WALKING PILOT PROGRAMME FOR INACTIVE OLDER PEOPLE

Research report for Age UK

Final Report: 28 June 2024

CONTENTS

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1 EXECUTIVE SUMMARY

1.1 Introduction

Age UK funded a nine-month-long Walking Pilot Programme in 2023 to understand how effective walking groups are in increasing the activity levels of inactive older people. Five local Age UKs (LAUKs) secured funding to run groups with inactive older people (defined as doing 30 minutes or fewer of physical activity per week). In total, 15 walking groups were implemented across the five LAUKs.

The aims of the evaluation were to answer three research questions, which focused on:

- Reaching and supporting inactive older people to be more active through the walking groups

- Supporting older people to continue to participate regularly in the walking groups

- The targeting of the groups at inactive older people to increase their physical activity levels.

This report draws on the following qualitative evidence:

- Five telephone interviews with the leads in each LAUK at the start of the programme

- Three research visits to each LAUK, interviews for observations and in-depth interviews

- Telephone interviews with six people who decided not to join, or left, a walking group.

Where relevant, we have also made reference in the report to an analysis of monitoring data, related to screening and attendance, that was collected by the LAUKs.

1.2 Reaching and supporting inactive older people

1.2.1 Understanding the brief and aims of the walking programme

All participating LAUKs were, to some extent, able to reach and recruit older people who were doing less physical activity than is recommended, however, there was no common understanding about what constitutes 'physically inactive' across the LAUKs. This had a considerable impact on the pilots, including the profile of people recruited and how they were supported.

The guidance for the LAUKs defined inactivity as less than '30 minutes of physical activity', but did not state whether this was light, moderate or vigorous activity. Without a clear definition or precise guidance about how to categorise or measure physical activity some LAUKs prioritised other factors, such as risk of loneliness, before or instead of the inactivity criterion.

1.2.2 Recruitment

The walk leaders used a variety of approaches to target inactive older people for the walking groups:

- **Formal referral processes,** including working with GPs and social prescribers, were attempted by some of the LAUKs but, on the whole, underutilised. Some LAUKs lacked relevant experience or were confused about whether they should establish referral routes or use GP practices for distributing marketing and promotion. GP surgeries were also already involved in similar projects or unable to devote time due to the busy winter period.

- **Marketing and promotion:** LAUKs used a variety of approaches to raise awareness of and generate interest in the walks, including emails, posters and social media.

- **Existing groups and personal networks:** one walk leader used their own network to invite suitable participants and recruited the highest proportion of inactive older people. However, the approach was resource intensive and heavily reliant on the personality of the walk leader.

- **Naturally occurring opportunities**: some individuals were recruited after discovering the walking group by chance or hearing about them from participants. This resonates with Making Every Contact Count, where organisations are encouraged to take advantage of interactions between individuals and organisations and services that take place on a day-to-day basis.

1.2.3 Screening

The intended user journey, including a welcome session and screening in advance of the walking sessions, was only followed in one LAUK, largely because recruitment took place over several weeks. Where screening took place in advance, the walk leader was able to check individuals' eligibility for the group and their ability to manage the walk. Where screening was less systematically carried out, walk leaders were reluctant to turn away willing participants who might benefit from the walks, even those who were doing more than 30 minutes of activity a week. This was particularly the case where the location and time of the walk had been included in promotional material.

Additional issues arose due to inaccuracies in people's self-reporting of levels of physical activity, inconsistency between the formal nature of the group-joining process and people's expectations, and participants' concerns about reporting sensitive information about themselves.

1.2.4 Participants' motivation and barriers to participation

People's motivation for joining the walking groups fell into three broad areas:

- **Maintaining fitness and health, or rehabilitation,** rather than increasing physically activity

- **Tackling loneliness:** to meet and spend time with other people to boost mental health

- **Giving purpose and structure:** giving a reason to leave the house, structure to the week and something to look forward to.

A number of barriers inhibited participation in the walking groups:

- **Poor health and limited mobility** – not wanting to hold others up or tire themselves out

- **Difficulties getting to and from the walks**, for example, if there was limited public transport

- **Lack of confidence:** either linked to the previous two points or not doing much walking

- **Personal preferences:** some did not want a walking or organised group activity.

1.2.5 Learnings

For Age UK

- The guidance about the measurement of physical activity was not specific enough for the LAUKs to be able to identify the intended audience for the walking groups, in particular:

  o what types of activity and what level of intensity should be included in the assessment and how it should be calculated

  o what the groups are intended to address and as a result, whether inclusion criteria are fixed or flexible, which take precedence and how screening should be implemented.

- An extended set-up phase should be allowed for to:

  o recruit participants and the volunteers to support them

  o put in place the right accessibility arrangements for inactive older people, for example providing transport to the walks and ensuring that the walks are manageable for those with limited mobility

  o allow for rolling recruitment and staggered start times for participants

  o encourage walk leaders to persevere with recruitment and build formal referral routes.

- Support, guidance, and training are needed for walk leaders: to help them target suitable inactive older people and set up referral pathways with GPs and social prescribers.

For walk leaders

- **Promotional materials** should direct those interested to the walk leader, rather than providing details of the walk location and timing. This provides opportunities to:

  o Assess eligibility and suitability and direct those who are not eligible to other activities

  o Collect personal data more easily, discreetly and accurately, and explain why it's needed

  o Learn what is likely to motivate them, and identify any practical barriers to taking part.

- **Recruitment** should involve a combination of different methods, including:

  o marketing in suitable locations, such as GP practices, places of worship and shops

  o working with and briefing referral partners, such as GPs and social prescribers

  o making use of personal networks, other services and unplanned opportunities.

- Consider the COM-B behaviour change model for targeting inactive older people:

  o Capabilities: Walk leaders could stress support that will be in place, that participants can go at their own pace and as far as they can manage, or encourage participants to do strength and balance exercises and to use walking aids to manage the walk better.

  o Opportunity: Identify potential practical barriers, such as transport and the scheduling of the walks, ensure that the participants can easily get to the walks and that contingency plans are put in place for when there is bad weather.

  o Motivation: Inactive older people will be best motivated to join if they see the walks as a chance to be active, maintain physical fitness and remain independent; as a social event, an opportunity for greater variety in the week and to spend time outdoors.

1.3 Supporting people to continue to participate

On the whole the groups were successful in sustaining the participation of inactive older people in the walking groups. Overall half of the participants who registered (121 of 241 registrants) attended a walking group regularly, which we have defined as taking part in six sessions or more.

1.3.1 Walk leaders and volunteers

The walk leaders and volunteers played a critical role in encouraging continued participation; they welcomed participants, introduced new members and made sure that everyone was included during the walks. Leaders were good listeners, warm, enthusiastic, took an interest in group members and encouraged members to make connections with one another, building in social opportunities such as coffee after a walk. The friendly approach helped group members to feel valued and supported.

Volunteers helped to support people who had concerns about being able to walk and enabled smaller groups, to help cater for different abilities of the walkers. Participants were more likely to maintain participation, knowing they could cope with the pace and distance. Overall, this meant that there was opportunity for progression when people felt ready, and gave a sense of reassurance to participants that any problems could be resolved.

1.3.2 Participants' motivations for regular participation

- **Regular social contact** built strong bonds with other walkers. Participants felt valued, would attend out of a sense of commitment to others, and looked forward to seeing them.

- **Enjoyment of natural surroundings**: Enjoying the outdoors in the company of others boosted enjoyment, relieved anxiety, distracted from aches and pains, enabled walkers to share something pleasurable and unlocked happy memories.

- **Perceived improvements in people's health and mobility**: some participants felt that they had improved their stamina and mobility by persevering with regular walking.

1.3.3 Barriers to regular participation

- **Accessibility**: including difficulties with transport to and from the walks, and finding the walks difficult.

- **Timing:** Individuals will have different preferences and needs. Offering variety across the different walks could help make the walks possible for more people.

- **Weather:** heavy rain, extreme hot or cold, and icy surfaces could all affect attendance and are potentially a risk for older or more frail walkers.

1.3.4 Learnings

For Age UK

- Walk leaders need to spend time each week planning and reviewing the walks, checking in with participants and volunteers, and, in some cases, arranging transport to the start of the walk. This is on top of continuing to promote the groups and working with referral partners, so recruitment, training, and funding of the walk leaders is important.

- Volunteers need to be carefully managed so they are not overloaded and put off helping. Options for peer-to-peer training should be considered alongside reduced mandatory training.

For walk leaders

- Tailor walks to tap into the interests and preferences of the participants, and help walkers notice any improvements in their physical progress. Include variety and appropriate levels of challenge to sustain interest and motivate participants. Walks need to be carefully planned, based on a careful risk assessment and reviewed regularly.

- Ensure walks are accessible, with good pathways, few steep slopes, and options for longer or shorter walks. Places to rest, use the toilet or buy refreshments can also encourage regular participation.

- Encourage a social dynamic of the group by meeting somewhere, like a café or community centre, to provide an opportunity for participants to socialise before or after the walk. It can also provide an option if the weather is bad.

- If possible, have enough volunteers to support small groups of two to three older people, which helps to cater for different capabilities and interests.

- Maintain a continuous dialogue with participants about arrangements for attending the walks, through weekly phone calls and conversations during the walks. Participants' support needs and their confidence in their ability to manage the walk, will change with the seasons and after health setbacks.

1.4 Walking as an intervention for specific groups

1.4.1 Profile of the walking groups

All five LAUKs aimed to include people with long-term health conditions and those at risk of loneliness, and all but one planned to target over 75s. Only one chose to target lower socio-economic status and none used ethnicity as a target group.

Age UK's monitoring data shows that:

- 221 people, of whom 72% were female, attended at least one walking group session

- the mean age of registrants was more than 70 years in all LAUKs (and over 80 years in one)

- over half (59%) of registrants reported at least one long-term health condition

- nearly three-quarters of registrants said they did more than 30 minutes of physical activity per week.

1.4.2 Two models of walking group

Two models of walking group were evident during the pilot

- Model 1, target participants only: This was the original design of the walking groups, explicitly targeting inactive older people

- Model 2, mixed, target participants and others: This model emerged during the pilot where:

  o inclusivity was prioritised over the set criteria, so although profile questions were asked, prospective participants were often not turned away based on their answers

      ○   an early intervention approach was taken and group leaders welcomed people who they felt would benefit to help them avoid sliding into greater levels of inactivity.

Both models were able to reach and support participation of the target groups and each had advantages and disadvantages.

- For Model 1, resourcing and support can be directed at a specific need; screening and monitoring levels of physical activity are easier to administer. However, recruitment is slower, potentially leading to low numbers and fluctuation in attendance; and the focus is on what people cannot do, rather than what they can do and the potential benefits.

- Model 2 groups are easier to set up and become established, reach a wider audience and provide benefits to people who Age UK would want to support. However, they risk directing support to people who do not need it, require more complex resourcing and monitoring, and place greater demand on walk leaders.

1.4.3 Learnings

The points below are for Age UK to consider.

- If a programme aims to target specific subgroups, it is important to be clear about how the criteria are defined and provide guidance on how data should be collected accurately and consistently.

- While there can be good reasons to target specific groups, it is also possible for others to benefit if the criteria are broadened and applied flexibly. There are also people who could benefit from a programme that helps them maintain current levels of movement to avoid moving into the inactive group.

- Aiming for mixed target audience can bring in more core participants *and* their carers, both of whom can experience the benefits of gentle exercise and socialising with other people. The inclusion of carers may help to support the sustainability of the group if they can free up volunteers to assist with other group members.

1.5 Conclusions

This research shows that it is possible to support inactive older people to join and regularly participate in walking groups. Older people were motivated to join and continue to take part in the walks due to the engaging and hard-working walk leaders and volunteers, and the desire to maintain health or slow down physical decline, socialise with others and have something to look forward to each week.

The research also identified considerable barriers to participation, many of which were addressed by the LAUKs through proactive recruitment, careful planning of the walks, offering transport to

participants to help them attend a walking group, and being flexible and responsive to the range of participants' needs, including some with complex and multiple needs. However, this was challenging and intensive and not easy to scale up. The support of volunteers was important and cannot be taken for granted. Care should be taken to manage the volunteers and ensure they have the support that they need to carry out their role.

In the report we detail several factors that led to many participants appearing not to be 'inactive'; including how the term was defined, the associated guidance, and the challenges involved in recruitment and screening. Walk leaders were also keen to be inclusive and from this emerged a less targeted approach to recruitment that in some instances saw a greater emphasis on the secondary target audiences – such as people with long-term health conditions and those at risk of loneliness.

This less targeted approach has its strengths and challenges. If a mix of activity levels is a priority then resource would still need to be allocated to reaching inactive people and care would need to be taken that their needs were being considered in the management of the walks.

2   INTRODUCTION

2.1 Background

People become less active with age (62% of those aged 55-74 years are classed as active, which is defined as doing at least 150 minutes of moderate intensity physical activity per week, compared with 43% of those aged 75 and above)[1] but many older people face significant barriers to being physically active, such as illness, disability, living with frailty, and loss of confidence. However, there are benefits to be had in older age from being active. These include reduced risk of some diseases, reduced risk of falls (through improved strength and balance), reduced risk of loneliness and better mental health.

As part of its work to support older people to do more physical activity, Age UK funded a nine-month-long Walking Pilot Programme (from March to December 2023) to understand how effective walking groups are at increasing the activity levels of inactive older people.

2.2 The Walking Pilot Programme

In October 2022, local Age UKs (LAUKs) in England were invited to apply for one of five grants to run walking groups in their area. The successful applicants were notified at the start of 2023 and the first programmes began in March. Between them, the five LAUKs ran 15 walking groups as shown below:

- Age UK **Gloucestershire**: ran two groups between March and December 2023

- Age UK **Lincoln and South Lincolnshire:** four groups between March 2023 and January 2024

- Age UK **Nottingham and Nottinghamshire** four groups between March and December 2023

- Age UK **North Yorkshire Coast and Moors:** three groups between April and December 2023

- Age UK **Sheffield**: two groups between March and December 2023.

The intention was that each group would comprise 8–12 older people and meet once a week. The walking groups were 'aimed at inactive older people doing less than 30 minutes of physical activity

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[1] Sport England, Active Lives Adult Survey 2022-23, published April 2024 https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2024-04/Active%20Lives%20Adult%20Survey%20November%202022-23%20Report.pdf?VersionId=veYJTP_2n55UdOmX3PAXH7dJr1GA24vs

per week'[2]. In addition, the LAUKs were asked to target one or more of the following groups: older people at risk of loneliness; with long-term health conditions; from lower socio-economic groups; from ethnic minority groups or aged over 75 years. Each LAUK was also asked to consider how walking activities could be sustained beyond the Walking Pilot Programme's grant period.

The recruitment and screening process for the walking groups is shown in Appendix 1 and was intended to work as follows:

- Older people were to be recruited via marketing (e.g. LAUK webpage/ social channels, leaflets, posters and outreach activities) and referral partners (e.g. GP surgeries, local authorities).

- A welcome session (held wherever most appropriate for the older person, e.g. online, over the phone or in person) was to be held where potential participants could meet with the walking group lead and volunteers, and where essential information could be shared.

- Interested individuals should complete a screening and registration process, including:

  o As assessment of their suitability for starting physical activity using (i) a two-part question from the 2021 Census which asks about long-term physical and mental health conditions[3] and (ii) the Physical Activity Readiness Questionnaire (PAR Q, see Appendix 2) which identifies any potential risks of starting physical activity.

  o Screening to identify inactive individuals was done by asking the following question, 'Thinking about the last few weeks, how many minutes of physical activity would you say you do in a usual week?' This information was also used as a baseline measure.

- Anyone who attended a welcome session and decided they were not interested in joining a group should be asked the reasons for this and tailored support offered if it was felt it would help them attend a group; those not interested in tailored support should be signposted to suitable alternative services.

2.3 Research aims

Age UK commissioned Chrysalis Research to answer the following questions:

- How effective, or not, were the Age UK pilot walking groups in reaching and supporting inactive older people to be more active (taking into consideration older people's motivations

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[2] Age UK Walking Programme Grant Guidance, October 2022
[3] https://www.ons.gov.uk/census/census2021dictionary/variablesbytopic/
healthdisabilityandunpaidcarevariablescensus2021/disability

and barriers but also the role of external factors such as how the groups are advertised and set up, as well as the location of walks)?

- How effective, or not, were the Age UK pilot walking groups in supporting older people to continue to participate on a regular basis? And what prevented those not participating regularly from doing so?

- Were the Age UK pilot walking groups an effective intervention for specific groups of inactive older people to increase their physical activity levels, or not?

This research was designed as a qualitative evaluation and did not include a quantitative element that objectively measured baseline and post-intervention levels of activity. As such, it was not able to fully answer the third question about effectiveness. The aims of the research also changed during the pilot period to focus on:

- the ways in which group leaders understood the requirement and set the groups up

- what group leaders did to support and encourage participants to join and continue

- people's motivations for joining and continuing to take part and the barriers they faced

- the extent to which the walking groups reached older people from the target groups and encouraged them to begin and sustain their participation.

The research questions were amended during the pilot period and we discuss at the beginning of each section how each question was addressed.

2.4 Evidence for this report

2.4.1 Primary research

This report focuses on qualitative data collected and analysed by Chrysalis Research through observations and interviews across the five LAUKs.

- Telephone interviews with each of the five pilot programme leads: these took place at the start of the pilot programme so we could discuss their approach to the walking groups in their areas. We also conducted interviews with the walk leaders and volunteers during each research visit to collect their ongoing reflections on the programme and participants.

- **Three visits by a researcher to each LAUK:** We carried out 15 research visits in total, visiting nine of the 14 walking groups at least once. The first visit took place in April/ May 2023, the second visit in July/ August 2023 and the third visit at the end of November 2023. During the visits we spoke to at least half of the participants at each session. Most of these were short

informal discussions with individuals held before, during or after the walks. We also held four small discussion groups with participants.

Where possible we interviewed the same people during all three visits, however, in some cases, people did not attend on the day of the visit or joined later in the pilot period. In total, we spoke with approximately **76 participants** across the five LAUKs.

- In addition, we conducted phone interviews with three people who had decided not to join a walking group and three people who had tried a walking group but decided not to continue participating.

2.4.2 Secondary research: monitoring data

Monitoring data, related to screening and registration plus attendance, were collected by the LAUKs for everyone who registered for a walk. Some of these data have been used in this report where appropriate.

3 REACHING AND SUPPORTING INACTIVE OLDER PEOPLE TO BE MORE ACTIVE

This section sets out the findings related to research question 1: How effective, or not, were the Age UK pilot walking groups in reaching and supporting inactive older people to be more active?

The factors affecting the reach and take-up of the groups among inactive older people which emerged through this research fell into two broad categories.

- The first related to the ways in which group leaders understood the requirement, approached their group activity set-up, including participant recruitment and screening, and whether they provided additional support to help people access the walks.

- The second centred on the participants, including older people's motivations for taking part, and the barriers that might prevent involvement.

In this section, we explore these factors and their interaction.

3.1 Participating LAUKs' understanding of the brief

The available evidence gathered and analysed for this project suggests that all participating LAUKs were able to reach and recruit older people who were doing less physical activity than is recommended[4] and to achieve additional positive outcomes for the people that participated in their walking groups. The LAUKs also helped to maintain levels of physical activity amongst those who are currently active. We have also been able to draw lessons from the LAUKs efforts, the challenges they experienced and successes that they were able to achieve.

It is harder to definitively conclude whether the Age UK pilot walking groups were 'effective' in reaching and supporting inactive older people to be more active. This is because there was no common understanding across the five LAUKs of what constitutes 'physical activity'. Consequently, there was no common understanding about what constitutes 'physically inactive', which had

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[4] https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf

implications for recruitment of the target group, and also meant that levels of physical activity reported and recorded at baseline, and during and after the programme, were inconsistent.

The interviews and observations revealed a noticeable variation in how LAUKs understood what the programme was trying to do, and a lack of clarity about what exactly should be considered when trying to determine 'physically inactive'. These two factors had a considerable impact on the pilots, including the profile of people recruited and how they were supported.

3.1.1 Understanding the aims of the walking programme

Analysis of the group leader interview data indicates that while some of the LAUKs saw it as their goal to reach particular groups of older people, describing it as 'targeting hard-to-reach', others viewed it more broadly in terms of setting up an entry-level walking group or otherwise enabling those not involved in walking to take it up and experience its benefits.

> *[The first walking] group is very much about people that wouldn't normally walk. Not because they're not able, but because for someone like me, I would rather cycle than walk because I find walking boring. So, the idea [behind that group] was to bring out those people that wouldn't normally go for a walk. It's very much aimed at people that are beginners, aren't used to walking, so that's the idea. [The other group is] much more about that social walking. They'll have an hour walk and an hour social. So, it's really to offer people two options – for those that wouldn't really walk, and those that want to have that social and that chat.*
>
> **LAUK Project Lead**

The latter group tended to focus on the additional aspects of the programme guidance, for example it being aimed at the people at risk of loneliness, prioritising them above or instead of the physical inactivity criterion.

3.1.2 Defining physical activity

There was also a considerable degree of variation across the programme in the definition of physical activity – and conversely inactivity – and how it should be gauged. This was in part due to ambiguity in the initial programme set-up documents, such as the Grant Guidance document. Furthermore, the question participants were asked on recruitment – which was 'Think about the last few weeks, how many minutes of physical activity would you say you do in a usual week?' It is not clear whether this means light, moderate or vigorous physical activity and examples of the types of activity that would fit these definitions were not given.

LAUKs were given the guidelines from the Chief Medical Officer (CMO)[5], which states that those doing the lowest levels of activity are those doing 30 minutes of exercise per week. However, it also suggests that older adults (65+) should aim for '150 minutes of moderate-intensity aerobic activity' per week, including 'bouts of 30 minutes exercise per day'. As a result, what constituted 'inactivity' could be interpreted as less than 30 minutes per week, or per day, or less than 150 minutes per week. In practice, LAUKs used their own interpretations of what constitutes an 'inactive' older adult.

Without a clear definition or precise guidance about how to categorise or measure physical activity, LAUKs encountered many questions when trying to carry out screening activities at baseline. For example, whether day-to-day activities such as housework or gardening should count or how to record activity that does not take place every week (e.g. a walk every 3 weeks). Another prospective participant said her phone recorded up to 6,000 steps a week but had no idea how to convert this to minutes per week.

This lack of clarity about what to 'count' when it comes to physical activity, created questions and doubts about whether the criteria suggested in the guidance were realistic because some project leads understood 30 minutes to refer to any physical activity at all, as opposed to **moderate** physical activity, which is used in CMO guidance or Sport England research. In their interviews, several group leaders commented that people who move less than 30 minutes a week (i.e. less than five minutes a day) would be home-bound and unlikely to be able to even walk to their front gate.

> *30 minutes a week is very, very little, isn't it? So, people who do less than that, it's probably very hard to find. I think we've found people who have said that they're doing at least an hour or two hours, which over a week still isn't much, I know. But we've not found anybody who's really that inactive....I'd say in practice, people tell us they are moving more than that. So maybe we have to work a bit harder on actually reaching people who don't move that much.*

LAUK Project Co-ordinator and Walk Leader

> *We set the criteria that hopefully over 75, socially isolated, long-term health condition and less than 30 minutes activity, and we changed it to 'want to become more mobile,' because all the people that did less than 30 minutes are either housebound or can walk to their gate and back, but they can't walk… they can't physically get here.*

LAUK Project Lead

Where LAUKs interpreted the guidance as referring to 30 minutes per week of <u>any</u> physical activity (which would apply only to a very small proportion of people, even among older people) this appeared to contradict other parts of the grant guidance. For example, it also says that 42% of people over 50 are inactive – a much larger target group and including many of the people that

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[5] Chief Medical Officers' Physical Activity Guidelines, 2019.
l/https://assets.publishing.service.gov.uk/media/5d839543ed915d52428dc134/uk-chief-medical-officers-physical-activity-guidelines.pdf

LAUKs are familiar with from their everyday work. This led to a degree of confusion for some of the participating LAUKs, resulting in them being able to follow some rather than all aspects of the guidance.

It is important to note that some of these issues got picked up during the programme implementation, for example, the data collection sheet through which the monitoring information was collected, was amended in June (approx. two to three months after most groups set up by LAUKs as part of the pilot commenced their regular sessions). They did however affect the set-up of the groups' activity, including recruitment and screening activities, explored later in this section.

3.2 Group set-up

There was no direct evidence from our observations and interviews to suggest that there was insufficient time for group leaders to dedicate to the set-up of their pilot activity, but it was clear that the initial period was demanding for many. Some struggled with staff absence due to illness or leave, staff training was time-consuming, and participant recruitment was slow to happen and required a lot of attention. In some LAUKs volunteer recruitment was also difficult. One LAUK highlighted that launching their project around Easter was quite problematic.

> *The Easter period's had a huge impact on attendance, and it's not even that people don't want to come – a lot of people are babysitting grandchildren or they've gone away, it's that kind of thing, really…. it's been over Easter, and it's been very challenging to launch a project at that time. if you're trying to share it across your networks and a professional network, it's not there over those two weeks over Easter.*
>
> **LAUK Project Lead**

The project specification stated that 'walking groups must be set up and commence by the middle of March 2023' and grant funding was linked to that requirement, so groups were under pressure to start their activity. LAUKs also wanted their groups to become visible and be seen as established as soon as possible, in order to attract more people to the groups.

> *[Participant recruitment was slow and challenging in the beginning] because I wasn't able to share any experiences, we hadn't started yet. I think it makes a massive difference if you can say how many people have come along, what your experiences were and not just theoretically talk about it.*
>
> **LAUK Project Co-ordinator and Walk leader**

3.3 Recruitment

The walk leaders used a variety of approaches to target inactive older people for the walking groups. This section examines the following four key approaches and the extent to which they were successful:

- Putting formal referral processes in place, especially GP referrals and social prescribing

- Marketing and promotion

- Reaching the target group of people through existing groups and personal networks

- Taking advantage of naturally occurring opportunities.

3.3.1 Formal referral processes

In their funding applications, most LAUKs planned to work with GPs, social prescribers and health and social care providers to recruit and engage participants. This route provided some group participants but was underutilised overall, despite LAUKs being aware of its potential value in reaching their target group.

This research did not include capturing the GP or social prescriber perspective. However, our interviews identified a number of reasons why the GP and social prescribing routes were not a strong feature of recruitment.

In some cases, local GP surgeries were already involved in similar projects. For example, when one LAUK had explored working with a GP surgery, they found that the practice already had links with other physical activity groups in the area (albeit at a higher intensity level). The LAUK hoped that once their own (lower intensity) walking groups became more established, the surgery would refer people but that did not happen, not least because there was no follow-up later on as the project progressed.

> *I think one of the things that might be holding them back at the moment is that they have a similar project, but it's longer walks. My role will be to tell them we're not doing the same thing. It sounds similar, but it's different. And then once they understand that, I think they will send people our way.*
>
> **LAUK Project co-ordinator and Walk leader**

In some cases, the timing of approaching GPs during the programme set-up stage was also problematic. For example, one LAUK highlighted that their recruitment ran into the busy winter period when GPs were under pressure from increased discharges from hospitals. Being able to describe the new groups as established and beneficial to their participants was important not only when trying to clarify how they fitted into the existing local support offer for older people, but also more generally, when approaching GPs and social prescribers. Yet, it was very challenging for LAUKs to do this at the set-up stage before the groups were up and running.

We've shared [information about our groups] with social prescribers and [the local] health and wellbeing team … [There was however no take-up.] I think with these new activities, once people say that that's been a good thing, that's when … social prescribers will send people our way more.

LAUK Project co-ordinator and Walk Leader

The need to progress from setting up the groups to starting them by March 2023 (see 3.2) prompted most LAUKs to 'give up' on the recruitment approaches that were not yielding fast and positive results, including GP referrals and social prescribing.

Some of the LAUKs involved in the pilot had no prior experience of establishing formal referral routes. Those LAUKs that did have such experience highlighted the importance of finding a way of making the referral process really efficient from GPs' point of view, for it to have a chance to be put in place.

The GPs haven't got time to focus so we have to make it as easy for them to refer as [many as] possible because they haven't got the time. That's what we've learned from GPs. So, if there's just one form and they put on what somebody's need is, we will then find the right service for them.

LAUK Project lead

There was also a degree of confusion amongst some LAUKs about the difference between establishing GP or social prescribing referral routes and using GP practices as channels for distributing marketing and promotion, meaning that in some cases the former were not in fact attempted at all. In a number of cases, LAUKs were put off by the relative complexity (compared to marketing approaches for example) of putting GP referrals in place and the length of the time lag between them initially approaching GP practices and new people joining their groups.

They also spoke about thinking through the feedback loops from the outset, so that health professionals who referred their patients, were confident that they would get the right level of information back, once those they refer start attending the groups.

We actually have a very large Social Prescribing team here... If they want to become more active, they'll get signposted to the different activities and groups. But I actually haven't had a lot come through Social Prescribing at the moment. It's mostly come through the network, from different activities, social media's been very successful

LAUK Project lead

We do GP reports every month. It wouldn't be attendance [as that is usually not the information they want] to know. We do Outcome Stars and [report] if they met the goals, which are all dependent on the [specific patient] need.

LAUK Project lead

We have got some contacts with the GPs and social prescribing, so that's what we were looking at last week to increase the numbers and get more leaflets out in that area…That's [the type of customer] we want to get…they're the ones that are hard to reach sometimes.

LAUK Project Lead

3.3.2 Marketing and promotion

All the LAUKs tried to advertise the walks to raise awareness and to generate interest in them. This was undertaken through the walk leaders sending emails to people on their client database, putting up posters (e.g. on noticeboards at the meeting points for some of the walks and in suitable places near the walking locations such as libraries, coffee shops or local Age UK offices) and putting notices in newsletters to advertise the walking groups. Social media, mainly Facebook, was used widely as well to advertise.

A sample of some of the posters used is shown below. None of these explicitly reference the inclusion criteria, with the exception of the age group. Walks leaders were concerned that adding further inclusion criteria would not be appropriate as it might put people off – but it did mean that a greater onus was on them to screen people that expressed an interest against the inclusion criteria.

One limitation of using marketing was that it depended upon people seeing the materials, feeling they were aimed at someone like them and being confident enough to feel they could participate. For people to have been aware of the walking groups, they would have had to see one of the adverts, already be on the local Age UK database, or be following the local Age UK partner on social media. Seeing it as being for people like them is both difficult to capture in promotional materials and challenging when the groups are still being established.

Distributing promotional materials through GP practices also has the potential to reach a wider audience and led to some participants joining the walking group as a result.

> *We've emailed doctor surgeries and given them a poster. And we saw the fruit of our labour on Friday when two people [husband & wife] said that they'd seen a poster and they'd rung up.*
>
> **LAUK Project Co-ordinator and Walk Leader**

3.3.3 Using existing groups and personal networks

Sheffield recruited the highest proportion of inactive older people to the walking groups. Unlike in other areas, the leader did very little advertising and instead used her own network, both within and outside of Age UK Sheffield to identify people she thought fitted the criteria (e.g. her neighbours or elderly relatives of her social circle) and invited them to join the group.

This approach has a number of strengths – as evidenced by the number of people recruited – but also limitations. It requires a particular kind of person who can go out and engage people with enthusiasm and is therefore very reliant on the personality of the walk leader. It also relies on the walk leader having a network of people that fit the required criteria and effectively prevents older people from outside that network from taking part. It is therefore not easily replicable and potentially excludes people not already connected to the walk leader.

This approach was resource intensive. The leader found it was necessary to have several face-to-face conversations, sometimes over a few weeks, to explain what was involved and to encourage people to attend. However, the discussions helped take the onus off the individual to be motivated enough to respond to a flyer or other marketing. For people with low confidence or who didn't see the groups as 'for them', perhaps as a result of their ill health, this proactive approach was successful.

Some referrals came from existing groups. Again, in Sheffield the leader said that some walkers were recruited after an enquiry to the LAUK office. In another group, the leader recruited from a LAUK friendship group. Both approaches require the first or main points of contact to understand what the walking groups are designed to do and who they should be aimed at.

Some referrals have come through the main line triage, so they're very skilled at triaging what people want and us getting the {PAR Q} questions asked so they know what questions to ask, if someone says, I'm interested in your walking groups.

LAUK Project Lead

3.3.4 Taking advantage of naturally occurring opportunities

There were some instances where individuals were found opportunistically. This approach resonates with Making Every Contact Count (MECC), where organisations are encouraged to take advantage of the interactions between individuals and organisations and services that take place on a day-to-day basis.

MECC supports the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations:

Core MECC definition from NHS/PHE[6]

In Nottingham, a husband and wife were approached by the walk leader while they were sitting in the same café as members of the walking group and subsequently became regular attendees. In Gloucestershire, two people joined up, having bumped into one of their friends who was taking part in one of the walks. Word of mouth also played a part with some participants recommending their walk to friends and acquaintances.

3.4 Screening

Walk leaders encountered a number of challenges in relation to screening prospective walk participants. The intended user journey (see 2.2) recommended that LAUKs should hold a welcome session where potential participants could meet with the walking group lead and volunteers, and where essential information could be shared. During the session, interested individuals would complete a screening and registration process, including checking they met the inclusion criteria of doing less than 30 minutes of physical activity per week, and to check that the programme was suitable for their needs and motivations. As well as being a screening measure, minutes of physical activity per week was intended to function as a baseline measure which could be compared with subsequent measures to see if there had been any increase in activity as a result of participating in a walking group.

In practice this process was not always followed and only one welcome session was held across the five LAUKs. It took several weeks or even months to establish a regular group of walkers – in at least

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[6] https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-contact-count.pdf

one LAUKs, new people were still joining in December, nine months after the programme had started. Participants were recruited and onboarded gradually, particularly in the early days when numbers were low. As a result, it was not possible to keep repeating formal welcome sessions and it was more common for potential participants to either register their interest via email and then have an informal registration and screening phone call with the walk leader or for people to turn up to a session and complete the paperwork then.

So the original idea with that was that I was going to meet up with every single person in person and have that conversation. How it's worked out so far is that a lot of people just show up and then you have that conversation with them afterwards. I've had that a couple of times that I tell people, "I would like to have a phone call with you first," but then they're just there and they just come along. And fair enough, if they're really keen to do it and want to just get started, I'm not going to stop them.

LAUK Project Co-ordinator and Walk Leader

We met at [the walk] and I went through the forms with them, but before that we'd exchanged emails so we knew what was happening, what times, et cetera. Now the group's formed, they meet here and they do the paperwork with the forest ranger, which then comes back to me…PAR Q: I do a very light touch with them. I give them the paperwork and say, 'You can fill it in yourself, I'll sit with you if you want me to go through it, if you've got any questions,' and then just chatting as we're doing it, not even about the questionnaire.

LAUK Project Lead

Although the ideal might be that everyone joins at the same time…we do have a cohort of people who have joined quite early but we're still hoping that more people will come in as well. So we didn't feel that we could keep repeating a welcome session...for people who weren't at the welcome meeting, obviously we need a system of making sure we gather that information. So that's largely we are doing that beforehand. So we're speaking to people over the telephone and going through all this information with them.

LAUK Project Lead

As recruitment tactics varied across LAUKs, so did their screening processes. With Sheffield's more targeted approach, the walk leader personally screened people before they could join the group and they could not join without having completed this process. Having checked their eligibility in terms of the number of minutes of physical activity per week, she also checked whether they would manage the proposed walks in terms of the terrain and distance. The combination of proactively inviting people that she thought might be interested and then checking their eligibility worked well in terms of attracting suitable participants to the walking groups.

The screening process was slightly different in the other areas, reflecting their recruitment approaches. Three[7] LAUKs gave details of the location, time, and day of their walk on the marketing materials without any eligibility criteria being imposed. Seeing people gathered together in a public area may also have had a similar effect. Although this recruitment approach could be very effective in terms of building up participant numbers (as in Gloucestershire), it made any prior registration and screening process more problematic to implement; understandably, walk leaders did not want to turn people away on the spot, when they had shown willingness and made an effort to attend. However, the consequence was that people who were doing more than 30 minutes of activity a week were included in the walking groups.

The research also surfaced the following important points related to screening, most of which added complexity to the process and should be considered in future programmes:

- Inaccuracies in people's self-reporting of levels of physical activity

- Inconsistency between the formal nature of the group-joining process and people's expectations

- Concerns about self-reporting sensitive information.

3.4.1 Inaccuracies in people's self-reporting of levels of physical activity

It is clear from other studies[8] that self-reporting levels of physical activity is unreliable and this was also evident in the walking pilot. Walk leaders reported that people may have misrepresented their minutes of physical activity per week for a variety of reasons: for fear of being judged as being lazy; recall issues due to memory problems or dementia. Doing different levels of activity from week to week was also reported as a confounding factor. Others, including people who used wheelchairs or mobility scooters, found it difficult to work out their levels of physical activity.

We describe the impact of the lack of clear definition of 'physical activity' in 3.1.2. Difficulties with this help to account for why so many people appeared to be doing more than 30 minutes of physical activity in the walking groups. Without any objective measuring of or recording of physical activity levels it is not possible to determine the true baseline figures. However, putting in place firmer requirements to 'prove' that a person meets the inactivity criterion is likely to place a further barrier to prospective participants so, for a programme like this, a self-reported baseline may well be

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7   Sheffield did as well but did not use the posters extensively as a means of recruiting people. In Lincolnshire, the poster requested that interested parties register their interest by phone or email. This was followed by a conversation with the walk leader during which they were screened and given details of the walk.

8   For example, Sport England, 'Tackling Inactivity, What we Know', published November 2016. https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/tackling-inactivity-what-we-know-full-report.pdf

sufficient. This should include recording the nature of any activity they currently do so that participants can also monitor progress against their own baseline.

3.4.2 Inconsistency between the formal nature of the group-joining process and people's expectations

Some participants were surprised that there was a registration process as this is not required for other walking groups (e.g. the Ramblers). The idea that participants might be screened for their suitability to take part in the walks was not something that they were necessarily expecting, and some walk leaders said they were reluctant to turn people away from an activity that they may benefit from, albeit one not targeted at them.

In one area (Gloucestershire) some people joined in because the group met in the foyer of an assisted accommodation facility and had coffee in the lounge afterwards. This had many advantages as it meant people didn't have to travel to the walk and meant the group had good visibility in that location, with some people joining up spontaneously. In addition, the walk leader put flyers under the doors of residents to let them know about the walk and had a poster in the foyer. It did set the tone for a more informal walk, however, and it didn't occur to many prospective participants that there were set criteria for joining the walk. Others had seen the poster and questioned why there was an age restriction on the walking groups.

3.4.3 Concerns about reporting sensitive information

The previous point overlaps to some extent with issues of sensitivity. Appendix 2 shows the questions that were asked at recruitment alongside the Physical Activity Readiness Questionnaire (PAR Q) questionnaire, which was also used. Some participants found the physical activity questions to be too heavy-handed and not what they expected from such a group and walk leaders reported that some prospective walkers refused to answer the questions. One leader also wondered whether the questions were too intrusive for a non-clinical intervention and whether the nature of them set expectations for what they 'should' achieve.

> *We're not linked to the NHS, whereas the wellbeing walks with the doctors surgeries, you would answer and probably you would lie anyway, but you would answer because you know it's linked with the doctors and you would say what they want to say. Whereas, Age UK [they think] 'Why are you asking me how far I've walked?'*
>
> **LAUK Project Lead**

Not everyone was comfortable sharing their data in front of others, where registration took place on the spot. The walk leader in one LAUK had to phone other participants to collect their data as they did not want to be overheard giving personal details about themselves in front of other group

members. Screening in advance of joining the group was not always possible but most groups tried to do this – sometimes face-to-face, but many participants were comfortable over the phone.

There would be a benefit of meeting up in person to ask those questions rather than doing it over the phone if you don't know each other. It does get quite personal, I think.

LAUK Project Co-ordinator and Walk Leader

The people that have registered have been alright about it. I think they get that you are concerned for their health. But 'I've had one comment from somebody that hasn't actually signed up and said, 'I didn't want to register because you're asking a lot of questions'

LAUK Project Co-ordinator and Walk Leader

3.5 Participants' motivation

While the LAUKs recruited people to join the walks and supported them to attend, individual motivations also influenced whether someone signed up or not.

3.5.1 Motivation to maintain fitness or arrest a physical decline, in a safe environment

Although the focus of the group was to increase physical activity, it was more common for people to say that they wanted to postpone or arrest a decline in their physical capabilities or were using the group as rehabilitation from an illness or injury. Some had been encouraged by family members, who had noticed that their strength or balance had started to deteriorate, or in some cases, it had been suggested to them by a doctor that walking would be a good activity for them. People who fell into these categories often did not feel able to walk on their own due to their anxiety about their physical state but being part of the group gave them reassurance there was help available if they needed it.

I'm told if I don't keep walking, I shall end up in a wheelchair.

They say, 'use it or lose it!'.

It's not good for your body if you are just sitting.'

Usually, I go out on my own, but I think what if something happens, and I'm here on my own? But if you are in a group, you've got somebody there. You can send someone back for help.

Walking group participants

3.5.2 Meeting and spending time with other people to tackle loneliness

Many people who got involved in the walking groups lived alone, due to their spouse or partner having passed away, and talked about their circle of friendships dwindling over time as their friends died or had gone into care homes. Loneliness was one of the recruitment criteria for some groups and some participants had recognised that being alone for prolonged periods was not good for their mental health, as it caused them to become withdrawn and internally focused. They could see the value of being able to talk to others and share their thoughts and experiences so that they lived less 'in their own heads'. Participants were actively looking for opportunities to meet and spend time with other people and this was a strong motivator for joining a walking group. At the time of joining, some did not have any other activities they were attending, while others did but had space in their weekly schedule on the day of the walking group.

> *[When you join a group], you can talk to people, whereas if you are walking on your own, you are just thinking about things perhaps you don't want to think about. I think talking is so important, because when you are on your own, so many things go through your head, and you want to get things out.*
>
> **Walking group participant**

> *Being on your own the whole time is just isolating. Even in a nice flat, it's not fun.*
>
> **Walking group participant**

3.5.3 Having a sense of purpose and structure in their lives

While some participants attended an array of other activities and fitted the walking group into their schedule, others did not have many other activities to keep them occupied throughout the week. For these people, joining a walking group gave them a sense of purpose, a reason to leave the house; something to give structure to their week and to look forward to.

> *It's nice it's every week, it's something to look forward to. The main thing is, if it is rained off, we'll go anyway and have a good meeting and a cup of coffee.*
>
> *It gives a shape to the week.*
>
> **Walking group participants**

Pen portrait: Wanting to meet other people and get out of the house

Helen* is in her late 60s and lives alone; she does not have many friends or family except a son she sees infrequently. She has several health conditions that made walking a challenge, including a knee injury, respiratory problems, and diabetes and uses a walking stick. Her motivation for joining the walking group was to get out of the house, have a chat with other people, and give structure to her week (she attends other activities on other days of the week). She walks slowly and has to rest to get her breath back occasionally. Faster and longer walks are too challenging for her, so it was important to her there was something on offer that met her needs (e.g. flat, paved paths and a shorter distance).
name has been changed

3.6 Barriers to participation

As well as motivations, several barriers deterred people from joining a walking group unless they were proactively addressed by the groups as described above. It is important to note that some of the barriers mentioned below were outside of the groups' control.

3.6.1 Health and mobility

Walk leaders and walk participants spoke about how poor health and limited mobility made them question whether they would be able to participate in a walking group. In most of the groups there was at least one person using walking sticks or other mobility aids, illustrating that some were unsteady on their feet or had balance issues. Participants articulated their concerns to the walk leader, for example about being too slow and holding other people up, or concerns related to their health such as worrying about falling or tiring themselves out.

These barriers were addressed through conversations and most went on to join a walking group once they were reassured that they could walk at their own pace and an appropriate distance (as was discussed earlier). This suggests that walk leaders should directly address health and mobility issues to reassure prospective participants that the walks will be suitable for them. Walk leaders were all extremely helpful and supportive so there's no doubt that they would have been happy to have these conversations, however, this is a significant undertaking, and resources would need to allow for such conversations, risk assessments, and ensuring that people with mobility issues have volunteers with them.

> *For some people who have got health conditions or who are very immobile, they actually worry that doing the exercise might not be safe.*
>
> **LAUK Project Lead**

> *I said 'I can't walk very far at the moment'. She said, we do as much or as little as we can. if you find you can't do whatever [the others] would do, you don't have to go on.*
>
> **Walking group participant**

3.6.2 Difficulties getting to and from the walks

In some locations, provide support to get participants to and from the walks was a prerequisite for their participation and a key determinant in the take-up of the walking groups. Transport was provided to and from two of the walks, the Sheffield one and one in North Yorkshire which was held at a woodland outside of Scarborough. From talking to people during the recruitment process, the walk leader in Sheffield was aware that most people in her group needed a lot of encouragement

and support to come along. She felt that getting out of the house alone, travelling to the park and navigating the steep entrance to the park would have put many off, and would not have been possible due to mobility issues, and by providing transport she was removing a potentially major barrier to attendance. As a result, she or one of the volunteers picked people up from their homes and took them to and from the walks.

There was no public transport to the woodland walk in Scarborough, so a minibus was organised to collect people from the local Age UK office and take them there and back. However, people had to be able to get to the local Age UK office to be able to access this. Transport was not needed for residents to attend the walk in Gloucestershire which started at an assisted living facility. Other areas did not offer any transport, but efforts were made to locate some walks close to bus stops and with parking nearby.

> *Because if these people are really inactive, and all we're starting with is a very, very short, gentle walk, they could have done that by the time they joined us if we hadn't put the meeting point in the right place.*
>
> **LAUK Project Lead**

In Lincolnshire, the walk leader felt that accessing transport to and from activities could be an issue for some people and hypothesised that this may have affected take-up as there was not a good bus service between the park an residential areas.

3.6.3 Lack of confidence

A lack of confidence was mentioned by many of the walk leaders as one of the main barriers that they took steps to address. Sometimes the confidence issue was linked to other factors, such as mobility or a sense of isolation, which meant walking group participants were not used to going out walking. Walk leaders supported and encouraged people, recognising their individual concerns, and addressing their particular issues, to help people to take the first steps.

> *A lot of people find it hard to do something on their own initially, especially as they get older, and after Covid they become very stuck in and took a while to get people out. But there is a confidence thing I think as you get older, doing something on your own still…. – there is a lack of confidence in getting back. I think they might continue once they've started but it's getting that support initially.*
>
> *What we need to do is get them out of the front door and in things like the walking group. Particularly 70-plus is really hard, because a lot of people after the lockdown have become very isolated, or are also very unwilling to be social because of either the fear of Covid, or they've lost their confidence, or they've developed other habits, so I think they're the biggest issues.*
>
> **LAUK Project Leads**

3.6.4 Personal preferences

Some potential recruits were simply put off by the fact that it involved walking as the main activity, something which did not personally enthuse them; or in one case, a person admitted that they actually preferred solitary pursuits and disliked organised group activities on the whole – in other words the proposition wasn't 'for them'.

3.7 Learnings

3.7.1 For Age UK

The research demonstrated the need for clearer guidance regarding the purpose of the walking groups, the audience and how to interpret inclusion criteria.

- There was variation in how the purpose of the groups was interpreted with some groups focusing on inactive older people and others prioritising other criteria, such as older people who are lonely and isolated. The guidance needs to be clear on what the groups are intended to address (in this case declining activity levels among older people) and as a result, which inclusion criteria take precedence (the measurement of physical activity) and how they should be implemented (as it will require turning ineligible people away, which many walk leaders found difficult to do).

- The guidance around the measurement of physical activity was not specific enough for the LAUKs to be able to identify the intended audience for the walking groups, in particular:

- What types of activity and what level of intensity should be included in the assessment – counting moderate and intense activity would be consistent with CMO guidance. The inclusion of light activity within the 30 minute a week guidance ruled out too many older people, as those that did qualify were unlikely to be able to take part in a walking group due to mobility and health issues.

- The level of activity that counts as inactive and how it should be calculated, for example, when the activity is undertaken irregularly or expressed in steps. Greater clarity around this would help walk leaders identify those that would benefit most from weekly walks by helping them meet the 30 minute a week guidance for moderate or intense activity.

- Targeting older people who do less than 30 minutes of (moderate or intense) physical activity a week will have very real implications on the resourcing and complexity of walking groups. A targeted approach will require greater support, guidance, and training for walk leaders.

- An extended set-up phase should be allowed for as recruitment of participants and sufficient numbers of volunteers to support them, and putting the right accessibility arrangements in place for inactive older people will take time and is likely to continue beyond the first sessions. The process needs to allow for rolling recruitment and staggered start times for participants (rather than, for example, group welcome sessions). Walk leaders should also be encouraged to persevere with recruitment after the initial weeks, as some routes like formal referral routes, are easier to put in place when there is an already established walking group.

- The walk leaders appeared to lack the confidence and knowledge to set up referral pathways with GPs and social prescribers, and will need training and explicit support to do this. In particular:

  - Clarity on what GP referral involves, so that it is not seen as another marketing route

  - What GPs will be looking for, such as information on purpose, audience, and benefits of the group

  - And, what feedback and evidence they need to keep sending people to the group.

3.7.2 For walk leaders

Recruitment

- Recruitment should involve a combination of different methods to spread the net wide and increase the chances of reaching older people that are genuinely inactive and isolated. Ideally, recruitment would involve a combination of the following methods:

  o marketing in locations where the target audience for the walking groups and their carers are likely to be, such as GP practices, places of worship, post offices, supermarkets and chemists.

  o working with referral partners, such as GPs and social prescribers, as they can identify those most in need and likely to benefit. These partners will need to be briefed so they are familiar with the group and can encourage the inactive older people to give it a go. Inviting them to observe the group, as one of the LAUKs did, would be a good way of doing this.

  o making use of personal networks, working with other services and utilising opportunities to engage older people they meet when out walking with the group. This approach is consistent with Making Every Contact Counts and proved effective in the pilot, as it meant walk leaders and volunteers could have a one-to-one conversation with the older person and could stress aspects most likely to motivate them.

- Promotional materials should direct those interested to the walk leader, rather than providing details of the walk location and timing, so that they can discuss suitability with prospective participants, address any concerns they have, and carry out screening.

Screening

- Screening against the inclusion criteria should be done before the day of the walk. If this is not possible, it should take place away from the group and one-to-one, as:

  o It is difficult to turn people away from the group once they have turned up. By assessing eligibility prior to attendance walk leaders can direct those that do not meet the criteria to other groups or activities – ideally, the walk leaders should prepare for this by researching other opportunities in the local area

  o Personal data can be collected more easily and discreetly one-to-one. The walk leader can also explain the rationale for collecting the data and provide reassurance about how it will be kept. An explanation of why the data is needed will also help address issues around over-reporting of physical activity

- o By speaking to the older person one-to-one, the walk leader can encourage them to give it a try, learn what is likely to motivate them and identify any practical barriers that may exist to them taking part, plus agree with the older person what needs to be put in place to enable them to participate. In particular, an initial conversation offers an opportunity to reassure potential participants about safety aspects and explain how that aspect will be managed. This is particularly important for those lacking in confidence to go out on their own.

- Considering the COM-B[9] (capabilities, opportunity, motivation), rather than the EAST (easy, attractive, social and timely) behaviour change model:

  - o Projects were encouraged to use behaviour change principles described by Sport England's EAST model, which describe the key elements that make a physical activity session more attractive. While EAST is very straight-forward, COM-B would be better suited as an approach for targeting inactive older people as it would require walk leaders to consider potential participants' psychological and physical capabilities, as well as their motivations and the accessibility of the group (the opportunity).

- The following is an example as to how COM-B could be applied to drive the intended behaviour of joining the walking group:

  - o Capabilities: this will involve developing participants' confidence to attend, as well as their physical capabilities. To develop their confidence, walk leaders should stress the support that will be in place, so that participants can go at their own pace and as far as they can personally manage. Encouraging participants to do complementary strength and balance exercises at home, and to use walking aids, will help them manage the walk better.

  - o Opportunity: as mentioned, initial conversations with potential participants can help identify potential practical barriers, such as transport and the scheduling of the walks. When establishing the walking groups, the leaders should ensure that the participants can easily get to the walks, that they can be easily reached if a participant needs reassurance about a particular session and that contingency plans are put in place for when there is bad weather.

  - o Motivation: based on our research, inactive older people will be best motivated through walk leaders and promotional material stressing i) the chance to be active, maintain physical fitness and remain independent ii) the social aspect of the group, and iii) the opportunity for greater variety in the week and to spend time outdoors that many inactive older people do not have.

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[9] Michie, S., van Stralen, M.M. & West, R. The behaviour change wheel: A new method for characterising and designing behaviour change interventions. Implementation Sci 6, 42 (2011). https://doi.org/10.1186/1748-5908-6-42

4   SUPPORTING OLDER PEOPLE TO PARTICIPATE REGULARLY

This section addresses research question 2: How effective, or not, were the Age UK pilot walking groups in supporting older people to continue to participate on a regular basis.

On the whole the groups were successful in sustaining the participation of older people in the walking groups. Based on attendance lists for the groups, around half of the participants who registered (121 of 241 registrations) attended a walking group regularly, which we have defined as taking part in six sessions or more. There was variation in this proportion across the areas from 35 per cent in North Yorkshire attending six or more times to 70 per cent in Nottingham. Gloucestershire and Sheffield also had a high proportion of regular attendees (63 per cent and 60 per cent respectively).

In this section we look first at what group leaders did to support and encourage participation, and then examine the factors that related to participants themselves, considering first motivations and then barriers.

4.1 The role and qualities of walk leaders and volunteers

The walks were led by a walk leader, usually an Age UK staff member, and volunteers. The walk leaders and volunteers played a critical role in encouraging people's continued participation in the groups. At each session, they welcomed participants, introduced new members and made sure that everyone was included in conversation during the walks. This helped the walkers feel that their presence in the group was important, created a welcoming environment and enabled more personalised support.

4.1.1 The use of volunteers

Volunteers were important in being able to support people who had concerns about being able to walk. It enabled the walk leaders to split their group into smaller subgroups, allowing them to cater for different speeds and distances which offered flexibility to the walkers. This was instrumental in encouraging people who were unsure about how far they could walk, to 'give it a go' and know they could go at their own pace or return to the starting point if needed, without stopping or slowing

down the walk for others. This meant participants were more likely to return in the following weeks, knowing they could cope with the pace and distance.

Recruiting and training volunteers

Volunteers were drawn from a range of sources, for example, Nottingham and Sheffield recruited university students to act as volunteers. Other volunteers were newly retired or part-time workers, looking to make a positive contribution to their community.

In each LAUK, three members of staff or volunteers were required to undergo strength and balance training at the start of the pilot so they would have the skills and knowledge to encourage participants to participate in additional strength and balance exercises at home. While the content of this training was interesting, the LAUKs commented that the amount of time it took was a lot to ask of volunteers (three hours split over two days). The training was delivered once, at the start of the pilot, but in some areas, there was a turnover of volunteers during the pilot and these individuals did not receive this training. Some members of staff or volunteers also had to complete first aid training to ensure the groups were delivered safely.

It also offered the opportunity for progression when people felt ready. Some people said the leader and volunteers gave them the confidence to walk, knowing someone was close by if they needed help of any kind, as they would not have ventured out alone without this reassurance. One group leader also mentioned the importance of having male and female volunteers.

The ratio of walkers to volunteers varied on each walk depending on the participants' levels of fitness and their particular characteristics – for example those with dementia needed more support. One walk leader said that having eight walkers to one volunteer worked well but in many groups, there were 2-3 volunteers plus the walk leader for a group of up to 10. The group in Sheffield, which had the highest proportion of people doing less than 30 minutes of activity a week and the one at the assisted living facility in Gloucestershire, had a higher ratio than other walks with one volunteer for every 1-2 walkers in Sheffield and roughly one volunteer for every 2-3 walkers in the Gloucestershire group.

4.1.2 The personal qualities of the walk leaders and volunteers

Walk leaders and volunteers' qualities and attributes (e.g. their listening skills, warmth, enthusiasm, and interest in group members) helped to engage people in the groups and made the events a social

occasion. This was especially helpful while groups were getting established and participant numbers were low. The friendly approach helped group members to feel valued and supported and they praised the leaders and volunteers for the role they played.

> *"[Walk leader name] makes a special point of getting to know each of us."*
>
> **Walking group participant**

> *[Walk leader] is amazing, I enjoy conversations with her and she really listens, she writes down what I say.*
>
> **Walking group participant**

Walk leaders and volunteers also played a part in helping the groups to function as a social unit by facilitating interactions between members (e.g. linking conversations together) or helping to discreetly manage any interpersonal issues between walking group participants. Being part of a group that had a positive, upbeat atmosphere was enjoyable, and encouraged repeated participation.

4.2 Motivations for regular participation

The groups offered social support, showed individuals that they were valued, and that people were taking an interest in them. They also facilitated social connections by introducing people to each other and encouraging them to have coffee after the walks (or just have a coffee if the walk wasn't taking place).

4.2.1 Value of regular social contact

The walking groups offered multiple opportunities for participants, many of whom were lonely or isolated, to socialise; at the meeting point when people chatted before starting the walk, during the walks when they walked in pairs or small groups and afterwards when participants would stay on for a coffee in a nearby café or similar. Over time, individuals in the groups developed strong bonds with each other, something that was noticed by all the researchers. Participants felt valued and knew they would be missed if they did not turn up, which boosted their self-esteem. Some people said being a part of the group helped them form a weekly habit and they would attend out of a sense of commitment to other members, as well as looking forward to seeing them. This helped to maintain their participation.

> *I'm more likely to do something if I've arranged to meet someone else rather than if I get up and think, no I don't feel like it today. If I've made an arrangement to meet someone else, I'll make more of an effort.*
>
> **Walking group participant**

I love coming down here. Mondays and Fridays are a big day in my life.

Walking group participant

At the start of the Lincolnshire group in the summer, a birthday card was handed around the group for everyone (including the researcher) to sign for one of the members and in December, some walk leaders organised a Christmas lunch for everyone in a pub near the park. Even when the weather was bad on a particular day and the walk was rained off, people were still keen to meet and have a chat as they began to rely on it to structure their week.

It's nice it's every week, it's something to look forward to. The main thing is if it is rained off, we'll go anyway and have a good meeting and a cup of coffee.

Walking group participant

One of the people who goes to the walk has recently had a diagnosis of terminal cancer. But the next day they came along to the group and shared, and everybody was really supportive. And they were saying, 'It's really important for me to be able to share with the group, because they're like family and I feel really supported by them.' And also they were saying how they really want to keep the walks going because it's one thing that just gets their mind off things and keeps them fit, keeps them going.

LAUK Project co-ordinator and Walk Leader

There's a real nice family feel already, and people say, 'Oh, where's so-and-so?' and we're only in week eight. And it's nice that people feel so connected that they want to say, 'Oh, I won't be there,' rather than, 'Oh, I won't be noticed'.

LAUK Project co-ordinator and Walk Leader

Walk leaders tried to build a sense of belonging in the groups and took steps to encourage people to attend on a regular basis, through calling in advance to check attendance and encouraging members to interact with one another.

Calling people: I'll just check on you if you don't come to make sure you're okay." And so we are following up as well. And I think that that will encourage more people to keep coming back because sometimes you sign up to something, you miss one, and then it's harder to come back.

LAUK Project Lead

I think it's about creating a space where people can build relationships [with one another]. That seems to be something. It's about feeling welcome in a group and being able to be taken into the group.

LAUK Project co-ordinator and Walk Leader

They also took steps to give people a sense of agency, allowing them to go at their own pace without feeling they were holding people up. Leaders were also flexible and sensitive about the

distance of the walk depending on who turned up, letting them decide which route they'd like to go on that day.

> *A few people say to us, "Well, how far are we walking?" And we're saying, "Well, actually there's no set distance. What we're going to do is we're going to get you all together, everyone's pretty much in the same boat here, and we're just going to see how far we want to go, and we'll take it steady and we'll play it by ear".*

LAUK Project Lead

4.2.2 Enjoyment of natural surroundings

The surroundings played a part in people's enjoyment of the walks, with the majority of them taking place in attractive green spaces. Taking pleasure in nature and enjoying the outdoors in the company of others added another dimension to the walks, in addition to those already discussed. There were examples of people feeling less anxious while they were out walking or focusing less on their aches and pains because they were engaged in the people and environment around them. Even people who attended other activities during the week spent a lot of time indoors and they enjoyed getting outside and looking at the trees, plants and wildlife. This provided a constant topic of conversation between people as the seasons changed. This was especially true among participants in the Sheffield group, many of whom had early-stage dementia. Through returning to an activity or place they were previously fond of, some of them unlocked memories of happier times in their lives which they could share with others. This boosted their enjoyment of the walks and made them more likely to continue taking part in them. Conversely, one woman tried the walk around a residential area in Gloucestershire but decided not to return because she found it *'monotonous'*.

4.2.3 Perceived improvements in people's health and mobility

As previously mentioned, one of the motivations for some people to join the walking group was to arrest or slow down physical decline, and there was evidence that this was also a factor in encouraging them to keep attending the groups (see pen portrait below).

By persevering with their walking regularly, some participants felt that they had managed to improve their stamina and mobility. Other than the sense of satisfaction in having done so, they were also keen to maintain their walking stamina, even when this was difficult for them.

> *I certainly feel better in my breathing, because before I came on these walks I was very breathless which is part of the fact that my heart isn't working to its full capacity. But since walking here my breathing has got better. I've noticed a difference, I'm not as breathless as I was.*

Walking group participant

> **Pen portrait: inactive person becoming more active**
>
> David* lost his wife a year ago and now lives alone. Some months ago, he noticed that his balance had deteriorated, as well as his physical stamina. He felt unsteady on his feet and started to rely on two walking sticks for reassurance. When he found out about the walking group in his area, he was keen to join, as he had previously been fit and had always enjoyed walking. David reported that he struggled to keep up with his group initially and had to turn back after a short distance, but he persevered, progressively walking further and further every time. Finally, he was able to complete the whole walk and felt justifiably proud of his achievement. He has enjoyed the social aspect of the walking group and feels it helps him to walk further: "talking with other people distracts me from all my aches and pains when I walk". He is moving away from the area to be nearer to his family in another part of the country, but intends to find another walking group there, as he's enjoyed the experience and doesn't want to lose the progress he has made.
>
> *name has been changed

In one of the walking groups, a man had decreased the amount of walking he was doing due to developing a heart condition during the pilot period. However, he was still attending the group every week with his wife which, for him, was an achievement. Seeing gains in their ability to walk further week after week gave people a reason to keep attending their walking group. This also helped to build their confidence in their ability to cope with going for a walk.

While these improvements played a role in prompting people to continue taking part in the walking groups, it is important to recognise that the state of people's health and mobility was not always a motivating factor. There were also instances when it became a barrier to involvement, one that was outside of the walking group's control, albeit the walk leaders and volunteers found ways to support these individuals.

Given that the programme specifically targeted people with very low physical activity levels and those living with long-term health conditions, it is almost inevitable that health, stamina and general mobility would play a part in determining whether people were able to take part regularly or not. Some participants tired very quickly, and it was only the responsiveness of the walk leaders and volunteers, and the flexibility to adjust pace and distance, that made it possible for them to continue going every week, building up their stamina very gradually.

Others had complex health issues or were in fragile health more generally, which meant they were simply not well enough to attend every week or had to miss one or more of the walks owing to medical appointments. Occasionally, a participant had a fall and injured themselves, which put them out of action for a while. Where walk leaders remained in contact with participants outside of the walking group (e.g. through a phone call), it was then easier to keep the link with the group alive and encourage that person to either join them afterwards for coffee or resume walking when they felt well enough.

4.3 Barriers to regular participation

4.3.1 Accessibility of the walks

Earlier we highlighted that taking into consideration how people would get to and from the walks was important in supporting them to join a group. Transport was provided to and from one walk, while other walks were deliberately located near bus stops or car parks, or were close to where participants lived. The ease of getting to the walking groups was equally important in helping people to attend on an ongoing basis.

Other aspects that made the walks more manageable – but also more enjoyable – were having benches on the route, for people who needed to rest during the walk, and having toilets in the vicinity. Having a café or another place to meet at or near the finish point was important to give people the opportunity to socialise before or after the walk. This also gave people a place to meet if the weather was bad and not suitable for walking.

> So I've made myself a little table of the things that I want to look for, like a defibrillator, are there benches? Where's the next bus stop? When does the bus go? Is there a toilet, is there public parking? Disabled parking? Things like that.
>
> **LAUK Project co-ordinator and Walk leader**

Given the requirement that the walks were to be aimed at inactive people, possibly experiencing long-term health conditions, the terrain was also a determinant in whether participants chose to continue with the walks or not. Walk leaders tended to identify places which had paved paths on flat, even ground which were suitable for people who might be struggling with their balance or using mobility aids. There was at least one case of a person stopped attending a walk because they were afraid they might fall.

At one of the walks in Nottingham, there was a shorter and longer route that people could choose from, depending on how they were feeling on a particular day. For those with wheelchairs, dropped kerbs were also essential. Participants trusted that they would not be led anywhere that they could not manage, and for the most part, repeated experience of safe, enjoyable walks encouraged people to come back for more.

> "…my husband's parents, I use them as my benchmark. Because they're quite inactive, they both walk with sticks, one shuffles, the other is wobbly because of health conditions. And so I kind of use them in my mind, would they be able to manage with this surface? And if the answer is no, then it's not right for the cohort that we're trying to attract."
>
> **LAUK Project lead**

Risk assessments were required as part of the grant application but the evaluation did not require evidence that they had taken place. We did see that they were carried out in many of the LAUKs, to check the terrain, gradient and general level of demand, and to identify potential rest or refreshment stops. These checks were carried out in advance of the first walks and often on the day of subsequent excursions, particularly if there were variations to the route.

> *We then said right, from there, where else might we go? So we then did a route that maybe was a little further, and we looked at the gradients and we looked at the distances and all the rest. So we did some work to say, okay, how can this develop over time? Does this work?... [on another check] we stepped out to do the walk and straight away said, "We can't do it." The surface was just too uneven. Yes, it was a path, but it wasn't a proper made path.*
>
> **LAUK Project Lead**

4.3.2 Timing

Practicalities such as the time or day not suiting people was another factor which determined whether someone carried on with the walking groups or not. For example, if people were already busy at the time of the walking group. At the start of December, two women on the Lincoln walk requested that the 13.30 walk be moved to the morning. They were taking two buses to get there and back, and by the time they were travelling home, it was starting to get dark. Ultimately, a new walk was established in the morning which suited them better. Another example is illustrated below.

Pen portrait: Barriers to joining a walking group

Barbara* is an active participant in activities at her local Age UK. When she first heard about the walking group, through a conversation with the walk leader, she welcomed the idea. The prospect of walking in pleasant surroundings in the company of others was very appealing. However, the timing and location of the nearest walking group did not suit her. It started at one o'clock, which was awkward as it clashed with when she ate lunch; for health reasons, she had been advised to stick to regular mealtimes. The other walking group would have required a journey by public transport, which she felt uncomfortable about, *"I'd have to catch a bus to Tewkesbury, and that's not very good for me… My balance is not too good. If I'm travelling on my own, I get a bit nervous"*. She said that if a walking group were to be established at a more suitable time or in a more convenient location, she would very much like to take part.

4.3.3 The weather

As an outdoor activity, walking can be affected by the weather and by heavy rain or cold weather in particular. People who were living with frailty or had balance issues were not keen to walk when paths were slippery due to frost or rain and those in mobility scooters had to be careful that the electrics were not damaged in wet weather. On the researcher's third visit to one LAUK in

December, when it was icy underfoot and the temperature was close to zero, the group decided not to walk at all. However, the day before in another area, where the conditions were similar, six people carried on with their walk having been reassured as the leader carried out a risk assessment of the paths beforehand.

In general, groups would meet whatever the weather. They would meet in the café for a drink and a chat to shelter from bad weather, or the weather would change and the walk would go ahead. It was this continuity in social gathering, irrespective of the weather, that was critical in keeping participation going. Members felt part of an ongoing group and were more likely to resume walking when the weather conditions allowed because they had seen each other relatively recently.

> *I phoned up everybody in the morning because it was chucking down, and I said, 'Don't worry about coming, it's raining a lot. And I still had three people turn up, who said, 'I want to just come here for a chat.' And it was dry by that time, so we did go for a walk. But, yes, it also shows that it's not just about walking, it's also about connecting with each other.*
>
> **LAUK Project Co-ordinator and Walk Leader**

> *When we had the exceptionally hot weather, we did say, "You know what? We are probably going to have to have a week off or something." Or we very much tailored it and made it shorter. We reinforced you must bring water.*
>
> **LAUK Project Lead**

4.4 Sustainability

There was some consideration by the walk leaders and LAUK project leads as to how the walking groups could be sustained in the longer term, and one LAUK reported that the groups had continued beyond the current funding. For all groups, sustainability was part of their plans.

> *I always think [if] we can offer something sustainable…that would be a really good goal for us.*
>
> **LAUK Service Delivery Standards Manager**

In most cases, the focus of this was on volunteers continuing to lead the walks, or for the walkers themselves to take over.

> *Thinking forward, if this project runs out, we really want to encourage people, as early as possible to take a lead on things… I think there may well be opportunities for [volunteers] to take things over in similar, but not quite the same way.*
>
> **LAUK Project Co-ordinator and Walk Leader**

> *I think the idea was that at the end of the programme we could continue the walks in the same vein and that we'd use our volunteer leaders. We probably wouldn't have a staff member going out as much as [walk lead] is at the*

moment, a year down the line. But the idea being that it would continue under our name and it would just be another of our activities.

LAUK Project lead

Two of the LAUKs recognised that training would be an important factor in making the walks sustainable, with one suggesting that a 'train the trainer' course be developed.

While we have a member of staff doing that group, I will eventually train up walk leaders, because that member of staff is only for a certain fixed period of time and I want to make sure that that group continues... having the training at a level where we can train more people would certainly have a huge impact on not only the sustainability of the project, long-term, but also the ability to create a walking network.

LAUK Project lead

While this is appealing and appears sensible, it is no small undertaking given the profile of the groups. If any of the participants were frail for example, not only would they require transport to get to the walks but could also need specialist, perhaps medical, support during the walks. A self-sustaining model, where walkers or volunteers become walk leaders, would not be possible and further funding would be required.

4.5 Learnings

Learnings from the research on how to enable inactive older people to participate on a regular basis are mostly for the walk leaders with two points for Age UK to consider.

4.5.1 For Age UK

- To enable participants to participate regularly, walk leaders will need to spend time each week planning and reviewing the walks; checking in with participants and volunteers; and, in some cases, arranging transport to the start of the walk. This is on top of continuing to promote the groups and working with referral partners. All of this will take time and requires the walk leader to have specific knowledge and skills. This should be allowed for in the recruitment, training and funding of the walk leaders.

- The demand placed on volunteers in terms of the mandatory training and the role they play in sustaining the groups needs to be carefully considered so they are not overloaded and put off helping. Options for peer-to-peer training should be considered alongside reduced mandatory training.

4.5.2 For walk leaders

- Walk leaders and volunteers should attempt to find out the interests and preferences of each of the participants so they can tailor the walks accordingly. This was done effectively in the pilot with walk leaders turning them into nature walks or by pairing up participants and volunteers with similar interests. As well as increasing participants' enjoyment of the walks, this boosted their self-esteem through someone taking an interest in them and listening to what they had to say. In turn, walkers are more likely to maintain their participation. Walk leaders who concentrated on getting to know the participants also found it easier to identify additional support needs and could direct participants to other services, such as dementia support or befriending services. This is another example of Making Every Contact Counts being put into practice.

- Interest was sustained by building variety and appropriate levels of challenge into the walks. Modest increases in the amount of the challenge – by walking for longer or on more difficult terrain – gave participants a sense of progress, which helped motivate them further. To undertake this the walks need to be carefully planned, based on a careful risk assessment, and then reviewed afterwards so the next walk can build on the previous one.

- Locations that provided an opportunity for participants to observe and enjoy being in nature encouraged participants to return as they noticed the wellbeing benefits. However, this needs to be balanced with finding a terrain that is manageable and not daunting for participants.

- The social dynamic of the group can be encouraged by meeting somewhere that provides an opportunity for participants to socialise before or after the walk. A café or community centre can perform this function and provide an option if the weather is bad or a participant does not feel like walking as far as the rest of the group.

- There needs to be a good ratio of volunteers to participants for inactive older people to be able to take part on an ongoing basis. Volunteers supporting small groups of two to three older people were observed providing practical support and walking at a pace that suited the group. The support of volunteers, or carers as was the case in some of the walking groups, enabled the walk leaders to cater for different capabilities and interests.

- There should be a continuous dialogue with participants about arrangements for attending the walks. This could be done through a combination of weekly phone calls and conversations during the walks, as support requirements, and participant confidence in their ability to manage the walk, will change with the seasons and, in particular, after health setbacks.

5 WALKING AS AN INTERVENTION FOR SPECIFIC GROUPS

This section addresses the final research question: Are the walking groups an effective intervention for specific groups of inactive older people to increase their physical activity levels?

LAUKs were asked to recruit inactive people with one or more of the following profiles:

- at risk of loneliness

- with long-term health conditions (LTHCs)

- from lower socio-economic groups

- from ethnic minority groups

- or aged over 75 years.

Figure 1 shows that all five LAUKs aimed to include people with LTHCs and those at risk of loneliness, and all but one planned to target over 75s. Only one chose to target lower socio-economic status and none used ethnicity as a target group.

Figure 1: Inclusion criteria set out in LAUK bids

LAUK	Over 75	Long-term health conditions	At risk of loneliness	Lower socio-economic status
Gloucestershire	✓	✓	✓	x
Lincoln & South Lincolnshire	x	✓	✓	x
North Yorkshire Coast & Moors	✓	✓	✓	x
Nottingham & Nottinghamshire	✓	✓	✓	✓
Sheffield	✓	✓	✓	x

This section describes the profile of participants recruited to the walking groups and explores the extent to which the Age UK walking groups were a good way of encouraging older people from the target groups to take part, as well as the sustainability of the groups.

As this is a qualitative evaluation, we do not have an objective and quantitative measure of baseline and post-intervention activity levels, so the focus of this research question is on whether the LAUKs were successful at reaching these particular groups. A separate quantitative study, carried out by Age UK, concluded that Walking Programme participants reported increased levels of physical activity.

5.1 Profile of the walking groups

Age UK's monitoring data records that 241 people registered with a walking group, of whom 221 attended at least one session (Appendix 3, Table i). The average session had five participants, and this was consistent across the LAUKs.

5.1.1 Aged over-75

Table ii in Appendix 3 shows the age profile of registrants for the walking groups. All of the LAUKs except Lincoln planned to target people aged 75 or above and at least three-quarters of people in Sheffield, Gloucestershire and Nottingham met this definition. In North Yorkshire, a third of the groups were made up of people in this age group. In all areas, the mean age was more than 70 years and in one it was 80 years or above.

Overall, the programme data show that all groups managed to involve some people who were aged 75 or above or had at least one LTHC into their walks. However, Sheffield and Gloucestershire had a high proportion of people in these groups.

5.1.2 Long-term health conditions

All of the LAUKs planned to target people with LTHCs. Table iii in Appendix 3 shows that well over half (59%) of registrants reported at least one long-term health condition. A similar number (56%) said they had reduced ability to carry out activities. The LAUKs were not asked to report on the exact nature of the LTHCs although we know from our visits that several people in the Sheffield group had dementia.

Again, there are some notable differences between the LAUKs.

- In Sheffield, only three of the 30 participants reported no LTHCs and two-thirds of registrants had two or more. Gloucestershire also had a low proportion of people with no LTHCs (15 per cent).

- By contrast, half of the participants in Lincoln and North Yorkshire (54 and 52 per cent respectively) had no LTHCs and in both areas, fewer than 5 per cent of people had two or more LTHCs.

- North Yorkshire was the area with the lowest proportion of people aged 75 and above and had a lower incidence of LTHCs among registrants.

5.1.3 At risk of loneliness and lower socio-economic status

Monitoring data were not collected which would have allowed us to evidence the extent to which LAUKs managed to reach people who were at risk of loneliness or from a lower socio-economic status. However, through our interviews during the research visits, it was clear that there were people attending who had limited social contact outside of the walking group.

5.1.4 Gender

The LAUKs were not asked to consider gender when recruiting participants but it was noticeable in the monitoring data that there were more women than men in all of the walking groups (Table ii in Appendix 3). Overall, three-quarters of participants were female (72 per cent) but there was some variation in this figure with 62 per cent in Nottingham being female and 77 per cent in Lincoln, North Yorkshire and Sheffield.

5.1.5 Physical activity and inactivity

Table iv in Appendix 3 shows the baseline activity levels of registrants in each LAUK, sourced from Age UK's records. It shows that the average (mean) number of minutes of physical activity each week was 117, ranging from 49 minutes in Sheffield to 210 minutes in Gloucestershire.

It also shows that around one-quarter (27%) of registrants said they did 30 minutes or less physical activity per week which means that nearly three-quarters of registrants did not meet the key criterion for levels of inactivity. In Sheffield, 18 of the 30 registrants (60%) met the inactivity criterion but the figure was between 11% and 34% in the other four groups.

5.1.6 Gauging success

The profile of the groups in the monitoring data shows that the groups were largely successful in recruiting over-75s and with long-term health conditions. Although the picture was mixed, the majority of participants across the groups belonged to one or more of the target audiences. Our

observations also suggest that those at risk of loneliness were encouraged to take part and registered to do so.

It also shows that the key criterion, that participants should be 'inactive', i.e. doing less than 30 minutes of physical activity per week, appears not to have been met. Only Sheffield attracted more than half of registrants that met this criterion, and the other groups achieved no more than one-third.

In paragraph 3.1.2 and in section 3.4 we discussed the difficulties associated with the definition of inactivity and how it was used during recruitment and the early stages of the programme. In particular, we highlight the absence of clear guidance about what constitutes physical activity and a clear statement of how it should be judged (e.g. in terms of vigorous, moderate or light activity as referenced by the CMO). Additionally, we know that there were sensitivities around the process of collecting the data from registrants, and differences in the way people self-reported their activity levels.

Given these issues and the qualitative nature of our research, we are not in a position to state whether or not the groups were successful in recruiting inactive older people. Nor, without a consistent and objective baseline measurement, can we definitively say whether physical activity increased or was sustained.

5.2 Two models of walking group

At first glance, older people recruited to the groups were a mix of those from the intended target groups for this programme and others who were not. The reality was more complex. Firstly, as already mentioned, due to limitations of the physical activity/inactivity data, it is not possible to definitively state that those whose baseline characteristics appeared to be inconsistent with the individual criteria set for the programme are not the intended target group. Secondly, there was a lot of evidence suggesting that where the programme's 'inclusion criteria' were broadened by individual LAUKs during its implementation, this was because they were receptive to the voices and feedback of the people they work with and wanted to make sure they provided support to those who needed it, by using the walking group programme as a vehicle. There were two dimensions where this was particularly visible:

- Inclusivity as a factor affecting LAUKs' work

- LAUKs' recognition of the limitations of the original set of criteria and taking steps to overcome them.

5.2.1 Inclusivity as a factor affecting LAUKs' work

Being inclusive was highly important to most of the participating LAUKs and there were instances where they prioritised that over the criteria they were set, particularly where they felt that they were compliant with other aspects of the programme guidance.

Not feeling comfortable about turning people away was one important manifestation of this.

As already mentioned earlier in the report, although profile questions were asked, prospective participants were often not turned away based on their answers. Leaders generally felt that where people had made an effort or were eager to take part, it was not appropriate to refuse them a place on the walk.

> *We wouldn't want to exclude people…. If somebody's 72 but really isolated and needs to get moving, then we would want them to come and join us.*
>
> **LAUK Project Co-ordinator and Walk Leader**

Similarly, when the age criteria for the walk involving people in the assisted living facility in Gloucestershire, which was initially aimed at over 75s, was challenged during the pilot by some people who were younger and wanted to join, this criterion was relaxed as the leader did not want to turn people away who could not walk alone for other reasons.

There were also examples where in order to involve one person, who 'fit' most if not all the criteria, walk leaders had to agree to their friend or a family member joining the group too. For example, one woman in the Sheffield group had dementia and needed the support of her husband and a friend to attend. By the group leader recognising this need, and welcoming these two extra individuals into the group, she was able to attend. All three enjoyed the opportunity the group gave them to socialise and take gentle exercise.

5.2.2 LAUKs' recognising limitations of the original set of criteria and trying to overcome them

Preventing future inactivity, where it was highly likely, was a factor that prompted several group leaders to involve people in their walking groups, even if their levels of physical activity at the time were above the inactivity threshold. Taking an early intervention approach, group leaders welcomed to their groups those people for whom a lack of confidence was likely to prevent them from venturing outside on a walk on their own or those who might not feel safe to venture out to a new place alone, for example a blind person.

5.2.3 Two models of walking group, their relative advantages and disadvantages

Evidence gathered and analysed as part of this research, suggests that two models were evident during the pilot:

- Model 1, target participants only: This was the original design of the walking groups, explicitly targeting inactive older people and where most participants' characteristics at baseline were broadly consistent with the criteria stated in the programme guidance

- Model 2, mixed, target participants and others: This model emerged during the pilot, not by design, but as a result of walk leaders allowing those outside the original criteria to benefit from the walks. As a result, it involved both people who met the target criteria and those who (at least according to the original programme guidance) did not.

Both models were able to reach and support the participation of target groups of older people and each also has advantages and disadvantages, which are summarised below.

Model 1, target group participants only	
Pros	**Cons**
• Resourcing and support are directed at a specific need making it likely to be more streamlined and allowing funds to cover all the support needed by the group. • Formal mechanisms (screening, monitoring of levels of physical activity) are easier to administer because of the clear identity of the group.	• If narrowly targeted, only small numbers of people might be allowed to join, making the groups slow to get started. This might put others off joining and could prompt others to stop attending. • At risk of disappearing – because of the numbers but also inevitable fluctuation in attendance (much higher likelihood of attending less frequently or there being gaps in attendance due to health conditions amongst the target participants). • Can be perceived negatively, as labelling people and focused more on what they cannot do or health issues affecting them, than what they can do and the benefits that they can gain from taking part.

Model 2, Mixed: target group participants as well as others	
Pros	Cons
• Much easier to set up and become established when starting a new walking group. • Attracts some target people who would not be reached otherwise. • Makes the group more attractive (socially) and less at risk of closing due to non-attendance. • Provides benefits to other people (non-target groups but still those people that Age UK tries to support) without much additional effort.	• Focus on the target group can get lost, including resource being directed into supporting people that don't need it. • Project resourcing can become more complex, potentially requiring different funding streams. • Some aspects of monitoring can be more complex, due to different types of participants. • Wider range of needs and ability means greater demand on walk leaders to identify routes and ensure appropriate levels of support (although this can also be the case in model 1).

To sum up, while there might be some questions about whether only the 'right people' were involved in the pilots, thanks to the approaches that were adopted by group leaders (described in section 4), those target participants were well supported and benefitted from taking part in the programme, whether they were in groups that were solely focused on the target group or mixed.

5.3 Learnings

The points below are for Age UK to consider. Any learnings for walk leaders would be dependent on the approach used and the clarity of guidance provided to them.

- The pilot has shown that a flexible approach from walk leaders enabled people from the main target group to participate, but because of inconsistent understanding of 'inactivity' it was not clear how many. If an aim of a programme is to target specific subgroups, it is important to be clear about how the criteria are defined and provide guidance on how data should be collected accurately and consistently. This allows funders to evidence the extent to which these criteria have been met.

- While there can be good reasons to target specific groups, it is also possible for others to benefit. If we consider the CMO guidance in its entirety, rather than just focusing on

inactivity, it's clear that there are also people that are at risk of rapidly moving into that group who could benefit from a programme that helps them maintain current levels of movement.

- Aiming for mixed target audience can bring in more core participants *and* their carers, both of whom can experience the benefits of gentle exercise and socialising with other people. The inclusion of carers may help to support the sustainability of the group if they can free up volunteers to assist with other group members.

6   CONCLUSIONS AND RECOMMENDATIONS

This research shows that it is possible to support inactive older people to join and regularly participate in walking groups. The programme involved 221 older people, of whom 121 attended regularly, which we have defined as taking part in six sessions or more. Given the health challenges of this demographic, this can be considered a success. Participants enjoyed the walks and many believed that it helped them to improve their physical and mental health.

Older people wanted to participate to improve or maintain their health, to meet and socialise with others and to have something to look forward to during the week. They returned to the groups for much the same reasons: seeing improvements in their health, and enjoying the outdoors and interactions with others. Walk leaders and volunteers were vital in generating a sense of togetherness and reassuring participants about their ability to take part safely. The personalities, ingenuity and dedication of walk leaders and volunteers helped maintain the momentum of the groups week after week.

The research also identified considerable barriers to involving inactive older people in physical activity and highlighted that a programme on a large scale would be expensive and resource-intensive if it retains the focus on specific groups of inactive older people. Many of these barriers were addressed by the LAUKs through proactive recruitment (e.g. making multiple phone calls to encourage and reassure people), careful planning of the walks, offering transport to participants to help them attend a walking group, being flexible (changing walk times) and responsive (to the weather). However, this cost money and the time of the walk leader, and made setting up and maintaining the groups challenging and intensive.

Similarly, the support of volunteers in accommodating different abilities was important but cannot be taken for granted. Having a high participant-to-volunteer ratio offered more opportunities for individuals to walk at their own pace, but recruiting and retaining volunteers can be challenging. Some volunteers may prefer just to accompany people on a walk with little responsibility, and not be prepared to take part in training for the role. Care should be taken to manage the volunteers and ensure they have the support that they need to carry out their role.

One of the main issues to come out of the research relates to the recruitment and screening of the target audience for the walks. The walking groups were designed to reach inactive older people, defined as those doing less than 30 minutes of physical activity per week. Of those recruited to the groups, 53 (around one-quarter) were deemed to be inactive using this definition. In the report we

detail a number of factors that mean the figure is not higher. These factors relate to the definition of 'inactive', the associated guidance, and the challenges involved in recruitment and screening. Another factor was a well-intentioned desire on behalf of the walk leaders to be inclusive. While this is consistent with the ethos of Age UK as an organisation, it was a deviation from the original aims of the pilot programme. It is important to be aware of the potential implications of having a screening process, for example, people being put off by the process but who would meet the inclusion criteria and how to manage the expectations of people who do not fit the inclusion criteria.

Another approach to setting up and running the groups emerged from the research; that of a less targeted approach, which resulted in groups comprising a mix of people who did and did not meet the 'inactive' criterion. This approach has benefits which are worth considering. Active people can act as role models to inactive people and make the groups more sustainable if they act as "unofficial" volunteers by offering gentle support and encouragement to their peers. Welcoming spouses and carers into a group can help to reduce the burden on volunteers and walk leaders, and they might also benefit from taking part in a group.

Like the targeted approach it has its strengths and challenges. If a mix of activity levels is a priority then resource would still need to be allocated to reaching inactive people and care would need to be taken that their needs were being considered in the management of the walks.

6.1 Recommendations

Throughout the report, we detail a set of 'learnings' against each of the research questions, which contain considerations and recommendations for setting up similar walking groups to help inactive older people be more active. We have consolidated these into the following, which should be read in conjunction with the details in each of the individual sections.

6.1.1 For Age UK

- Provide clear guidance to LAUKs about what the groups are intended to address (in this case inactivity among older people) and as a result, which inclusion criteria take precedence (the measurement of physical activity) and how it should be implemented.

    o If an aim of the programme is to target specific subgroups, it is important to be clear about how the criteria are defined and provide guidance on how data should be collected accurately and consistently. This allows funders to evidence the extent to which these criteria have been met.

    o Be explicit about whether people outside the target group are eligible to attend and, if so, recognise who could benefit from the programme and how, and highlight the value that these others can bring to the core target group.

- Provide clear, specific guidance to LAUKs about how to measure and record physical activity (and consequently inactivity). In particular, this should include the types of activity and level of intensity to be included in the assessment – counting moderate and intense activity would be consistent with CMO guidance.

- Allow sufficient lead time for groups not only to start but to grow.

- Reconsider the value of one-off welcome sessions compared with a process of rolling recruitment and on-boarding.

- Provide training and support to help walk leaders set up formal referral pathways with GPs and social prescribers to supplement other recruitment approaches.

- Provide sufficient resources to facilitate regular participation; through suitable recruitment, training and funding of the walk leaders, and guidance to them about planning and reviewing the walks; checking in with participants and volunteers; and facilitating access to the walks.

- Provide sufficient resources for recruitment, training and ongoing support for volunteers; in addition, consider peer-to-peer support alongside reduced mandatory training.

6.1.2 For walk leaders
- Recruitment should involve a combination of the following methods:

  o marketing in suitable locations, such as GP practices, places of worship, post offices, supermarkets and chemists.

  o working with referral partners, such as GPs and social prescribers, ensuring they are fully briefed and can encourage inactive older people to participate. Inviting them to observe the group, as one of the LAUKs did, would be a good way of doing this.

  o making use of personal networks, working with other services and utilising opportunities to engage older people they meet when they're out walking with the group.

- Promotional materials should direct those interested to the walk leader for a preliminary discussion and screening for suitability, rather than providing details of the walk location and timing.

- Screening against the inclusion criteria should be done in advance of the day of the walk. If this is not possible it should be done away from the group and one-to-one:

  o Be prepared, if necessary, to turn people away from the group and direct those who do not meet the criteria to other local groups or activities

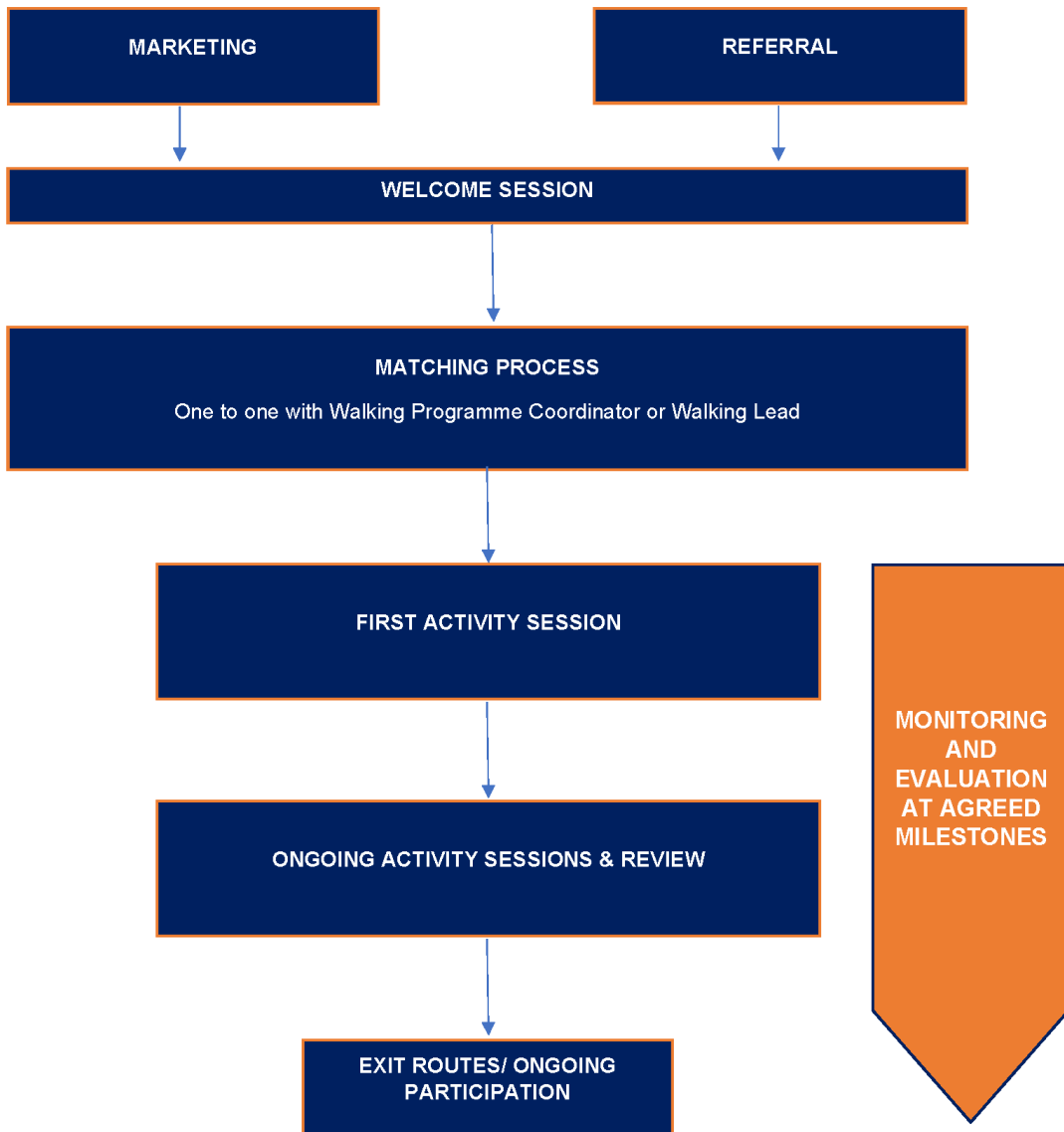 o Explain the rationale for collecting the data and provide reassurance about how it will be kept

- o Use the discussion to encourage prospective participants, reassure them about any concerns they have, learn what is likely to motivate them, and identify (and ideally resolve) any practical barriers to them taking part.

- Choose walk locations to allow for different ability levels, be accessible by public transport and have car parking, include benches or other places to stop, and allow people to connect with and enjoy nature.

- Encourage a social dynamic by meeting somewhere that provides an opportunity for participants to socialise before or after the walk, or in the event of bad weather.

- Build variety and appropriate (and possibly increasing) levels of challenge into the walks. Ensure changes are carefully planned, risk assessed and reviewed afterwards.

- Ensure a good ratio of volunteers to participants, small groups of two to three older people are ideal to provide practical support, allow people to walk at different speeds and to cater for different capabilities and interests.

- Get to know the participants and tailor the walks to their interests and preferences; for example, turn them into nature walks, and pair up participants and volunteers with similar interests.

- Maintain an ongoing dialogue with participants through regular phone calls and conversations on the walks; to identify additional support needs or any changes in ability levels, direct participants to other services, and make arrangements for attending each week.

- Consider the COM-B model to help explore potential participants' psychological and physical capabilities, as well as their motivations and the accessibility of the group. The following is an example of how COM-B could be applied to the walking group:

  - o **Capabilities**: this will involve developing participants' confidence to attend, as well as their physical capabilities. Stress the support that will be in place, encourage participants to do strength and balance exercises at home, and to use walking aids to help them manage the walk better.

  - o **Opportunity**: identify potential practical barriers, such as transport and the scheduling of the walks, put contingency plans in place for when there is bad weather and keep in touch with participants during the week.

  - o **Motivation**: emphasise the chance to be active, maintain physical fitness and remain independent; the social aspect of the group; and the opportunity for greater variety in the week and to spend time outdoors.

APPENDIX 1: PROCESS MAP

ageUK

WALKING PROGRAMME: USER EXPERIENCE

MARKETING	REFERRAL

WELCOME SESSION

MATCHING PROCESS

One to one with Walking Programme Coordinator or Walking Lead

FIRST ACTIVITY SESSION

MONITORING AND EVALUATION AT AGREED MILESTONES

ONGOING ACTIVITY SESSIONS & REVIEW

EXIT ROUTES/ ONGOING PARTICIPATION

APPENDIX 2: SCREENING QUESTIONS

The table shows the questions LAUKs were required to ask of prospective participants. The Physical Activity Readiness (PAR) questionnaire that follows was also part of the recruitment and screening process.

Gender	The self-reported gender of the person
Age	The rounded age of the person, at time of starting the service
Postcode	The person's home postcode
Physical or Mental Health Condition	Whether the person has a long-term condition, phrased as: Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?	Whether the long-term conditions affect the persons day-to-day activities: Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? [Yes, a lot] {Yes, a little] {non at all]
Readiness for Activity	Whether the PAR Q identified a need to consult a medical professional prior to beginning the activity (Yes, No)
Physical Activity	The physical activity levels of the person: Think about the last few weeks, how many minutes of physical activity would you say you do in a usual week?

Physical Activity Readiness Questionnaire (PAR Q) Short version

REPs — The Register of Exercise Professionals

Client Name: _____ DoB: _____

Address: _____

_____

Email: _____ Phone: _____

If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you significantly change you physical activity patterns. If you are over 69 years of age and are not used to being very active, check with your doctor. Please read each question carefully and answer honestly by indicating **YES** or **NO**.

What are your main reasons for starting a fitness programme?	YES	NO
Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?	☐	☐
Do you feel pain in your chest when you do physical activity?	☐	☐
In the past month, have you had a chest pain when you were not doing physical activity?	☐	☐
Do you lose balance because of dizziness or do you ever lose consciousness?	☐	☐
Do you have a bone or joint problem (for example back, knee or hip) that could be made worse by a change in your physical activity?	☐	☐
Is your doctor currently prescribing medication for your blood pressure or heart condition?	☐	☐
Do you know of **any other reason** why you should not take part in physical activity?	☐	☐
If YES, please comment:		

If you answered YES to one or more questions:
You should consult with your doctor to clarify that it is safe for you to become physically active at this current time and in your current state of health.

If you answered NO to one or more questions:
It is reasonably safe for you to participate in physical activity, gradually building up from your current ability level.
A fitness appraisal can help determine your ability levels.

I have read, understood and accurately completed this questionnaire. I confirm that I am voluntarily engaging in an acceptable level of exercise, and my participation involves a risk of injury.

Signature: _____ Print name: _____ Date: _____

Having answered YES to one of the questions above, I have sought medical advice and my GP has agreed that I may exercise.

Signature: _____ Date: _____

Note: This PAR Q becomes invalid if your condition changes so that you would answer YES to any of the 7 questions.

APPENDIX 3: MONITORING DATA

The following data are sourced from Age UK monitoring data

Table i: Attendance

LAUK	No. People	Did not attend a group	Attendances	Attendances / people	No. Sessions	Ave attend.
Gloucestershire	28	0	353	13	78	5
Lincoln and South Lincolnshire	67	14	492	9	119	4
North Yorkshire Coast and Moors	69	5	425	7	84	5
Nottingham & Nottinghamshire	47	1	612	13	119	5
Sheffield	30	0	333	11	74	5
Whole Programme	**241**	**20**	**2,215**	**10**	**474**	**5**

Table ii: Age and gender

LAUK	Male	Female	Mean age (years)	Min age (years)	Max age (years)	% >75years
Gloucestershire	10	18	78	49	91	79%
Lincoln and South Lincolnshire	15	52	74	52	95	48%
North Yorkshire Coast and Moors	16	53	70	47	85	33%
Nottingham & Nottinghamshire	18	29	79	64	91	76%
Sheffield	7	23	81	64	92	86%
Whole Programme	**66**	**175**	**75**	**47**	**95**	**56%**

Table iii: Long-term health conditions (LTHCs)

LAUK	Participants registered	LTHC		Reduced ability to carry out activities		
		One	Two or more	A lot	A little	Not at all
Gloucestershire	28	11	12	4	20	3
Lincoln and South Lincolnshire	67	27	3	11	26	30
North Yorkshire Coast and Moors	69	26	1	2	13	43
Nottingham & Nottinghamshire	47	18	16	13	20	14
Sheffield	30	8	19	18	7	4
Whole Programme	**241**	**90**	**51**	**48**	**86**	**94**

Table iv: Physical activity

LAUK	Participants registered	Ave baseline activity (mins/week)	30 minutes or less physical activity/ week
Gloucestershire	28	210	3
Lincoln and South Lincolnshire	67	68	21
North Yorkshire Coast and Moors	69	127	5
Nottingham & Nottinghamshire	47	168	6
Sheffield	30	49	18
Whole Programme	**241**	**117**	**53**

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