical side but also the mental aspects of the clients. Using simple activities where recording, recalling and discussing related issues occurs regularly through a variety of means keeps the clients stimulated and well informed.

Social Mobility – Is the participant in the activity for themselves or is it a method to climb the social ladder?

Memberships to certain clubs may carry opportunities for a social responsibility.

Decisional Balance – Who influences the participant?

Why does the client maintain the lifestyle? Is it for the activity itself or is there an external driving force that keeps the client coming back to the activity? This locus of control carries with it a level of ownership of performance. When the individual takes part for their own sake, there is a tendency for it to be to the best of their ability. When the locus of control is outside the individual, often through a significant other such as a doctor or partner, motivation may not be as high as expected. At this stage the instructor may want to consider some methods of motivation that redress the balance and centre the locus of control back to the individual.

Financial Health – Financial ability to join a gym, golf club, etc.

Often within the 50+ group there is an aspirational desire and expectation that highlights the individual's arrival with their society. This may include being able to afford the membership required for an exclusive club. Adequate financial health and disposable income for this age group are common targets for certain types of activity groups.

Financial Mobility – Lack of ability to afford to be gym members, perceived as a barrier to exercise or active participation.

Individual – Often the individual believes they require a certain level of financial mobility to move to the next level of commitment. Where the funds are in short supply or during times of credit crunch, the local government are expected to step in and help the supply chain and manage the demands of the community. Offering membership to a facility at a competitive price may ensure continued support for the activity.

Instructor – Setting fees that are manageable for the client and that will cover the costs of the class is one solution. Increasing the numbers of participants would be an example of increasing income without necessarily increasing costs.

Local Government – Recognise that the fees charged for physical activity classes and activities should reflect the financial status of the area and demographic. Setting inappropriate charges often alienates the target groups, reducing the numbers participating. This in turn reduces the money available to maintain the facility, thus reducing the standards. This seemingly downward spiral inevitably ends with a poor facility and a lack of support.

Value for Money – What the client puts in they get in return for the physical changes or mental benefits in participation.

Individual – Cost may be time, effort or financial or a combination of all three elements. All candidates interviewed during Work Package 2 highlighted the need for the activity to match or exceed expectations. Outcomes when discussed allowed for the appropriate setting of targets and review of performance. When these considerations had been made the client would then make a “value judgement” call as to the return obtained for the level of investment.

Instructor – Monthly reviews and retests are highlighted as the most efficient method of keeping clients active and motivated. Results and future direction can be decided at such times, with fine tuning and adjustments to the programme being made after the feedback has been obtained. End result outcomes can be readjusted to accommodate unforeseen changes to the programme.

GUIDELINES OUTCOMES

Physical Health and Physical Adaptation – Stress busting classes, Tai Chi, Hale 'n Hearty.

The onset of significant health disorders is likely to occur beyond the age of 50 years. Although not exclusive to this group, the declining capability of various bodily systems, exacerbated by a sedentary lifestyle, demands that the activity place enough strain on the body to show physiological adaptations. The benefits manifest themselves in improved functioning of all systems, decreased effects of stressors and improved well-being.

Instructor – Tempering the level of intensity within safe guidelines is essential. Ensuring that the demands of the class match the expectations and capabilities of the participants to achieve the goal is a difficult balancing act. Pre-activity screening, an appropriate health questionnaire that allows essential information to be divulged without intrusion and a range of fitness assessments ensure a safe starting point for the client.

Measurable – Using targets and goals ensures the individual will be more motivated to maintain participation.

For activities to keep up levels of interest by the participants there would appear to be the need for a regular assessment and feedback. Often the question “how are you doing?” invites discussion and considered response. Participants need to have a yardstick by which to measure themselves. These outcomes form the basis of the individual's feelings about the activity. They also serve to focus the target of the next stage of the participants' development.

Peer Support – The social network must have agreed targets to the participant.

Agreeing the target and desired outcome should be the result of the initial consultation. Once this has been agreed the journey by which the client will travel can be mapped out. The use of peers and significant others to assist in the process and offer support throughout is quite central

to the success of the programme. As an instructor these are useful tools. Also worth considering is the incorporation of the significant other(s) onto the programme. While this will increase the potential earnings of the instructor, it will also serve as a considerable motivation to the pair, as the competitive spirit and desire to be successful in front of friends can be stimulated. Matching and agreeing programme outcomes is of a huge motivational benefit.

Matched Outcomes (Local Targets) – Local government, national governing bodies, and the health service.

There will always be plenty of support for community programmes that recognise collective issues and share a combined programme. Often the measurement of success of these programmes is not in place; they may be ineffective or use data that is spurious and biased.

Individual – Recognition of the health issue or the preferred choice of activity maybe dependent on the local provision or state of health of the community.

Instructor – Develop a body of experience that supports local issues and/or allows for the community to use your strengths. Much continued professional development linked to the National Health Service in the UK increases the availability of qualified instructors and thereby reduces the affect of a given health disorder.

Open Ended and Sustainable – Continuity with exit strategies breeds membership and effective activities.

The examples of best practice for activities within the 50+ market highlighted during Work Package 2 recognise the importance of conclusion dates. Dates may be published where a specific type of class may not occur, but the development and transition to the next session should ensure that there is an exit strategy. The development may be to take individuals on to an alternative programme that is similar to the previous class, but is delivered at a different level. For example, this could be a move from beginner to an advanced level class.

GUIDELINES OUTCOMES

Community Building – Sense of community amongst members and participants.

Classes, clubs and activities that are successful are those where a sense of community is built through the commitment and hard-work of the coach. Many returning clients highlight their belief in the class and the collective support for one another. Allowing for the development of a community group or a “voice” from the floor to influence the group activity provides a sense of ownership to the group and thus increases motivation and a sense of belonging. Social activity and an opportunity to meet outside of the class increases the hold of the group over the individual and develops the sense of community.

Socially Visible and Income Generating – Are the local government supplying what the public want? What is the local network and demographic target?

The dilemma faced by local government is to match the needs of the public to the budget available. This is based on available resources and the environment. Often local government lead activities have a very small budget allowing little investment in the instructor base.

Instructor – Obtaining work opportunities through the local health strategy is a win/win situation for the local government facility and the individual. A need arises and the instructor is on hand to cover the class.

Research – Involving links between research centres (such as universities) and national governing bodies.

Outcomes that link community work with that of the local university enhance the work of all parties with vested interests. Using appropriate mechanisms to establish baselines, new areas for research and collaborative workings, it is clear that these work groups when combined, offer the most cost efficient and dynamic methods to improve practices.

Target driven

All governments have targets and information relating to the “health state of the nation”. Linking the targets to the research based links allows for the best practice to be shared and the immediate demographic to be engaged with the physical programmes.

Collaborative Working – Opportunities exist for institutions, governmental bodies and more commonly for insurance agencies to be proactive in the development of sustained activity programmes.

The involvement of commercial bodies in the support and development of an active lifestyle by their customers may serve to reduce the costs of ill health to the company. Working collaboratively within the community by supporting the general population and engaging the governing bodies through incentives to the adoption of healthier lifestyles, will ensure a sustainable health trend.

Consistency – “Same club, same activity, same message” (e.g. Weight Watchers).

Consistent messages that are clear, concise and accurate keep the client base informed and the instructors up to date. Increases in participation rates, celebrations of achievements and consistent updating of information keep the clients talking about the product. Once set the outcomes can be measured, time delayed and SMART!

ANNEX

S2-PORT PARTNERS



**Regional Ministry of Youth
and Sport – Regional
Government of Extremadura**

JUNTA DE EXTREMADURA

Consejería de los Jóvenes y del Deporte

The “Regional Ministry of Youth and Sports” – Regional Government of Extremadura, is a regional administration regularly involved in policy and administrative activities. The Ministry of Youth and Sports exercise the competencies in terms of youth initiatives and sports policy.

The body is divided into the following boards: General Secretariat, General Direction of Sport, Cabinet of Youth Initiative and Institute for Youths.

Form also part of the Ministry: The Board of Directors and the Cabinet of the Minister.

The Regional Ministry of Youth and Sports supports territorial youth development and therefore pays particular attention to EU policies, through the realization of community, national and regional projects and through the definition of guidelines for sport policies within the European Union. Playing a major role in the development of policies aimed at Sport Activity, merges specially one agency D.G. of Sport.

Its General Powers are:

- Promotion, coordination and support of sport
- Promotion of sportive schools
- Promotion of social and institutional initiatives, to encourage the Society and Institutions to exercise and enjoy such activities as citizens.

In this, one of the main achievements of the D.G. of Sport has been all the annual work addressed to develop a kind of initiatives and agencies that promote the sport. These subsidiaries organizations have been consolidated and today we can speak of the following institutions:

- Sports Committees
- Extremadura Sports Federations
- Sports Training Center of Extremadura

Involvement in the project:

The Regional Ministry of Youth and Sport – Regional Government of Extremadura as coordinator together with the European Projects Office forms the link between the Newly created Network and the European Commission. Regional Ministry of Youth and Sport – Regional Government of Extremadura takes over the responsibility and coordination for management, partner communication, implementation and coordination of activities among the partners involved. For a detailed description of activities and responsibilities see Work Plan.

The Regional Ministry is therefore leader of WP1 (project management). It also participates actively in WP2 (conceptualization), by recollecting and recording relevant practices, in WP3 (where it is actively involved in the design of the model and its contents and support materials), in WP4 (where it validates the methodology in its region) and WP5, where it is in charge of European wide dissemination as well as the dissemination on regional level.

ANNEX



**Centre for Sports Studies –
University of Kent**

**University of
Kent**

The Center for Sports Studies combines both teaching and research. Among its teaching activities it develops various programs covering different approaches to sports and physical activity, such as sports and health, therapies, rehabilitation, etc.

The University counts also with a research excellence center, with 24 departments and 40 specialist research centers spanning the sciences. Within this, the research center of the center for sports studies is divided in different areas focused on: cardiac rehabilitation, cycling, sport psychology or sport injury and rehabilitation.

UNIKENT Team: Dr. Simon Jobson, Dr. Athanasios (Sakis) Pappous, Professor Louis Passfield, Mr. Steve Meadows, Mr. David Hooper and Mr. Storm Reid

Involvement in the project:

The University of Kent coordinates WP3 – Development of a Holistic Methodology – due to its expertise in the field. It also participates actively in WP2 (conceptualization), by recollecting and recording relevant practices, in WP3 (where apart from coordinating it is actively involved in the design of the model and its contents and support materials), in WP4 (where it validates the methodology in its region) and WP5, where it is in charge dissemination on regional level.



**Tampere University
of Applied Sciences**

TAMK
TAMPERE UNIVERSITY
OF APPLIED SCIENCES

Tampere University of Applied Sciences is a regional, multi-disciplinary higher education institution funded by the state and the municipalities located in the Tampere Region in Finland. The task of Tampere University of Applied Sciences is to produce innovative know-how for the benefit of companies, the public sector and communities by means of education, research and development.

In the field of S2-PORT project, the focus of TAMK's expertise is related to product and service development with special emphasis on especially health care and social services. TAMK operates both as a modern and dynamic education institution as well as an active project partner. This allows for genuine, long-lasting and confidential partnerships with local organisations, companies, and SMEs within the whole region.

TAMK Team: Mrs. Hanna-Greta Puurtinen, Mrs. Liisa Sittig, Mrs. Tarja Heinonen, Dr. Jouni Tuomi

Involvement in the project:

Tampere University of Applied Sciences coordinates WP2 – Conceptualisation – due to its expertise in the field. In WP2, TAMK coordinates the identification and analysis of relevant practises as well as establishes recommendations for the WP3. In addition, TAMK itself provides good examples in the scope of S2-PORT because its experts work closely with end users (senior persons and professionals taking care of their health). TAMK also participates actively in WP4 where it validates the methodology in its region and in WP5 where it is in charge of dissemination of the project results on regional and national level.

ANNEX



ACTIVE – Active Institute



ACTIVE institute is a non-profit commercial Civil Society association that gather science, public institutions and business in the field of sport and physical activity.

ACTIVE institute is based in the city of Aarhus in the Central Denmark region. They are closely related to the University of Aarhus – in particular the Department of Science in Sports and Physical Activity, but they work as an entrance to all relevant university departments, business-cooperation's and organisations nationally and internationally.

The aim of ACTIVE institute is to leverage Danish knowledge in the field of sport and physical activity – as a potential for science as well as a potential for business – to an international level and obtain international attention.

They believe that physical activity, health and a good life are closely related. This area too has a large potential related to public economy through reduction in health budgets. The values of an active life are numerous, and there is a need for initiatives to demonstrate the potential of the

concept of active living to the public sector as well as the civil society. The aim is to promote activities and actions that allow people to be more physically active in their daily lives and thereby enhancing their health.

Involvement in the project:

Even though the Institute does not coordinate any WP, it is a key partner who is participating very actively in:

WP2 – Identification of relevant practices and design of Methodological Framework, as it has a very solid knowledge and experience about different types of practices and their relevance and ability for recommendation in Denmark.

WP3 – Development of a Hand Book (or other media) which deals with the holistic methodology and the relevant practices. This kind of work relates to one of the institute's primary activities bringing together knowledge and concepts of scientists, and present it understandable to non scientist actors (public entities, civil society organisations and business).

WP4 – Demonstration of the functionality of the Methodology. It can take part in testing the methodology in practice because it operates most of the time in project testing.7.Medicine and Sport Science Institute-National Italian Olympic Committee.

WP5 – Where it is in charge dissemination on regional and national level.

ANNEX



**Foundation for Research
and Technology – Hellas**



The research concerns of the Educational Research and Evaluation (ERE) Group of FORTH/IACM is in area of educational innovation. The focus is in research for modelling purposes and the understanding of the emerging pedagogical/training trends in Europe. The underlying concern is the identification of pedagogical methods which with the support of technological tools can foster effectiveness in learning and consequently improvement of work conditions. This is achieved through the design and implementation of awareness development activities with the actors of educational community, the carrying out of applied research and the conduct of educational programme evaluations. Areas of previous experience of the ERE Group include: Technology assessment, Design, implementation and evaluation of teachers training schemes, Formulation of policy recommendation on ICT usage in learning environments, Large scale quantitative and qualitative research of socio-cultural nature, In-depth research in regulatory frameworks (ICT focused) and micro-pedagogic arrangements, Formative, summative, ex-ante and post-ante evaluation studies, Dissemination and exploitation of project results, Design, administration and maintenance of web sites. The ERE Group has long experience in international cooperation. Recently work has been conducted to deepen understanding on various parameters of e-learning (e.g. work-based learning, effectiveness of learning environments). The ERE Group has a wide experience in the field of European projects, mostly in topics related to Adult Education and elder population issues. Besides of being partners in various projects, they have coordinated projects for more than 20 years, what makes them an ideal partner due to their experience in presence in networks and international associations.

Involvement in the project:

FORTH coordinates WP4 – Validation of the Holistic Methodology. It also participates actively in WP2 (conceptualization), by recollecting and recording relevant practices, in WP3 (where it validates the developed methodology with internal experts), in WP4 (where it validates the methodology in its region) and WP5, where it is in charge dissemination on regional level.



**Italian National Olympic
Committee – Institute for
Science and Medicine**



The Italian National Olympic Committee is a member of the International Olympic Committee and is the authority for all regulations and managing of the sportive activities within Italy. It's a public organization in charge of the organization and promotion of Italian sports and its latter communication. It is present in 102 provinces and 19 regions in Italy, recognizing 45 national is sports federations, 16 associated disciplines, 12 national and 1 territorial center for sports promotion and 19 vocational associations. It cooperates with around 95.000 sports societies and 11 million of users (Source Istat e Censis).

Within the CONI the direct involvement in this proposal will be led by "Coni Services Ltd.", which main objective is to rise in value the Italian sport in favour of the Italian NOC and the Italian National Federations, increasing their own properties, professional and patrimonial resources. It" manages the National Olympic Training Centres, the School of Sport and the Medicine and Science Sport Institute.

It is in charge of several courses of: Information, education, research and prevention, besides to the development of sanitary control programme in sport. It also promotes the sport culture for a psychophysics wellness through the research in sport and physical exercises with cooperation of National and international institutes.

Involvement in the project:

Even though CONI does not coordinate any WP, it is a key partner who is participating very actively in every WP and especially in WP3, Development of the Holistic Methodology. It also participates actively in WP2 (conceptualization), by recollecting and recording relevant practices, in WP3 (where apart from validating the developed methodology with internal experts, it is actively involved in the design of the model and its contents and support materials), in WP4 (where it validates the methodology in its region) and WP5, where it is in charge dissemination on regional and national level.

ANNEX



The Observatory e-Medine



The Observatory on Euro-Mediterranean Democracy, Knowledge and Common Heritage (Observatory e-Medine) is a non-for-profit private association constituted under the Italian Republic Law. Its members have a long experience in the fields of international cooperation, EU funded project management and in particular in Knowledge management and Knowledge engineering, collaborative e-learning methodology, LMS and learning objects design, Environmental preservation and Renewable Energy Sources promotion.

Members share a common interest on the preservation and promotion of the Mediterranean Cultural Heritage to enhance the intercultural dialogue and cooperation among entities in the Mediterranean area.

As a result, the Observatory E-MEDINE rises from the necessity to group under the same association skills and people from different institutions and organizations all over the entire Mediterranean continent.

Involvement in the project:

The Observatory e-Medine members are professionals in the latest ICT-based tools in the field of Knowledge Management and Knowledge Engineering. Through this innovative tools they want to reach the objectives of the project by active participation in the consortium. e-Medine has experiences with organizing big events, the most significant event is the international conference EKAW 2008, so they will support the coordinator in the dissemination activities.

It coordinates WP5 – Dissemination and Exploitation, due to its expertise in this field and will participate in organisation of international meetings and conferences, support to technology transfer and tasks linked with development of website, design of dissemination materials (newsletter, leaflet, handbook, etc.). Further, will participate on the development of the Dissemination and Exploitation Plan.



Business Development Friesland Foundation



BDF develops and executes projects focused on growth for SMEs, start-up companies and knowledge institutes. The projects of BDF always have a knowledge intensive character and evolve around (1) connecting people to society and welfare development, (2) development of skills and (3) a practical approach.

In addition to regional projects, BDF initiates (or participates in) European projects. BDF operates within a large international network of companies, intermediaries, local governments and knowledge institutes.

BDF has been Lead Partner in several European projects, like the Interreg IIIC Hanse Passage KickStart project and LdV projects Connessione and Pandora. BDF was awarded as nominee for the best performing project within the Hanse Passage framework. They find great satisfaction in leading their partners to cooperation and overcome the differences between culture, language, attitude and regional divergences. The BDF staff has always been eager to share knowledge and to stimulate others in doing the same. BDF is a Business Innovation Center (BIC), and in that capacity full member of the European Business Innovation Center Network (EBN), a strong network of some 175 BICs all over Europe. The legal status of BDF is a foundation (non-profit, public equivalent body).

Involvement in the project:

Even though the Foundation does not coordinate any WP, it is a key partner who is participating very actively in every WP and especially in WP4 Demonstration of the functionality of the Methodology. It also participates actively in WP2 (conceptualization), by recollecting and recording relevant practices, in WP4 (validating the developed methodology with internal experts), in WP4 (where it validates the methodology in its region) and WP5, where it is in charge dissemination on regional level.

ANNEX

BEST PRACTICES IN THE FRAME WORK OF HEALTHY AGEING

Good practices can be seen as operation models and methods which result from different procedures, activities, projects or initiatives. These models can aim at producing favourable changes in processes and hence improve the efficiency and/or quality of the outcomes.

A total of 14 case study summaries from Spain, Finland, United Kingdom, Greece, Denmark, The Netherlands, and Italy were selected. The list of good practice cases was formed by each participating project partner identifying the success stories within the field of health-enhancing physical activity in their regions or countries. Hence, the list of good practice cases is by no means exhaustive and therefore presents only a glimpse of the variety of the numerous projects and initiatives running in Europe.

Spain

Exercise Looks after You (El ejercicio te cuida)

Coordinator: Regional Government of Extremadura

Region/Country: Extremadura, Spain

Type and scope of the good practice: Regional project

Resources: Duration since 2007

Financial data: Total budget 1.060.000 EUR

Source of financing: Regional funding

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The Regional Government of Extremadura promotes different programs to exchange good practice regarding the use of physical activity and sport to combat overweight and obesity. The programme Exercise Looks after You is a community response to the need to support a new sustainable, cost-effective, social and health service, in support of the available social services, in order to promote, in an effective way, active ageing and prevent dependence, based on doing physical exercise in groups, increasing the social network of older people. Its aim is to promote health in relation with quality of life and more physically active lifestyles via programmes based on physical activity, particularly in those older people with common chronic illnesses that constitute an urgent social and public health problem.

The goal is to support each older adult (residents age 60 and older) in their efforts to maintain their health, welfare and independence. In the evidence-based Exercise Looks after You programme, an innovative and cost-effective socio-sanitary strategy developed by the Government of Extremadura, general practitioners refer elderly with metabolic syndrome risk or moderate depression to a sports centre, where professionals periodically assess participants (with fitness, psychosocial, and biological tests) and deliver a structured walk-based programme four days a week. The programme includes the referral to usual exercise advice, four major psycho-social reinforcements to enhance physical activity (primary care counselling interaction to sports technician, periodical assessment reports, and peers), and

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easy access to walking venues in urban and rural areas. A pilot study reported the short term efficiency of the programme (Gusi et al., BMC Public health, 2008) at 6 months. This evidence led multidisciplinary effort of several departments to launch larger projects because the departments of health and welfare save resources and improve health, but the agents of change and implementation that have to invest resources were allocated at primary care and sports departments (Consejería de los Jóvenes y del Deporte de la Junta de Extremadura). After the first two years, it was found that 37 sport technicians weekly attend more than 4000 elderly living in 100 towns who changed some pills and consultations for walks and chatting. Preliminary results showed the cost-effectiveness of the programme based on reduction in primary care consultations and improvements in fitness and health-related quality of life. In addition, this programme is highly socially visible throughout regional and national media.

Walking Cycle (“Cicle de passejades”)

Coordinator: Sport Area of the Barcelona Provincial Council (Diputació de Barcelona)

Region/Country: Catalonia / Spain

Type and scope of the good practice: Local Proposal for activities started in 2001. Proposal has been continued in time till today and it can be pursued until the time decided.

Resources: The activity is developed every year during the school year (from October to May/June)

Financial data: The Barcelona Provincial Council award, through the annual call: 500 EUR per town council that is incorporated to the project every year. 1000 EUR per town council that are already in the project.

Contact information and further details:

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<http://www.diba.cat/esports/descarregues/passejades.def.pdf>

This project started as a pilot program in seven town councils in 2001, the main proposal was to offer physical motivational resources to the elderly. The proposal of action was started by the technical Sport Area of the Barcelona Provin-

cial Council. The coordinator of the best practice is the Sports Area of the Barcelona Provincial Council. The respective organizations of sport (or another town council that arrange activities for the elderly) in Catalonia are involved too in implementing the good practice. The main target group of the best practice are people over 60 years old.

Innovative aspects of the project include the fact of acting as a driving force in a collective action where responsible politicians and technical staff from 47 different town councils are involved.

Their mission, from the Sport area of the Barcelona Provincial Council consist in arranging town councils groups during the school year, there are four dates for the developing of this “walking cycles”. The town council leader is in charge of the activity organization. Each group self manages the development of their project, and has to keep Barcelona Provincial Council informed about decisions taken. Each town council tries to involve their elderly as much as they can in the itinerary proposals and in the route planning.

The feedback is taken into practical consideration through a questionnaire form which is completed by all users. This questionnaire is provided by the technical staff. Through this, the technician has the user’s feedback and can improve some aspect of the project.

Each town council must provide a minimum of two technicians that accompany the group. All the town council which takes part in the project will act as different reference groups (decision-makers, professionals, family members) involved in the implementation of the good practice. The coordinator of the best practice supports continuous dialogue between different stakeholder organizations (end users (elderly), public, private, third sector). Also, they meet the group at least twice a year in a technical meeting where all the referenced technician town councils must assist.

In conclusion, the key learning points of the Walking Cycle are:

1. To facilitate the cross work and communication among the different town councils.
2. Bringing the territorial reality to the users
3. Collective awareness to the elderly in promoting an active ageing, to prevent diseases associated with physical inactivity.

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Finland

Active Ageing in Tampere Region (Aktiivisesti ikääntyen Pirkanmaalla)

Coordinator: Tampere University of Applied Sciences (TAMK)

Region/Country: Tampere Region, Finland

Type and scope of the good practice: Regional project

Resources: Duration 1.8.2008-31.12.2010 (28 months)

Financial data: Total budget: 386.400 EUR

Source of financing: European Social Fund

Contact information and further details:

Project Manager Tarja Heinonen

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The project aims to encourage senior citizens to take their own resources into use and motivate them to participate in physical activities and exercises. One sub-objective is to prevent falls. The project also targets elderly care professionals and students by organizing education and enhancing their competences related to physical activities. Another objective is to influence their attitudes towards the importance of physical activity in enhancing the quality of life and supporting independent living. Total number of project partners is 15 including 9 municipalities in Tampere Region as well as companies, SMEs and associations providing services for senior citizens. The continuity and sustainability of the best practices of the project are guaranteed by involvement and commitment of the project partners as service providers in the field. Collaboration expert partners include National Institute for Health and Welfare and The Age Institute.

The main target group of the project is elderly care professionals representing personnel of different institutions such as home care units, service homes, elderly homes and physiotherapy units. An additional target group is formed by TAMK's lecturers and students. The final beneficiaries of activities are senior citizens in Tampere Region and through dissemination activities also elsewhere. Senior citizens involved are all assigned with a service plan and they use either home care services or live in senior or elderly homes. The age of senior citizens activated in this project is 70+ but there are no strict age-related limitations for participation.

Innovative aspects of the project include development and learning activities in real operational environments. Students learn to genuinely meet elderly persons in their real life. This leads to mutual learning processes where learning and developing are jointly put forward by senior citizens, elderly care professionals and students. The best practices developed, tested and implemented in the project focus on preventive operation models supporting functional abilities. Examples of the implementation include e.g. introduction of fall prevention as a systematic approach of practical work in elderly care, usage of nature and culture in promoting wellbeing of senior citizens and development of a distinct education module emphasising the importance of HEPA for senior citizens.

Systematic feedback has been collected from the participating elderly care professionals on the activities developed and implemented within the project. So far, there has been close to 400 elderly care professions, over 100 students and 40 lecturers of TAMK taking part in the initiatives developed and organized by the project. In addition a total of 300 senior citizens have been activated in the whole project.

The project has gathered together several stakeholder groups responsible for elderly care from public, private and third sectors. Mutual learning and development collaboration of all stakeholders has led to innovative contents and operation models of preventive and resource-centered elderly care.

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The KAAMU-study: Exercise intervention to older women to reduce risk factors for falls and fractures

Coordinator: The UKK Institute for Health Promotion Research, Tampere, Finland

Region/Country: City of Tampere, Finland

Type and scope of the good practice: Scientific project, international

Resources: Duration 2002-2004

Financial data: Budget not available, financially supported by Academy of Finland, the Finnish Ministry of Education, the Medical Research Fund of the Tampere University Hospital and private foundations: Juho Vainio Foundation and Miina Sillanpää Foundation.

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In the beginning of the 2000's, the knowledge of the beneficial effects of balance and strength training to improve physical functioning and reduce falls among older adults was enormously increased. Moreover, a debate arose whether balance training was more efficient than strength training to prevent falls. At the same time, impact exercise (for example jumping) and resistance training was seen to be beneficial for bone health among pre- and postmenopausal women. Hence, a research project was established by Dr. Ari Heinonen and the research group at The UKK Institute for Health Promotion Research to know whether impact exercise could be feasible training component for sedentary home-dwelling older women, too. In addition, the aim was to find out what would be the best exercise training for the "whole package", that is, exercise that could prevent both functional decline (especially lower limbs strength and balance) and bone fragility. The Atletico training centre (private health club) offered the free training facilities (gym, exercise room, locker room, shower room and sauna).

The target group was defined as home-dwelling sedentary women 70+, exercise being not suitable for people suffering for osteoporosis. Moderate- to-high intensity training were used. Offered physical activities were

resistance training (RES), balance-jumping training (BAL) and combined resistance and balance-jumping training (COMB). Participants were randomized into the 3 training groups (RES, BAL and COMB) and non-exercising control group, that is, they were not able to choose the training group. Progressive training method allowed use of impact exercise (impact forces were gradually increased, for example start with stomping ending with jumping) and it was well-tolerated. The study indicated that combining 12-month progressive resistance, balance and agility as well as impact (jumping) training, functional decline and bone fragility can be prevented.

The participation to the exercise intervention (medical examination, tests, training) was free. Participants got written feedback of their physical performance and bone health status (and the effects of exercise on them). The training groups were kept in the private training centre/health club, located in city centre of Tampere.

149 women (mean age 73 years) participated to the study, in which 112 were randomized to the exercise training groups (and 37 served as controls). Results of the study have been reported in five scientific publications (4 international and one national) and Saija Karinkanta (M.Sc, PT, co-ordinator of the study) is finishing her doctoral thesis based on the KAAMU-study. In addition, study and its results have been introduced in several international and national congresses, and education has been arranged for the health and exercise professionals (physiotherapists, physical education instructors, nurses etc.) In 2006 national bone exercise recommendations for different target groups from childhood to old age – not forgetting people suffering osteoporosis (Finnish Osteoporosis Association and the UKK Institute) – was made, and the KAAMU-study was the one important reference in this recommendation (for older people).

In short, the study results revealed that resistance, balance, agility and jumping training, especially in combination, prevented functional decline by increasing muscle strength of lower limbs, improving dynamic balance and agility as well as self-rated physical functioning. In addition positive bone effects were seen, indicating that exercise may also play a role in preventing bone fragility. The exercise programs were very liked, and the drop-out rate (of the whole study, including the controls) was only 3%. Mean training compliance, measured as attendance at all offered training sessions, was 67%.

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In conclusion, the key learning points of the KAAMU-project were:

1. Older women are willing and capable to participate in supervised moderate-to-high intensity exercise training when strenuousness and/or challenge of the exercises are gradually increased.
2. Multicomponent, rather than single training type, exercise which includes progressive resistance, balance, agility, and jumping training prevents functional decline and bone fragility among home-dwelling elderly women.
3. Some exercise-induced benefits can be maintained by general physical activity after the cessation of intensive training period. However, in order to maintain the achieved training effects, especially in muscle force, moderate-to-high intensity exercise should be continued – at least at some level.

Physical Exercise Advising Model for Senior Citizens (sub-project of a national Power in Ageing project (Voimaa vanhuuteen))

Coordinator: Nääsville ry

Region/Country: Tampere, Finland

Type and scope of the good practice: Regional project

Resources: Duration 2007-2009

Financial data: Budget not available. Financed by Finnish Slot Machine Association, City of Tampere, and Nääsville ry (a senior citizens' service association)

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The amount of senior citizens is increasing, but there are not enough physical exercise services and support for them. An increasing need for an operational model for senior citizens' services was identified and hence, an education team of Elonpolku put the idea forward. The national Power in Ageing project was coordinated by The Age Institute (Finland). The national project gave education, coordination and materials for the regional Physical

Exercise Advising Model project. The main target group was the whole environment where the senior citizens are living in Tampere Region, i.e. home care units, hospitals, rehabilitation centers and own homes. The average age of senior citizens involved was 75+.

The main objective was to encourage different sectors offering senior citizens' services to work together. Professional education was given to e.g. nurses, physiotherapists and home care staff members, and peer group advisers were educated among senior citizens as well. The multi-professional team of geriatric physical exercise advising, GERLI, consisting of supervisors from different sectors as well as of a nutrition therapist was intensively participating in the developing work. In addition, new materials were jointly produced, e.g. education material, functional ability test model and a card for condition assessment.

Secondly, a need for "easy to enter" exercise places for senior citizens was identified. As a result of the project, there are now two exercise places with entrance for age 75+ only in Tampere. In addition, special indoor and outdoor walking tracks for walking exercises near their living place have been established. Also a service bus can be used and in the bus one can make exercises written in local dialect. Most of the activities were implemented in Tampere Region and some activities have taken place in Teisko rural area. In the rural region peer advisers have been educated.

In Finland, senior citizens have a health control at age 70 and that has been a good possibility for multiprofessional cooperation. From these health controls you can get a good insight into the whole age group and thus it is easy to concentrate in giving physical exercise advises to senior citizens with a real need. It is intended to increase the use of physical exercise recipes. Feedback has been gathered from the training sessions and it has been very positive. Researchers of the UKK-institute (National Institute for Health and Welfare in Finland) have been in the adviser group and they are making comprehensive research on these experiences.

Physical exercises advising model for senior citizens has been taken in use in the public, private and third sector as an operating model. This operating model can be moved to other parts of Finland and the neighbouring cities have already been interested in it. The responsibility and commitment of units and the support of the supervisors are very important elements in this kind of project.

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United Kingdom

Fit as a Fiddle National and South East Regional Initiative

Coordinator: Age UK (Age Concern and Help the Aged)

Region/Country: South East, United Kingdom

Type and scope of the good practice: A national initiative, run regionally (this questionnaire focuses on the National and South East regional initiatives)

Resources and financial data: National programme supported by the National Lottery through the Big Lottery Fund and delivered by Age Concern. Initiated in 2007, is funded as part of the Well-Being programme, to deliver £15.1 million worth of projects across all nine English regions until 2012.

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Fit as a Fiddle (FAAF) is a national initiative coordinated by Age UK (Age Concern and Help the Aged). This practice is split into regional sectors in which regional co-ordinators oversee the activities implemented. FAAF, initiated in 2007, is funded by the National Lottery through the Big Lottery Fund as part of the Well-Being programme to deliver £15.1 million worth of projects across all nine English regions until 2012. A need for this service was expressed through numerous questionnaires and surveys with research (2004-2006) support highlighted various issues related to the cost to the health service of looking after the elderly, the low physical functioning of many 70+ adults, the poor dissemination of physical activity information to older people and lack of social wellbeing in later ages. Age Concern, alongside its partners (Blood Pressure Association, the Keep Fit Association, the Men's Health Forum, the National Association of Providers for Physical Activity (NAPA) and the British Heart Foundation National Centre for Physical Activity and Health) all contribute to putting this initiative and its separate projects into action. The aforementioned charities provide qualified instructors and volunteers, disseminate information, provide best practice training and raise the status of activity providers.

The initiative is aimed at males and females over 50, from various walks of life, abilities, backgrounds. The Fit as a Fiddle initiative has been built on the success of the Ageing Well programme, developed and established by Age Concern England. It was seen as an innovative programme, which enabled individuals over 50 to become involved in local initiatives to improve the social and emotional well being of their peers. The use of a Cascade training programme to provide appropriate training for volunteers and a second strand which provides educational resources, make this practice unique and attentive to many of the key requirements of best practice. The activities available for people over 50 include, chair based exercise, Wii Sports, Dancing with Dementia, Nordic Walking, Chandlers Ford Men Project, Kurling and Cyclist Touring Club.

Fit as a Fiddle makes good use of rural spaces when implementing the cycling and Nordic walking classes, however, the other programmes within the South East region seem to be carried out at an indoor Age Concern local facility or a care home, despite the relatively rural surroundings of Faversham, Herne Bay and Sussex. This demonstrates that the environment does contribute, but is not the definitive factor in deciding the choice of physical activity. One may suggest that Fit as a Fiddle (South East) utilise their rural surroundings more effectively. The numbers vary, but the minimum per programme is 12. Participants have given very positive feedback in addition to requests to extend the services offered by FAAF. In addition to the internet and leaflet information, a lot of the sessions finish with a period of socialising and planning for the next session, which allows time for feedback and dissemination. FAAF also utilise feedback forms, activity and dietary diaries and are constantly assessing volunteer training development, in order that progress can be monitored. By 2012, an additional 10,000 volunteers will be trained to continue the activities run by FAAF; however, nothing is stopping the participants from carrying out the activities themselves or in groups once they have been introduced to them. Apart from the funding, which may need to be statutorily provided, such practice is highly transferable as long as volunteers are willing to learn and professionals available to teach.

Apart from physical injury during activities, an indirect risk of removing the motivation to continue physical activity when funding ends in 2012 may occur, however autonomy of exercise is a target for FAAF and will be addressed throughout its implementation.

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In summary, FAAF aim to increase the number of qualified volunteers to aid in providing seniors aged 50+ with the knowhow to increase their physical activity, well being and nutrition. FAAF is a diverse and current approach to targeting the required groups of individuals who are in the greatest need for this type of exercise intervention. This being done through the use of innovative physical activity projects and a feedback orientated model of implementation.

Hale 'n Hearty

Coordinators: Medway Community Cardiology and University of Kent

Region/Country: Medway, Kent, England

Type and scope of the good practice: Regional and national initiative

Resources and financial data: N/A (Participants contribute and share the running costs)

Contact information and further details:

Steve Meadows

British Association for Cardiac Rehabilitation (BACR)
Phase IV Exercise Instructor

Hale 'n Hearty is a national initiative of Medway Community Cardiology, University of Kent and British Association for Cardiac Rehabilitation (BACR). The initiative offers clinical physical exercise classes for cardiac rehabilitation patients. Clients are referred through a clinical team based in Community Cardiology, Medway Primary Care Trust (PCT). The activities on offer are a physical activity class (circuit training) and an opportunity to socialise with individuals that share common experiences and health problems. The target group is formed by older people mostly 50+ although there are younger exceptions which are common when linked to the prevalence of locally related health disorders. The group provides an opportunity for people referred to continue exercising and retain contact with a support network. Some individuals have been attending the group for >6 years. The group has helped these individuals to sustain exercise participation, i.e. the programme has produced an improved adherence to positive lifestyle change. At the end of each weekly session the group meet and discuss various issues pertinent to them. Exercises that need alteration or programme changes are discussed at

this stage and the evolutionary nature of the group/class is maintained. In addition to weekly exercise classes, the groups meet socially to develop a more complete support network.

The exercise leader leads all warm-up, circuit training session, and warm-down activities. Participants are encouraged to monitor their own exercise intensity by taking pulse readings and recording RPE levels. Clients are introduced to new activities through demonstration and participation. New participants are paired with a mentor (i.e. a more experienced member of the group).

Ultimately, the Hale 'n Hearty programme is about reducing the incidence of secondary cardiac events. Thus, it is expected that the participants attending the class and carrying out the associated lifestyle changes reduce costs to the Primary Care Trust. Although difficult to estimate, the outcomes range from: reduced cardiac episodes, reduced clinical time, reduced inpatient stay, less outpatient attendance, reduced time spent with the General Practitioner, reduced medication, and increased productivity (reduced time off work). A secondary benefit is that classes enable some respite for carers.

Sharing of best practice is enabled through area management and tri-annual updating of knowledge. The dissemination activities are coordinated through Manager of Rehabilitation Services, Medway PCT. Within the theme of the initiative, occasional local area instructor network meetings, BACR provide instructor CPD workshops and an annual conference are organized, regular newsletters published.

The good practices can be summarized as follows:

- Ownership of the activities by the club members. This commitment allows the class to continue to develop and have a positive impact on society.
- The group had to fight the council for the right to keep their fitness class and the facility open. This galvanised the group into a cohesive unit.
- The continuing education of the leader, and the dissemination of up-to-date education to participants, ensures that the group remains motivated.

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Woking leisure centre 50+ club Initiative

Coordinator: Woking Borough Council through the Woking Leisure Centre

Region/Country: South East, United Kingdom

Type and scope of the good practice: Local initiative

Resources and financial data: N/A

Contact information and further details:

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www.windowonwoking.org.uk/sites/woking50club

Woking Leisure Centre runs a local 50+ club which is backed by Woking Borough Council, south east England. This initiative has no defined duration, but is rather managed year by year, running on a budget of approximately £2,830.00 per annum. Woking 50+ Club has been running for 26 years, initially set up to get seniors more physically active whilst providing additional social activities. Stuart Harding, who works for Woking Council manages the leisure business activity in the Woking area and oversees the club being run by Woking Leisure Centre and a committee of members, of which some attend the club itself. Woking Borough Council heavily support the 50+ Club, both logistically and financially, alongside Woking Leisure Centre's facility and equipment provision, and on occasions monetary donations to help support the clubs various events, excursions and kit. The 50+ Club has no joining on fee and is targeted at anyone over the age of 50. The fact that the club is not only a 50+ club but also a social gathering, adds an extra incentive for seniors to join. The members themselves organise events and excursions which keeps them well involved and proactive in the activities implemented through this service.

The best practice provides a wide variety of physical activities including a mobility class, Evolve Fitness Suite, country dancing, table tennis, badminton, short tennis, squash, short mat bowls, swimming and water aerobics. Member also compete against other sports clubs in the REACT games, which involves swimming, short may bowls, racket ball, badminton, short tennis and table tennis. The event is carried out in good spirit and members are rewarded with medals. Members also have a role in organising and sometimes leading nature and heritage walks. In regards to collecting feedback from members, there is a committee who are available to discuss future activities in the AGM. Members

can join the committee or make their thoughts known to those in the committee. If feedback prompts a consensus for change or addition, and is budgeted for, then the committee can organise how it will be implemented over the coming year. This all being as long as the facilities are available and safe and approval is gained from Woking Borough Council. If members want to measure their physical condition, there is a discounted (£11.50) 50+ Fitness Assessment available to each participant which is carried out by a qualified fitness instructor. As well as safe fitness testing, members are safely introduced to the activities by firstly receiving an introductory pack outlining all activities, and then assisted by committee members who are on hand to give advice and guidance if participants have problems or queries. The club runs Monday, Tuesday (2.00-5.00 p.m.) and Thursday (9.30 a.m. -12.30 p.m.) and costs £4.30 per session for those members aged 60 years or above whilst under 60 years pay £5.60. Apart from activities performed within the facilities of Woking Leisure Centre, the club makes good use of rural nature walks, national heritage and attractions. The club does not always stay local when embarking on an excursion, with all walks being advertised with full details, safety precautions, kit advice and contact details for the day.

Approximately 480 members attend each month, out of a possible 9,500 or more seniors in Woking. These members, however, tend to be regulars. Thus, in order to reach out to more members, the club utilizes the internet and leaflets as key dissemination tools. Success of the club is measured through verbal feedback, which has been very positive. Anecdotal evidence suggests that members highly value fitness goal formation and social aspects of the club. Other measures of success may be reflected by the donation of £1,900 to various charities, partly as a result of event ticket sales and excursion bookings and general daily club fees. The simple structure and involvement of members in implementation of this practice make it a highly sustainable and transferable to other locations and cultures, providing support is available from local authorities and services. Risk of physical injury is minimised by providing qualified staff when needed and informing members of the safety measures one should take when partaking in various activities. The club, however, faces a challenge of getting more members, and not being satisfied with only the members that regularly attend. In summary, this practice, confidently backed by its local council provides a good range of physical activity for people 50+ to partake in, with great additional social events. The members being part of the committee provides an incentive to make active living part of their daily lives.

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Greece

Sports for Senior Citizens

Coordinator: General Sports Secretariat (SGS) of Ministry of Culture

Region/Country: Heraklion, Crete, Greece

Type and scope of the good practice: National initiative

Resources: 8 Months per year (usually October to May)

Financial data: National funding

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http://www.sportsnet.gr/index.php?option=com_content&view=article&id=695&Itemid=1052

With the intention of satisfying all people's needs for physical activity in Greece, General Sports Secretariat (SGS) of Ministry of Culture, in the year 1983, initiated a program labeled "Sports for All". The main goals of this program, which has been spread out over the last years in Greece, is the amelioration of people's biological level, the development of athletic consciousness and recreation of people who participate in these programs. A sub-program of "Sports for All", named "Sports for Senior Citizens" addressed to elderly people.

Organisation and structure of the program "Sports for All":

1. Central Organisation Committee for Sports for All: A special Committee created with Ministerial Decision under the aegis of the SGS ensures that the programs run smoothly and efficiently. The Committee is responsible for the planning, coordination and approval for financing, as well as for the evaluation and supervision of program implementation.
2. County Officer: The County Officer is a Teacher of Physical Education (TPE) working in the public sector. His headquarters are the county's Physical Education Office or another location decided by the Prefect. The County Officer is appointed by the SGS. He is responsible for

briefing and co-operating with Local Government Departments (level A), on matters relating to Sports for All programs. His task also include co-operation with competent bodies at County level in matters relating to planning, potential further development of the "Sports for All" program, co-ordination of activities with other sports organisations, promotion of the programs and raising the necessary funds.

At the end of the academic year, every municipality which is interested in applying to programs regarding physical activities for special populations, place their suggestions in SGS via the Country Officer. After reevaluating these suggestions SGS approves the number of classes according to their standards. As an example in the prefecture of Heraklion, Crete for the academic year 2009-2010 SGS approved 26 classes for the program "Sports for Senior Citizens".

Throughout the years 2000-2002 a research conducted by SGS showed an increased inclination towards special programs, in which new programs such as exercise for people with heart diseases and people suffering from Alzheimer' disease were included.

Furthermore, a comparative study with reference to general and special programs ("Sports for All") in 2003, held by the Laboratory of Adapted Physical Activity (APA) of the Department of PE and Sports Science of Athens, showed among others that: a. the most important driving force for participants in special programs is recreation contrary to the development of their fitness and b. the participation of special groups is 12%, comparing to the respective percentage of the participants in general programs (88%). The above researchers emphasize on the importance of enhanced information and projection of special programs with the consequence of mass participation.

Also, a research conducted by the Department of Sport, Health & Exercise Science, University of Hull, UK in 2007 showed that prevalence of physical activity and exercise in Greece was found to be low in the 1990s and 2000s, both in absolute and comparable terms. However, recent data reveal the development of a more active profile. The main reasons for participation in general physical activity programs were health, weight control, fitness and stress management, while lack of time was the main perceived barrier.

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Other recreational programs: In addition to the approved special programs in the frame of the program "Sports for All" SGS organizes some other recreational programs for special populations by cooperating with centres of mental health and schools, but not through Municipalities.

Furthermore, private as opposed to governmental organisations attempt to organise structured recreational activities in Greece. Over the last ten years private travel agents that specialize in outdoor activities for all individuals have organised several recreational field trips. These agents often have the scientific support of Sports' Universities of the country (e.g. Serres) and as a result they have been implemented in many programs over the last years.

Finally, there are many hiking clubs around Greece that in a regular base organize hiking holidays where many older adults participate. As an example, the Friends of Nature of Heraklion (<http://www.friendsofnature.gr>), a nonprofit organization established 2 years ago. More than 50% of its 300+ members are people over 50 years old. The club organizes walks every weekend and usually offers two alternative courses, an "easy" one for older people and young kids and a "hard" one for those who feel fit enough to follow.

Denmark

Out on the floor ("Ud på gulvet") – Conference on senior sport in Denmark

Coordinator: University of Odense (now University of Southern Denmark), Dansk Firmaidrætsforbund (Danish Association of sports and work) and Dansk Arbejder Idrætsforbund (Danish Workers Sports Association)

Region/Country: Denmark

Type and scope of the good practice: National dissemination activity, awareness-building; Education of local instructors

Resources: Duration 5.-7. November 1993

Financial data: Attendance fee and financial support from Helsefonden (The Health Fund)

Contact information and further details:

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The national conference "Ud på gulvet" in 1993 on the need and possibility for senior sport or physical activity for elders was the real kick-start of senior sport in Denmark. Today (2007) almost 60% of all elderly Danish people past 70 years are physically active on a regular basis. 10 years earlier it was 40% – and in 1964 almost nobody in Denmark aged more than 70 years were physically active. This development couldn't have happened without the national and wide societal focus on senior sport that was the main result of the conference.

With the positive health results and the happy seniors from the research programme "ældre i bevægelse" (elders in motion) from 1988 the University of Odense (now Southern University of Denmark) worked hard to give this knowledge public attention. The University elaborated the base in an emerging Danish network on senior sport and in 1993 the main actors had gained the strength and economy to gather the nation in a work conference – "now things had to happen". And the time was perfect because many seniors were (since the research study) screaming for better local opportunities for physical activity.

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Attendance: The organisers (national sports organisations and a big national health foundation) gathered a lot of interesting and important actors (attendance fee for all) from the public sector (politicians and officials), research institutions, and the third sector (elected and passionate sport leaders and instructors).

Conference message: The main message was that fresh seniors can stay fit and thrive better if they participate in continuous physical activity. The activity offers should take build on an interdisciplinary approach with elements from different sports. And an obligatory third half with e.g. coffee and singing should be included and thereby strengthen the social dimension. Education of the instructors is essential to succeed. The quality and seriousness of an activity offer will follow the knowledge, experience and education of the instructors. Sports associations with volunteers will constitute good and cost-efficient framework to launch the activities in. This also due to the Danish (Scandinavian) culture related to sports association and voluntariness.

Results: All participants left the conference with the aim to make a difference in their own territory. Politicians began to discuss the issue more intense and even to allocate more funds. Officials started to help local sports association find suitable gyms for the activities. Research institutions initiated new and more nuanced research. National sports organisation developed high quality instructor education. Local sports association began to offers senior sport and (very important) the stream of participants hasn't stopped since.

Political agenda – legislation: In fact the political focus has secured constant attention to senior sport with new legislation. Now it is a general rule written in the Danish health law, that "The municipal council is responsible for the fulfilment of municipal functions in relation to citizens to provide a framework for a healthy lifestyle".

Importance today: Since 1993 many fresh elder Danes have joined the senior sport movement. Lis Puggaard (researcher and among the early promoters of senior sport in Denmark) states that today: "Fresh elders can, want and do! Which means that focus have to shift towards weaker groups." At the same time a solid proportion of the elderly population could usefully be even more physically active to gain even more health benefits.

Aalborg Senior Sport

Coordinator: The sports association "Aalborg SeniorSport" – with statutes and elected board. Aalborg SeniorSport has a professional sports manager

Region/Country: The Municipality of Aalborg, Northern Jutland, Denmark

Type and scope of the good practice: From 1995-1998 it was a project – since then it's a local initiative with weekly activities all year long. The city of Aalborg with suburbs has activities in 10 different locations.

Resources: 2010: 1,8 mio dKr (1EUR = 7,55 dKr)

Financial data: 800.000 dKr from Member's quotas, 500.000 dKr from the Municipality of Aalborg (tax), 150.000 dKr from the national Sports Organisation, Dansk Firmaidrætsforbund (DFIF = Danish Association of sports and work) (tax), 350.000 dKr from foundations or private donations

Contact information and further details:

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www.seniorsport.dk

In Aalborg (the fourth largest city in Denmark with 125.000 inhabitants) the sports association Aalborg SeniorSport is a nice example of a qualitative but still cost-efficient framework for senior sport related to fresh 60+ men and women.

History: In the aftermath of the national conference on senior sport in Denmark, Kirstine Langagergaard launched the first senior sport activities of Aalborg in the local sports association, Aalborg KFUM. In short time she managed to create major local awareness and recognition of the activities. The Municipality of Aalborg supported her and so did the national sports organisation Dansk Firmaidrætsforbund (DFIF = Danish Association of sports and work). So from 1995 to 1998 Kirstine stood at the head of a local research project with senior sport in three different areas of the city organised in Aalborg Firmsport (the local department of DFIF). The University of Odense (from 1998 the University of Southern Denmark) performed the research project and the process was very successful. The senior sport activities continued in Aalborg Firmsport until 2000 where the independent sports association; Aalborg SeniorSport was formed with own statutes and elected board. Since then the senior sport movement in Aalborg have grown stronger every year in this association.

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The activity philosophy (core values):

There are three core values or fundamentals connected to the activities in Aalborg SeniorSport:

1. Exercise is performed in daytime. The target group is fresh elderly men and women, and well-educated voluntary instructors, who organize the programme specific for this particular target group, lead the activities.
2. Each training session is implemented with an interdisciplinary approach with basic training focused on strength, balance and coordination followed by varying interdisciplinary activities with focus on personal choice and pleasure as well as on competent instruction.
3. The social community on the teams are underlined with the obligatory "Third half" with coffee, singing, interesting presentations and common conversation following the physical activities.

In addition to these principles Aalborg SeniorSport care about the quality of the sites, where the activities are to be carried out.

Data: Aalborg SeniorSport has close to 1500 paying members. The activities are carried out in 10 different settings in Aalborg. Access to more qualitative sites in the daytime is the major disincentive to the association's growth. The annual budget is close to 1.800.000 dKr (1EUR = 7,55 dKr). It is a prerequisite for this budget, that it is able to find enough voluntary leaders and instructors to keep the activities running.

What to learn: Key points to learn from Aalborg Senior Sport:

1. Build strong connections to and coalitions with politicians, officials, knowledge organisations and (local) media.
2. Plan the activities in a setting close to the residence of the potential participants.
3. The social community on the teams are longer lasting as motivational factor than prospects for health improvements.
4. Knowledge is very important! It applies both to the instructor and the participants.

Kirstine Langagergaard also notes that there must be a genuine interest present among the leaders to make a difference for the elderly. "One should not work with older people, if you do not like older people."

Exercises with a chair (Stolemotion)

Coordinator: Danish Workers Sports Association (Dansk Arbejder Idrætsforbund (DAI))

Region/Country: Denmark

Type and scope of the good practice: National initiative

Resources: No end date – Started in 1998 – the participants may continue throughout life

Financial data: Membership fees; governmental grants based on taxes

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The national sports organisation, Dansk Arbejder Idrætsforbund (DAI = Danish Workers Sports Association) has been an actor in senior sport in Denmark since the beginning of the movement. The overall effort In DAI's senior group context is 60+. Participation in DAI's various activities is demand driven (participants know by themselves which team fits), and the activity-concept Stolemotion primarily gets its participants among "mobility-impaired elderly people with balance problems". Participants must be able to transport themselves to the training site.

Purpose, content and pilot-results: The aim is to strengthen the participants' physical function to remain self-reliant and avoid falls. It is the radical assumption that Stolemotion results in greater savings than expenditures. Sadly this assumption hasn't been proved yet Exercise should be fun and varied, and DAI believes in the social and mental aspects of a good sport environment for older people.

Stoiection was introduced in 1998 as pilot-projects lead by DAI. 123 persons (middle age: 82,1 year) participated in a 1-year pilot-project, and the results were with DAI's own words: Better physical performance, fewer falls and better quality of life. The pilot-project content has been implemented in several of the Danish Municipalities as either a public (free) offer or in a sports association (with member quota). Today more than 5.000 Danes practice Stolemotion every week.

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Weekly class training contains of 1,5 hour in a community center or a local sport club is conducted sitting on or with the support of a chair. Several instructors lead the activities in a collective tone. DAI insists on having 2 or more instructors to each team for at least two reasons. The first reason is that the activities should run all year long and the instructors can keep the spirit higher by sharing the job with other instructors with the same goal of making a difference for the participants. The second reason is that the participants have different needs and by having more than one instructor it is possible to differentiate and personalize the instructions for better individual experiences.

DAI has been very much involved in building the education, that senior sport instructor attend to before they start to teach. This also goes for instructors in Stolemotion.

What to learn:

1. Mobility-impaired elderly people with balance problems can too be a part of the senior sport movement.
2. Where Stolemotion is carried out in a sports association it is DAI's experience that it runs smoother and with higher quality, than if the Municipality is behind.
3. The target group wants to have fun during exercise! It is not motivating, if the exercises are too much influenced by "health campaign".
4. "Third half" works like social glue that strengthens the experience markedly.

Margit Vestergaard Larsen has been a national promoter of senior sport for several years, and she shares an interesting experience: "Almost all participants start for health reasons, but they are maintained in physical activity by the social community."

The Netherlands

GALM-method

Coordinators: National Committee and the provincial sports councils/MBVO

Region/Country: Every province in the Netherlands
Type and scope of the good practice: National project

Resources: This project started in 1997; every local project has a duration of 18 months

Financial data: Around 1 million euros per year

Contact information and further details:

www.galm.nl

The GALM method is based on a number of theoretical assumptions and consists of three activities:

1. A house-to-house approach whereby 800-1000 senior citizens are approached in person according to a set protocol.
2. An exercise programme that consists of an introductory programme lasting 12 weeks and a 30-week follow-up programme. The programme is preceded by and concluded with a fitness test.
3. Continuation of GALM groups. These GALM groups are supervised by sports clubs. Repetition of the GALM campaign for new groups of over 55s is carried out by municipal authorities.

The GALM method is pre-started in a pilot project (1995-1996). In 1997, national committee and the provincial sports councils/MBVO started with the national implementation. For the implementation of local projects, local project groups are set up. The municipality, the Welfare and the Elderly Foundation, sports clubs and the GGD (Area Health Authority) are all represented. The main target group of the activities is in the age of age 55-65.

The effect of participation in the GALM group to improve fitness is inventoried. Fitness of participants is significantly enhanced by participation in the GALM groups. The groups are positive rated. The appreciation of the participants was a rate of 8.2.

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Regarding the sustainability, the GALM project consists structurally in local policy and in the Dutch sports infrastructure (KNGU and gym clubs) during the national implementation. The provincial sports councils/MBVO consultants and the NISB (Netherlands Institute for Sport and Movement) are responsible for more long term national support.

The GALM method has been developed in such a way that, once the target group has been approached, local authorities regularly organise a GALM recruitment campaign for residents who have reached the age of 55.

Fit for Life Nederland

Coordinator: Advisory committee

Region/Country: Every province in the Netherlands

Type and scope of the good practice: National project

Resources and Financial data: N/A

Contact information and further details:

www.fitforlifenederland.nl

Fit for Life Nederland is started in 2009 with a study tour to Finland where the name is invented. Fit for Life Nederland is not a new organization and not part of an existing organization. You should see it as an intervention network in which different organizations from different sectors are working together. This network is supported by a coordination point, housed in NISB, which is driven by - and accountable to - an advisory committee in which the participating organizations are represented.

There are already several sports organizations, senior organizations, health institutions, welfare institutions, research institutes, companies and governments involved in Fit for Life Nederland. The main target group is 50+.

The participating organizations are offering diverse projects under the banner of Fit for Life Netherlands. It may be an existing or new project of one of the member organizations, and an existing or new project of two or more organizations, and an existing or a new project that is supported by all participating organizations. The cooperation between relevant organizations is voluntary (but not optional). The number of involving organizations is different per project. It depends of the subject, target audience, communication, etc. Fit for Life Netherlands contributes to the visibility and recognition in the market of sports and exercise by people over 50 years and the coordination between the participating organizations.

The next steps for Fit for Life Nederland can be divided into two levels. The first level consist activities of strategic importance with a long-term concern. All organizations will be involved. The second level consist activities that are operational and action-oriented and have an immediate impact on matching supply and demand in the area of sport and physical activity by people over 50 years.

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Italy

Living like a Sport's men (Vita da Sportivi)

Coordinator: Venerando Institute of Rome with Departments of Sport's Medicine and Orthopaedic and Rehabilitation

Region/Country: Lazio, Italy

Type and scope of the good practice: Regional and national project

Resources: The project will start as soon as possible (two year duration)

Financial data: N/A; participants contribute and share running cost; National – CONI

Contact information and further details:

Carlo Tranquilli

Direttore Sanitario Istituto Venerando

The goal of the project is the reassessment of former top level athletes previously evaluated at the National Sport Medicine Institute of CONI since 1990 who had stopped competition activity since, at least ten years. In the project, clinical data from the period of competition (already collected in the Institute) is compared with the new data. The target is to contact old sportsmen, classified according to sport practised. Orthopaedic, cardiovascular and clinic examination, and simple fitness test for all ex-athletes according to the age are developed and implemented.

Sport's Federation and Sports Medical Federation will cooperate to contact former athletes and National promotion and development of health assessment. The main target of the best practice is the follow-up of the sport activity, and to know more about the effects of sports practice between athletes who continue to train and athletes who did not. The target age is open could include from forty until no limits.

The innovative component is monitoring former top level athletes as special population with specific adaptation and injuries and stimulate to be still active and, if possible, become testimonial for sport for older people. The objective is to get former athletes involved again could be active in sport as instructors, managers, etc. Feedback from the

participants is collected by applying questionnaire to participants and Sport's Federations. This feedback is taken into practical consideration according to the participation of people (number, age, health status, motivations, and involvement in promoting other colleagues). The project offers a program with individual exercise prescription for the participants. The measurements are performed with traditional conditioning test and health assessment. A special supervisor will be offered for activity advising and in connection with local Sport's Federation. Managers of Sport's Federations and CONI will be involved in the implementations as reference groups. Potential participants in the region/nationally is estimated to be around five hundred former athletes.

In terms of making the good effects of health-enhancing physical activities to public knowledge (awareness-building), sports could be a good marketing for promoting physical activity. Longitudinal data will be available to prove an increase in physical functional ability. Experience will be published not only at scientific level but also promoting through Olympic movement. Also brochures, scientific paper, and web communication will be provided for dissemination purposes.

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RECOMMENDATIONS

Recommendation 1: Identified need for activation and motivation of older persons

A genuine, identified need for projects or initiatives to support the health-enhancing physical activities of older persons is required. For grass-root activities designed to be integrated in the daily lives of older persons, the activities need to be easy to access and provide interesting experiences. Activation and motivation of older persons themselves is an integral part of the activities.

In addition, in many successful cases feedback from the senior participants is systematically gathered and taken into account in designing and re-designing the activities to reflect the interests of older people. Therefore, bottom-up approach is often considered as more efficient way to motivate older persons to health-enhancing physical activities.

Recommendation 2: Peer support and community-building

In order to the activities to succeed to reach their goals in sustainably increasing the quality of life older persons, participatory methods such as peer support and peer instruction can be applied. An important aspect in many identified case studies is the empowerment of individuals and community-building character of activities in terms of group exercises.

Recommendation 3: Collaboration and commitment of different stakeholders

Co-operation and collaboration of different stakeholders (individuals such as older persons themselves and professionals as well as public, private, and third sector organisations) greatly increases the success rate of implementation of activities and initiatives. In most cases, collaboration ensures the long-term commitment of these stakeholders and positively correlates with the sustainability of the actions. In many cases, the support from political decision-makers providing necessary infrastructure to exercise is an important asset. In this way, they can provide possibilities for activation by establishing accessible tracks or other sport facilities. However, private companies and SMEs as well as third sector organisations such as sports associations offer a significant share of activities available, especially in terms of professional guidance and coaching.

Recommendation 4: Dissemination and knowledge-awareness

Most of the good practice case studies in S2-PORT considered dissemination and awareness-building actions as relevant for informing the older persons themselves as well as their family members and professionals working with them about the benefits of health-enhancing physical activity in improving the quality of life and supporting independent living of older people.

“Based on the 14 good practice cases identified and described within the S2-PORT project, we provided four recommendations characterising some general common features of the case studies. The recommendations contributed to the development of the holistic model for integration of physical activity in life styles of older persons.”

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