

*“It’s not about staying alive ...
It’s about loving life”*

**Research with older New Zealanders to inform the Sport
New Zealand *Community Sport – Older People Plan***

FINAL Report – 4 May 2016

Connect *consultation & research*

Executive Summary

Sport New Zealand is developing a *Community Sport – Older People Plan* ('the Plan') to increase participation by older people in community sport. To inform the development of the Plan, Connect undertook exploratory research involving focus groups and in-depth interviews with older New Zealanders in October and November 2015.

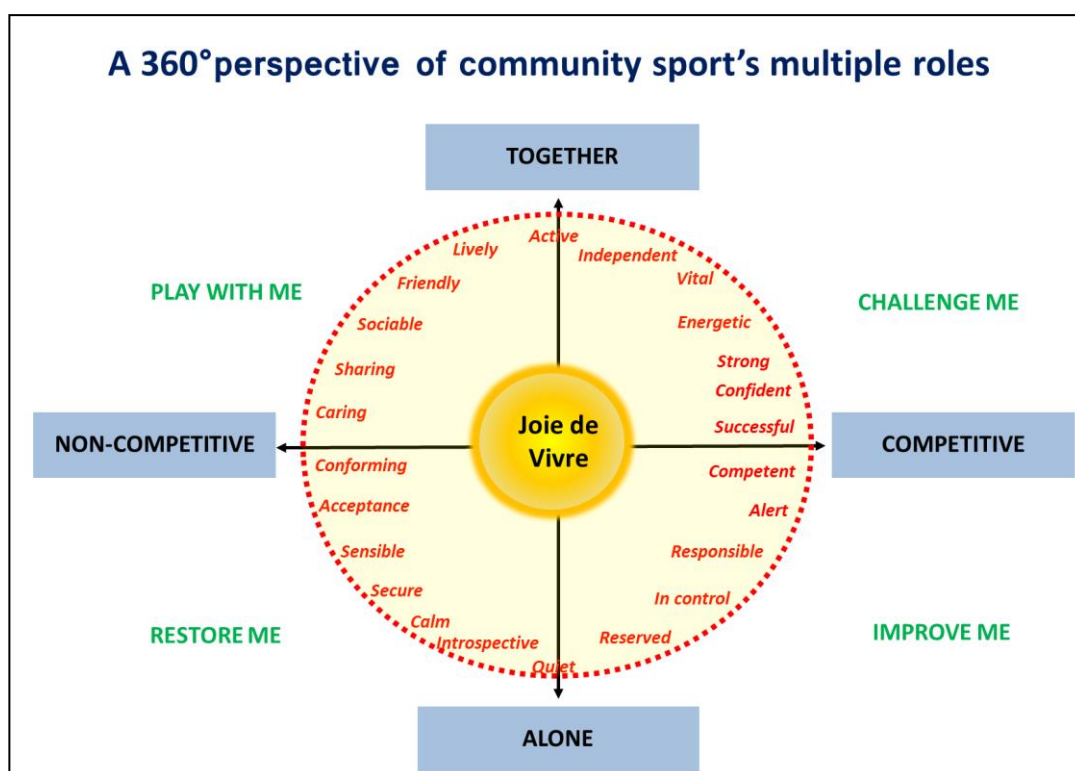
Key findings

Over-65 characteristics and experiences of later life

- Older people are not a homogenous population group. They are particularly diverse in terms of their health status and mental/physical ability. There is also significant variation in terms of work status, especially in the 65-75 year age band.
- Older people's experiences of later life may be positive or negative, or a mixture of both. Some are having 'the time of their lives', with wide-ranging opportunities to lead a happy and productive life. Others may be feeling sad, depressed and frustrated.
- The journey through later life is not a gradual, linear progression downwards, but rather a series of transitions – changes in personal circumstances which cause older people to readjust, recalibrate, and at times, redefine their entire lives.

The place of community sport in older people's lives

- Community sport is a powerful conduit to the 'best parts' of later life: connections, freedom, discovery, relaxation, new identity, contributing and pursuing passions.
- The fundamental driver for participation in community sport is *joie de vivre*; the joy of living. In essence, community sport is a way for people to participate fully in the human experience. It is a physical and emotional state of being that extends far beyond 'physical activity', 'exercise', 'sport' or 'play'. It is all of these things, and more.
- Analysis using a needs-based model highlights that community sport has the power to fulfil *multiple* roles, grouped within four broad need-states: to be challenged; to play; to be restored; and to improve.

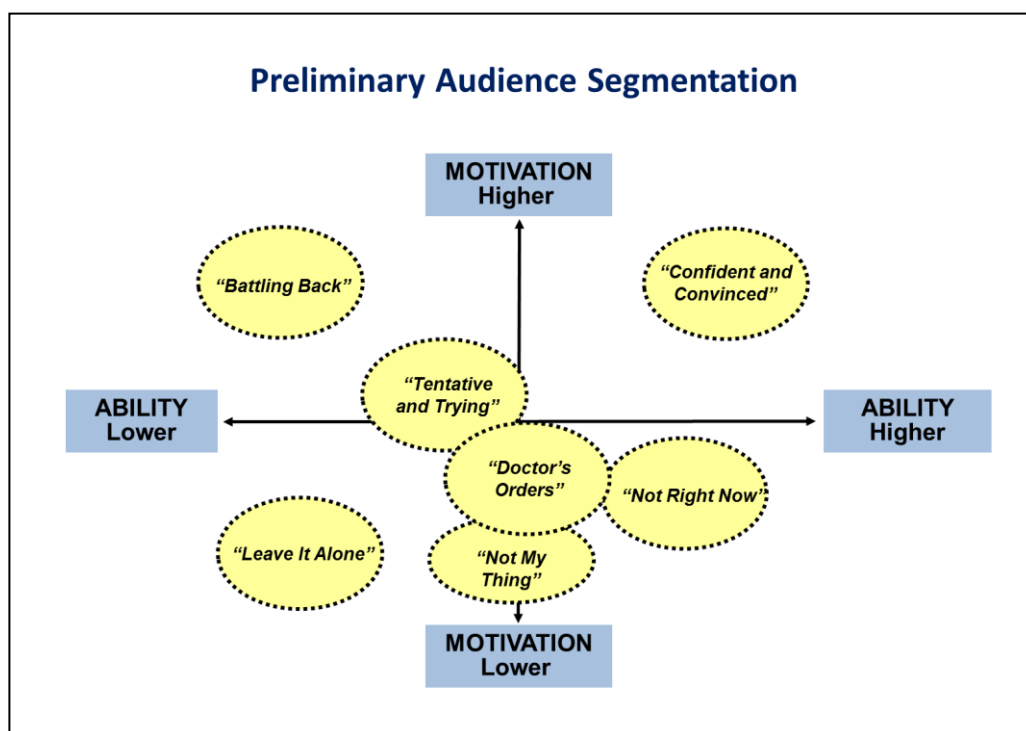


Factors that impact on community sport participation levels

- An older person's overall level of community sport participation reflects:
 - 1) Their motivation to take part, based on a set of attitudes that they hold about community sport and other priorities in their lives
 - 2) Their ability to take part, based on practical factors that may facilitate or impede participation.
- Motivational factors include: personal preferences; self-confidence; health-based motivations; and personal needs-based drivers.
- Ability factors include: Health, physical ability and mobility issues; Competing priorities for time; Socio-economic status; and the home and local environment.

Preliminary audience segmentation

- Older people appear to fall into a range of segments based on their ability to participate in community sport, and the extent to which they are motivated to participate. These demonstrate that it should be possible to both prioritise effort and tailor communications to sub-groups within the older population.
- It would be useful for Sport NZ to further investigate the existence of market segments, in order to understand the scope, size and relative importance of each segment.



Communicating with older people

- The research highlights the importance of people, rather than media or advertising, as key influencers for older people's community sport participation. Peers are particularly important, especially in getting an older person to try something new. GPs, specialists and other health professionals are also influential advisers. Welcoming and approachable community sport leaders are vital in terms of sustaining participation.
- High-level feedback from research participants highlights the need to 'sell the outcome' of community sport participation, rather than the process or the scientific rationale. This can be achieved with images and messages that illustrate the 'joie de vivre' feeling that older people will experience, the opportunity to commune with nature, and the fun to be had playing with family and friends.

Looking forward: Recommendations

1. Take a whole person approach

- To increase older people's participation in community sport we need to shift beyond physical ability models that do not take account of personal drivers and preferences, and complex individual circumstances
- Strategies and tactics for reaching and engaging with older people need to reflect the diversity of the target audience – a one-size-fits-all approach is not viable. There is a need to:
 - Recognise that older people's experience of later life is fluctuating and transitional, and to create responsive and flexible services that reflect this
 - Avoid making assumptions about older people's lives, and what they are capable of achieving
 - Work hard to accommodate all abilities / circumstances, by addressing common obstacles to participation for older people
 - Create the right environment for participation
 - Create a positive culture around older people participating.

2. Leverage personal drivers

- Marketing and communication of community sport can capitalise on emotional and social drivers for participation, seeking to remind people of the 'joie de vivre' that community sport can bring to their lives, in addition to other benefits
- Any community sport can be made more appealing to greater numbers of older people, by taking account of the levers that motivate different personality types.

3. Prioritise potential segments, and tailor engagement tactics

- Preliminary analysis suggest the highest priority segments; those most likely to improve their engagement with community sport, are 'Not Right Now', 'Tentative and Trying', 'Doctor's Orders' and 'Not My Thing'. It also suggests these groups have similar enough preferred engagement that similar materials and approaches could be used with each segment.

4. Finally, think outside the square!

It is easy to slip into stereotypical notions of what older people *can, could and should* be doing, in relation to community sport. It is also easy to make assumptions about the types of community sports older people *want* to do. The research has highlighted the need to rigorously challenge these stereotypes and assumptions.

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1. Introduction

This report sets out results from a qualitative research project examining older people's views and experiences of community sport. The research seeks to provide insights to support the development of Sport New Zealand's *Community Sport – Older People Plan*.

The report is structured as follows:

- Section 1 – Outlines the rationale for the work, and the research methodology
- Section 2 – Provides a contextual understanding of the target audience
- Section 3 – Provides an understanding of the role of community sport in older people's lives, and presents a needs-based model that summarises participant needs that are met by community sport
- Section 4 – Summarises the attitudinal and practical barriers that influence community sport participation levels
- Section 5 – Presents a preliminary segmentation of the target audience
- Section 6 – Provides a high-level summary of older people's responses to, and ideas for, communicating with the target audience
- Section 7 – Presents overall conclusions and recommendations for future work, based on the overall evidence presented.

1.1 Background

*A participant -focused system must make decisions based on greater knowledge of what people want, and why. If we understand this, we can create an environment that supports it.*¹

Sport New Zealand (Sport NZ) is the national agency for sport and its overall vision is to create the world's most successful sporting nation. Its two strategic focus areas are:

- Increasing participation of young people and adults in community sport. Sport NZ has developed a *Community Sport Strategy 2015-2020* which focuses on play, active and outdoor recreation and competitive sport taking place through clubs and events. It excludes passive recreation (e.g. gardening) and elite (international) competition.
- Producing more winners on the world stage, at Olympic/Paralympic Games and World Championships in targeted sports.

The *Community Sport Strategy* highlights the need for all work in this area to be grounded in a 'Participant-focused; System-led' approach:

- Participant-focused – focusing on the needs and expectations of participants
- System-led – focusing on the 'system attributes' which best impact participation.

To support the *Community Sport Strategy*, Sport NZ is developing a *Community Sport – Older People Plan* ('the Plan'). The overall purpose of the Plan is to increase participation by older people in community sport. It will inform Sport NZ and key stakeholders and help to develop future strategies and initiatives that target this audience.

Sport Bay of Plenty ('Sport BOP', representing the Northern Cluster Regional Sports Trusts) is developing the Plan on behalf of Sport New Zealand. It is envisaged that the Plan will be

¹ *Community Sport Strategy 2015-2020*. Sport New Zealand.

completed by mid-2016, using a multi-stakeholder, collaborative approach. One of the key principles of the Plan is that it is participant focused – i.e. Sport BOP will work with older people to develop the Plan.

In July 2015 Sport BOP instigated a range of projects to contribute to the development of the Plan, including:

- Desk Review – A review of national and international literature relating to older people and community sport, and wider trends for this age group, to provide the latest evidence in this area
- Stocktake - A stocktake of community sport interventions for older people currently in place in New Zealand, and of related work with older people
- Regional stakeholder workshops – Eight workshops involving local and regional community sport stakeholders and thought leaders, to provide perspectives from New Zealand professionals working ‘at the coalface’ to encourage greater participation by older people in community sport
- Exploratory research – a qualitative study with older New Zealanders, to provide a deeper understanding of their views and experiences in relation to community sport. A grounded theory approach was used, whereby repeated ideas, concepts and elements from the data were drawn together into themes. In this case, the data was also mapped against a well-known market analysis model, the IMPSYS model (discussed in Section 3.2).

Sport BOP engaged Connect to undertake the exploratory research with older New Zealanders in October and November 2015. This report presents the key findings of this research.

1.2 Objectives

The key objective of this research was to provide *an in-depth, rich understanding of older New Zealanders’ views and experiences in relation to community sport*, in order to:

- Ensure that the ‘participant voice’ is at the heart of the Plan, bringing to life older people’s needs and expectations in relation to community sport
- Provide an understanding of older people’s community sport choices, including drivers and barriers to participation
- Identify optimum ways to communicate with older New Zealanders about community sport, by exploring how older people currently define and classify their experiences
- Underpin future initiatives and strategies for maintaining and growing older people’s participation in community sport
- Inform future investigation / data collection in relation to older people (e.g. ensuring appropriate parameters, lines of questioning and language for the Active NZ survey questionnaire).

Detailed research questions are included in the Appendices.

1.3 Approach

The research approach was developed in consultation with Sport BOP and Sport NZ. A qualitative methodology was used, involving a combination of 4 mini-groups (17 participants) and 16 in-depth interviews.

A range of projective and enabling techniques were employed, to facilitate discussion and help people express deep-seated feelings and beliefs about community sport. For example, participants drew pictures and created collages.

To provide consistent parameters for discussions, research participants were provided with Sport NZ’s 2015 definition of community sport. Participants were told to focus on active and

outdoor recreation, sport and competitive sport, and to exclude passive recreation (gardening) and elite sport.

Fieldwork was conducted in October and November 2015.

Further details about the research methodology are included in the Appendices.

1.4 Sample

Qualitative research is characterised by small, carefully selected samples. In this case, the sample was designed to cover the key factors known to influence community sport behaviour and preferences in older age groups. The sample design reflected findings from the Desk Review and discussions with Sport BOP and Sport NZ.

In total, 33 older people were interviewed, generating over 50 hours of recorded data, in addition to a range of notes/drawings/collages created by participants.

The key sample stratifications were:

- Participation level – *Lower vs Higher*, with an emphasis on *Lower*
- Age group – *Younger (65-74 years) vs Older (75+)*, with an emphasis on *Younger*.

SAMPLE STRUCTURE	Higher participation level	Lower participation level	TOTAL
Younger (65-74)	<ul style="list-style-type: none">▪ 1 mini-groups▪ 3 in-depths	<ul style="list-style-type: none">▪ 3 mini-groups▪ 5 in-depths	<ul style="list-style-type: none">▪ 4 mini-groups▪ 8 in-depths
Older (75+)	<ul style="list-style-type: none">▪ 4 in-depths	<ul style="list-style-type: none">▪ 4 in-depths	<ul style="list-style-type: none">▪ 8 in-depths
TOTAL	<ul style="list-style-type: none">▪ 1 mini-groups▪ 7 in-depths	<ul style="list-style-type: none">▪ 3 mini-groups▪ 9 in-depths	<ul style="list-style-type: none">▪ 4 mini-groups▪ 16 in-depths

The sample included a mix in terms of:

- Gender
- Ethnic groups
- Household income
- Household/family situation (including a mix of those living alone/in couples/with family; and a mix of those with family living locally, vs those with less family support)
- Types of community sports participated in
- Level of interest in trying new community sports and/or increasing the level of participation in community sports they currently participate in.

Those who were living in rest homes, and those who described themselves as 'frail' or 'very frail' were excluded, on the basis that their community sport options would be very limited.

Further details about the sample are included in the Appendices.

2. Context: Over-65 characteristics and experiences of later life

This section provides a brief summary of participants' experiences of the over-65 life stage. It provides context for understanding older New Zealanders' community sport participation, in particular the diversity of individuals' situations and opportunities.

2.1 Characteristics of the target audience



Research participants were recruited according to a specified age band (65-85 years) and by level of participation in community sport. Reflecting this, there were some commonalities across the sample, but also significant variation.

Health and physical/mental ability: A commonly shared experience of older age – and one that is very important in terms of community sport participation – is declining health status and mental / physical competence. However, as with other transitions, changes may be sudden and abrupt, or slow and steady. With therapy, treatment and time, older people may return to their previous levels of ability, or they may never regain them.

When compared with other age groups, the diversity in older people's health status and physical ability is huge. The research sample excluded older people who defined themselves as 'frail' or 'very frail', so most participants had reasonable health, strength and mobility. However, at least half the sample had experienced (or were currently experiencing) serious health/physical issues, with the most commonly mentioned including knee/ankle/hip replacements, heart problems, joint pain/weakness, and mobility issues.

Work status: Later life is characterised by significant diversity in terms of work status. The sample included a substantial proportion of over-65s who are still working full-time or part-time in paid positions. Many are undertaking voluntary work for a variety of organisations and roles. Some – particularly over 75s – are doing neither paid nor voluntary work at present.

- Those still in paid work have mixed feelings about this: some would prefer to be retired but continue to work for financial reasons; others enjoy the stimulation and satisfaction provided by their job, and plan to continue working as long as they are physically able
- Voluntary work includes leadership roles in clubs and committees (e.g. Rotary, community sports clubs), providing hands-on support to others in the community (e.g. driving for the Red Cross, being a Community Constable), and working in charitable organisations and social agencies.

Family status / caregiving obligations: Living arrangements, relationships and family commitments vary tremendously, with the sample including people living alone, as a couple, with flatmates, and with family/extended family. Some live in their own homes, some are renting, some are living in retirement villages. A considerable number have caregiving obligations – usually to their spouse/partner, and/or for grandchildren.

Socio-economic status: Older people traverse this life-stage with varying levels of financial resources:

- Some are financially secure, and subsequently have few concerns about money and the ability to enjoy activities such as overseas travel
- Others have very little income or savings, and are under considerable financial stress
- Some have significant financial obligations to support other family members, including children and grandchildren.

Culture and ethnicity: The sample included older people from a range of cultural backgrounds, including those from Pakeha and Māori families, and immigrants to New Zealand from Pacific, Asian, Indian and European cultures.

- Some of those who have immigrated to New Zealand are very connected to, and involved with, their culture through family, social and church networks
- Other immigrants report feeling isolated in New Zealand and never really ‘fitting in’.

Local environment: The sample included older people living in urban, provincial and rural locations. Their location has a huge impact on the type of life they lead, and the opportunities and restraints afforded to them. For example, those living in densely populated areas may have relatively good public transport and many opportunities to take part in arts and cultural offerings, but they may report feeling unsafe in large crowds. Those in rural areas find their environment tranquil and peaceful, but may be isolated from friends and family.

I got together with my new partner about 4 years ago ... he wanted to go and live in the UK so I've been travelling back and forth to be with him. (Female, lower participation)

I have 6 grandchildren living with me – so that's my job at the moment... The 4 year old is still at home, I take the others to school and polytech and pick them up each day. (Female, lower participation)

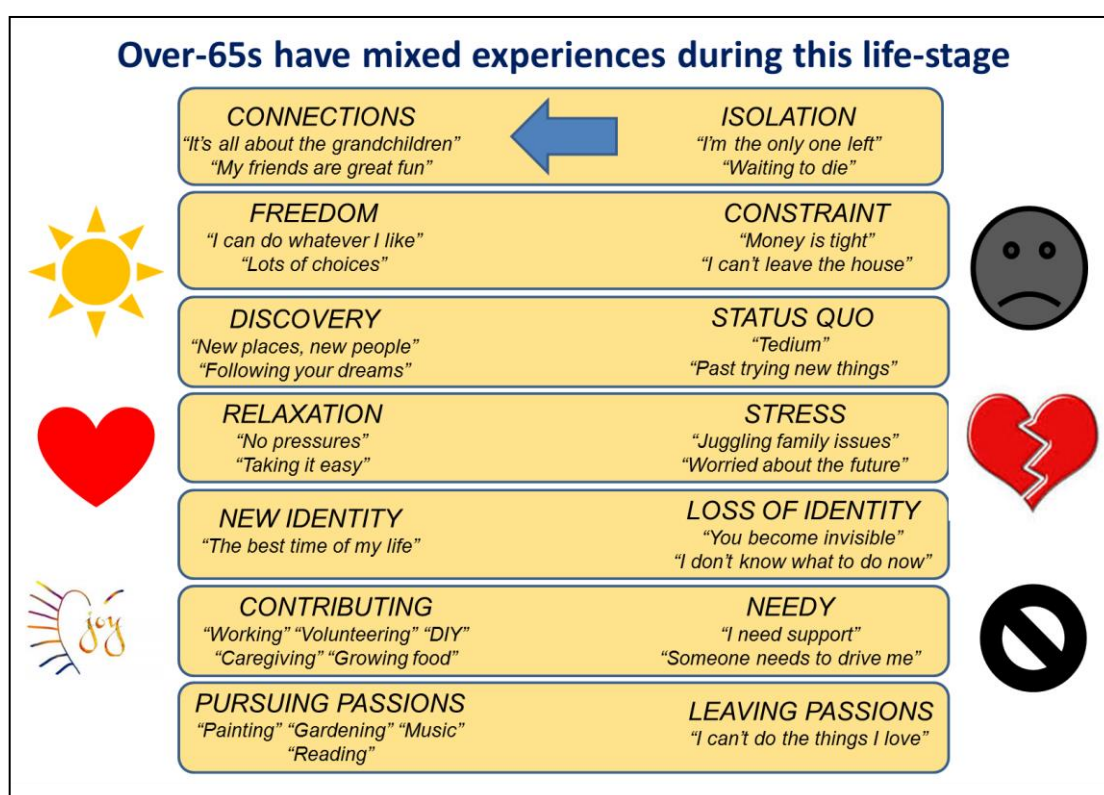
I'm the eldest of my generation throughout the Māori family ... I'm the boss... If I say no, that's it. But I don't. They want me to go back to Rotorua, back to Tauranga, back to Matakana ... They want to put me back on the paepae. I'm the Rangitira, I have to. (Male, lower participation)

2.2 Experiences of the older life stage

Participants were asked to describe how they feel about the older life stage. Interestingly, people who looked the same 'on paper' – i.e. who had similar health, income, ethnicity, location – often had very different perspectives, demonstrating the importance of individual personality and life history in experiences of this life stage.

At any point in time, older people tend to fall on a spectrum in terms of the factors highlighted in the chart below. It is important to stress that individual experiences are varied and fluctuating over time.

The diagram includes positive experiences on the left-hand-side – the aspects of being older that bring peace, love, happiness, joy and contentment. On the other side of the spectrum are negative experiences that bring pain, discontent, sorrow and frustration.



Discussion of each of these factors, and how older people respond to them, follows:

Connections – Isolation: Some older people enjoy a high level of social contact, draw on strong and satisfying relationships and social networks, and/or enjoy new friendships and relationships ... While others are isolated, lonely and lacking support.

Freedom – Constraint: Some older people – particularly those who are younger, newly retired and financially well-off – describe 'freedom to do what they want, when they want' as the best aspect of this life-stage. While others – particularly those with health and mobility problems, caregiving responsibilities, and limited finances – can be very limited in what they can do, where they can go, and when. Some people happily accept constraints, while others feel resentful and frustrated.

Discovery – Status Quo: Some older people are experiencing personal growth, discovering new people, places and things. Others may be bored and stuck in a monotonous routine.

Some lack the confidence to venture into uncharted territories, while others have simply lost interest in trying new things.

Relaxation – Stress: Some older people find that they are more relaxed than at any other time in their adult lives – they have escaped the pressures of working, they feel financially secure, they have come to a time when they feel ‘they deserve a rest’. Others may be feeling hugely stressed by relationship problems, worries about their own health and/or the health of family and friends, financial fears, and time-pressures.

Contributing – Needy: Many older people gain immense satisfaction from the sense that they are helping and contributing to their families, businesses, and the community. Through activities such as working, volunteering, gardening, DIY and caregiving, they feel valued and productive, and that they are making a difference. Others may be dependent on others for support, no longer able to contribute to the household and family finances and day-to-day management, and no longer involved in workforce or community endeavours. While some older people accept that they are dependent on others for help and support, others feel sad, resentful and frustrated.

New identity – Loss of identity: Some people develop a new lease on life in their older years, relishing new roles and activities such as grand-parenting, volunteering, and immersing themselves in new hobbies. Others struggle to come to terms with where they fit nowadays, describing themselves as feeling ‘invisible’, ‘frightened’, and ‘unsure about what to do now’.

Pursuing passions – Leaving Passions: Most people try to spend time doing things they truly love when they are older – using skills and talents that bring them joy. For example, being creative (painting, gardening, playing music, cooking), reading, studying, ancestry research ... and community sport! However, due to time commitments and health issues, older people may not be able to pursue these passions to the extent they desire, and sometimes they must abandon them.

Freedom, retirement and a bottle of wine. Life is not about ‘doing without’ – it’s about give and take. When you get to our age you can do what you want ... I can fly anywhere in the world or stay at home... and finish the chocolate donuts. (Male, higher participation)

I think we’re invisible to the rest of the population - we’re doing our own thing. (Male, lower participation)

You get lazy at home... Stagnate... You know, the four walls just close in. (Male, lower participation)

I feel good about this stage of life, although it’s a very busy life! I enjoy my work and helping my children and grandchildren. (Female, lower participation)

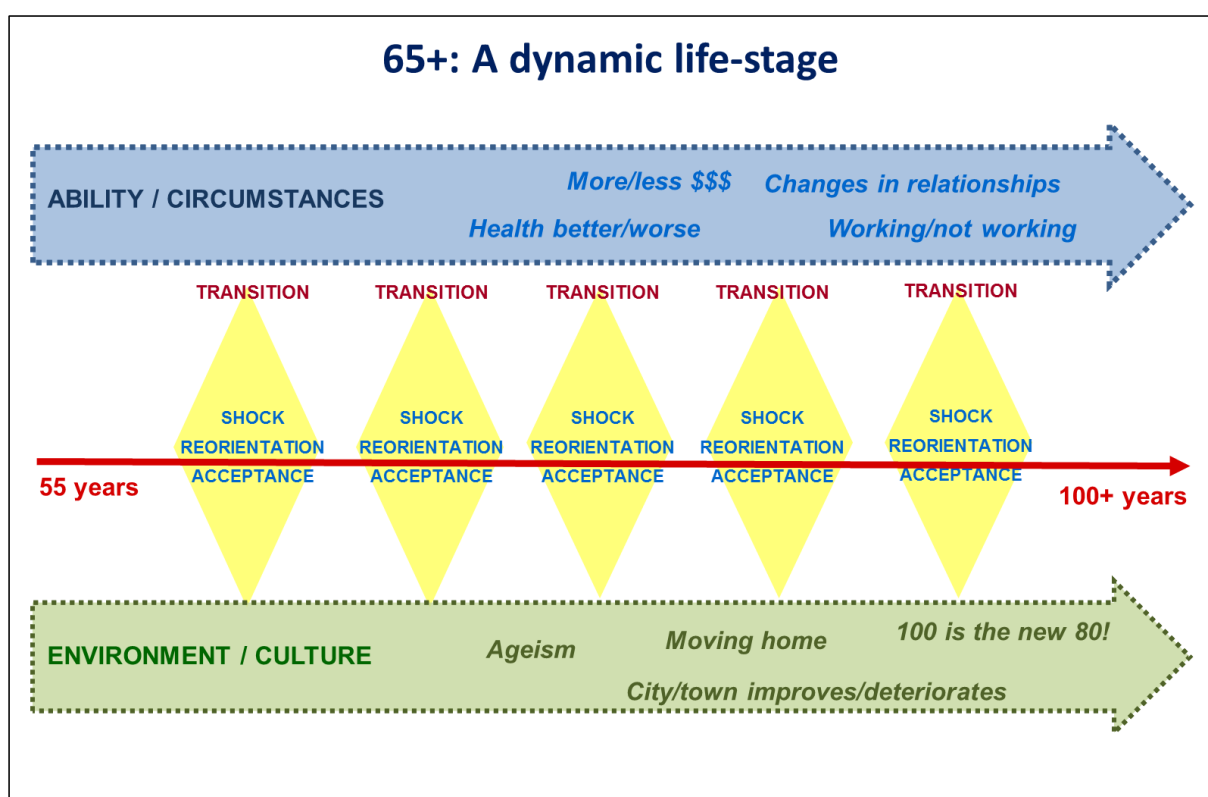
2.3 Transitions in later life

Many models used to describe later life present a gradual, linear progression over time: the journey from being younger, mobile and independent; to older, frail and needing support.

However, the reality for many older people is ongoing change, and a series of transitions, as highlighted in the diagram below. Typical transition points include changes in: health status, physical/mental strength/competence; work status; family/caregiving obligations; household situation; moving home; and so on.

It is important to note that transitions may represent 'downswings' or 'upswings' for the individual, for example:

- Sad personal losses ... but also, wonderful new relationships
- Health setbacks ... but also recovery, and self-discovery
- Giving things up ... but adapting and finding new ways to live.



I was forced to retire because my wife got sick; very, very sick ... She was working and I was working and, well all of a sudden to go from two good incomes straight onto the pension, it was just - and we had no savings. (Male, lower participation)

I used to eat a lot more meat. But two years ago I became a vegetarian and I have been feeling great. (Male, lower participation)

I miss working very much. I miss the company of other people and I was very passionate about the job that I was doing and the people I was working with. (Female, higher participation)

2.4 Key take-outs

Older people are not a homogenous population group. They are particularly diverse in terms of their health status and mental/physical ability. There is also significant variation in terms of work status, particularly in the 65-75 year age band.

Older people's experiences of later life may be positive or negative, or a mixture of both. Some are having 'the time of their lives', with wide-ranging opportunities to lead a happy and productive life. Others may be feeling sad, depressed and frustrated.

The journey through later life is not a gradual, linear progression downwards, but a series of transitions – changes in personal circumstances which cause older people to readjust, recalibrate, and at times, redefine their entire lives.

3. Community sport's place in older people's lives

This section examines older people's views of the overall role of community sport in their lives, and the benefits or value they derive from it. It highlights the positive impact that community sport participation can have on older people's experiences of later life.

A needs-based model is employed to illustrate the different emotional and social needs that community sport can fulfil for older people. This also provides an overview of the way older people might define and classify different types of community sport.

3.1 The overall impact of community sport

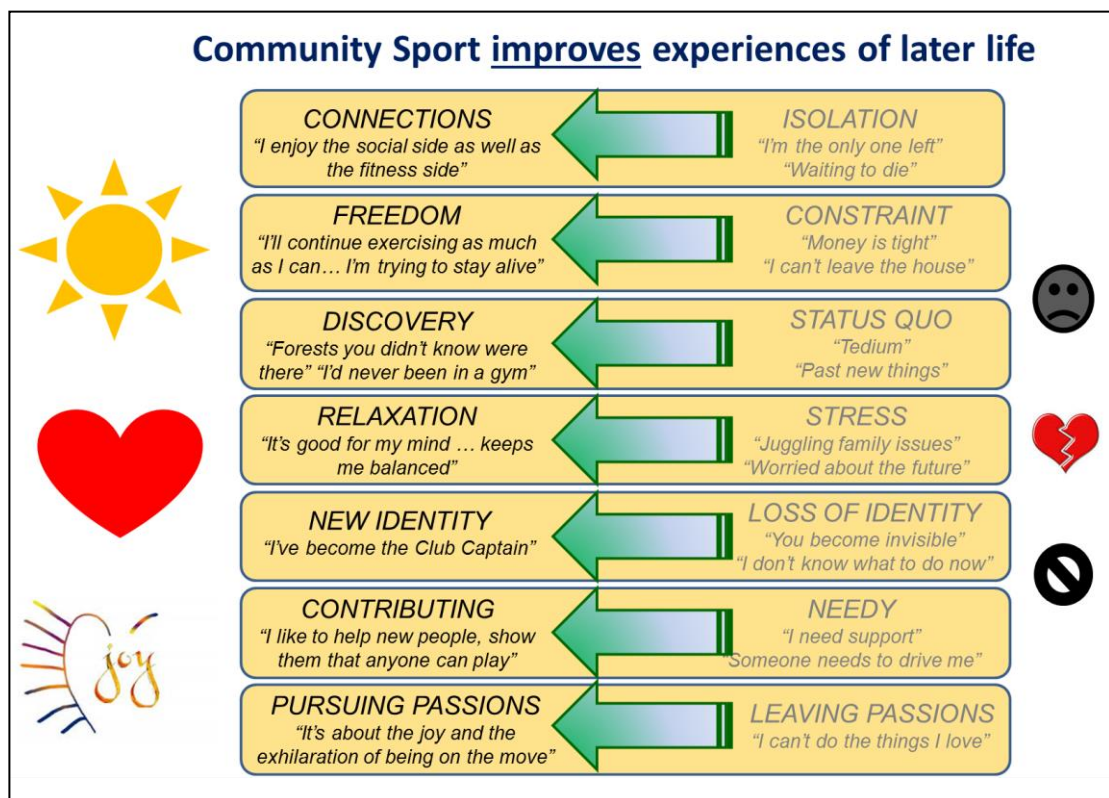
Research participants were asked to describe the feelings and emotions they associated with participating in their favourite community sports and the role these played in their lives, nowadays and in the past.

Participants would often visibly light up when talking about their community sports. With further exploration, it was clear that community sports have a powerful, positive impact on older people at a deep-seated, personal level. The more frequently older people participate in community sport, the more they reap the benefits.

Overall, the research reinforces that community sport participation contributes to the *positive* experiences of being an older person:

- As noted in Section 2.2, and highlighted in the diagram below, these include: Connections; Discovery; Freedom; Relaxation; Contributing; New identity; and Pursuing passions.

The diagram below highlights the 'push factor' of community sport towards happiness, joy and contentment during the later life-stage.



Discussion of the role that community sport plays in providing older people with the best parts of this life-stage, follows:

Connections: The social aspect of community sport is a key reason many older people enjoy participating – for many, it is the *main* reason to take part. Those taking part in regular, group and club-based activities enjoy feeling part of a community, and the opportunity to get to know new people. Even seemingly solitary activities – such as walking – are valued as an opportunity to connect with other people.

Freedom: For many older people, participating in community sport is a way of *maintaining* their precious freedom and independence. They are not focused on simply ‘keeping fit’, or ‘keeping active’, but ‘staying upright’, ‘staying alive’ and ‘staying out of a rest home as long as I can’. For others, taking part in community sport provides ‘freedom’ in terms of delivering *relief and respite* from some of the more challenging aspects of their daily lives. Some community sports provide a *physical* sense of freedom because they are exhilarating and exciting (e.g. motorbike riding, cycling).

Discovery: When older people take up a new community sport, there is often a huge thrill involved with trying something new. People often find the learning process very stimulating mentally, and it gives them something new to talk about with family and friends. Outdoor sports (such as walking, tramping, fishing, and biking) provide many obvious opportunities for discovery, and these appear to be a key reason for their popularity amongst older people.

Relaxation: Many community sport activities are valued by older people because they provide a sense of peace, relaxation, and rejuvenation. Often these activities are outside – in the bush, at the beach, by a river or lake – providing the chance to breathe fresh air, get in touch with nature and quite literally, to ‘smell the roses’. Indoor activities such as yoga may also provide a deep sense of relaxation.

New identity: Older people who try new community sports, or take on new roles within clubs/groups, may derive a new identity as a result. Many find this quite satisfying and stimulating – having something new to talk about, feeling part of a club, wearing the uniform, owning the gear.

Contributing: Some older people derive great pleasure from community sports that give them the chance to contribute and/or ‘give back’. For example, fishing, collecting shellfish and hunting are all ways that people can provide food for their families and friends. Many older people have voluntary roles at community sports clubs and groups they belong to – coaching, being on committees, organising social events – and this enhances the overall experience for them.

Pursuing passions: Some older people are incredibly passionate about certain community sports. As well as taking part in the community sport, they love watching television programmes about it, reading magazines, going online to learn more, talking to others who share their passion, and so on. The community sport is not just ‘something they do’, but a deeply fulfilling and abiding passion.

The social element is definitely a big part of the walking group.... When we come back we all sit down and have a natter ... once a month we'll also go and have lunch. (Female, higher participation)

Samoan cricket ... The whole group are dancing and yahooing and they're running the other team down and everybody gives as good as they get. So the whole thing, it's a village challenge...That's the way the Islanders do it. (Male, lower participation)

We were looking across to Ruapehu and it looked like you could throw a rock at it and hit it. You were ... in tune with nature. (Male, lower participation)

I've recently been accredited with the bowls Coaching Certificate... I like to help new people, show them that anyone can play. (Male, higher participation)

It's a new commitment and it's very important to me – being in the club. (Male, higher participation)

3.2 The multiple roles of community sports

Research participants discussed a wide range of different community sports, from unstructured, contemplative bush-walks through to highly competitive and fast-paced team sports. Their views of different community sports, and their reasons for participating in them (or not), were diverse. Overall however, broad patterns and themes emerged, allowing us to form a picture of older people's views of community sport domains, and the *multiple* roles that community sport fulfils.

The following diagram presents a needs-based model of community sport – a 360° picture showing the full gamut of older people's personal drivers for participating in community sports. Please note:

- The model is based on the IMPSYS model of consumer behaviour developed by Heylen et al (1995)². It is commonly used by marketers and psychologists to depict a 'marketplace' for any area of investigation that involves people making choices based on personal drivers
- By 'personal driver' we mean the emotional and social needs that people have, that community sport fulfils. The focus of the model is on *underlying, rather than surface level* drivers, so it does not depict physical and physiological reasons for participating in community sport.

As a guide to reading the model, please note that:

- **At the centre of the model is a *universal* driver for older people's community sport participation: *Joie de vivre*.**

Joie de vivre is a French term which means literally 'the joy of living'. It is about living in the moment, being carefree, and feeling great happiness and enjoyment of life. It also has an element of mischief and mirth³. This term best embodies participants' views of the value of community sport, in any shape or form. It is more than being *alive*, it makes people *happy* to be alive and experiencing this aspect of life.

This spirit of *joie de vivre* is a common element in all of the community sport activities discussed by older people. It binds and underpins older people's choices in relation to community sport, and can be thought of as the central 'offer' of community sport.⁴

- **The Vertical Axis indicates the extent to which community sport meets older people's personal drivers to be TOGETHER vs ALONE:**
 - **Together** drivers are about needing to be with others, to socialise, to be outward-directed, extrovert, and externalising
 - **Alone** drivers are about needing to be alone, to soul-search, to be inward-directed, introverted, and internalising.

² Heylen, J. Paul, Barbara Dawson, and Peter Sampson. "An implicit model of consumer behaviour." *Journal of the Market Research Society* Jan. 1995: 51+. *Academic OneFile*. Web. 17 Apr. 2016

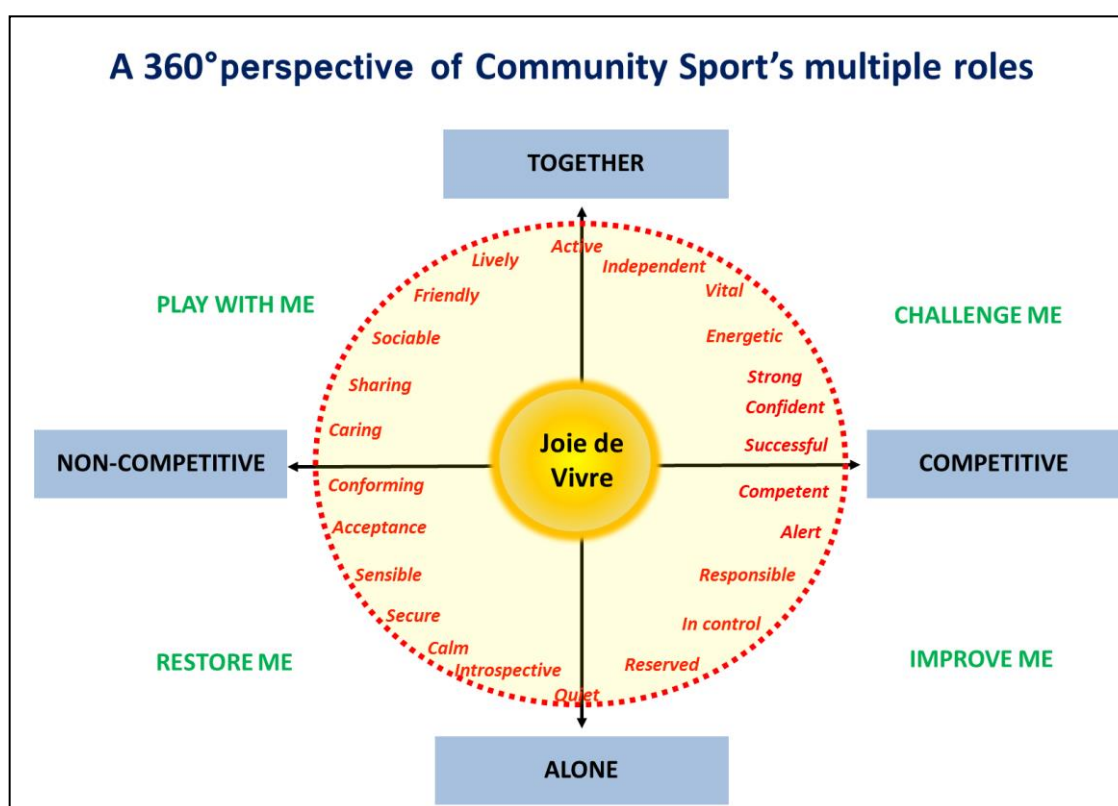
³ Based on Mirriam-Webster and Oxford dictionaries

⁴ It may have been preferable to find an English or Māori word or phrase that captures the essential role of community sport, but none captured it as well as *joie de vivre*. The Māori expression **Tihei Mauri Ora** – 'to capture the breath of life' – is considered the closest substitute, but it is rather serious, lacking the 'living in the now' and 'joyful' elements of *joie de vivre*

- The Horizontal Axis indicates the extent to which community sport meets older people's needs to be **COMPETITIVE** vs **NON-COMPETITIVE**:
 - **Non-competitive** drivers include wanting to affiliate with others, to be passive, and to be submissive
 - **Competitive** drivers include needing to be assertive, to be dominant, and to challenge.

Community sport can fulfil a wide range of personal drivers, across four broad domains as highlighted below:

- The need to **play** with others, feel part of a group, be unstructured and spontaneous
- The need to be **challenged**, testing the limits, discovering new things, competing with others
- The need to be **restored**, re-charging and re-grouping, being taken care of, meditating and reflecting
- The need for **self-improvement**, taking control, achieving targets, analysing progress.



It is important to note that many community sport activities fulfil *multiple* roles – that may or may not be applicable to a particular individual. For example:

- Going for a walk can be a solitary, contemplative, relaxing experience ... or an opportunity for socialising, feeling connected to the community
- Playing golf can also be a social experience, particularly if you are a club member and take part in the '19th hole'. Whereas for someone who is newly retired and has just started playing golf, the key attractions are 'freedom' and 'discovery'
- Dragon Boating might be a chance for someone to pursue their passion – increasing their skills, rising to the top of the regional championship. For someone who has learned to coach Dragon Boating, it is an opportunity for them to 'give back' and contribute to the community.

Each type of community sport can fulfil multiple roles, but there are some commonalities which allow us to *loosely* map different community sport domains across the model:

- Sports tend to fall into the upper quadrants – generally, they are activities which are structured, competitive (to some extent), and played as a team
- Exercise tends to fall into the bottom-right quadrant – these activities involve structure and formality, but tend to be undertaken as an individual
- Play tends to fall into the top-left quadrant – these activities place greater emphasis on socialising and having fun than winning
- Recreation tends to fall into the left-hand quadrants – these are unstructured activities that may be done together or alone.



3.3 Key take-outs

Community sport is a powerful conduit to the ‘best parts’ of later life: connections, freedom, discovery, relaxation, new identity, contributing and pursuing passions.

Like most types of human behaviour, participation in community sport is often driven by deep-seated personal drivers. Many of us have shared needs, reflecting our humanity: the need to belong, the need to progress, the need for adventure, the need to nurture, and so on. However each person is unique, seeking out activities and situations that hit their emotional ‘sweet spot’.

The fundamental driver for participation in community sport is joie de vivre; the joy of living. In essence, community sport is a way for people to participate fully in the human experience. It is a physical and emotional state of being that extends far beyond ‘physical activity’, ‘exercise’, ‘sport’ or ‘play’. It is all of these things, and more.

Analysis using a needs-based model demonstrates that community sport has the power to fulfil multiple roles, grouped within four broad need-states: to be challenged; to play; to be restored; and to improve.

Community sport domains – sport, play, exercise and recreation – may be loosely mapped across the model, as can different types of community sport. However, it is important to remember that different people may enjoy exactly the same community sport but for different reasons. For example, one person may play tennis for the competition, another for the opportunity to have beers afterwards, and someone new to the sport might be excited to be developing new skills.

4. Factors that impact on community sport participation levels

This section focusses on the attitudinal and practical factors influencing participants' participation in community sport.

4.1 Overview: A Motivation/Ability model of participation levels

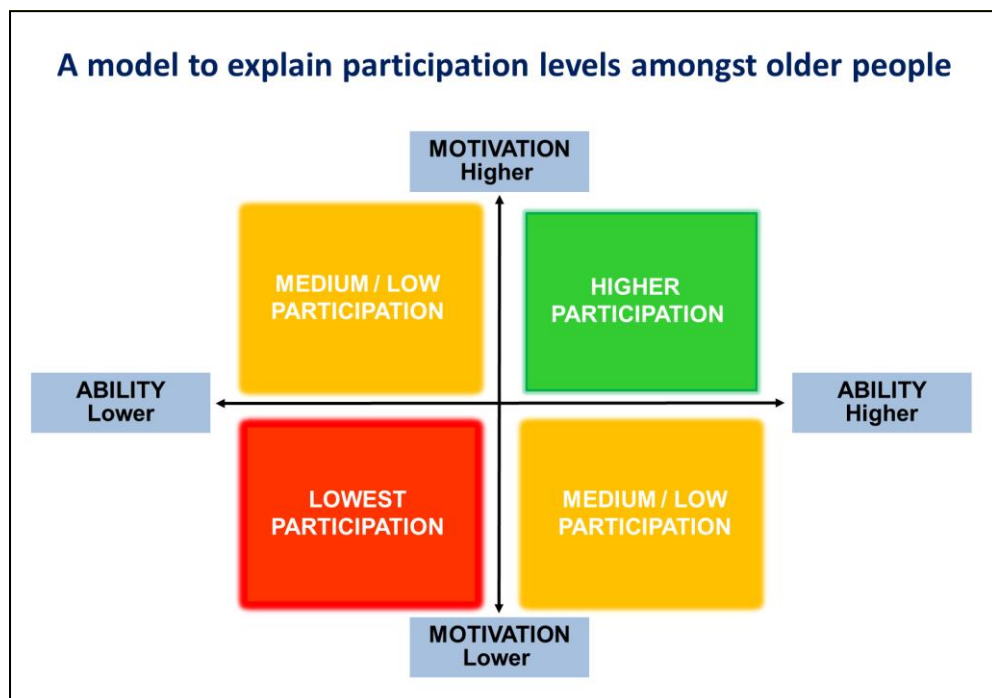
An array of factors work together to impact each older person's participation in community sport. Some of these factors are attitudinal, others are situational; and they are changing over time.

The Motivation/Ability model below is presented as a framework to encapsulate the key factors that trigger older people to participate in community sport, and the factors that impede their participation.

The Motivation/Ability model has two key dimensions:

1. **On the Vertical Axis: Motivation** of older people to participate in community sport, from low to high
2. **On the Horizontal Axis: Ability** of older people to participate in community sport, from low to high.

The higher the motivation and the ability, the higher older people's participation in community sport will be. Motivation and ability are equally important – if one part of the puzzle is missing, community sport participation will be sub-optimum.



4.2 Motivation – Driven by attitudinal triggers and barriers

At any point in time, a combination of attitudinal factors can act to increase or decrease older people's motivation to participate in community sport. The most important of these are discussed below:

Personal drivers: As covered in Section 3, community sports fulfil a range of personal drivers (emotional and social needs) of older people.

Health-related motivations: Many older people cite health benefits as a key reason for participating in community sport. Some have received specific recommendations and instructions about community sport activities they ought to participate in, from their GP, nurse, surgeon or other health professional. Older people who receive this advice tend to fall into two camps – those who follow instructions to the letter, and those who 'do their best' but become side-tracked by other priorities as they emerge out of a crisis stage.

Self-confidence: Conversations with research participants highlighted that self-confidence – or lack of it – plays a very important role in motivating older people to take part in community sport. Older people who have higher levels of participation also tend to have higher levels of self-confidence. They are open to trying new things, and they are not daunted by new people and new places. Conversely, those with lower participation might be held back because they are scared to fail, they are uncomfortable in new environments, and/or they are shy around new people.

While some older people are naturally more self-confident than others, it is clear that older people's self-confidence ebbs and flows as they navigate changing circumstances such as a decline in physical ability, a move to a new area or home, loss of a spouse, and so on.

Personal preference / long-standing feelings about community sport: Core attitudes and beliefs about different types of community sport are set at a very early age, and reflect a combination of:

- Personality type – solitary vs team-player, competitive vs non-competitive, like structure/rules vs unstructured/free play
- Natural ability / talent – co-ordinated vs uncoordinated, fast vs slow, strong vs weak
- Cultural and environmental influences – Early community, family and school opportunities (or lack of them), and the nature of these early experiences (positive vs negative).

Many of these attitudes reflect generational or cultural views about what older people can, could and should be doing. For example the post war generation or early Baby Boomers are more often 'traditionalists' with firmer views about what is and isn't appropriate for older people, whereas later Baby Boomers are more likely to feel they can 'have it all'. Similarly older people can have particular leadership roles in Māori and Pacific cultures (e.g. kaumātua).

In many cases, the community sports older people gravitate towards, and *most enjoy* are the same ones they've always preferred. When older people lose the ability to participate in community sports which have been their 'old favourites', they may consciously (or subconsciously) switch to less physically demanding activities which contain some of the same elements. For example:

- People who always enjoyed the competitive aspects of sport will prefer activities that include a competitive element. Where there is no obvious competitive structure (e.g. working out at the gym, going for a walk), these people may create it themselves – for example, timing how fast they can walk, having friendly competitions with friends working out nearby at the gym
- People who have always enjoyed the social aspects of community sport will be drawn to activities that have this element (e.g. preferring walking groups, to walking alone)

- Those who have never enjoyed structured community sport activities may resist anything with 'classes', 'instructors' and 'rules'.

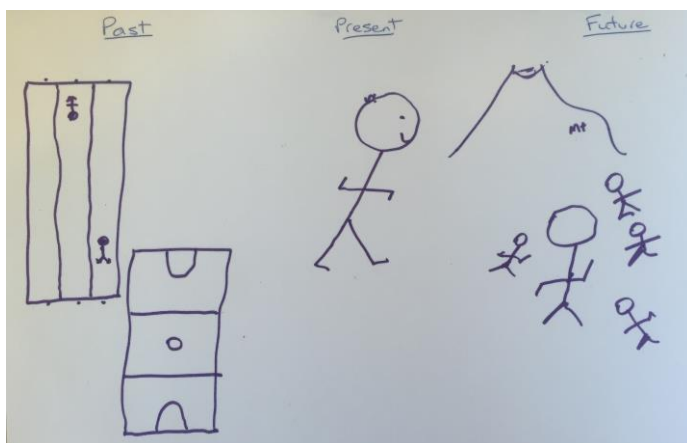
I hated sports at school. I still hate them. ... My husband's a very keen rugby man but it doesn't interest me... One thing I do like to do is dance. Every now and again we dance the night away. [Have you ever done dance classes?] As a child, yes, yes. Yes, I loved it then. (Female, lower participation)

I played rugby up til my late 20s and ended up Chairman of the regional Rugby Union and coached ... Now I try to walk about 3 km a day ... I always try to better my previous time... I try to get my heart rate up and get going. (Male, higher participation)

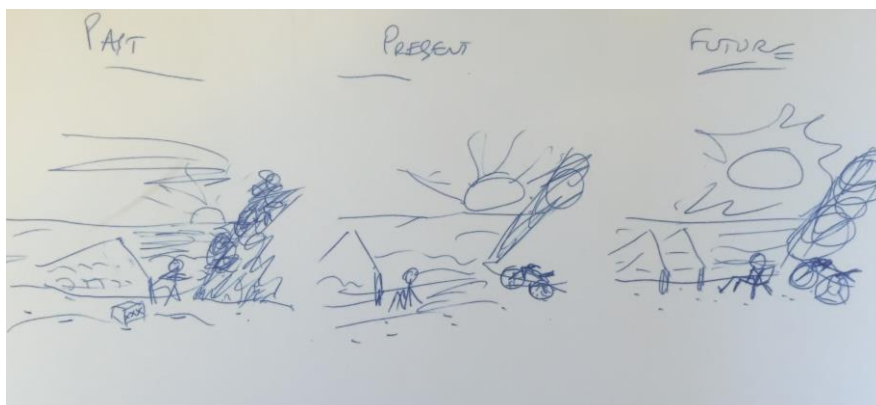
I used to love cycling as a kid. Freedom! ... Nowadays I'm lucky, on the side of the river where I live there is a track ... So it's safe to bike on the pathway. (Male, lower participation)

Yes, never been great on sports. My first and only game of cricket with a hard ball was at Intermediate School when they put me in for a ring-in because they were one short. First ball that came at me clocked me on the knuckles and that was the end of my game. It was hard! (Male, lower participation)

Research participants were asked to draw a picture showing their feelings about participating in community sport in the past, present and future. A couple are included below, as a way of illustrating that people's motivations to participate in community sports don't fundamentally change over time:



I used to play a lot of sports- I loved being active and outdoors. Now I need to let my hip get better, so I'm walking ... but then I will be back doing tramping. (Female, lower participation)



*In the **past** escape for the weekend and try fishing if the weather was alright, have a few beers and head back to Wellington, back into the grind. My **present** picture is still wanting to go fishing but I have got the bicycle now. The **future** well I have now got two fishing rods in the water and I'm actually going to sit down on the beach and not have to stand up and the bike is still there. (Male, lower participation)*

4.3 Ability – Driven by practical triggers and barriers

Relatively straightforward practical factors can act to facilitate or impede older people's ability to participate in community sport. The most important of these are discussed below:

Health, physical ability and mobility: Declining health is a reality of aging, and many older people mention the impact of health issues as a limiting factor on their ability to participate in community sport. Community sport choices may narrow to what is *physically possible*, rather than what is desirable to each individual.

Generally speaking, older people tend to shift away from high impact and high intensity community sports, towards lower impact activities where there is less chance of breaking brittle bones.

While the overall pattern is physical decline, it is important to note that many older people 'bounce back' after health issues, and may even be stronger than before (e.g. after a hip or knee replacement). At this point they may return to their preferred community sports with renewed vigour.

Those who have recently started a new community sport, or increased their level of participation, often report significant health improvements – feeling stronger, fitter, improving their balance – and this in turn gives them the confidence to extend themselves, and/or try new activities.

Competing priorities such as:

- **Work status:** Retirement from paid work appears to be a key window of opportunity when older people seem to set down the patterns of participation for this life-stage. At this point in time they are looking to 'find their niche', and may try a number of different clubs/activities before settling on their favourite community sports. Some older people have a great deal more free time once they have retired, and this has a positive impact on their community sport participation levels. Conversely, when older people become heavily involved in voluntary work commitments, they may have to restrict the time they spend doing community sport. (Unless the voluntary commitment involves a community sport – in which case it's a win-win!)
- **Family/caregiving obligations:** Older people with significant caregiving and/or family obligations may find their ability to participate in community sport significantly curtailed. Most of their mental and physical energies are directed to caring for a sick/dying spouse/partner, elderly parents, children and/or grandchildren. However, if they are relieved of these obligations (e.g. when a parent or spouse/partner dies, or the grandchildren go flatting) they may find they have more time to pursue personal interests, including community sport.
- **Other hobbies and interests:** Many older people have a variety of hobbies and interests, all of which require time and effort to pursue satisfactorily. Those who have recently retired from paid work are often particularly keen to spend more time on these hobbies than they have while working, so they may prioritise them ahead of community sport. Some, such as gardening, may fulfil some the *same* personal drivers as community sport – e.g. vitality, contemplation, nurturing.

Socioeconomic status: As mentioned in Section 1, older people have varied levels of disposable income and this has a significant impact on their ability to participate in the full range of community sports available.

Some of those with low incomes mention giving up community sports that have high outlays and/or membership fees, such as golf, boating and fishing, gym memberships and so on.

Older people may make a conscious choice to give these memberships up when they stop working and their income reduces.

Moving home: When older people move to a new town – usually to retire, start a new job, or for family reasons – there is often a strong motivation to join new clubs/activities as a way of establishing new social connections. Those who are naturally confident find this process easy and exciting, but people who are shy and less sure of their abilities may find the transition difficult.

Moving house (within the same town/city/area) may also have an impact on community sport participation – people who move somewhere requiring less gardening and/or property maintenance may find that time ‘freed up’ to participate.

Moving into a modern, well-equipped retirement village can be quite life-changing in terms of older people’s community sport participation. Property maintenance and gardening obligations become minimal (or negligible), and access to a range of age-friendly facilities and activities right on their door step makes taking part easy and appealing. Joining community sport classes, groups and outings arranged by the retirement village is also an opportunity to make new friends within the complex.

Local environment: The relative accessibility of community sport activities can be radically different based on where an older person is living. Older people’s ability to participate can be impacted by what is on offer in their locality, but also factors such as weather, public transport infrastructure and support services available.

Now I’ve retired I’ve taken up bowls. I love it! (Male, higher participation)

Golf takes all day and you’ve got to play twice a week to get your subs worth or three times a week to get value for money and to keep the handicap there. And not working, I just felt that I couldn’t afford it. (Female, higher participation)

I’d never really walked until I retired. ... I had a sedentary lifestyle. It’s been a shock to the system, but very challenging and I’ve met some great people. (Female, higher participation)

When we moved here it was important to me to try and get involved, make new friends. I was on the lookout for new things to join – I googled things. (Female, higher participation)

I’ve started going to SAY-Go classes when I moved to the retirement village – ‘Steady As You Go’ ... One of the ladies in the class has improved so much, in her walking and getting about – it’s amazing to see. (Female, higher participation)

4.4 Key take-outs

An older person's overall level of community sport participation reflects:

1. Their motivation to take part, based on a set of attitudes that they hold about community sport and other priorities in their lives
2. Their ability to take part, based on practical factors that may facilitate or impede participation.

Attitudinal factors impact on older people's motivation to participate in community sport. These include:

- **Personal preferences** and attitudes to community sport in general, which may develop quite early in life
- **Self-confidence**, which ebbs and flows as older people navigate life stage transitions
- **Health-based motivations**, which also fluctuate depending on health status, messages from health professionals, and the wider media
- **Personal needs-based drivers** for participation.

Practical factors that impact on older people's ability to participate include:

- **Health, physical ability and mobility** issues
- **Competing priorities for time**, such as work, family and care-giving obligations, other hobbies and interests
- **Socio-economic status**, which may rule out participation in some community sports
- **The home and local environment** – the nature of which offer varying opportunities to participate in community sport.

5. Preliminary Audience Segmentation

This section provides an initial Audience Segmentation for older peoples' participation in community sport, which might guide development of communications and initiatives. It may also guide prioritisation of effort.

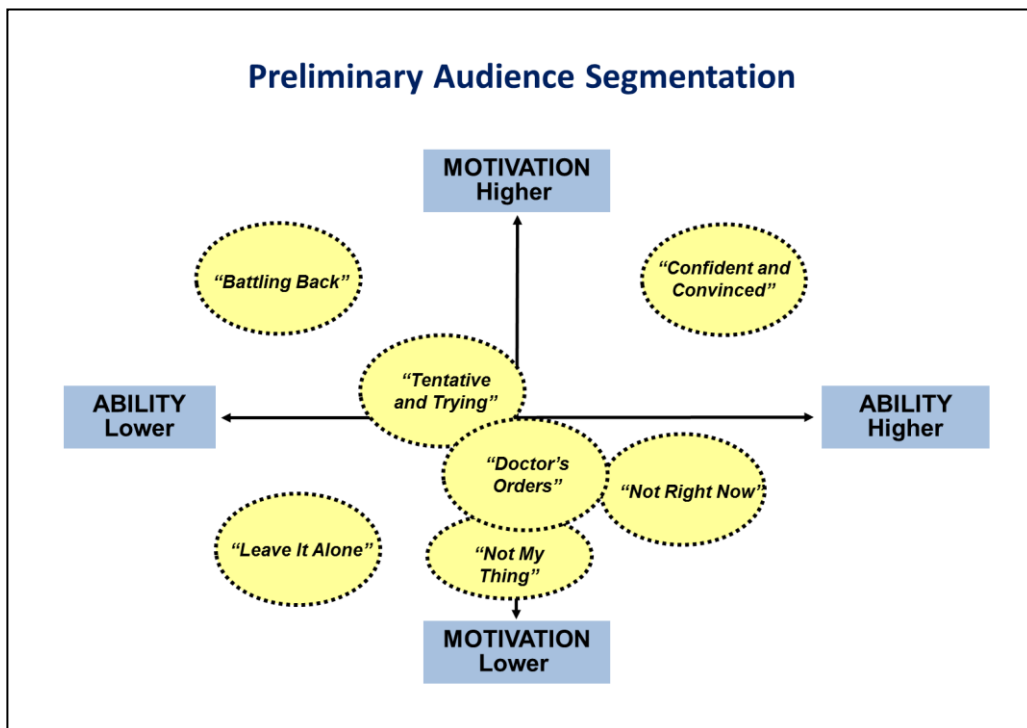
This is suggested as a *preliminary* model – a starting point for further investigation and exploration. The scope, size and relative importance of different segments would need to be validated – e.g. via a nationwide national survey of older people – before using the model as the basis for strategic activities undertaken by Sport NZ and other stakeholders.

5.1 Overview of Audience Segmentation

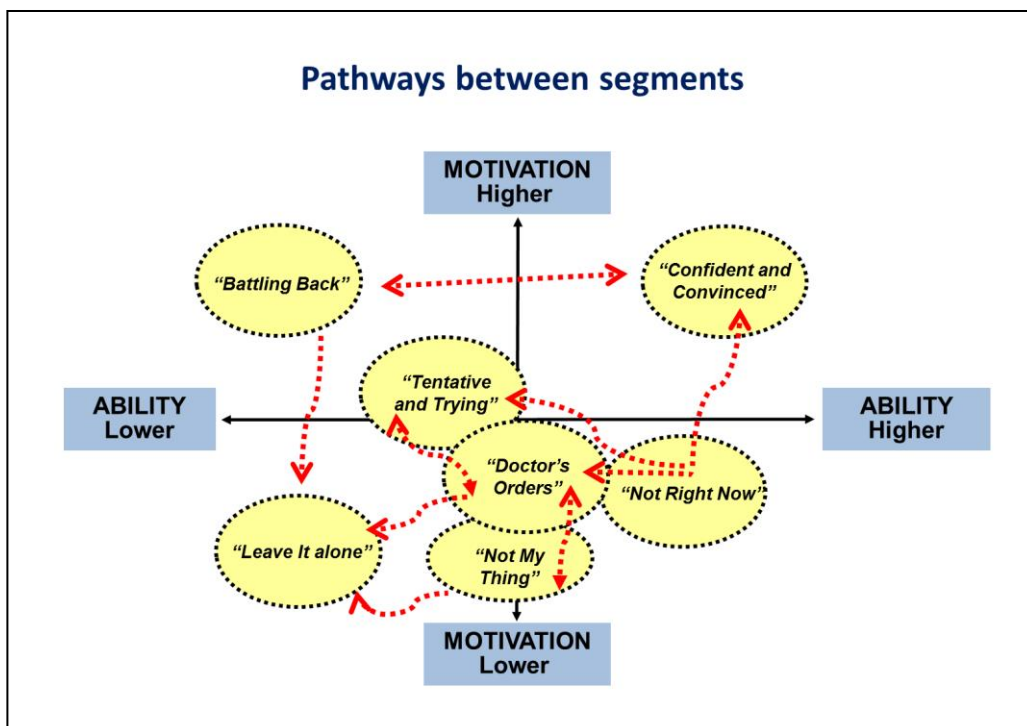
The preliminary Audience Segmentation is based on the Motivation/Ability model outlined in Section 4. The Motivation/Ability model has seven segments mapped onto it.

As a guide to reading the Audience Segmentation, please note that:

- **The Vertical Axis provides an indication of how much each segment is MOTIVATED to participate in community sport.** Attitudes and beliefs of High vs Low Priority segments are as follows:
 - **High motivation segments:** *I make community sport a priority in my life because I taking part fulfils my emotional, social and physiological needs. Taking part is good for my soul and it benefits my health, and I would miss it dreadfully if I couldn't participate. I believe everyone should take part in community sport, to the best of their ability*
 - **Low motivation segments:** *Community sport is not a priority for me because ... I don't understand or believe in the benefits; I don't feel like participating; I have other priorities / haven't got time right now; I don't enjoy participating.*
- **The Horizontal Axis provides an indication of the ABILITY of each segment to participate in community sport. Attitudes and beliefs of High vs Low Ability segments are as follows:**
 - **High ability segments:** *I am physically and mentally capable of taking part in a wide range of community sports. I also have adequate economic and social resources to take part.*
 - **Low ability segments:** *My physical and mental health status makes it difficult for me to take part in community sports. I have limited economic and social resources to help me take part.*

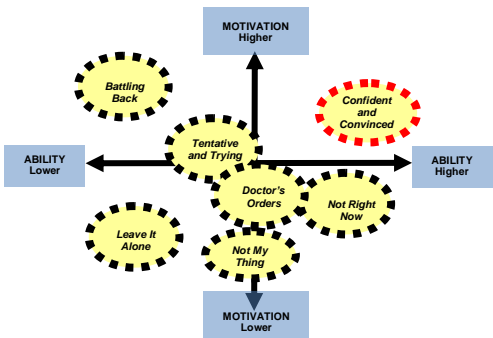



Older people may move between segments, as their ability fluctuates, and different priorities occur in their lives. Potential pathways between segments are presented below:

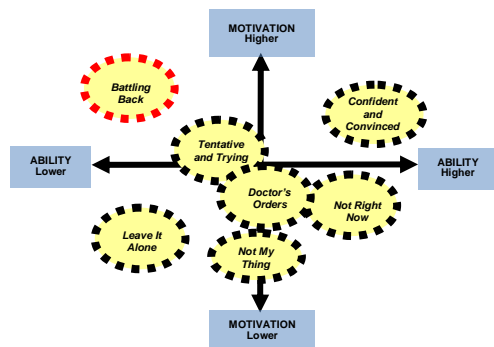


It would be useful for Sport NZ to further investigate this model, to understand the scope, size and relative importance of each segment.

5.2 Detailed segment descriptions

Confident and Convinced	
	
<p>Vignette: ‘Janet’</p> <p><i>Janet is a 66 year old woman living in Auckland. As a child she ‘just loved running around and could never sit still’ and was ‘very sporty’ playing netball, hockey and tennis. After marrying and having three children close together, her ability to participate in community sport diminished somewhat, but as soon as she was able, she joined a local tennis club and played for many years.</i></p> <p><i>She describes herself as an active person, someone who prefers getting about and moving to ‘chatting on the telephone and watching TV’. All of her friends are similarly active: Janet says she wouldn’t be interested in someone who didn’t like being active. She prefers being outdoors when exercising, seeing what is going on in her local neighbourhood and observing other people. For 15 years she belonged to a regular walking group of 12-15 people, stopping only when the leader left and the group disbanded.</i></p> <p><i>A couple of years ago Janet had a knee replacement, and ‘got a taste of what it would be like to be inactive’. She ‘just hated being restricted’ in what she could do, so she worked hard to regain her strength and mobility at home, doing exercises that her surgeon recommended.</i></p> <p><i>Although she had never been in a gym in her life, Janet recently joined a ‘Never Too Old’ fitness programme at a local gym, after seeing it advertised on a leaflet in her letterbox. She was not nervous at all – ‘just curious and interested’ – and now goes twice per week. She has also started regular walks around her neighbourhood, but feels a little less confident with the increased traffic in her suburb.</i></p> <p><i>Janet lives alone and describes herself as a ‘happy, confident person, with a lot of energy’. She feels optimistic about the future, and plans to incorporate community sport into her life for as long as she is physically able.</i></p>	
<p>Characteristics:</p> <ul style="list-style-type: none"> ▪ Personality: Open to new things; Adaptable; Flexible; Embrace life; Confident; Prefer busy/full schedules; Take a positive approach to transitions/changes ▪ Circumstances: Younger; Moderate to high incomes; High social capital ▪ Motivation: High – make community sport a priority for health or social reasons ▪ Ability: High – tend to be fit, not suffering from major health issues. ▪ Prioritising/engaging with this segment: Medium priority because they are self-motivated to participate. Take a ‘Coach’ approach – challenging and motivating. 	
<p><i>I’ve become the Club Captain of the walking club. I belong to a hiking group ... Because we live near the Mount I regularly go out and walk around the Mount – an hour and five minutes from home. In February this year I did the Tongariro Crossing. (Female, higher participation)</i></p> <p><i>Exercise is very important to me – otherwise your body will seize up... If I couldn’t do bowls, I would use an arm extender, and if I couldn’t do that I would always be able to coach ... and eventually I suppose I will be doing those classes sitting in a chair! Always something! (Male, higher participation)</i></p>	

Battling Back



Vignette: 'Don'

Don is a 74 year old man living in Tauranga. He grew up in a rural area near Te Kuiti and spent a lot of his childhood being active outdoors. During his teenage years and early 20s Don participated in a range of team sports including tennis, high jump and indoor basketball, to representative level. He enjoyed the socialising and camaraderie, competition and physicality involved in these sports. Don's participation in community sport reduced substantially between 25-45 years, reflecting long working hours and raising a young family. However, he kept fit with gardening and the active aspects of his job (e.g. site visits), and active play with his children (e.g. bush walks, beach cricket).

Between 45 and 60 years Don decided to increase his participation in community sport, as a means of de-stressing from corporate life, and reflecting that he had more free time with children leaving home. He joined a golf club for around 5 years, and began doing regular bushwalks.

At the age of 60 Don was diagnosed with Bowel Cancer, which curtailed his ability to participate in community sport. To some extent this was a 'wake-up call' for Don – and he began taking steps towards a healthier, fitter lifestyle - doing walks, buying an exer-cycle, and re-joining the golf club.

Around the age of 65 Don retired from work, as did many of his friends. His peer group consisted of relatively wealthy Baby Boomers, and together they enjoyed frequent travel which often included a community sport aspect (e.g. Kakadu bushwalking, the Inca Trail, the Tongariro Crossing).

In his late 60s Don suffered from a range of health conditions including rheumatoid arthritis and small cancers. Despite these conditions Don never stopped trying to be active, taking a clear view that 'If you don't use it, you lose it'. When he was unable to play golf any longer, he took up petanque. When he could no longer manage steep bush walks, he walked at local parks with flat, well maintained pathways.

At 73 years Don was diagnosed with melanoma, which quickly progressed to Stage 4. The radiation and chemo-therapy make it very difficult for Don to continue being active, but he continues to take the view that he must continue with community sport. He has taken up kayaking, and continues regular walking.

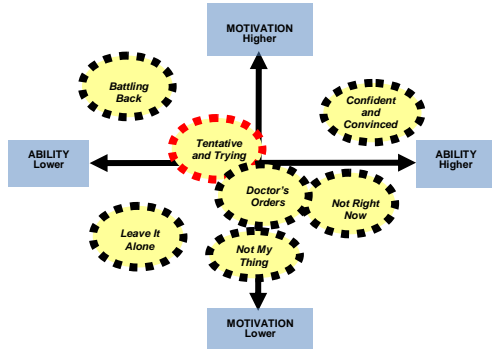
Characteristics:

- **Personality:** Resilient; Adaptable; Future-focused; Determined
- **Circumstances:** Older; Health issues; Good social support
- **Motivation:** High – community sport is an absolute priority, a means of getting back to 'normal', doing the things they love, ensuring they can 'be there' for spouse/partner/family
- **Ability:** Low – currently suffering from poor health / disability.
- **Prioritising/engaging with this segment:** Medium priority because they are self-motivated to participate, and will access specialist support. Take an 'Expert Counsel' approach, working together to create specialist plans.

I cracked my hip so unfortunately I haven't been able to go swimming, which I love. But I have been going to the hot pools and soaking ... Soon I'll be swimming. (Female, higher participation)

Well, it's just a priority – I know it helps for me to go for a walk and get the blood moving ... I'll get over this cancer and back to normal a lot faster if I do that. (Male, lower participation)

Tentative and Trying



Vignette: 'Masina'

Masina is a 77 year old Samoan woman living in Auckland. Masina grew up in Samoa and moved to New Zealand around the age of 50. She trained as a primary school teacher and worked as a teacher for 26 years. She shares her home with her sister, two adult children and five grandchildren. Her husband died about 10 years ago. She has a very busy life, taking care of grandchildren after school (including making their dinner and making sure they do their homework), sewing all the children's dresses, and doing voluntary teacher aide work at their local school.

As a child she enjoyed outdoor activities and games, including horse riding, canoeing, netball and kilikiti. As a working mother she had little time for community sport during her 20s, 30s and 40s, but she kept fit and active walking and being involved in village and church activities.

Her participation in community sport is low nowadays, but she tries to stay fit by walking around the block twice a week, and doing exercises in the garage from time to time (running on the spot, doing stretches).

Last year she took part in a programme run by her church which encourages congregation members of all ages to come together and take part in community sport activities. The group ran once a week during the day, and once a month on a Saturday morning. Activities were open to all ages/levels of fitness, and included indoor bowling competitions, swimming at the Otara Pool, walking groups and kilikiti games. She really enjoyed the programme but unfortunately it stopped due to lack of funding and leadership. The church still holds casual volleyball games and table tennis, but she is not sure when.

Masina would like to do more community sport to ensure she stays fit and can manage all her family responsibilities. However, she prefers doing group activities and is not sure if anything suitable is available locally. She is also concerned that activities would be too strenuous for someone her age.

Characteristics:

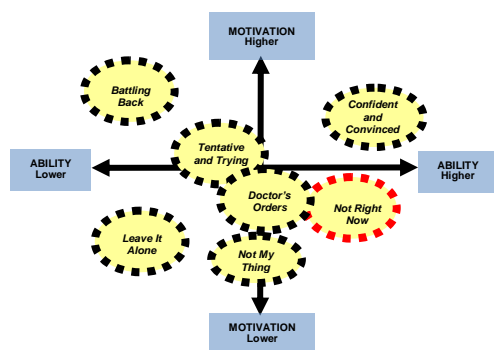
- **Personality:** Low confidence; Like direction/hand-holding
- **Circumstances:** Older; May have language barriers; Lower incomes; Transport barriers
- **Motivation:** Medium – Community sport has not been a 'strong point' but they are willing to try
- **Ability:** Medium – not very fit, but no significant health issues standing in their way.
- **Prioritising/engaging with this segment:** High priority because they are motivated to participate, but lack courage and confidence. Apply a 'Coach'/'Motivational Expert' approach – motivating, while providing emotional and practical support.

I've been going to a weekly class – I'm not very good but I do enjoy it. (Female, lower participation)

I went to look but I didn't know anyone so I just drove off again. (Female, lower participation)

Canoeing would be nice – I used to paddle a canoe back home – I'm not scared of the water, I can swim. But I need company. (Female, lower participation)

Not Right Now



Vignette: 'Gwenda'

Gwenda is a 68-year-old woman living in Wellington. She works 20 hours per week as a neonatal nurse. She was widowed in her late 50s, but 4 years ago began a new relationship. Her new partner is from the UK and does not wish to live in New Zealand at this point, so currently Gwenda spends around half the year in the UK to be with him. She has an adult daughter living in Australia who is about to have her first baby at the age of 41. Gwenda is planning to visit her for several months to help when the new baby arrives.

Gwenda didn't enjoy sports as a child, reporting that she was 'never any good' and preferred reading the arts, and ballet. She was 'too busy' to take part in community sports when she was in her 20s-40s, due to working part-time and family commitments. Both her children were 'sporty' (hockey and rugby), and Gwenda's weekends tended to revolve around their facilitating their participation at games and tournaments, rather than taking part herself.

In her mid-40s Gwenda and her husband 'discovered' ballroom dancing (via a friend), and it became their main pastime outside work. Gwenda loved the social aspects of ballroom dancing, the competition, and the 'glitz and glam' – costumes, make-up and the dramatic aspects of ballroom dancing. They made many friends and took part in many social events and expeditions with these friends.

Although Gwenda met her new partner through ballroom dancing, she rarely attends nowadays, saying that it has become less social and that there is less 'dressing up'. She knows she 'ought' to be more physically active, but says she simply doesn't have the time right now. She occasionally goes for walks and manages her own flower and vegetable gardens, but overall she is preoccupied with work, helping her daughter, overseas travel, and in the near future, helping look after her new grandchild.

Characteristics:

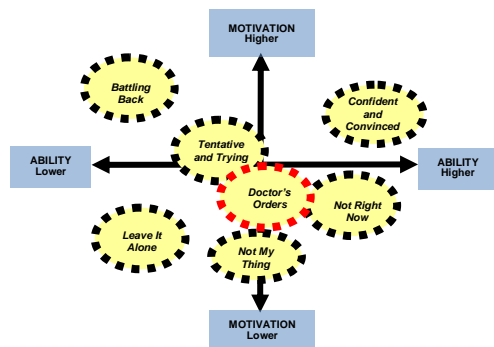
- **Personality:** Focus on the here and now; Relaxed; Reasonably confident; Independent; Supporting others may be a priority; Lack focus
- **Circumstances:** Younger, still working/volunteering, caregiving, multiple interests
- **Motivation:** Medium-low – community sport is not a top priority. They may have good intentions but when busy or stressed, it slips
- **Ability:** Medium – not very fit, but no significant health issues standing in their way.
- **Prioritising/engaging with this segment:** High priority because they have ability but lack motivation. Take an 'Expert motivator' approach – overcoming emotional barriers.

I'm focussed on, and it's not a problem at all, on making my husband happy because I don't know how much longer he's got, you know? ... And it doesn't worry me at all. That's what I want to do at this stage. I don't feel I'm missing out on anything. (Female, lower participation)

I have good intentions ... About six months ago I got the old Healing 10 speed out and dusted it off with intent that I'd better get back into it ... I should be able to sneak out for half an hour to an hour each afternoon. It hasn't happened yet – I haven't got around to it. (Male, lower participation)

I really don't have the time to do more, my schedule's actually pretty full. (Female, lower participation)

Doctor's Orders



Vignette: 'Graeme'

Graeme is 82 years old. He has a range of chronic health conditions including high blood pressure, arthritis, gout and rheumatoid arthritis. He has had several operations on his ankle, and currently relies on a 'turning knee scooter' to get around.

Graeme was reasonably active as a child and young adult. He grew up in a rural area and walked long distances by necessity, and helped out on his parents' farm. He became an industrial machine mechanic, and worked 60-70-hour weeks while raising his family.

During his working life, Graeme's main participation in community sport involved hunting and fishing weekends with his mates. He was a heavy drinker and smoker, and was obese from his 40s onwards. Despite his doctors' recommendations to be more active and eat less, Graeme continued a relatively unhealthy lifestyle until recently.

After his most recent ankle operation, Graeme's orthopaedic surgeon told him he would never walk again unless he lost weight, changed his diet, and became more physically active. Graeme was quite shocked by this blunt prognosis, and as a result he hired a 'recumbent exer-cycle' – a machine that allows him to move his legs with very little weight placed on his ankle.

Graeme is determined to lose some weight and get off the 'turning knee scooter'. However, his wife and family anticipate that this burst of activity may be short-lived, as Graeme has purchased similar machines in the past, but returned to old sedentary habits once the 'crisis' is over.

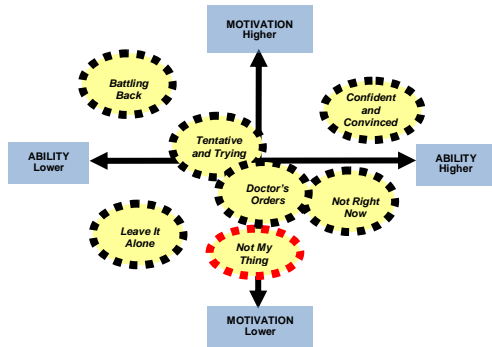
Characteristics:

- **Personality:** Mixed – all groups experience 'doctor's orders' at some point
- **Circumstances:** Mixed
- **Motivation:** Medium-low – Some follow doctor's orders under some duress ...others more enthusiastic.
- **Ability:** Mixed – An opportunity for significant improvements ... a 'transitional' segment.
- **Prioritising/engaging with this segment:** High priority because they are motivated to participate while under close observation by doctors/specialists. Take a 'Motivational Expert' and 'Expert Counsel' approach – working to transition them to long-term participation in community sport.

After I had the ankle replacement the doctor suggested I buy this exercise bike. Now I do it every now and again – I set it for 5km and off I go. (Male, lower participation)

What's motivating my increasing walking is trying to deal with my blood pressure... I don't want to go on pills... It's almost like a use it or lose it thing. (Female, lower participation)

Not My Thing



Vignette: 'Margie'

Margie is 71 years old and rents a small cottage in a rural property. She has a strong aversion to sports (both team and individual) that developed in her childhood, explaining that: "I was forced to play basketball but I was short-sighted and couldn't see the ball. I also couldn't see the sense in everyone chasing around after the same ball." However she enjoyed dancing, gymnastics, and learnt ballet until the age of 17 years.

After school she worked in retail, 6 days per week, for 22 years, and coupled with raising a family, found she was too busy to pursue any community sports. After her husband's business failed, they moved to the Bay of Plenty to start kiwi-fruit picking – 12 hours per day, 6 days per week.

She only retired from kiwi-fruit picking last year and is determined to spend her time only doing things she enjoys. She has a large and beautifully manicured garden which takes most of her time, and most of her mental and physical energy. She has always enjoyed walking and occasionally goes for long walks in the countryside or on the beach.

Margie has low participation levels in community sport according to current Sport NZ criteria, but she is physically fit. She simply has very little desire to take part in most community sport activities, and prefers to focus on her main hobby – gardening.

Characteristics:

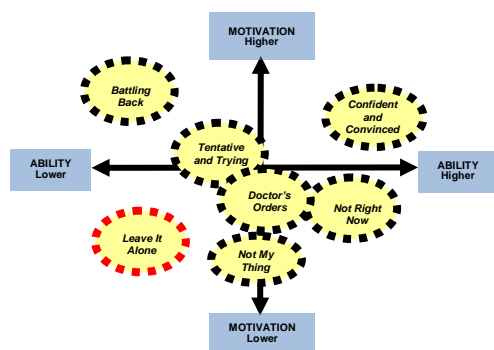
- **Personality:** Independent; Happy to be alone; Creative/artistic
- **Circumstances:** Mixed
- **Motivation:** Low – Have other interests which take up time – often including gardening and maintaining the household
- **Ability:** High - Tend to be quite fit, but no significant health issues standing in their way.
- **Prioritising/engaging with this segment:** High priority because they have reasonably high ability. Take a 'Motivational Expert' approach – challenging them to find community sport activities that they enjoy.

*I'm up in the trees pruning, it can take me all day ... I get pooped. I don't have time for other things.
(Female, lower participation)*

If I have any spare time I'll be reading, watching TV ... I paint as well. (Male, lower participation)

*Exercise is not my thing at all...Any organised thing like joining a club, I'm simply not interested in.
(Female, lower participation)*

Leave It Alone



Vignette: 'John'

John is 84 years old, and lives alone in a small flat in Tauranga. He has had a range of surgeries and some health problems to cope with over the past 10 years – three knee replacements, joint problems, and lung disease. Despite these issues, his health is currently stable, and he has reasonable mobility.

John was good at sport as a teenager – a good swimmer and a good rugby player. He played rugby after leaving school, and enjoyed the competition and being with mates. However, once he started a retail business – '7 days per week and 14 hours a day' – he had no time for organised sport. He had several dogs and used to walk them, and that was his main physical activity.

He had no children and separated from his wife around the age of 50. He moved to Tauranga after the separation, and continued working until his mid-late 60s. His social life centred on the RSA, but he stopped going around 10 years ago, feeling that the social aspects – including beer drinking – were waning.

John's main interest nowadays is his shares portfolio – he monitors it from home, and attends AGMs. He says he is 'completely alone' – all his old friends and family members his age have died. He occasionally visits the local hot pools to soak, and walks the short distance to his local shops. He has absolutely no interest in participating in community sports – he feels that part of his life is in the past. At his age, he feels he has earned the right to say 'leave it alone' to well-intentioned medical and community people who want to encourage him to be more active through community sport. He thinks he would look 'ridiculous' taking part in activities that target older people (e.g. Balanced, Upright, Safe programmes) and he openly mocks those who do participate, saying "What's the point? What are they trying to achieve at their age?"

Characteristics:

- **Personality:** Resistant to change; Depressed; Frustrated; Tired
- **Circumstances:** Isolated; Constrained
- **Motivation:** Low – Feel 'fed up' with participating in anything much
- **Ability:** Low – May be in pain, some health issues, generally unfit.
- **Prioritising/engaging with this segment:** Low priority because they reject support and have low ability. Take a 'Friendly Tipster' approach – nudging them towards greater participation, without being dictatorial.

This is the first year I haven't worked 12 hours a day, six days a week... I'll do what I please! (Female, lower participation)

I'm an eighty-year-old man, I'm not bloody starting gyms at this time of life. I'll be dead in another three years, so what are we going to do? (Male, lower participation)

The RSA have a walking group ... but they get stupid and they've all got their little jackets on and all that bloody rubbish. (Male, lower participation)

5.3 Key take-outs

Older people appear to fall into a range of segments based on their ability to participate in community sport, and the extent to which they are motivated to participate. These demonstrate that it should be possible to both prioritise effort and tailor communications to sub-groups within the older population.

It would be useful for Sport NZ to further investigate the existence of market segments, to understand the scope, size and relative importance of each segment.

6. Communicating with older people

The section presents a brief summary of findings in relation to communicating and engaging with older people about community sport. It covers:

- Information sources and influencers
- Response to community sport communications material and images
- Ideas from participants.

Please note: Findings in this section are high level, highlighting some broad themes and consistent feedback from research participants. The research did not involve any form of detailed communications testing.

6.1 Information sources and influencers

Older people draw on a wide range of information sources and influencers to guide their community sport participation. The most important of these are discussed below.

Friends: Older people's friends and peer groups are highly influential in encouraging each other towards, or away from, different activities. This reflects the huge importance of the socialising aspect of community sport for this age group.

It appears that higher participation older people are naturally drawn to each other – they have a positive attitude to community sport, shared interests, and common goals. Often there will be an unofficial 'leader' within a circle of friends who organises activities which have a community sport element, and/or is an early adopter of new activities, who then encourages friends to come along too.

Lower participation older people (including those who are still working) appear to have fewer friends who prioritise, and/or have the time for community sport. They may be more solitary individuals, who avoid group activities and committing to other people.

Spouses/partners: The impact of a spouse/partner on an older person's community sport participation is fairly mixed. Some couples 'play together' most of the time, enjoying the same types of community sports and encouraging each other to keep participating. As a couple, they have a natural buffer and confidence booster when trying new things – someone to talk to if they feel shy or awkward, which helps overcome low confidence.

Other couples may have completely different attitudes toward, and preferences for, community sport. It is quite possible for one person to be completely disinterested and undertaking little/no community sport, while the other maintains a busy, active schedule.

Other family members: Attitudes and supportiveness of family – particularly children but also siblings – are important to an older person's participation in community sport. Some older people report being frustrated by their children, who tell them to 'slow down' based on fears they will come to harm if they over-do it.

GPs and other health professionals: Many older people report being directed by their GP, surgeon, physiotherapist or other health professional towards, or away from, different types of community sport. For example, those who have had knee, ankle or hip replacements may be advised to shift to low impact sports. Those with heart and blood pressure issues may be encouraged to do more cardio activity. Overweight older people may be told to increase physical activity to help lose weight and reduce pressure on their joints. Some may be given a 'Green Prescription', with the added bonus of accessing activities at a reduced price level.

While this is all positive, in some cases, people simply ignore their doctor's advice, or their increased community sport participation due to 'doctor's orders' is very short lived. In most cases, the lack of long term change reflects that they simply *do not enjoy* the new activity.

Community sport leaders, coaches, facilitators: Just like every other age group, older people's experience of community sport is greatly enhanced by an effective and engaging leader, coach or facilitator. This is particularly true for newcomers to a sport who may feel nervous and unsure about what to expect.

Likewise, an instructor or leader who is not naturally a 'people person', who is not motivating, and/or empathetic, can put older people off participating.

Media and advertising: Media and advertising were not top-of-mind as an information source for older people, but with prompting some mentioned using these sources as a means to learn more about community sport offerings in their locality. A study more focussed on communications is required to properly understand the role of media and advertising in participant choices.

I would never have considered Zumba, but my friend has been going for years and so she persuaded me ... now I just love it! (Female, higher participation)

They told me I simply wouldn't be alive if I didn't keep up my fitness. So I started at the gym and now it's an essential part of my life. (Male, lower participation)

The doctor told me to go to the gym but it doesn't interest me ... I had a look in the door of a Pilates class, but I didn't go in. I thought they'd think: 'What's that silly old person coming here for? What's she hoping to achieve? (Female, lower participation)

The first few times I went to the fitness class, the instructor was fantastic – young, and quite peppy, quite funny... Last time there was someone different and she wasn't as good – a bit shy – and she was almost going too slowly (even though it's a class for older people)... I don't know if I'll keep going. (Female, higher participation)

[As a coach at the Bowling Club] I say to new people: 'Come right now and try it, it won't cost you anything, everything you need is there, and it doesn't matter if you've never done it before' ... I make sure I stay with them, don't let them stand around feeling awkward. (Male, higher participation)

6.2 Reactions to communications material

Participant's views on the best way of communicating were explored both through their own ideas – preparation of collages – and through their reactions to existing communications collateral.

Collateral included a range of community sport communications' materials and images, including photos, advertisements, pamphlets, one-page information sheets, website screen-shots, A4 size posters, and so on. Specific materials were not considered at length or in detail, but some overall themes emerged, which may be useful for those designing marketing and communications material targeted at older people.

In summary, older people show a preference for materials that:

- Present an emotion or feeling that comes from participating in community sport, visually rather than in writing
- Present key messages in large headline format rather than via detailed written descriptions
- Show people enjoying themselves
- Show people 'in situ' – i.e. outdoors, on the horse, at the gym
- Show 'real' older people, rather than glossy models from 'stock' advertising pictures
- Are uncluttered, with large fonts and clear visuals
- Are not overly medical or scientific in content
- Include an element of humour and/or surprise.

6.3 Collages

Research participants were asked to create collages which would encourage older people to take part in community sport. Some are included below, to further illustrate the powerful, multi-layered role of community sport in their lives, and the key personal drivers.



We have concentrated on freedom, peace and quietness. My sports in the past, hobby fishing and great exercise for hearts ... We're getting out of town and into the country where not only do you refresh your body but you refresh your mind... There's freedom ... exhilaration. (Male, lower participation)



We started with the notion that walking was perhaps a common thing between us to do, and we thought that the fellow looks like he's having a lot of fun and he might be walking... He's even getting ready to run by the look of it - what I've often said is that walking or cycling is something you do one foot at a time, one step, one step ... Low impact and you don't need no equipment. ... You can take a friend your family ... In any weather. (Male, lower participation)



Our idea was beach-combing. People seem to have fun on the beach. Associate the beach with exercise. You associate it with fun, with growing up, with lots of things, memories. The memories as you're looking out to sea. (Male, lower participation)

6.4 Key take-outs

The research highlights the importance of people, rather than media or advertising, as key influencers for older people's community sport participation. Peers are particularly important, especially in getting an older person to try something new. GPs, specialists and other health professionals are also influential advisers. Welcoming, approachable and motivating community sport leaders are vital in terms of sustaining participation.

Participants' top-of-mind reactions to communications collateral provide some pointers to those involved in designing these materials. Overall, feedback highlights the need to 'sell the outcome' rather than the process or the medical/scientific rationale – the 'joie de vivre' feeling that older people will experience, the opportunity to commune with nature, the fun to be had playing with family and friends.

7. Looking Forward: Recommendations

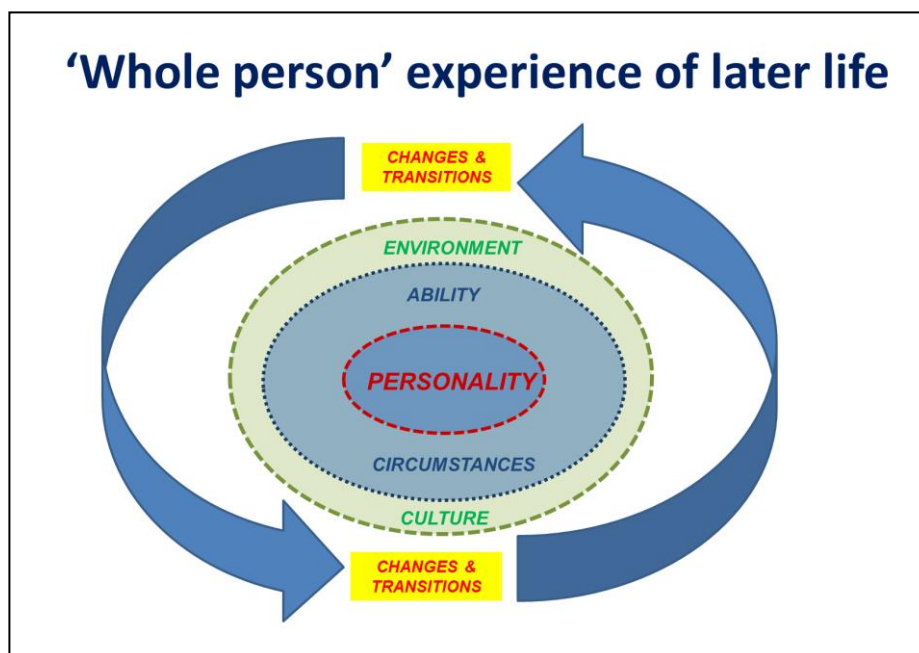
The *Community Sport Older People Plan* will be a cohesive strategic document which weaves together insights from the qualitative research and other key information streams (the Desk Review, the stocktake, and regional workshops).

This final section presents some broad recommendations based on the qualitative research alone, to increase older people's participation in, and their enjoyment of, community sport.

7.1 Take a whole person approach

To increase older people's participation in community sport we need to shift beyond physical ability models that do not take account of personal drivers and preferences, and complex individual circumstances. The research has highlighted that *attitudinal* triggers and barriers are equally, if not more, important than *practical* triggers and barriers.

A whole person approach is required, by which we seek to understand participants' personal drivers as well as their situation. Work to encourage older people to participate in community sport needs to recognise personal and emotional factors that might be at play. In some cases, older people will need assistance to overcome some of the negative aspects of aging *before* they are ready to embark on new community sport activities.



Strategies and tactics for reaching and engaging with older people need to reflect the diversity of the target audience – a one-size-fits-all approach is not viable. There is a need to:

- Recognise that older people's experience of later life is fluctuating and transitional, and create responsive and flexible services that reflect this. For example, making it easy to 'opt-in' and 'opt-out' over time without being penalised; helping people transition from one community sport to another; and so on.
- Avoid making assumptions about older people's lives, and what they are capable of achieving in terms of community sport
- Work hard to accommodate all abilities / circumstances, by addressing common obstacles to participation for older people (health and mobility issues, low incomes, lack of social networks, caregiving responsibilities, etc.).

- Create the right environment for participation – located nearby, easily accessible, friendly, inviting, safe, accommodating
- Create a positive culture around older people participating – normalising the ‘Never too old!’ mantra.

7.2 Leverage personal drivers

The research has highlighted the transformative effect of community sport in shifting older people towards a more positive experience of later life. Marketing and communication of community sport can capitalise on emotional and social drivers for participation, seeking to remind people of the ‘joie de vivre’ that community sport can bring to their lives, in addition to other benefits.

Any community sport can be made more appealing to greater numbers of older people, by taking account of the levers that motivate different personality types. The possibilities are endless, but ideas might include:

- Weaving the opportunity to ‘help others’ into community sport (e.g. collecting people and driving them to an exercise class; invite the walking group to a ‘clearing up the beach’ exercise, etc.)
- Creating plenty of opportunities for ‘connections’ (e.g. food and drinks afterwards, inter-generational competitions, get-togethers outside official class times, etc.)
- Adding the element of ‘contribution’ into community sport (e.g. catching a meal for the family, working in partnerships with ‘Men’s Sheds’, etc.)
- Catering more explicitly for those driven by ‘discovery’ (e.g. inviting relevant speakers to talk, taking groups to exciting new places to undertake the activity, etc.).

7.3 Prioritise potential segments, and tailor engagement tactics

A strategic, tailored approach could be applied to different segments of older people. Each segment has different motivators and barriers for participating, and those involved in marketing and designing community sport for older people will need to respond accordingly.

Preliminary analysis suggest the highest priority segments; those most likely to improve their engagement with community sport, are ‘Not Right Now’, ‘Tentative and Trying’, ‘Doctor’s Orders’ and ‘Not My Thing’. It also suggests these groups have similar enough preferred engagement styles that they could be addressed efficiently (there is enough overlap that similar materials and approaches could be used with each segment).

Bearing in mind that the Audience Segmentation requires further investigation and validation, the qualitative research suggests that segments could be prioritised for marketing/engagement as follows:

Higher priority groups:

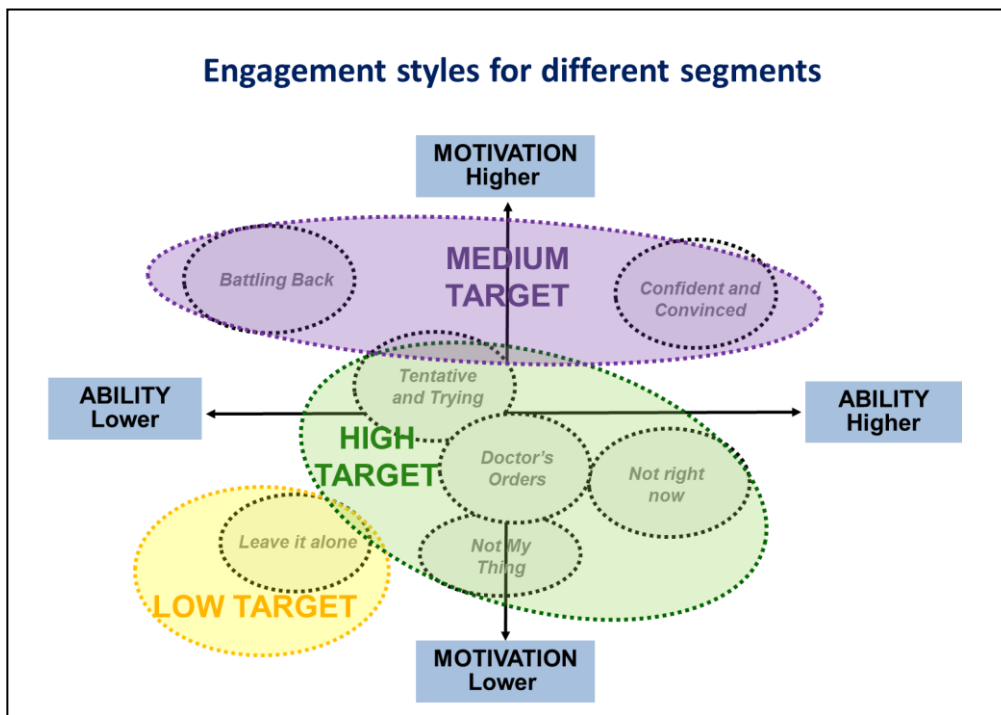
- *Not Right Now* – Letting perceived ‘barriers’ stop them from participating, could potentially benefit most from increased participation
- *Tentative and Trying* – Open to trying but lack confidence, need reassurance
- *Doctor’s Orders* – A window of opportunity to turn a short-term fix into a long term habit
- *Not My Thing* – There’s something for everyone; Avoid labelling it ‘exercise’ or ‘sport’.

Medium priority groups:

- *Confident and Convinced* – Can take care of themselves, but open to increasing participation and/or trying something new
- *Battling Back* – Will do what’s needed to get on track; may need sign-posting and support.

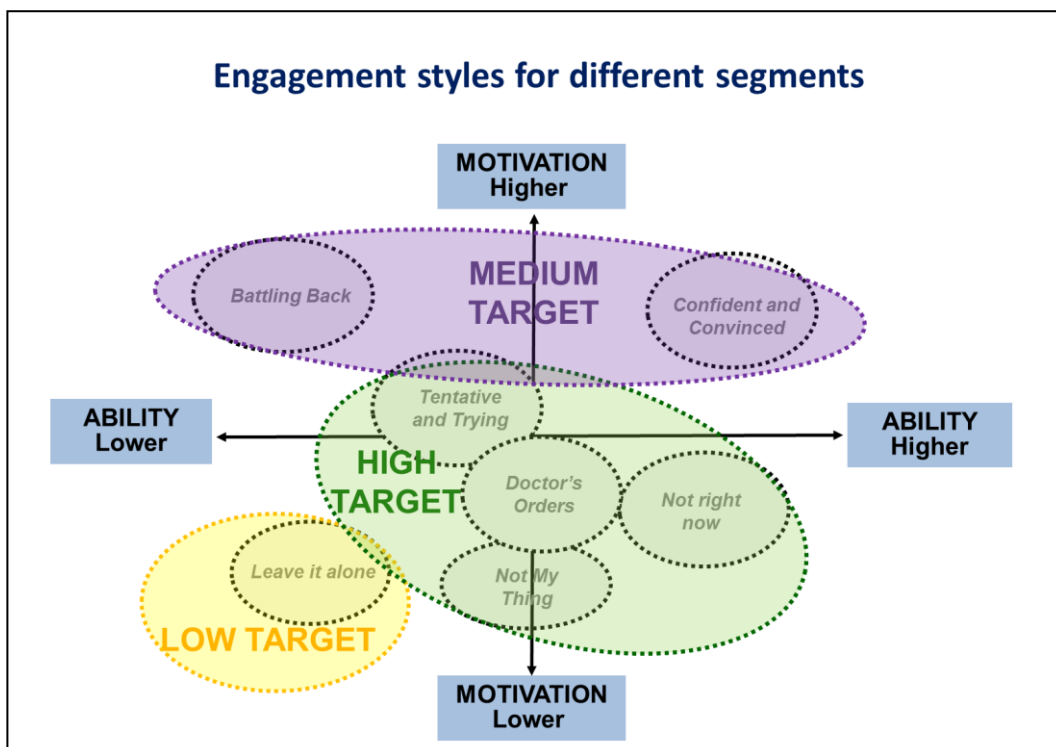
Lower priority groups:

- *Leave It Alone* – Too hard to reach.



The qualitative research suggests that different segments will respond to different engagement styles⁵:

- **Coach:** Challenging and training those who are keen to participate, with fairly high ability
- **Expert counsel:** Providing tailored advice for those who are keen to participate, but have specialist needs and potentially low confidence
- **Motivational expert:** For those who need help to overcome emotional barriers to participating
- **Friendly tipster:** For those who are resistant to being told what to do, but may take on board tips and tactics to increase participation.



⁵ The diagram is only intended as a *broad guideline* for those working to increase older people's participation in community sport. The research was exploratory in nature – specific marketing tactics, messages and engagement methods for different segments were not tested or investigated in detail

7.4 Finally, think outside the square!

It is easy to slip into stereotypical notions of what older people *can, could and should* be doing, in relation to community sport. It is also easy to make assumptions about the types of community sports older people *want* to do.

The research has highlighted the need to rigorously challenge these stereotypes and assumptions.

Some final comments from older New Zealanders are included below, as a reminder ☺

"I'd love to go roller blading. I used to do roller skating." (Female, lower participation)

"I'd love to try some gliding ... I've seen films of people gliding, listened to commentaries on flights and just the freedom to go out and use the natural currents. Mainly I've watched the seagulls – you can watch them just playing in the wind. They're not going off fishing somewhere. They're not going off feeding their chicks or anything. They're just enjoying the wind and just gliding around. I think that's a marvellous idea, why can't I do that?" (Male, lower participation)

"I'd like to do horse riding. Even now I still want to go on a horse. Back in Samoa we used to ride into the plantation." (Female, lower participation)

"I'd like to get going again with community bowls, fishing and continuing with my walking. Also I have just got a bike so I hope to be doing some biking around the place to keep fit." (Male, lower participation)

"I'd like to continue my gym work – rowing and cycling." (Male, higher participation)

"Tai chi is something I'm thinking about. It's low impact. It's breathing, yoga. I've watched them doing it, being in South East Asia and you see it on TV. So it's a good form of exercise. (1) you go outside and do it and, (2) you do it with a group. So it's a group participation and you're breathing, you know, you're doing something. And basically you don't need much equipment ... there's no outlay." (Male, lower participation)

"I've got parachuting on my bucket list." (Male, lower participation)

"I've always wanted to play squash." (Female, lower participation)

Appendices

Appendix One: Key areas of exploration

The following areas were explored in the qualitative research:

Role / Landscape of community sport

- **Overall role/importance of community sport:** Overall, where does community sport 'fit' in older people's lives? Are associations mainly positive or negative, and why? How important is community sport perceived to be, and why? How do older people judge success in terms of community sport participation?
- **Perceptions of the community sport 'landscape' and current terminology:** How do older people define and classify different types of community sport? What is understood by different terms (e.g. 'sport', 'activity', 'recreation', 'physical activity', 'active recreation', etc.)? What associations exist around different terms/categories?
- **Perceptions of different types of community sports:** What types of community sports are viewed positively, and why? Which are perceived negatively, and why? How does this change over time? What influences these perceptions? What factors underpin successful intervention/programme delivery?

Triggers, barriers, and transition points

- **Motivations to participation:** What do older people see as the main benefits of community sport? What practical benefits are derived from taking part? What are older people's underlying emotional drivers? What is the relative importance of these benefits ... to who, at what times, and why?
- **Barriers to participation:** What stands in the way of older people taking part in community sport? What are the practical/physical barriers? What are the attitudinal barriers? What is the relative importance of these barriers ... to who, at what times, and why?
- **Changes over time / transition points:** What is the impact of typically occurring transition points for older people – e.g. changes in health status/ physical ability; loss of a partner/spouse; social isolation; etc.? How can these be overcome? Have beliefs about what older people can/should be doing in relation to community sport shifted over time? How? Why? What does the future look like?

Communicating and engaging with older people

- **Information sources and influencers:** How do older people find out about participating in community sport? What information sources do they use? Which are most trusted / relevant / influential?
- **Communicating with older people:** What is the best way to communicate with, and reach out to, older populations in relation to community sport? What messages are most motivating, and why? What messages are turn-offs? Who are the most influential messengers?

Looking to the future

- **Ideas for the future:** What would encourage more older New Zealanders to participate in community sport? What can communities do, to build on current successes and core motivating factors? What is working well, and should be replicated? What needs to be done to address barriers? What needs to change? What new tactics / opportunities could be pursued?

Key differences that exist within the older population, in relation to all of the above. Are there differences in attitudes/experiences/behaviours across different demographic sub-groups (e.g. by gender, ethnicity, socio-economic group, geographic location, etc.)? What other differences are evident (e.g. attitudinal segments, health status/ability, etc.)

Appendix Two: Additional details about methodology

Fieldwork was conducted by Barbara Young (Director of Connect, a senior qualitative researcher with 20 years' experience). Sonia Lynds (Sport BOP) observed a Bay of Plenty mini-group and accompanied Barbara to an in-depth interview. Janette Brocklesby (Sport NZ) observed the Wellington mini-groups.

A semi-structured discussion guide was used to guide interviews and mini-groups

Mini-groups lasted 2 hours and included 4-5 participants. One mini-group was undertaken at Sport BOP premises, one at a meeting room at Kiwi 360 (Te Puke), and two in the Newtown Community Centre in Wellington.

Interviews lasted around 1 hour, and were conducted in participants' homes.

Participants received a koha of \$40 in recognition of their time and contribution

Participants were recruited by a professional recruitment company, Consumer Link.

Appendix Three: Sample breakdown

The sample included 33 older New Zealanders. The table below provides a breakdown of key demographic information, community sport behaviour and preferences.

Sample criteria	Number of participants
Participation level*	
'Lower'	19
'Higher'	14
Age	
65-74 years	22
75+ years	11
Gender	
Male	16
Female	17
Ethnicity	
NZ European / Pakeha	22
Māori	4
Pacific	4
Asian	1
Indian	1
European	1
Annual household income	
High (\$50,000+)	3
Medium (\$35,000-\$50,000)	8
Low (under \$35,000)	22
Living situation	
Single	11
Couple	18
Living with extended family	4
Family support locally	
Yes	20
No	13
Changes in past year	
Started a new community sport	4
Increased participation level	7
Neither	22
Hopes for the future	
Interested in trying a new community sport	16
Interested in increasing current participation level	12
Neither	7
Location	
Auckland	6
Tauranga	9
Rural/small-town Bay of Plenty	10
Wellington	8

*Participants were categorised as having 'higher' or 'lower' community sport participation levels on the basis of their responses to two recruitment questions:

- Frequency of community sport participation, using Sport NZ's *Active NZ* survey list of community sports. 'Higher' level participation was 1-2 days/week or more often; 'lower' participation was less often. Those who 'never' participate in community sport due to health reasons were excluded.
- Self-perceived physical activity levels, using a rating scale from 'Very physically active' to 'Very frail'. Those who described themselves as 'very physically active' or 'reasonably physically active' were included in the 'higher' participation group; those who described themselves as 'not very physically active, but not frail' were included in the 'lower' participation group. (Those who described themselves as 'frail' or 'very frail' were excluded.