Promoting physical activity amongst older adults: What if we asked them what they want?

Two studies to consider the effects of involving older adults in the design, delivery, implementation and promotion of interventions to promote physical activity amongst their age group.

A thesis submitted to the University of Manchester for the degree of PhD in the Faculty of Medical and Human Sciences

2014

Elisabeth Rachel Boulton

School of Nursing, Midwifery and Social Work
# Table of Contents

List of tables 9

List of boxes 9

List of figures 10

Abstract 11

Declaration and copyright statement 12

List of abbreviations 13

Acknowledgements 14

Chapter one: Introduction 15

1.1 The importance of physical activity 15

1.2 The importance of falls prevention 16

1.3 Levels of physical activity 17

1.4 The policy context 19

1.5 Potential cost benefits to the health and social care system 23

1.6 The changing health and social care system 24

1.7 Encouraging older adults to be physically active 24

1.8 Population level interventions 26

1.9 The research paradigm 28

1.10 The importance of the study on a personal level 28

1.11 The organisation of the thesis 29

1.12 Summary 30

Chapter two: Literature Review 31

2.1 The initial review 31

2.2 Search strategy 32

2.3 Inclusion and exclusion criteria 33

2.4 Data extraction and quality assessment 35
2.5 Data synthesis 37
2.6 Findings 38
2.6.1 Study design and intervention 38
2.6.2 Participants and context 39
2.6.3 Nature of involvement 41
2.6.4 Effective interventions 46
2.7 Limitations 48
2.8 Discussion 49
2.9 Conclusions 52

Chapter three: Research methodology and methods for study one 54
3.1 Definitions of older adults and physical activity 54
3.2 Research question 55
3.3 Aims and objectives 55
3.3.1 Aims 55
3.3.2 Objectives 56
3.4 Underpinning methodology 56
3.5 Recruitment and sampling 59
3.5.1 The social demographics of Calderdale 62
3.6 The formulation of the questions 64
3.6.1 Social Ecological Models of behaviour change 66
3.7 Data collection 70
3.7.1 The suitability of focus groups 70
3.7.2 Organising the focus groups 70
3.7.3 Conducting the focus groups 71
3.7.4 Organising and conducting the focus group with South Asian Ladies 74
3.7.5 The suitability of interviews 76
3.7.6 Organising the interviews 77
3.7.7 Conducting the interviews 77
3.7.8 Recording the data 79
3.8 Data analysis 79
3.8.1 Data storage and retrieval 81
3.8.2 The analytic process 82
3.9 Rigour 83
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.10</td>
<td>Ethical considerations</td>
</tr>
<tr>
<td>3.11</td>
<td>Reflexivity</td>
</tr>
<tr>
<td>3.12</td>
<td>Summary</td>
</tr>
<tr>
<td>4.1</td>
<td>The development of the themes and categories</td>
</tr>
<tr>
<td>4.1.1</td>
<td>Linkages in the data</td>
</tr>
<tr>
<td>4.2</td>
<td>What makes the activities accessible and appealing?</td>
</tr>
<tr>
<td>4.2.1</td>
<td>Flexibility, variety and adaptability</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Affordability</td>
</tr>
<tr>
<td>4.2.3</td>
<td>Accessibility</td>
</tr>
<tr>
<td>4.2.4</td>
<td>Sociable</td>
</tr>
<tr>
<td>4.2.5</td>
<td>Welcoming</td>
</tr>
<tr>
<td>4.2.6</td>
<td>Enjoyable</td>
</tr>
<tr>
<td>4.2.7</td>
<td>Weather, seasons and time</td>
</tr>
<tr>
<td>4.2.8</td>
<td>Appealing to men</td>
</tr>
<tr>
<td>4.2.9</td>
<td>Appealing to all ages</td>
</tr>
<tr>
<td>4.2.10</td>
<td>Appealing to the uninterested</td>
</tr>
<tr>
<td>4.2.11</td>
<td>Promotion and advertising</td>
</tr>
<tr>
<td>4.3</td>
<td>Personal attributes</td>
</tr>
<tr>
<td>4.3.1</td>
<td>It's more about me</td>
</tr>
<tr>
<td>4.3.2</td>
<td>My own ability</td>
</tr>
<tr>
<td>4.3.3</td>
<td>It's good for me</td>
</tr>
<tr>
<td>4.4</td>
<td>Summary</td>
</tr>
<tr>
<td>5.1</td>
<td>Responding to the participants - the cry for help!</td>
</tr>
<tr>
<td>5.2</td>
<td>The suitability of action research</td>
</tr>
<tr>
<td>5.2.1</td>
<td>Participatory research</td>
</tr>
<tr>
<td>5.2.2</td>
<td>Continuum of participatory research methodologies</td>
</tr>
<tr>
<td>5.2.3</td>
<td>The action research approach adopted</td>
</tr>
<tr>
<td>5.3</td>
<td>Important elements to consider</td>
</tr>
<tr>
<td>5.3.1</td>
<td>Positionality</td>
</tr>
<tr>
<td>5.3.2</td>
<td>Political context</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
</tr>
<tr>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>5.3.3</td>
<td>Critical reflection</td>
</tr>
<tr>
<td>5.3.4</td>
<td>Validity, rigour and quality</td>
</tr>
<tr>
<td>5.3.5</td>
<td>Ethical considerations</td>
</tr>
<tr>
<td>5.4</td>
<td>Conclusion</td>
</tr>
<tr>
<td>5.5</td>
<td>Summary</td>
</tr>
</tbody>
</table>

**Chapter six: Problem identification and action planning - study two**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Establishing the Action Research Group</td>
<td>157</td>
</tr>
<tr>
<td>6.1.1</td>
<td>Sharing the findings from study one</td>
<td>157</td>
</tr>
<tr>
<td>6.1.2</td>
<td>Sharing a problem</td>
<td>158</td>
</tr>
<tr>
<td>6.2</td>
<td>Agreeing which problems to address</td>
<td>162</td>
</tr>
<tr>
<td>6.3</td>
<td>Action planning</td>
<td>165</td>
</tr>
<tr>
<td>6.3.1</td>
<td>Redesigning the promotional literature</td>
<td>165</td>
</tr>
<tr>
<td>6.3.2</td>
<td>Targeting specific residential areas</td>
<td>167</td>
</tr>
<tr>
<td>6.3.3</td>
<td>Targeting GPs, chemists and dentists</td>
<td>168</td>
</tr>
<tr>
<td>6.3.4</td>
<td>Focusing on particular activities</td>
<td>169</td>
</tr>
<tr>
<td>6.3.5</td>
<td>Aiming to attract men through particular activities</td>
<td>170</td>
</tr>
<tr>
<td>6.4</td>
<td>Measuring the change</td>
<td>171</td>
</tr>
<tr>
<td>6.5</td>
<td>Fine tuning the actions</td>
<td>174</td>
</tr>
<tr>
<td>6.6</td>
<td>Summary</td>
<td>175</td>
</tr>
</tbody>
</table>

**Chapter seven: Analysis, evaluation and further planning**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>The context in which the study took place</td>
<td>177</td>
</tr>
<tr>
<td>7.2</td>
<td>The development of the Group</td>
<td>179</td>
</tr>
<tr>
<td>7.2.1</td>
<td>Establishing collaboration</td>
<td>179</td>
</tr>
<tr>
<td>7.2.2</td>
<td>Maintaining and developing collaboration</td>
<td>180</td>
</tr>
<tr>
<td>7.3</td>
<td>Analysing the data</td>
<td>181</td>
</tr>
<tr>
<td>7.4</td>
<td>Findings from the action research study</td>
<td>185</td>
</tr>
<tr>
<td>7.4.1</td>
<td>New members</td>
<td>185</td>
</tr>
<tr>
<td>7.4.2</td>
<td>Questionnaire responses</td>
<td>189</td>
</tr>
<tr>
<td>7.4.3</td>
<td>Community capacity</td>
<td>191</td>
</tr>
<tr>
<td>7.4.3.1</td>
<td>The nature of voluntary groups</td>
<td>191</td>
</tr>
<tr>
<td>7.4.3.2</td>
<td>Leadership, vision and planning</td>
<td>196</td>
</tr>
<tr>
<td>7.4.3.3</td>
<td>External support</td>
<td>199</td>
</tr>
</tbody>
</table>
8.6 Recommendations for policy, practice and research

8.6.1 Recommendations for policy and practice

8.6.2 Recommendations for further research

8.7 Conclusions

References

Appendices

Appendix 1 Search terms and results for literature review
Appendix 2 Data extraction tables for included participatory studies
Appendix 3 Data extraction tables for included quantitative, mixed methods, case report, cohort and exploratory studies
Appendix 4 Detailed quality assessments for included studies
Appendix 5 Participant Information Sheet
Appendix 6 Brief questionnaire
Appendix 7 Consent form
Appendix 8 Focus group discussion guide
Appendix 9 Interview schedule
Appendix 10 Focus group guidelines
Appendix 11 Participant Information Sheet (Urdu)
Appendix 12 Brief questionnaire (Urdu)
Appendix 13 Consent form (Urdu)
Appendix 14 Example of the development of categories and classifications
Appendix 15 Example of a thematic chart
Appendix 16 Final index
Appendix 17 Letter of Approval from UoM Ethics Committee
Appendix 18 Questions regarding linkages in the data - study one
Appendix 19 Additional quotes to support findings presented in chapter four
Appendix 20 Consent form for action research study
Appendix 21 Slides from Neighbourhood Networking Day, March 2012
Appendix 22 Summary of findings for Action Research Group
Appendix 23 Calderdale Council Social Care structure
Appendix 24 High Five leaflet for GPs and chemists
| Appendix 25 | High Five Mount Tabor leaflet | 403 |
| Appendix 26 | Reach Out leaflet for local residential areas | 404 |
| Appendix 27 | Follow-up questionnaire | 405 |
| Appendix 28 | Action plan developed by the Action Research Group in May and June 2012 | 406 |
| Appendix 29 | Questionnaire responses summary | 409 |
| Appendix 30 | Mount Tabor population density map | 410 |
| Appendix 31 | Minutes of third Action Research Group meeting | 411 |
| Appendix 32 | Final ARG action plan | 416 |
| Appendix 33 | Reach Out leaflet from April 2014 | 418 |
| Appendix 34 | High Five Scottish dancing leaflet from April 2014 | 419 |
| Appendix 35 | High Five Scottish dancing leaflet from April 2014 | 420 |
| Appendix 36 | High Five Kurling leaflet from April 2014 | 421 |
| Appendix 37 | High Five newsletter from Spring 2014 | 422 |
| Appendix 38 | High Five website screenshots from April 2014 | 424 |

**Word count: 105,461**
List of Tables

1.1 Older adults achieving physical activity recommendations in 2009. 17
2.1 Summary of quality assessment ratings for included studies 36
2.2 Themes regarding involvement and related studies 50
3.1 Calderdale population by age and gender, for residents over 45 years of age and sample recruited to study 62
3.2 Ethnicity estimates for residents of Calderdale over 16 years of age from 2009 63
3.3 Number, gender, ethnicity, age range and self-reported level of physical activity of participants taking part in the focus groups 72
3.4 Number, gender, ethnicity, age, and self-reported level of physical activity of participants and the location of the interviews 78
4.1 Synthesis of similar initial codes 91
4.2 Codes from initial theme ‘Being with other people’ 91
4.3 Codes moved from initial theme and new theme location 94
4.4 Structure of data presented from focus groups and interviews 95
4.5 Activities described by participants as enjoyable 115
7.1 Data analysis plan 182
7.2 Initial themes and codes 183
7.3 New themes and sub-themes 184

List of Boxes

1 Bradbury & Reason criteria 154
2 Herr & Anderson criteria 154
3 Quotes related to fun and enjoyment included in leaflets 168
4 Quotes related to health benefits included in leaflets 169
## List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Percentage of adults meeting Department of Health recommendation for physical activity engagement in 2009</td>
<td>18</td>
</tr>
<tr>
<td>2.1</td>
<td>PRISMA Diagram: studies included and excluded in review</td>
<td>34</td>
</tr>
<tr>
<td>3.1</td>
<td>Bronfenbrenner’s Ecological Model of Human Development</td>
<td>67</td>
</tr>
<tr>
<td>3.2</td>
<td>McLeRoy et al.’s 1988 ecological model for health promotion</td>
<td>68</td>
</tr>
<tr>
<td>4.1</td>
<td>Participants’ responses regarding adaptability</td>
<td>101</td>
</tr>
<tr>
<td>4.2</td>
<td>What is important to the very active?</td>
<td>127</td>
</tr>
<tr>
<td>4.3</td>
<td>Responsibility and self-reported physical activity</td>
<td>130</td>
</tr>
<tr>
<td>5.1</td>
<td>Lewin’s four stage model</td>
<td>145</td>
</tr>
<tr>
<td>8.1</td>
<td>A social ecological model for promoting physical activity amongst older adults</td>
<td>238</td>
</tr>
</tbody>
</table>
Abstract of thesis submitted by Elisabeth Rachel Boulton for the degree of Doctor of Philosophy and entitled:

Promoting physical activity amongst older adults: What if we asked them what they want? Two studies to consider the effects of involving older adults in the design, delivery, implementation and promotion of interventions to promote physical activity amongst their age group.

November 2014

It is well known that physical activity can bring many benefits to people as they become older. In addition, a great deal is known about the personal and environmental motivators and barriers for older adults engaging in physical activity, yet policy imperatives have failed to deliver the change in activity levels required to even relatively modest levels of activity.

This study has sought to ascertain the effect of involving older adults in the design, delivery, implementation and promotion of interventions to promote physical activity amongst their age group. Through a two phase design the study has sought to find out what the essential ingredients of a successful intervention to promote physical activity would be, before applying some of these findings to the promotion of interventions and considering their effect.

The first phase of the study consisted of a qualitative study to identify older adults’ views and experiences. Some 61 older adults, aged between 49 and 87 years, were involved in 11 focus groups and 12 individual semi-structured interviews. Participants were asked why they engaged in physical activities, or what might encourage them to do so. The study was designed to identify the essential elements of a successful physical activity intervention. The second phase of the study, an action research project evolving from the qualitative study, involved older adults who were running community groups and physical activity sessions in their local areas and were keen to increase membership numbers. The Action Research Group, consisting of six older adults, two community development workers and the researcher, identified a number of problems to address as part of the study. New promotional literature for the community groups was developed, using the findings from the first study. Easy access, enjoyment, fun and affordability were highlighted on posters and leaflets that were distributed in the local communities.

The studies established that there are various factors that make engaging in physical activities accessible and appealing to older adults. Participants reported that activities must be flexible; affordable; accessible; sociable; enjoyable and that engagement is seasonal. Factors relating to personality and lifestyle were also important. Not feeling the need to be active, and being unmotivated to do so, cannot be easily influenced by external promotion of physical activity. However, ensuring that activities are as easy as possible to engage in could help to encourage older adults to try activities that they might otherwise rule out. The health benefits of physical activity were far less important to the participants than the social benefits. Involving older adults in the promotion of activities, focussing on the characteristics of activities that appeal to them, had some success. Difficulties in appealing to older adults across a broad age range emerged, as many participants in both studies were put off attending any activity labelled as for ‘over 50s’. They did not identify themselves as ‘over 50’. Both studies highlighted the additional difficulty of attracting men to existing activity groups and sessions.

A multilevel, social ecological model is presented, which highlights the influences on engagement in physical activity at individual and environmental levels. The future promotion of physical activity should focus on the social benefits and enjoyment that can be gained through participation, rather than on potential health benefits. How activities are labelled and promoted requires careful consideration and local older adults should be involved in local interventions. Community groups delivering interventions must receive tangible support.
Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

Copyright statement

i. The author of this thesis (including any appendices and/or schedules to this thesis) owns certain copyright or related rights in it (the "Copyright") and she has given The University of Manchester certain rights to use such Copyright, including for administrative purposes.

ii. Copies of this thesis, either in full or in extracts and whether in hard or electronic copy, may be made only in accordance with the Copyright, Designs and Patents Act 1988 (as amended) and regulations issued under it or, where appropriate, in accordance with licensing agreements which the University has from time to time. This page must form part of any such copies made.

iii. The ownership of certain Copyright, patents, designs, trade marks and other intellectual property (the "Intellectual Property") and any reproductions of copyright works in the thesis, for example graphs and tables ("Reproductions"), which may be described in this thesis, may not be owned by the author and may be owned by third parties. Such Intellectual Property and Reproductions cannot and must not be made available for use without the prior written permission of the owner(s) of the relevant Intellectual Property and/or Reproductions.

iv. Further information on the conditions under which disclosure, publication and commercialisation of this thesis, the Copyright and any Intellectual Property and/or Reproductions described in it may take place is available in the University IP Policy (see [http://www.campus.manchester.ac.uk/medialibrary/policies/intellectual-property.pdf](http://www.campus.manchester.ac.uk/medialibrary/policies/intellectual-property.pdf)), in any relevant Thesis restriction declarations deposited in the University Library, The University Library’s regulations (see [http://www.manchester.ac.uk/library/aboutus/regulations](http://www.manchester.ac.uk/library/aboutus/regulations)) and in The University’s policy on presentation of Theses.
### List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGM</td>
<td>Annual General Meeting</td>
</tr>
<tr>
<td>ARG</td>
<td>Action Research Group</td>
</tr>
<tr>
<td>BHFNC</td>
<td>British Heart Foundation National Centre</td>
</tr>
<tr>
<td>CBPR</td>
<td>Community Based Participatory Research</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
</tr>
<tr>
<td>CMO</td>
<td>Chief Medical Officers</td>
</tr>
<tr>
<td>DCMS</td>
<td>Department for Culture, Media and Sport</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>FG</td>
<td>Focus Group</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>NICE</td>
<td>National Institute for Health and Care Excellence</td>
</tr>
<tr>
<td>NPA</td>
<td>Not Physically Active</td>
</tr>
<tr>
<td>NS</td>
<td>Neighbourhood Schemes</td>
</tr>
<tr>
<td>NST</td>
<td>Neighbourhood Schemes Team</td>
</tr>
<tr>
<td>PA</td>
<td>Physically Active</td>
</tr>
<tr>
<td>PAR</td>
<td>Participatory Action Research</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>POPP</td>
<td>Partnerships for Older People Projects</td>
</tr>
<tr>
<td>PPI</td>
<td>Public and patient Involvement</td>
</tr>
<tr>
<td>RCT</td>
<td>Randomised Controlled Trial</td>
</tr>
<tr>
<td>TPB</td>
<td>Theory of Planned Behaviour</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>US</td>
<td>United States (of America)</td>
</tr>
<tr>
<td>WfH</td>
<td>Walking for Health</td>
</tr>
</tbody>
</table>
Acknowledgements

Many thanks go to my supervisors, Chris Todd and Maria Horne, for their support, feedback, guidance and for making a researcher out of a commissioner!

Thanks also to the older adults in my personal and professional life who have inspired and encouraged me to promote physical activity. I am grateful to Pat Cropper for setting up the informal reference group of older adults who reviewed my research materials and gave me invaluable feedback. Thanks to Paul Mansley, Richard Goringe, Beth Maiden and Tricia Astwood from the Neighbourhood Schemes Team for helping me with recruitment to both studies, for discussing the studies with me and for finding rooms for me to use. Thanks to the staff at Age UK Calderdale and Kirklees for facilitating contact with older adults. Also to Lynn Ward at Calderdale Carers Project for providing a room for me to use and offering me work when I needed it!

I am indebted to the older adult members of the Action Research Group: Sue Watson, Brian Chapman, Wendy Hodgson, Joan Royle, Pauline Commons and Sheila Jackson for taking part and for being my co-researchers on the journey.

Special thanks to my fellow PhD adventurer, Amanda Garrow, for reading my drafts and for riding the rollercoaster with me over the past four years!

The greatest thanks go to my children, Finn and Mia, for tolerating the ups and downs of a mother doing PhD research and most importantly to my husband, Alistair. Without his wisdom, knowledge and support (emotional, moral and financial) there would have been no PhD. This thesis is dedicated to him.
Chapter one: Introduction

In this chapter I will reveal the importance of physical activity and the failure of policy imperatives to deliver the change in activity levels required to promote even relatively modest levels of activity. I will position this research study within the context of wider research in the field before outlining the study itself and the organisation of the thesis.

1.1 The importance of physical activity

Physical activity can bring many benefits as people become older, such as promoting the maintenance of mobility and independence; improving strength, balance and coordination; improving emotional and mental wellbeing and reducing the effects of chronic conditions (Baker et al., 2007; Cavill, 2006; DH, 2004; Foster et al., 2005; US Department of Health and Human Services, 1996). Physically active older adults have better health and fitness and are less likely to suffer from chronic disease than those who are not active (Bouchard & Shepherd, 1994). Engaging in physical activities reduces the risk of developing chronic illness.

The health benefits of physical activity are well documented. Symptoms of diseases, such as breathlessness in those suffering from chronic obstructive pulmonary disease and pain from rheumatoid arthritis and knee osteoarthritis, can be alleviated by engaging in regular physical activity (Paterson, 2007; Ettinger, 1997; Miller, 2001; Messier, 2004). Physical activity slows the decline of bone mineral density (DH, 2004), reducing the risk of developing osteoporosis and osteoarthritis (Howe et al., 2011; WHO, 2002; BHFNC, 2007).

Lower risk of cancer is associated with increased levels and frequency of physical activity (DH, 2004). In particular, more active people have a lower risk of developing colon cancer, with 25% of deaths from the disease being associated with physical inactivity (BHFNC, 2007). Similarly, physical activity reduces the risk of breast cancer by 30% (BHFNC, 2007). Cardiovascular disease can be combated by engagement in physical activity (Cavill, 2006). Those who are physically active can halve their risk of death from coronary heart disease (DH, 2004). The risk of developing Type 2 diabetes is 33-50% lower for people who are physically active (DH, 2004), with regular physical activity reducing the risk by up to 64% in those at highest risk of developing the disease (Sport England, 2007). There is a lower incidence of strokes in people who are physically active (DH, 2004). In Scotland, 26% of deaths from stroke are associated with physical inactivity (BHFNC, 2007). Physical activity can lower blood pressure and is effective in both preventing and treating hypertension (Sport England, 2007). Obesity doubles the risk of all cause mortality and reduces life expectancy by nine years (DH, 2004; DH, 2005). In England, more than 66% of women and 75% of men aged 55 -74 are overweight or obese (DH, 2004). Physical activity makes an
important contribution to weight loss. There is evidence that being moderately physically active can be at least as effective as medication in the treatment of all levels of depression (DH, 2004; DH, 2005a; DH, 2009). Improvements in mental health and wellbeing, including self esteem and stress reduction, have also been achieved through regular physical activity (Falkingham, 2010). Levels of cognitive function can be improved (Angevaren, 2008) and the risk of dementia reduced (CMO, 2011). It has been found that, for those older adults who are risk averse and afraid of injuring themselves, even small bouts of low to moderate physical activity can be beneficial to health and physical function (Paterson et al., 2007).

In summary engaging in physical activity brings benefits to older adults both in preventing chronic disease and illness and in alleviating symptoms.

1.2 The importance of falls prevention

Physical activity has particular relevance and importance in the area of falls prevention. Falls occur amongst 33% of adults aged 65 years or over, with the likelihood and frequency increasing with age. By the age of 80, 45% of community dwelling adults experience a fall each year (DH, 2009a). Between 5% and 10% of those who fall sustain a serious injury, which has a direct impact on quality of life and independence (Peel, 2011; McClure et al., 2008).

The fact that engaging in physical activity reduces the risk of falling is an important issue. There is a wealth of evidence on the impact of physical activity, specifically strength and balance exercises, on the reduction of falls amongst older adults (Gillespie et al., 2012; Winter et al., 2012; Davies et al., 2009; McClure et al., 2008; Sherrington et al., 2008; Skelton et al., 2005). Resistance training can improve physical function and mobility and combat the age-related decline of bone density, which occurs at 10% per decade and of muscle strength, which declines at 30% per decade (Skelton & Dinan-Young, in Buckley, 2008).

This PhD study has developed out of work done at the University of Manchester on encouraging older adults to be physically active, in order to reduce their risk of falling. Studies found that older adults were unlikely to become active, or to exercise, in order to prevent a fall that had not yet occurred. Such a fall might never occur. Indeed, participants were of the opinion that falls happened to ‘other people’ (Yardley et al., 2006a; Yardley et al., 2006b; Yardley et al., 2007; Horne et al., 2009). As such, research needed to be carried out to investigate what would work in terms of encouraging older adults to become more physically active.

Originally, the study was set up to look at the idea of older adults’ playgrounds. Gym equipment in outdoor spaces was already popular in countries such as Australia and the United States, where outdoor spaces were well used (Bedimo-Rung et al., 2005; Cohen et al., 2007; Cohen et al., 2009; Cohen et al., 2011;
Owen et al., 2000; Veitch et al., 2012). At the time that the PhD study began (2010) there were three older adults’ playgrounds in the UK. These could be found in Hyde Park, London; Lytham St. Anne’s in Lancashire; and in Blackley, North Manchester (Age UK, 2010; Morley, 2010). It appeared that these developments were taking place without any evidence to suggest whether or not older adults would use the equipment. Thinking about this issue led to a broader question about what would, or does, encourage older adults to take part in physical activities.

1.3 Levels of physical activity

Despite all of this knowledge of the benefits of regular physical activity as we age, uptake of and adherence to physical activity amongst older adults remains below the 150 minutes per week recommended by the Department of Health (CMO, 2011). The 2009 figures for men and women engaging in the recommended amount of 150 minutes of physical activity per week are presented in Table 1.1.

Table 1.1 Older adults achieving physical activity recommendations in 2009.

<table>
<thead>
<tr>
<th></th>
<th>Male 65-74</th>
<th>Female 65-74</th>
<th>Male 75+</th>
<th>Female 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>20%</td>
<td>17%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Scotland</td>
<td>21%</td>
<td>20%</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Wales</td>
<td>24%</td>
<td>18%</td>
<td>13%</td>
<td>8%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>61-70 male &amp; female</td>
<td>25%</td>
<td>71+ male &amp; female 18%</td>
<td></td>
</tr>
</tbody>
</table>

(Sources: NHS Information Centre for Health and Social Care, 2009; The Scottish Government, 2009; Welsh Assembly Government, 2010; Sport Northern Ireland, 2010)

In 2012, there were 10 million people in the UK over 65 years old. Three million of those people were over 80 years. By 2030, it is expected that there will be six million people aged over 80 years. This is the fastest growing group in the population (Falkingham et al., 2010).

The National Travel Survey 2009 reported that in the UK, 41% of adults over 70 years took a 20 minute walk less than once a year (DT, 2010). The Scottish Health Survey 2008 found that men over 75 years were walking for 10 minutes or more for only 0.7 hours a week and that women were doing so for only 0.2 hours per week (The Scottish Government, 2009). By the age of 74, only 42% of men and 22% of women can walk for 30 minutes or more, without difficulty (Skelton et al., 1999).

Figures for the percentage of adults in England meeting the Department of Health recommendation of 150 minutes of moderate intensity physical activity per week are presented in Figure 1. This figure demonstrates the decline in physical activity engagement as age increases.
It is understandable that older adults who have not engaged in a great deal of physical activity, or exercise, might be cautious or fearful about increasing their levels of physical activity. However, continuing with an inactive and sedentary lifestyle presents a greater risk than engaging in a gradual increase in the amount of physical activity undertaken (BHFNC, 2012). Loss of function amongst those who are declining in health and increasing in age, leads to a more isolated life. In turn, a more isolated life leads to more sedentary behaviour and a further reduction in physical function. Educating older adults about the amount of physical activity that they should undertake, in order to gain the health benefits, including how their body should feel when the physical activity is having a beneficial effect, is key to overcoming their fear of the potential risks (BHFNC, 2012).

In summary, across the United Kingdom there are poor levels of physical activity amongst all ages of older adults and these levels decrease as age increases.
1.4 The policy context

In 2013, the House of Lords Select Committee on Public Service and Demographic Change published a committee report, *Ready for Ageing?* It called upon the UK Government to rethink health and social care policy, in order to meet future demands, which will be brought about by projected demographic change (House of Lords, 2013). The report states that between 2010 and 2030, there will be an increase of 40% in the number of people with diabetes; increases of over 50% for coronary heart disease, arthritis and stroke; the numbers of people with dementia will rise by 80% to 1.96m; people with a need for social care will increase by 90%. By 2030, there will be 51% more people over 64 years and 101% more people over 85 years (House of Lords, 2013). The report calls upon the government to promote more positive messages about ageing and the contribution that older adults make to society. Older adults who are healthy and active play an important part in our society (House of Lords, 2013).

2012 was The European Year of Active Ageing and Solidarity Between Generations. It was intended that the focus on active ageing would raise awareness across Europe of the positive contribution that older adults make to societies. It sought to promote the importance of growing older in good health, as an active member of society; being more fulfilled, independent and involved (Europa, 2013). Many initiatives took place as part of the European Year including the Age UK Fit as a Fiddle programme in England, which was funded by the Big Lottery’s £160m National Wellbeing Programme. Fit as a Fiddle focussed on increasing levels of physical activity amongst older adults in the UK. At the end of the third year of the £15m programme, participants were reporting increases in both levels and enjoyment of physical activity (CLES, 2012) as well as more positive attitudes towards physical activity (Age UK, 2011). The Keeping Fit in Later Life (KIFLI) project was also part of the European Year activities. This pan-European project aimed to promote increased physical activity amongst older adults and had partners in Austria, Denmark, Germany, Spain and Hungary, as well as in the UK (KIFLI, 2011; 2012).

2012 was also the year of the London Olympic Games. The Department for Culture, Media and Sport (DCMS) published their *Plans for the Legacy from the 2012 Olympic and Paralympic Games* in December 2010, stating as one of their areas of focus the aim to encourage the whole population to be more physically active (DCMS, 2010). Whilst the greater part of the legacy plans focussed on children, younger adults, people with disabilities and elite sport, the Places for Play initiative was open to people of all ages in communities (DCMS, 2010). The Legacy Trust published the final evaluation of the legacy of the Games in March 2013. Whilst this report presents evidence of ‘lasting difference’ to individuals with regard to confidence, skills, social inclusion and increased cultural awareness, there is no reporting of any influence on levels of physical activity (Needham et al., 2013).
July 2013, an evaluation of the Games was published (DCMS, 2013). Using findings from the Taking Part Household Survey (DCMS, 2013a) it was reported that 22% of respondents stated that winning the bid to host the 2012 Olympic Games in London had motivated them to engage in more physical activities. This was an increase of 8% from 2005/6. It would seem then that hosting the Games had a positive effect on self-reported levels of participation in physical activity. However, the post-Games evaluation report also states that the specific target of increasing the numbers of adults engaging in the recommended level of physical activity had not been reached. The target is set below the global recommendations figure of 150 minutes per week, aiming instead for three 30-minute sessions of physical activity per week. According to the evaluation, progress towards this target was not on track (DCMS, 2013).

These more recent initiatives were preceded by strategy work that had taken place in the United Kingdom in the mid 2000s. In 2005, the Welsh Assembly Government published *Climbing Higher: The Welsh Assembly Government Strategy for Sport and Physical Activity*, which set out a vision for ‘an active, healthy and inclusive Wales, where sport, physical activity and active recreation provide a common platform for participation, fun and achievement’ (Welsh Assembly Government, 2005:4). The target was set to increase the levels of moderate intensity physical activity by 1% per year, through building physical activity into everyday life and raising expectations about what people could gain from being more physically active. *Creating an Active Wales* (Welsh Assembly Government, 2009) was published by the Welsh Assembly Government as part of their Healthier Future for All vision and builds upon *Climbing Higher*. The Welsh Health Survey of 2008 had found that only 30% of adults were meeting the recommendations for physical activity and that 34% were not undertaking 30 minutes of physical activity on any day of the week (Sadler et al., 2009). Older adults were given some priority in the *Creating an Active Wales* action plan, as the Welsh Assembly recognised the benefits that could be brought about by increasing engagement in physical activity (Welsh Assembly Government, 2009). In addition, *Increasing Physical Activity in Wales*, an Audit Committee report, identified the need for leadership within the public sector to embed the promotion of physical activity effectively into public life (National Assembly for Wales, 2008).

The Scottish Government has a national policy on physical activity, with an aim to make Scots ‘active for life’ (Scottish Executive, 2003). The policy ranges from encouraging people with sedentary lifestyles to become active, to supporting elite sport. *Let’s Make Scotland More Active*, the national physical activity strategy for Scotland, was published in 2003 and reviewed in 2008 (Scottish Executive, 2003; Sparcoll, 2009). It has a 20 year plan, so that 50% of all adults and 80% of all children will meet the recommendations for physical activity by 2022. £3m per year has been invested to support the strategy. As in Wales, there is a focus on older adults, as they are the furthest away from meeting the recommendations for
physical activity that benefits health and wellbeing. The *Take Life On* campaign encourages physical activity through providing practical examples of how to incorporate more physical activity into their everyday lives, as well as providing advice on healthy eating (Health Scotland, 2013). There is a recognition that, through creating a healthier Scottish population, there will be a reduction in demand for health services (Sparcoll, 2009). The review of *Let’s Make Scotland More Active* highlighted the need for political support; long-term investment and continued evaluation, in order to successfully implement the strategy and deliver the results (Sparcoll, 2009).

In England, *Healthy Weight, Healthy Lives: a Cross Government Strategy for England* was published in 2008 and included the vision to build physical activity into people’s lives. The Government invested in the ‘Walking into Health’ campaign, to encourage 33% of the population to be taking 1000 more steps per day, by 2012. Commitment was also made to review the Government’s overall approach to physical activity, to ensure that there was a legacy of increased physical activity, as a result of the 2012 Olympic Games (DCMS, 2010). The *Be Active, Be Healthy: A Plan for Getting the Nation Moving* campaign was established in 2009 and set forward the aim to have two million more people active by 2012. The plan also outlined the costs to the NHS of physical inactivity, which were estimated to be between £1billion and £1.8billion per year (DH, 2009). In addition, the *Change4Life* campaign was launched in 2009. This social marketing campaign aimed to encourage people to eat more healthily and to engage in more physical activity, in order to live longer (DH, 2009).

In Northern Ireland, *Sport Matters: The Northern Ireland Strategy for Sport and Physical Recreation 2009-19* (DCAL, 2009) includes targets to increase levels of participation in sport and physical recreation. There is a particular focus on those members of the population with the lowest levels of engagement in physical activity, including older adults. The strategy has secured a broad commitment across all government departments and within local district councils, who have responsibility to provide opportunities for engaging in sport and physical recreation within local communities. Twenty six high-level targets are included in the strategy. Those with specific relevance to the older population are to stop the decline in participation rates amongst adults by 2013; to increase participation rates amongst older adults by 2019; and to provide increased opportunities for older adults and other under-represented groups to engage in sport and physical recreation (DCAL, 2009).

In recent years, there has been an increasing amount of evidence of the benefits of physical activity across all age groups. In a joint report by the Chief Medical Officers of England, Northern Ireland, Scotland and Wales, *Start Active, Stay Active*, the recommendations for physical activity have been updated and tailored to different age groups (CMO, 2011). For the first time, recommendations have
been provided specifically for older adults. Based on evidence from reviews carried out in the United States (US Department of Human and Health Services, 2008) and Canada (Paterson, 2010), together with growing evidence from the United Kingdom (Davis, 2011; O’Donovan, 2010; Murphy, 2009) and the WHO Global Recommendations on Physical Activity for Health (WHO, 2010), it is recommended that older adults engage in 150 minutes of moderate physical activity per week. This can be carried out in 30 minute periods on five days of the week, as the previous recommendations stated, but there is new recognition of the importance of daily physical activity. There is also acknowledgment of the benefit of very small periods of physical activity, particularly in people who were previously inactive. Thus, even ten minutes of physical activity can be beneficial. In this joint report, physical activity is defined as all forms of activity including everyday activity, active recreation and sport (CMO, 2011).

An important addition to the recommendations for physical activity is the guidance regarding sedentary behaviour. Sedentary behaviour is defined as more than the lack of physical activity (BHFNC, 2012). It is ‘a cluster of individual behaviours where sitting or lying is the dominant mode of posture and energy expenditure is very low’ (CMO, 2011:10; Pate et al., 2008). Sedentary behaviour is an emerging area of research and is defined as an entirely separate behaviour from physical activity. A person could be achieving the recommended 150 minutes of moderate intensity physical activity a week and still spend the majority of their time being sedentary. Research has shown that sedentary behaviour is positively associated with increased risk of Type 2 diabetes; cardiovascular disease and all cause mortality (Proper et al., 2011; Grøntved and Hu, 2011; Thorp et al., 2011). This research has not focussed exclusively on older adults, although there is evidence that sedentary behaviour does increase with age (Matthews et al., 2008). Older adults are advised to avoid long periods of sedentary behaviour, even if they are meeting the recommendations for physical activity. Standing up and walking around regularly in between short periods of sitting is recommended (CMO, 2011).

Finally, there are new recommendations regarding muscle strengthening exercises. Older adults are advised to carry out 8-10 repetitions of muscle strengthening exercises, which engage each of the major muscle groups, twice a week. Reductions in muscle mass, bone density and strength are common features of the ageing process. Exercises that work the major muscle groups assist in maintaining functional ability, increase bone density and have been shown to have beneficial effects on blood pressure (CMO, 2011).

In 2012, the British Heart Foundation National Centre for Physical Activity and Health published four documents to help translate the recommendations in Start Active, Stay Active into action. The evidence briefing, Physical activity for older adults (65+ years) provides an overview of the evidence of the benefits of physical activity; provides information about current levels of activity and information about
how to encourage increased participation (BHFNC, 2012). Three documents under the heading *Interpreting the UK Physical Activity Guidelines for older adults (65+)* provide guidance for professionals and practitioners working with people who are described as ‘actives’; ‘in transition’ and ‘frailer, older people’ (BHFNC, 2013b; 2013c; 2013d). There is practical advice on how to encourage people to become more active, whatever their current levels and abilities (BHFNC, 2012). In addition to these, NHS Health Scotland commissioned some research into how to communicate the physical activity guidelines to older adults and how to motivate them to be more physically active (Nicholson, 2012).

In summary, policy across the United Kingdom has focussed on encouraging the population to engage in physical activity to improve health. More recent policy initiatives have provided guidance to the older population and to those working with older adults on how to go about incorporating increased amounts of physical activity into everyday life.

### 1.5 Potential cost benefits to the health and social care system

In 2013, the British Heart Foundation National Centre for Physical Activity and Health published an evidence briefing outlining the potential cost benefits of increasing levels of physical activity across the UK (BHFNC, 2013a). In 2006-2007, the direct costs to the NHS of physical inactivity were estimated at £0.9 billion (Scarborough et al., 2011), between 1.5% and 3% of all direct healthcare costs (Oldridge, 2008). In the same years, over £5 billion was spent on ill health related to overweight or obesity (Scarborough et al., 2011). In the report of the national audit of falls for 2010, it was reported that the combination of physical activity and medications to reduce the risk of fractures could prevent 4,500 hip fractures per year, in the UK. This would save £34 million per year (Treml et al., 2011). The Scottish Physical Activity Task Force has estimated an annual cost saving of £3.5 million, by increasing levels of physical activity by 1% a year, for 5 years (Scottish Executive, 2003).

Work has also been undertaken to establish the cost effectiveness of implementing interventions to increase levels of physical activity in the UK (NICE, 2008a; Pringle, 2010). The National Institute for Health and Care Excellence attempted to estimate the cost of implementing their guidance on physical activity and the environment, which included improving walkways and making public spaces easy and attractive for people to use (NICE, 2008). Whilst the implementation costs would depend on local areas, circumstances and practices, it was summised that the true costs of implementation would be cost-neutral, because of the benefits gained through increased physical activity amongst the population (NICE, 2008a). Pringle et al. (2010) reviewed the cost effectiveness of interventions aimed at increasing moderate intensity physical activity in nine UK sites and found that the savings
made per participant outweighed the cost per participant of implementing the interventions.

1.6 The changing health and social care system

In April 2013, the health and social care system in the UK underwent an important change. The provision of health and social care is now built upon the principle of the individual, or communities, being at the heart of the system; statutory bodies and services are set up around individuals and communities (DH, 2013). It is claimed that the aim of this new system is to provide better healthcare and value for money, as the pressures on health and social care increase through demographic change. Newly formed Clinical Commissioning Groups (CCG), made up of GPs from defined geographical areas, have begun to commission health services based on local need. At the same time, newly formed Health and Wellbeing Boards have taken over the responsibility for public health from the NHS. These boards, established by the Health and Social Care Act 2012, are based in local Councils and are made up of members from the local health and social care system, who are tasked with improving the health and wellbeing of their local populations (DH, 2012). Their core function is to develop a Joint Strategic Needs Assessment and agree a local Health and Wellbeing Strategy for their communities. A fundamental shift is required, to move the focus away from acute hospitals towards a more preventative approach to healthcare (Humphries et al., 2012). The Health and Wellbeing Boards will have as their members: the Director of Adult Social Care; the Director of Children’s Services; the Director of Public Health; an Elected Member; a representative from each CCG in the local authority area; a representative from HealthWatch and anyone else that they deem appropriate (Humphries et al., 2012).

HealthWatch bodies have been established by the Health and Social Care Act 2012. Local HealthWatch bodies should provide information about local services and help people to access them. They should also channel the views of local people about their local health and social care services. They must ensure that the views of local people and organisations are represented on the Health and Wellbeing Boards (DH, 2011). Their creation forms part of the UK government’s commitment to involving local people and to putting people and communities at the centre of the health and social care system (DH, 2012).

1.7 Encouraging older adults to be physically active

In recent years, a great deal of research has been carried out on the barriers and motivators to engaging in physical activity. Known barriers include lack of time (Buman et al., 2010; Chao et al., 2000; Costello et al., 2011; Lees et al., 2005; Wilcox et al., 2003); lack of self-discipline, or motivation (Clark, 1999; Costello et al., 2011; Dergance et al., 2003); lack of knowledge about how much physical
activity to undertake (Horne et al., 2010; Hui et al., 2001); physical frailty (Hardy & Grogan, 2009; Rhodes et al., 1999) ill health (Booth et al., 2000; Buman et al., 2010; Cohen-Mansfield, 2003); fear of injury (Buman et al., 2010; Costello et al., 2011; Hawley, 2009; Lees et al., 2005); and poor access to facilities (Booth et al., 2000; Costello et al., 2010; Newson & Kemps, 2007; Sallis et al., 1997; Weeks et al., 2008; Yardley et al., 2006). Motivators include good social support and encouragement from family members, significant others and friends (Belza et al., 2004; Costello et al., 2011; Devereaux Melillio et al., 1996; Hawley, 2009; Hawley, 2011; Horne, 2007; Lees et al., 2005; Nicholson, 2012; Resnick et al., 2002; Weeks et al., 2008; Wilcox & King, 2005). Gaining health benefits and preventing further decline have been shown to be important motivators (Belza et al., 2004; Costello et al., 2011; Baert et al. 2011; Hardy & Grogan, 2009; Hawley, 2011; Stead et al., 1997), as has improving competence and maintaining independence (Buman et al., 2010; Hawley, 2009, Hawley, 2011; Jimenez-Beatty Navarro, 2007). Enjoyment, fun and the opportunity to socialise have emerged as motivators in some more recent studies (Buman et al., 2010; Costello et al., 2011; Hardy & Grogan, 2009; Hawley, 2011). Some research has been carried out into adherence to physical activity programmes, or exercise programmes, for example Sedentary Women Exercise Adherence Trail, SWEAT2 (Cox et al., 2008) and Keep Active Minnesota (Martinson, 2008), although longitudinal studies into prolonged engagement in physical activity are few. The PANS (Physical Activity and Nutrition Program for Seniors) Trial (Burke et al., 2013) reported significant reductions in sitting time, achieved through the use of a booklet of physical activity and nutritional recommendations; encouragement to set goals; support through newsletters, telephone and email; an exercise chart and some limited equipment. However, this study was limited to a four month follow-up period, so long-term adherence is still unclear. Research into the role of the exercise instructor in securing adherence to physical activity, through structured classes has been carried out (Estabrooks et al., 2004; Hawley, 2011), demonstrating that a skilled instructor, who understands the needs of the participants can be a decisive factor for older adults’ engagement (Hawley, 2011; Horne et al. 2010).

There are many programmes around the world that are promoting physical activity amongst older adults. The Community Healthy Activities Model Program For Seniors, CHAMPS II (USA), Fit as a Fiddle (Age UK) and Ageing Well (Age Concern) have all been evaluated and have identified an increase in levels of physical activity amongst older adults taking part (Stewart, 2001; CLES, 2010; Lambert, 2007). Many initiatives have focussed on prescribing physical activity for older adults with certain long-term conditions and research has been undertaken into the efficacy of advice from primary care practitioners and of formal exercise referral schemes (Harrison, 2005; Hillsdon et al., 2002; Horne et al. 2010; Morgan, 2005; Wormald & Ingle, 2004), but these schemes are aimed at people who have
already presented with a health concern, condition or trauma. They are not aimed at people who are seeking to become more active and improve their health, before any health issues arise. They are not aimed at the general population of older adults and they do not lead to sustained adherence to physical activity. People do not carry on with their exercises, after the free programme has come to an end (Horne et al. 2010; Morgan, 2005).

1.8 Population level interventions

A quick internet search, or telephone call to a local organisation such as Age UK or the local social care access point, would identify a variety of organised exercise and activity classes in any given area of the UK. There are rehabilitation classes for people to attend, which are related to their particular situation, such as cardiovascular disease, obesity or falls (King, 2001; Morgan, 2005; Skelton, 2005); community classes, which people may move on to, following their attendance at the rehabilitation sessions (Hawley, 2009; Hawley, 2011) or which may have been set up in response to demands from the local community (Neighbourhood Schemes, 2013). Some evidence of longer term adherence to exercise classes is emerging (Hawley, 2011).

There are organised initiatives that take place outdoors, such as the Green Gym. This initiative, run by BTCV (British Trust for Conservation Volunteers) from 1998, was evaluated by Oxford Brookes University between 2003 and 2007. The aim of the initiative was to encourage people to be physically active through improving the environment; to be physically active with a purpose. In the 52 projects in the evaluation, 29.3% of participants were over 55 years. Participants reported being motivated to join the projects by ‘being outdoors’; ‘improving the environment’; ‘losing weight’; ‘being with family or a partner’ (Yerrell, 2008: 57).

Walking is a physical activity that is attractive to people, particularly the inactive, as it is easy to start; there is a low risk of injury and there is no need for special equipment or clothing. Walking for Health (WfH), which had its roots on the UK Government’s Change4Life initiative (DH, 2009b) is now being supported by The Ramblers and Macmillan, in recognition of the health benefits brought about by engagement in physical activity (CMO, 2011). WfH was established with the aim of increasing levels of physical activity and has groups all over the UK (Walking for Health, 2013). Initially, it was funded and supported by the British Heart Foundation and The Countryside Agency, now Natural England, as the Walking the way to Health Initiative (Dawson et al., 2006). Increasing evidence about the physical and psychological benefits of physical activity led the Department of Health to fund the programme from 2009-12. Trained leaders motivate and encourage people to attend regularly. While some groups are aimed at people recovering from illness, or at particular community members (minority ethnic groups), the majority of walking groups are open to everyone. Evaluation of this intervention took place in 2006 and
included 750 participants from Walking the Way to Health and Paths to Health in Scotland. At baseline, the majority of participants were inexperienced and irregular walkers. By 12 months, 65% were meeting the recommendations for 150 minutes of moderate intensity physical activity a week (Dawson et al., 2006).

A meta-analysis of walking interventions conducted by Kassavou et al. (2013), including 19 studies and 4,572 participants, demonstrated that the walking groups did increase levels of physical activity. Effect sizes were higher for those studies that followed people for more than 6 months. This was an interesting finding, given the lack of evidence of long-term adherence to other physical activity interventions and suggests that organised walking groups have the potential to engage older adults in a long-term commitment to physical activity (Kassavou et al., 2013).

In recent years, research has been undertaken into how the built and natural environment can encourage people to be more physically active. The layout of urban areas; location of parks; safe areas to walk; together with thoughtful location of public buildings and transport systems, all have a role to play in encouraging people to be physically active (Stathi et al., 2012; Tsouros & Edwards, 2006). Research into older adults’ relationship with outdoor space indicates that it must be as easy as possible to be active (Brawley et al., 2003; Cunningham & Michael, 2003; King et al., 1998; Stathi et al., 2012). Older adults will walk more, if the facilities that they use are close to their homes. Walking with a purpose, to shops, restaurants and to parks, is associated with increases in physical activity (Kealey et al., 2005; Michaela et al., 2006). Older adults are more likely to walk to facilities that are within half a mile of their homes (Wang & Lee, 2010).

Studies into park use in Australia and the United States, indicate that well designed, easily accessible parks can encourage people to be more physically active (Bedimo-Rung et al., 2005; Kaczynski et al., 2008; Saelens et al., 2003) and that higher levels of walking are found in older adults who live close to parks (Mowen et al., 2007).

Whilst activities, such as health walks and fitness classes are undoubtedly popular, it is unclear whether there are other population level interventions that older adults may prefer which would increase uptake and promote adherence to physical activity in the long term. Few studies have asked older adults if the types of activity on offer are the ones that they are interested in. CHAMPS II recruited people through medical practices and encouraged them to choose from a number of different activities to take part in through guided, rather than free, choices (Stewart, 2001). The question of interest is, therefore, what impact would involving older adults in the design and development of interventions to promote physical activity have? Would there be increased levels of engagement in an activity that had been designed and developed by the target group themselves?
1.9 The research paradigm

We already know a great deal about the personal and environmental motivators and barriers for older adults engaging in physical activity and about the different types of interventions taking place across the world to encourage older adults to be physically active. Yet levels of physical activity remain below the amount recommended by the World Health Organisation (WHO, 2010). Since a large number of the existing studies have taken place with participants recruited through GP practices or other health routes, this study has sought to obtain the views of community dwelling older adults in the north of England who are not necessarily receiving a health service.

The study has sought to find out the essential ingredients of a successful intervention to promote physical activity amongst older adults. Having ascertained what those ingredients are, the study has gone on to apply some of those findings to the promotion of interventions to increase physical activity amongst older adults and to consider their effect.

The recognition that people and communities should be the focus of the health and social care system, that they can and should have a powerful voice in the identification of need and the development of strategies and services (DH, 2012), is entirely congruent with the methodologies of participatory research, which recognise the value of ‘users’ in the research process. In participatory research, action is taken to address problematic situations (in this case, the need to improve the health and wellbeing of the local community), through collaboration between people affected by the problem (Herr & Anderson, 2005).

A strong commitment to involving older adults in service identification, design and development is highly compatible with participatory research methodologies; working together to identify problems, potential solutions and to develop action to address the problems. Whilst this PhD study did not start out as a participatory research study, as we shall see, the nature of the problems and issues identified, together with the changing health and social care environment, meant that participatory research was an obvious choice of direction for the study as the research progressed.

1.10 The importance of the study on a personal level

At the time this study was begun, I had worked in health and social care for 15 years. In the last three of those, I had been responsible for developing and commissioning services for older adults and people with physical disabilities in a Local Authority in West Yorkshire. The Department of Health’s Partnerships for Older People Projects (POPP) had fallen under my remit and meant that I was involved, for the first time, in developing services and solutions with older adults,
rather than for them. One of the POPP projects in my Local Authority area involved the development of two Neighbourhood Schemes; one rural and one urban (Windle, 2009). These Schemes were designed to be run by older adults, for older adults, providing activities and networks to reduce social isolation. The Neighbourhood Schemes were very successful and went on to win an award at the 2009 Local Government Association Awards. Over the past four years, and since my departure from the commissioning role, four more Neighbourhood Schemes have been developed. These are all run by management committees made up of volunteers over 50 years of age (Neighbourhood Schemes, 2013). An explanation of why the focus was on people aged 50 years and over is provided in chapter three, section 3.1.

Seeing the success of these Schemes encouraged me to embed the joint working with older adults in service development and commissioning within the Local Authority. Asking older adults what they wanted and what would work for them had achieved great results.

Given the poor uptake of physical activity amongst older adults in the UK (CMO, 2011), it made sense to me to try a similar approach to that which had been so successful in my commissioning role. If we want more older adults to be more active, why don’t we ask them what would work for them? Thus the idea for the study developed. I would carry out interviews and focus groups with a wide range of people over 50 years to find out what encouraged them, or would encourage them, to be physically active. I would carry out this research in Calderdale, the Local Authority area where I had been working for 15 years. My history of working with older adults in Calderdale is discussed in detail in chapter three, section 3.5.

This research study would be a first step towards developing an intervention to increase levels of physical activity amongst older adults. As such, the study sits in the Pre-Clinical Phase of the MRC Framework for development and evaluation of RCTs for complex interventions to improve health, in that it considers older adults’ views about activities and, as such, is an important first stage in developing population level interventions to promote and maintain physical activity amongst older adults (Medical Research Council, 2000; Medical Research Council, 2008).

1.11 The organisation of the thesis

The thesis is structured to demonstrate the evolution in my thinking and theorising on the subject matter. The PhD study began as a mixed methods exploratory sequential design, but evolved into a different kind of study as the data collection took place.

Chapter one has shown the relevance of the study, its background and purpose. Chapter two reviews the literature concerning studies promoting physical activity...
amongst older adults, focusing on older adults’ involvement in the design, delivery, implementation and promotion of these studies and interventions.

Chapter three concerns the methodology and methods for the first part of the research - study one. The qualitative methods are described, together with the analytical approach adopted. The findings from study one are presented in chapter four.

Chapter five presents the evolution of the research and the adoption of a participatory research methodology, with chapters six and seven presenting the action research study undertaken - study two. The approach, methods and learning from the study are described.

Chapter eight, the final chapter, demonstrates how study two was able to test some of the theories produced in study one. A discussion of the research findings is presented, together with conclusions and recommendations for policy, practice and further research.

1.12 Summary

In this chapter I have described the research and policy contexts within which this research study is situated. I have demonstrated the relevance and purpose of the study and made clear the question of the impact of involving older adults in the development of interventions to promote physical activity amongst their age group. I have outlined the structure of the thesis, which presents the research study undertaken.

In chapter two, I present a review of published studies reporting older adults’ involvement in studies and interventions promoting physical activity, using systematic search methods.
Chapter two: Literature Review

The previous chapter demonstrated the relevance, background and purpose of the study, situating the question of the impact of involving older adults in developing interventions to promote physical activity. This chapter presents a review of published studies reporting older adults’ involvement in such interventions, using systematic search methods. This review will demonstrate that, whilst there is a great deal of evidence about interventions designed to increase levels of physical activity amongst older adults and evidence concerning motivators and barriers to engagement, there are few examples of older adults being involved in the design, delivery, implementation and promotion of such interventions. The review was conducted in two phases: May to July 2011, with a census date up to 31st July 2011 and was completely revised in September and October 2013, with a census date up to 25th October 2013.

2.1 The initial review

In July 2011, a review was undertaken using the Cochrane review (Baker et al., 2011) on community wide physical activity interventions as a starting point. The Cochrane review focussed on multi-component, multi-strategic community wide interventions for increasing physical activity, with the objective of evaluating their effects on population levels of physical activity.

The studies included interventions aimed at children and adults of all ages. The search criteria were very comprehensive, including a large number of different terms for community, interventions, types of physical activity and exercise, types of study and study design. Randomised controlled trials (RCTs), cluster randomised controlled trials, quasi-experimental designs with comparison communities as a control, interrupted time series studies and controlled cohort studies were included.

Since the 25 studies included in the Cochrane review concerned all ages and involved multi-component interventions, I reviewed the list of studies excluded from the review, in order to identify whether there were any single intervention studies, including older adults, that would be useful for my own review. Studies identified as ‘intervention not eligible’, ‘population not inclusive’ and ‘not community wide’ were reviewed. In total 72 citations were followed up.

Sixteen studies from the Cochrane review’s list of exclusions concerned adults, had a community wide focus and included a measurement of physical activity. Of these 16, there were 11 that focussed exclusively on older adults. The remaining 5 included older adults, but had a much broader age range.

These 16 studies identified from the exclusions were added to the 25 studies included in the Cochrane review and all data were examined for stratification by
age. If the data for older adults were reported separately, the study was included in my review. Only three studies (Brownson et al., 1996; De Cocker et al., 2007 and Reger-Nash et al., 2006) could be included from the Cochrane review, based on these criteria. An additional 11 studies were identified from the list of exclusions (Fisher & Li, 2004; Lee et al., 2007; Phelan et al., 2002; Stevens et al., 1998; Stewart et al., 2001; van Stralen et al., 2009; Sugden et al., 2008; Tan et al., 2006; Wallace et al.,1998; Wellman et al., 2007 and Wilcox et al., 2006).

The question specifically addressed in this initial review of the literature was:

- to what degree have older adults been involved in the design, delivery, implementation and promotion of interventions to promote physical activity amongst their age group?

In conducting this first review, it became apparent that the search criteria used for the Cochrane review were not suitable for answering my question. The studies included in the Cochrane review and the additional papers that I had identified were looking for quantitative measures of increases in physical activity. The focus was on quantitative studies, as they aimed to identify successful interventions, assessed by measurable change, promoting physical activity across whole populations and communities. Some useful and interesting studies were identified, but since there were no criteria regarding user involvement in the development of the interventions, very few examples of older adults being involved at any stage were found. Reger-Nash (2006) stated that the first stage of the Wheeling Walks intervention was participatory, but no detail of the participation was provided in this paper. For the other studies, older adults’ involvement did not go further than contributing to developing their own individual plans to increase physical activity and build it into their every day lives (Stevens et al., 1998; Stewart et al., 2001; van Stralen et al., 2009 and Wilcox et al., 2006). No participatory or mixed-methods studies were included.

In September and October 2013, a new search was undertaken, which focussed on older adults’ involvement in the design, delivery, implementation and promotion of interventions to promote physical activity amongst their age group. All stages of the review process were undertaken alone, although guidance and support was sought and received from my supervisors.

2.2 Search strategy

Systematic searches were undertaken using seven databases: CINAHL, Embase, HMIC, MEDLINE, PsychINFO, Social Policy and Practice and the Social Sciences Citation Index. The databases were accessed via EBSCO HOST, Ovid and Web of Knowledge. No date restrictions were applied but papers were restricted to English. In keeping with the research question for this study, terms relating to older
adults were searched along with terms relating to involvement, design, delivery, implementation and promotion. Terms relating to participation, membership or attendance were included along with terms relating to community groups, activities and interventions. In addition, in order to provide focus for the search, the terms physical activity (activities) and exercise were included. In order to ensure that action research studies were included, the term ‘action research’ was added to the search and all searches were re-run. Terms were searched as free text and MESH headings and Boolean operators were used to combine them. Details of the searches undertaken and the numbers of papers identified are included in Appendix 1 and are up to date at 25th October 2013.

2.3 Inclusion and exclusion criteria

For the purpose of this review, all study designs were included. The 1,147 papers identified through the systematic search were reviewed against the following criteria: studies must include older adults, 50 years of age and older; participants, or the population under study, must be community dwelling; and older adults must be involved at some level in the design, delivery, implementation or promotion of the intervention. Studies where older adults were participants only, playing no reported part in the study design, were excluded.

Following review of the papers’ abstracts against the inclusion and exclusion criteria, 23 papers remained to be considered in full (Fig.1). One paper was subsequently excluded (Hassel et al., 2010), due to insufficient description of the nature of the involvement of older adults and the effect that this had upon the intervention to be developed. Another paper was excluded as it was not presenting a research study and was instead a report on the implementation of a project (McBarnett, 2012). One paper was excluded as it was presenting a review (Kruger et al., 2007). Three conference proceedings were identified in the search and the authors were contacted to provide further information or published papers related to the presentations (Aebischer, 2011; Sarabol, 2012; Senecal, 2013). No responses were received. Seven papers were excluded as the review of the full papers revealed that there was no involvement of older adults in the research study. The research was conducted on older adults and not with them (Aranceta et al., 2001; Boyes, 2013; Cheadle et al., 2010; Goodman et al., 2007; Jansenn, 2013; States et al., 2006; Wilson, 2012). The reasons for exclusion of all excluded papers can be found in Appendix 1.
Figure 2.1 PRISMA Diagram: studies included and excluded in review.

Potentially relevant papers identified from search of 7 databases: CINAHL Plus; Embase; HMIC; MEDLINE; PsychINFO; Social Policy and Practice; SSCI.

n = 1,139

Papers identified from removing design*, deliver*, implement* and promot* from search, but adding action research

n = 1

Papers identified from following up citations (hand selected papers)

n = 7

Abstracts reviewed against inclusion criteria

n = 1,147

Excluded on review of abstracts as not meeting inclusion criteria

n = 1,124

(See Appendix 1 for details)

Papers meeting inclusion criteria following review of abstract

n = 23

Excluded following review of full paper

n = 13

(Not a research study n = 2; insufficient information n = 4; no older adult involvement n = 7)

Studies included for quality review

n = 10
2.4 Data extraction and quality assessment

In total, 10 quantitative, mixed methods, participatory, action research, case study and exploratory studies were identified for inclusion in this review and are summarised in the data extraction tables in Appendices 2 and 3. No exclusively qualitative studies were identified, although some of the studies had qualitative components. The reader should review the data extraction tables for the three studies with participatory designs, which are included in Appendix 2 and the data extraction tables for the seven quantitative, mixed methods, case report, cohort and exploratory studies, which are included in Appendix 3.

The papers were quality assessed using three separate tools. For the three participatory research papers (Buman et al., 2013; Davies et al., 2008 and Hickey et al., 1996), data were extracted and quality assessed following the guidance in Waterman et al.’s (2001) systematic review and guidance for action research reports, which in turn cited guidance from Popay et al. (1998). The three potential ratings were ‘Strong’, ‘Moderate’ or ‘Weak’. All three papers were given a quality rating of ‘Moderate’.

For the three exclusively or predominantly quantitative papers (Buman et al., 2011; Hooker et al., 2011 and Li et al., 2008), the Quality Assessment Tool for Quantitative Studies by the Effective Public Health Practice Project was used (EPHPP, 2007). This tool has been recommended by The Cochrane Collaboration as an appropriate measure of quality for reviews in public health and health promotion (Armstrong et al., 2008). Additional questions were included from the STROBE Statement checklist of items to be included in reporting observational studies (von Elm et al., 2008) and the Health Technology Assessment checklist for assessing the quality of quantitative studies (Kmet et al., 2004). These questions were applied to Hooker et al. (2011) and Li et al. (2008) studies, as they were predominantly, but not exclusively, quantitative. The questions added additional perspectives to the process of quality assessment and are included in the detailed quality assessments, presented in Appendix 4. Again, the potential ratings are ‘Strong’, ‘Moderate’ or ‘Weak’. Two studies were given a quality rating of ‘Strong’ (Buman et al., 2001 and Hooker et al., 2011) and one study was rated as ‘Moderate’ in quality (Li et al., 2008).

The remaining four papers (Michael et al., 2012; Reger-Nash et al., 2003; Ståhl et al., 2008 and Sullivan-Marx et al., 2011) are largely descriptive in nature and cannot be quality reviewed appropriately by any of the above tools. Application of the EPHPP criteria were attempted, but led to an inappropriate judgement of poor quality, as the studies were not reporting precise quantitative elements, but reporting the nature and effect of user involvement in the research. There are currently no validated quality assessment tools for reviewing evaluations or case studies. A comprehensive search of available tools for critical appraisal led to the
use of a modified version of the Scottish Intercollegiate Guidelines Network evidence based guidelines (SIGN, 2008). This modified tool has been used in a recent dissertation on uptake and adherence to exercise classes amongst older adults (Hawley, 2011) and in a peer reviewed systematic review where papers with a variety of different study designs were included (Moorcroft et al., 2011). In this current review one mixed methods paper (Ståhl et al., 2008), one case report (Michael et al., 2012), one cohort study (Reger-Nash et al., 2003) and one exploratory study (Sullivan-Marx et al., 2011) were assessed using these criteria. The quality ratings available were ‘Good ++’; ‘Good +’; and ‘Poor -’. Two studies were given a quality rating of ‘Good ++’ (Reger-Nash, 2003 and Ståhl et al., 2008) and two studies received a rating of ‘Good +’ (Michael et al., 2012; Sullivan-Marx et al., 2011).

An overview of the quality assessments is provided in Table 2.1 and in the data extraction tables (Appendices 2 and 3) and the detailed quality assessments are included in Appendix 4. All papers were of adequate quality to be included in the review.

**Table 2.1 Summary of quality assessment ratings for included studies**

<table>
<thead>
<tr>
<th>Authors</th>
<th>Study design</th>
<th>Assessment tool</th>
<th>Quality rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buman et al., 2013</td>
<td>Participatory</td>
<td>Waterman et al., 2001 &amp; Popay et al., 1998</td>
<td>Moderate</td>
</tr>
<tr>
<td>Davies et al., 2008</td>
<td>Participatory</td>
<td>Waterman et al., 2001 &amp; Popay et al., 1998</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hickey et al., 1996</td>
<td>Participatory</td>
<td>Waterman et al., 2001 &amp; Popay et al., 1998</td>
<td>Moderate</td>
</tr>
<tr>
<td>Buman et al., 2011</td>
<td>RCT</td>
<td>EPHPP</td>
<td>Strong</td>
</tr>
<tr>
<td>Hooker et al., 2011</td>
<td>Cohort: quasi experimental pre-post</td>
<td>EPHPP</td>
<td>Strong</td>
</tr>
<tr>
<td>Li et al., 2008</td>
<td>Mixed Methods</td>
<td>EPHPP</td>
<td>Moderate</td>
</tr>
<tr>
<td>Michael et al., 2012</td>
<td>Case report</td>
<td>Modified SIGN</td>
<td>Good +</td>
</tr>
<tr>
<td>Reger-Nash et al., 2003</td>
<td>Cohort: 2 community longitudinal</td>
<td>Modified SIGN</td>
<td>Good ++</td>
</tr>
<tr>
<td>Ståhl et al., 2008</td>
<td>Mixed Methods</td>
<td>Modified SIGN</td>
<td>Good ++</td>
</tr>
<tr>
<td>Sullivan-Marx et al., 2011</td>
<td>Exploratory</td>
<td>Modified SIGN</td>
<td>Good +</td>
</tr>
</tbody>
</table>
As the types of study, the focus of reporting and the outcomes are diverse, it is not possible to pool data for analysis. Quantitative data are largely descriptive, therefore a narrative synthesis has been adopted, according to the core principles and methods for conducting systematic reviews developed by the Centre for Reviews and Dissemination (CRD, 2008).

2.5 Data synthesis

After selecting the papers to be included in this review, all papers were read several times to gain familiarity with the content. The question to be addressed by this review was: to what degree have older adults been involved in the design, delivery, implementation and promotion of interventions to promote physical activity amongst their age group? As such, in reading the papers, I looked for evidence and details of older adults’ involvement. Whilst the study designs and interventions differed, common themes were evident. As expected, following the application of the search criteria, all papers described how older adults were involved in the research studies and reported the effects of the interventions.

Data on the study design and context, the participants involved, the nature of older adults’ involvement, and the interventions’ effects were extracted and synthesised adopting the principles of realist review (Pawson et al., 2005). Different data extraction tools and quality assessment criteria were used in order to match the study design and to extract the data relevant to the question. As realist review methods were developed to provide detailed understandings of complex social interventions, they recognise the importance of context; the same intervention will not work in the same way in a different location, with a different group of participants (Pawson et al., 2005). Thus the context of each study is reported in this review. The nature of older adults’ involvement in the studies is reported and through examining the effects of the interventions, consideration is given to whether their involvement contributed to success.

The types of involvement were categorised according to the different levels of participation described in Waterman et al. (2001): (i) consultation; (ii) cooperation; (iii) co-learning; (iv) collaboration. Where it was more difficult to categorise the level of involvement using these descriptors, the categories of peer leadership and mentoring were added. Outcomes, or impacts, were recorded in all studies and have also been synthesised under the theme of effective interventions. Three themes regarding older adults’ involvement in the studies were developed through reading the papers and synthesising the data: (i) developing messages and identifying targets; (ii) providing advice on content; and (iii) involving older adults as peer leaders or mentors. These are discussed in section 2.8.
2.6 Findings

2.6.1 Study design and intervention

Randomised controlled trials are deemed to be the gold standard in measuring the efficacy of interventions (CRD, 2008), but to focus on those types of studies alone in this review would have led to the inclusion of only one study (Buman et al., 2011). Public health interventions are often multi-faceted and complex, so require a variety of measures of effect. In this review, a range of different study designs has been included, which provides rich and diverse evidence on the impact of older adults’ involvement in the research process.

Three participatory studies, including one action research study, have been identified through the systematic search. Buman et al. (2013) report on the development of a tool to enable older adults to identify barriers to active living in their local neighbourhood. Davies et al. (2008) describe the action research study that was developed to establish a sustainable exercise class in a small, semi-rural town. Hickey et al. (1996) also report on the establishment of a sustainable exercise class, but through the development of peer leadership, within a senior centre environment.

One randomised controlled trial (RCT) was identified (Buman et al., 2011). This study aimed to demonstrate the effectiveness of peer mentoring during a 16 week trial to encourage older adults to be more physically active, through delivering sessions that were based on social-cognitive and self-determination theories. One quasi-experimental pre-post design study has been included, which reports on the effect of incorporating the findings of rigorous formative research into an intervention to promote physical activity amongst a group of African American older men (Hooker et al., 2011). A cohort of 25 African American men participated.

Reger-Nash et al. (2003) present a cohort study with a two-community longitudinal design: Wheeling Walks. This study aimed to motivate older adults to be more physically active through promoting walking for 30 minutes each day. Self-reported changes in the amount of walking undertaken, changes in stages of change readiness, awareness of the intervention campaign and changes in social capital were all measured. This study used specific models of behaviour change, those being the Transtheoretical Model constructs and the Theory of Planned Behaviour.

Two mixed methods studies are included (Li et al., 2008 and Ståhl et al., 2008). Li et al. (2008) report on an evaluation of the iterative development of an evidence-based, community-based Tai Chi programme, including feasibility and pilot testing. Ståhl et al. (2008) describe a three phase exploratory quantitative - qualitative sequential study, to identify barriers and facilitators to active living within the local outdoor environment.
One case report is included (Michael et al., 2012), which reports on the phase of research following a cohort study with a single group, repeated measures design. The ongoing research presented describes the development and influence of peer leadership at an exercise class, which followed on from the 12 week pilot intervention. The final study included is an observational, exploratory study, describing the effect of implementing particular recruitment and retention strategies for an exercise class in a senior centre (Sullivan-Marx et al., 2011).

Outcome measures across the studies were diverse. Self-reported minutes spent undertaking moderate to vigorous physical activity (MVPA) and self-efficacy measures were collected in two studies (Buman et al., 2011 and Hooker et al., 2011). Buman et al. (2011) also took accelerometer readings, carried out a treadmill test for cardiorespiratory fitness and measured motivation to exercise. Hooker et al. (2011) include a number of physical tests as outcome measures: height and weight, chair-stand, chair sit-and-reach and the Rockport Fitness one-mile walking test, in addition to recording measures of social support and self-regulation. Physical health and functional tests were also carried out in a further four studies (Davies et al., 2008; Hickey et al., 1996; Michael et al., 2012 and Sullivan-Marx et al., 2011).

Levels of participation or attendance were recorded by six studies (Buman et al., 2011; Davies et al., 2008; Hickey et al., 1996; Hooker et al., 2011; Li et al., 2008; Michael et al., 2012 and Sullivan-Marx, 2011). Satisfaction with the intervention was measured in four studies (Davies et al., 2008; Hooker et al., 2011; Li et al., 2008 and Sullivan-Marx et al., 2011).

Levels of satisfaction with the outdoor environment, perceived barriers and facilitators to accessing the local neighbourhood were recorded in two studies (Buman et al., 2013 and Ståhl et al., 2008).

### 2.6.2 Participants and context

Whilst all the studies included in the review focussed on older adults, their location and context differed. Participants in the Active Adult Mentoring Program (Buman et al., 2011) were drawn from a university community in the southeastern United States. They were 50 years of age and older, inactive and free of any medical conditions that would prohibit unsupervised exercise. As such, there was a higher level of education and social status than in the general population.

By comparison, participants developing the Stanford Healthy Neighborhood Discovery Tool (Buman et al., 2013) were drawn from three low-income senior housing sites in the northwestern United States. The target group for this study was low-income, racial or ethnic minority adults aged 65 years and over and 42% of the participants were from an ethnic minority background. Similarly, participants
in the Triangle Ystradgynlais Fitness 50+ project (Davies et al., 2008) were drawn from a post-industrial and disadvantaged community in South Wales, in the UK. The small, semi-rural town was a former coal mining community and there were significant health inequalities. Participants in the United States SMILE Program (Hickey et al., 1996) were also from low-income urban areas and the intervention was delivered from three senior centres, where participants were already members.

Three studies focussed exclusively on African American older adults (Hooker et al., 2011; Michael et al., 2012 and Sullivan-Marx et al., 2011). Hooker et al. (2011) recruited inactive or irregularly active African American men aged 45 to 66 years (mean age 54.7 ± 4.8 years) from a community in South Carolina, in the United States. They used a wide range of recruitment methods from university mailing lists to flyers in the community and mailings to senior and wellness centres. Michael et al. (2012) recruited participants 55 years of age and older from a senior apartment building for socio-economically deprived African Americans in the northeastern United States. The Sullivan-Marx (2008) study, ‘Exercise for LIFE’, was embedded within the PACE programme (Program for All-Inclusive Care of Elders) in the northeastern United States. The 37 participants were African American women aged 75 years and over, who attended the day centre and were able to walk at least fifty feet.

Participants in the Tai Chi: Moving for Better Balance falls prevention programme (Li et al., 2008) were community dwelling older adults, aged 60 years and over, who were physically mobile either with or without assistive devices. The study population was situated in an area of Oregon, in the United States, where five large senior centres were located. No details of the ethnicity or gender of the participants was provided. The target population for Wheeling Walks (Reger-Nash et al., 2003) was sedentary adults, aged 50 to 65 years in West Virginia, Unites States. Participant characteristics in the active intervention are reported in three papers not included in this review (Reger et al., 2002; Reger-Nash et al., 2005 and 2006). The paper included in the review reports on the development phase of the study, which involved older adults. Demographic details about the fifty community members who took part in the planning phase were not provided.

The ‘Let’s go for a walk!’ project (Ståhl et al., 2008) was located in a residential area in a town in Southern Sweden, where 20% of residents were 60 years of age and over. Participants were drawn from those living in the study district who were 65 years of age and older. The mean age of participants was 76 years.

The included studies thus present a variety of different contexts, which will have had an effect on the interventions. Participants were drawn from a university community (Buman et al., 2011); from low-income areas (Buman et al., 2013; Davies et al., 2008; Hickey et al., 1996); from African American communities
2.6.3 Nature of involvement

The nature of the involvement of older adults in the included studies varied both between and within studies. Consultation, co-learning, cooperation and collaboration were all evident and peer leadership or mentoring were described in four studies (Buman et al., 2011; Davies et al., 2008; Hickey et al., 1996 and Michael et al., 2012).

The Active Adult Mentoring Program (Buman et al., 2011) recruited seven peer volunteer mentors from previous health promotion studies, who had either an active routine or a background in health education. Volunteers were also sought through a local health fair. In the active intervention arm, the peer mentors provided advice and support to participants, to encourage them to take up and maintain regular physical activities. Peer mentors received a manual for delivering the intervention, received four hours of training and met weekly with programme staff for the first five weeks. Meetings took place as needed for the remainder of the 16 week intervention. Peer mentors delivered weekly sessions to participants, building trust and rapport before moving on to supporting participants to learn skills to initiate and maintain physical activities. Encouragement, feedback and assistance with goal setting were provided, along with establishing a social support network and teaching problem-solving skills. Skills were also taught that would prevent participants from giving up on their physical activities once the programme had ended. In the standard community intervention arm, the peer mentors delivered two basic health education sessions after receiving training from the programme staff. Praise and reinforcement were provided by the peer mentors in the standard arm, but individual plans were not developed.

Peer leadership was an element of the SMILE (So Much Improvement with a Little Exercise) programme (Hickey et al., 1996) but the involvement of older adults in the intervention began at a much earlier stage of the research. Following the development of a series of low-intensity exercises by the research team and the senior centre staff, older adults attending the centres co-operated with the research team through providing advice on how to design and promote a programme that would appeal to their peers and would be sustainable. Their input led to two clear objectives: 1) to focus on the health benefits of the exercises; 2) involve participants as peer leaders at the end of the research study. A small group of older adults attending the senior centres assisted with recruiting participants for the exercise sessions, providing advice on scheduling, overcoming obstacles to participation and making suggestions about how to ensure that the sessions were...
appealing. Three weeks into the delivery of the twice-weekly exercise sessions, a
collaborative phase was entered as some participants took over leading sections of
the sessions. After six weeks, peer leaders were trained, following selection by the
research team, senior centre staff and participants themselves. Other participants
were selected to act as facilitators, to prepare the room and serve refreshments.
From 12 weeks, the sessions were run exclusively by the peer leaders and
facilitators. Training for the peer leaders involved a focus on providing
encouragement and positive reinforcement to participants, thus developing a belief
in the benefits of exercise.

Similarly, peer leadership was an outcome of the Triangle Ystradgynlais Fitness
50+ project (Davies et al., 2008). The need for a daytime community exercise class
for people 50 years of age and older was identified through consultation with the
local community at a health fair. A pilot class was established by the research
team, with a clear message that it would need to be supported and run by the older
adults themselves in order to be sustained beyond the six week pilot phase. A
management committee consisting of participants who were 50 years of age or
older was established after four weeks. Co-learning began as the content of the
class was amended and evolved following continuous feedback from participants.
After receiving feedback that the exercises were too difficult for less able
participants, two of the group members undertook training to deliver EXTEND
exercises as part of the class. EXTEND is an organisation that delivers accredited
training for the delivery of music-based recreational exercise for participants over
60 years of age or who are less able (EXTEND, 2014). A second phase of
consultation took place when the management committee and class participants
took part in two evaluation events at two and four years after the class was
established. Since the social element of attending the exercise classes was
important to participants, the management committee expanded this element,
establishing trips, walks and healthy lunches.

Consideration of the sustainability of an exercise class was also the focus of the
follow-up work on the PRAISED (People Reducing Risk and Improving Strength
Through Exercise, Diet and Drug Adherence) project (Michael et al., 2012). The
12-week pilot of hour long group exercises, three times a week had been led by an
advanced practice nurse and an exercise trainer. Early in the pilot phase, a
‘champion’ was identified, from within the participant group, who could lead the
classes after the departure of the research team. The champion was an African
American older male who had shown commitment to the classes through attending
all of the sessions, arriving early, setting up the room, circulating promotional
material and encouraging people to attend. Training and class materials were
provided by the research team and support was provided by the research team
through monthly visits for the next two years. Classes were delivered by the
champion, a peer-leader, once or twice per week throughout this time.
Two other studies concerned older adults’ involvement in the development of community exercise classes or programmes (Li et al., 2008 and Sullivan-Marx et al., 2011). Older adults were involved at three different stages of the Tai Chi: Moving for Better Balance programme (Li et al., 2008). Twenty community dwelling older adults, aged 60 years or over, were consulted and reviewed the videotape and accompanying guidebook, which would be used to supplement the community Tai Chi class. They attended a two-hour session and completed a survey about the usability and acceptability of the materials. Revisions were made to the materials, following their feedback. Following this phase of the research, 81 older adults attending existing activity classes were surveyed regarding the likelihood of them attending a Tai Chi class once, twice or three times a week. As a result of this phase of the research, twice-weekly Tai Chi classes were pilot tested. Twenty community dwelling older adults, with a mean age of 74 years, were recruited to take part in a two week, twice-weekly pilot Tai Chi class, undertaking exit surveys at the end of the pilot to measure levels of satisfaction. In addition to the involvement of older adults, there were contributions from experts from public health, exercise science, injury epidemiology, service evaluation, Tai Chi instruction and from programme managers, centre managers and coordinators.

The Sullivan-Marx et al. (2011) study reports on the recruitment and retention strategies that were employed to encourage older adults to attend an exercise class, Exercise for LIFE, within the PACE (Program for All-Inclusive Care of Elders) programme. The study was initiated by African American older women who were members of the PACE programme’s Council of Elders. They approached staff within the programme and researchers to request more exercise activities, stating that they were interested in developing a research study that would increase participants’ understanding of the health benefits of exercise. As with the SMILE programme (Hickey et al., 1996), the Council of Elders members worked with the research team to design and promote the study, advising on scheduling, eligibility, flyer design and face-to-face methods of recruitment. Prior to the class and throughout the 16 week intervention, the Council of Elders promoted the exercise activities with older adults attending the PACE programme sessions, with visitors and members of the local community. A small number of members form the Council of Elders was included in a ‘bridge team’, which was set up to focus on integrating the project into the wider PACE programme, in order to increase the numbers of participants attending the exercise activities. The involvement of the Council of Elders at all stages of the study meant that it was valued as a member driven programme. This study demonstrates collaboration, cooperation and co-learning.

The Wheeling Walks study (Reger-Nash et al., 2003) began with Community Health Participatory Planning, ensuring that older community members were involved in the message development for the media-based campaign to promote walking. Older adults were included in the 50 community members who attended weekly one-hour planning sessions over a period of 12 weeks. Older community
members were joined by members of the research team, leaders of local organisations, local stakeholders, representatives from minority populations and government officials. In addition to the 12 planning sessions, seven task forces were established, all of which included older adults. The physical activity task force identified sedentary behaviour as a significant health risk and explored various approaches to address the problem. A walking intervention was recommended to and adopted by the Community Health Advisory Board, which also included older community members. In addition, older adults were involved in formative research, using the Theory of Planned Behaviour, to develop effective, targeted messages to encourage people aged between 50 and 65 years to increase the amount of walking that they undertook. Six story boards were developed and pilot tested. During the eight-week intensive media campaign, the Wheeling Walks Community Advisory Board met regularly and took part in events associated with the campaign. These board members were surveyed before and after the campaign regarding their feelings of empowerment and ability to effect change within their community. Consultation, cooperation and co-learning were all evident within the study.

In two studies, older adults were instrumental in collecting data to inform the development of an intervention (Buman et al., 2012; Ståhl et al., 2008). Both studies were concerned with identifying factors that influence the accessibility of local neighbourhoods for older adults. The Stanford Healthy Neighborhood Tool (Buman et al., 2013) is a computerised environmental assessment tool that can capture audio recordings and photographs. Some 27 residents from three low income senior housing sites undertook walks around their local neighbourhoods to carry out environmental assessments, recording barriers and facilitators to being active in those areas. The tool that they used had been developed following consultation and pilot testing by six residents of the same sites. Different prototypes for the assessment structure were pilot tested, both on paper and as an electronic tool. As a result of this testing, the electronic tool was enabled on a 7” tablet, as opposed to a smartphone which had a much smaller screen. Following the data collecting walks, a review of the data was carried out with residents and a post-assessment survey was conducted. Consensus for change was high amongst residents and the tool was useful in building this consensus. Feedback from the residents led to further work on the computerised tool, which will become available as a licensed product. Co-learning, cooperation and consultation were all demonstrated within the study.

The “Let’s go for a walk!” study (Ståhl et al., 2008) involved older adults at three different stages of the mixed methods research. The first phase of the study, the consultation phase, involved the administration of a semi-structured postal questionnaire regarding the travel habits of residents aged 65 years and older, accessibility and safety issues in the district. This questionnaire was pilot tested by three older adults who were not part of the final study sample. In the second phase
of the study, participant observations were undertaken by a subset of those who had responded to the survey identifying at least one functional limitation and at least one problem in the district. A purposive sample of ten residents was selected. The observations entailed a walk, which was observed by a member of the research team, reporting problems that were encountered along the route. In the third phase of the research, ‘research circles’ were set up. Cooperation and co-learning took place through group sessions, led by researchers, involving eight older adults and eight local stakeholders. The members of the research circle reviewed the evidence gathered and worked together to develop a strategy to improve the local environment, increasing accessibility and thus making it easier for the local population to be physically active.

Although the Hooker et al. (2011) study did not report the involvement of older adults in the delivery, implementation and promotion of an intervention in the same vein as the studies reported above, the intervention was based on formative research, or consultation, with the target population and demonstrates how those findings were tested. The formative research (Burrows et al., 2009a; Burrows et al., 2009b) indicated that a number of factors would be important in the delivery of an intervention to promote physical activity amongst African American older men. The eight-week intervention of twice-weekly group sessions was delivered by two trained workers. Overall goals and weekly goals were developed with each participant and the majority of the physical activity was undertaken away from the group sessions. Following the formative research, the research team ensured that there was focus in the intervention on responsibility and traditional views of masculine identity for African American men. There was also a focus on social interaction and friendly competition was introduced, through establishing teams of four-to-five participants, where progress against goals was reported and measured against others’ progress. The research team ensured that the sessions were accessible by siting them in a local wellness centre next to a neighbourhood with a 100% African American population. Finally, a sense of identification and ownership of the programme was generated through the team memberships, organised group activities and through providing a t-shirt bearing the programme’s identity.

Whilst older adults played key roles in all of the included studies, in all but one case (Sullivan-Marx et al., 2011) they were contributing to interventions that had already been designed by researchers. Even in cases where older adults were consulted and involved at an early stage (Davies et al., 2008; Hickey et al., 1996; Hooker et al., 2011; Reger-Nash et al., 2003), the initial idea for the intervention, or the realisation that an intervention was required, did not come from the older adults themselves.
2.6.4 Effective interventions

Since the interventions reported in this review are diverse in form and content, the measures of effect are also varied. All four of the studies reporting peer leadership or mentoring reported that participants continued to engage in the activity sessions at the longer-term follow-up stages. Buman et al. (2011) report continued adherence at 18 months follow-up; Davies et al. (2008) report that the exercise class was still running at four years post-pilot; Hickey et al. (1996) state that regular attendance was maintained at three years follow-up and had been 90% at six months; Michael et al. (2012) report continued adherence of a regular cohort at 24 months follow-up. All of these interventions were sustained beyond the study period.

Similarly, the Exercise for LIFE intervention was sustained as a permanent programme following the study period (Sullivan-Marx et al., 2011). Attendance rates after 16 weeks had been 47.8% for attending three classes per week and 70.7% for attending twice a week. Attendance rates beyond 16 weeks were not reported, so it is not possible to assess the level of long-term adherence in the continued programme. The presence of clinical staff on site was cited as a reassurance to the frail participants. Attention had been paid to the reported barriers of lack of time and loss of interest in the class. The close working relationship between the Council of Elders and the project staff meant that barriers were addressed quickly and solutions were implemented.

The studies reporting on the amount of physical activity undertaken all reported increases (Buman et al., 2011; Hooker et al., 2011 and Reger-Nash et al., 2003). For the Active Adult Mentoring Program (Buman et al., 2011) there was no difference between the active and standard community intervention arms reporting moderate to vigorous physical activity (MVPA) at 16 weeks. Both arms generated increases in the amount of MVPA undertaken and in cardiorespiratory fitness. Regarding the objectively gathered accelerometer data, there was marginal significance in the difference between the two study arms, with the active intervention reporting more minutes of physical activity ($P=0.59$). However, by 18 months there was significantly more MVPA reported in the active intervention arm ($P=0.04$). This suggests that the encouragement from the peer mentors and the skills taught to maintain activity through peer mentoring had a positive effect on long-term adherence, if not on uptake. This is supported by the fact that the Exercise Motivation Scale scores were significantly higher for the active intervention arm at both 16 weeks ($P=0.045$) and 18 months ($P=0.02$).

Hooker et al. (2011) report significant positive changes for MVPA ($P=0.0003$) overall physical activity ($P=0.002$), self-efficacy for physical activity ($P=0.04$), social support ($P=0.001$), self-regulation ($P=<0.0001$), functional and aerobic fitness ($P=<0.0001$). There was high attendance (63-93%) over the 16 sessions and high
compliance with completing and handing in weekly logs (70-93%). Satisfaction with the programme was very high, which suggests that the incorporation of the findings of the formative research with this population had a strong influence upon the intervention.

Reger-Nash et al. (2003) report a 32% increase in walking in Wheeling, compared to 18% in the comparison community. Those participants who were least active at baseline made significant increases that were maintained at six and 12 months post-campaign. Changes in stages of readiness, after the Transtheoretical Model, were 12% higher in Wheeling. In addition to this, 90% of participants surveyed had heard of the campaign at eight weeks. The success of the campaign, with messages developed and tested in collaboration with older adults, was supported by increases in feelings of empowerment amongst the Community Advisory Board members, which included older community members. Members of this board, who had taken part in the planning, implementation and promotion of the intervention, reported higher levels of commitment, trust and empowerment. As a result of being involved at all levels in this intervention, Advisory Board members planned an expansion of the study to include addressing environmental barriers to walking in Wheeling.

The studies that focussed on the identification of environmental barriers (Buman et al., 2013 and Ståhl et al., 2008) demonstrated effectiveness in that consensus was achieved in both studies for prioritising issues to be addressed. Involving older adults in the iterative process to identify barriers and facilitators to active living produced practical solutions that achieved high levels of consensus.

The involvement of older adults in the iterative development of the Tai Chi: Moving for Better Balance programme (Li et al., 2008) led to high levels of attendance at the pilot class (92%) with no dropouts. Satisfaction was high, with all participants indicating that they would continue to attend if the class was offered in the community. There was no long-term follow-up to this study, so it is not possible to consider long-term adherence. The videotape and accompanying guidebook were well received by participants, with 14 out of 20 participants reporting that they were using them at home three weeks after the intervention had finished. Four were unable to use the materials, due to a lack of video player at home.

The involvement of older adults in these diverse studies, within the different contexts, has indicated positive effects on the sustained delivery of activity or exercise sessions (Buman et al., 2011; Davies et al., 2008; Hickey et al., 1996; Michael et al., 2012; Sullivan-Marx et al., 2011); increased levels of physical activity (Buman et al., 2011; Hooker et al., 2011; Reger-Nash et al., 2003); producing practical solutions to environmental barriers to physical activity (Buman et al., 2013; Ståhl et al., 2008); and high satisfaction with a developed programme (Li et al., 2008).
2.7 Limitations

Small sample sizes in specific locations were reported as limitations in four studies (Buman et al., 2013; Hooker et al., 2011; Li et al., 2008; Michael et al., 2012). In addition to the studies reporting this limitation for themselves, there were three other studies with small sample sizes in very specific locations (Davies et al., 2008; Hickey et al., 1996; Sullivan-Marx et al., 2011).

Self-selection to participate in the research studies was reported in nine of the studies (Buman et al., 2011; Buman et al., 2013; Davies et al., 2008; Hickey et al., 1996; Hooker et al., 2011; Li et al., 2008; Michael et al., 2012; Ståhl et al., 2008 and Sullivan-Marx et al. 2011) although in the Active Adult Mentoring Program (Buman et al., 2011) participants were then randomised to either the active intervention or the standard community intervention. Comparison with the general population is difficult, since those who self-select to take part in research studies and activity sessions are often more committed to being physically active (Baker et al., 2011).

With the exception of the study focussed on African American men (Hooker et al., 2011) and the studies that did not report gender (Li et al., 2008 and Reger-Nash et al., 2003), women were overrepresented in the studies (Buman et al., 2011; Buman et al., 2013; Davies et al., 2008; Hickey et al., 1996; Hooker et al., 2011; Li et al., 2008; Michael et al., 2012; Ståhl et al., 2008 and Sullivan-Marx et al., 2011). This is a further limitation to the generalisability of the findings.

The studies that focussed on African American older adults (Hooker et al., 2008; Michael et al., 2012; Sullivan-Marx et al., 2011) and those focussing on older adults with low income (Buman et al., 2013; Davies et al., 2008; Hickey et al., 1996) were designed to be effective with particular sub-groups of the general population, known to have lower levels of physical activity. However, this does present a limitation to generalisability beyond these sub-groups. The nature of the senior centre-based programmes (Hickey et al., 1996; Michael et al., 2012 and Sullivan-Marx et al., 2011) meant that the studies had captive audiences to recruit from. Such studies would require similar situations, with support from centre staff, in order to be replicated.

The studies that reported increases in physical activity did so largely through self-reported measures, which should be viewed with caution (Buman et al., 2011; Hooker et al., 2011 and Reger-Nash et al., 2003). Self-reported levels of physical activity are often subject to inflation, as the person reporting their activity does so subjectively, often with poor memory and with a desire to be seen to be doing well (Rikli et al., 2000; Withall et al., 2014). A random sub-sample of the participants in the Active Adult Mentoring Program (Buman et al., 2011) wore accelerometers, but
this was only a quarter of the total number. Hooker et al. (2011) suggest the incorporation of objective measures of physical activity in future studies.

Public health interventions are often complex, multiple interventions that take place in particular settings and it can be difficult to reach a definitive conclusion about the effect of an intervention (CRD, 2008). This limitation was reported in Buman et al. (2011) as the authors were unable to conclude whether the success of the intervention was the result of peer mentoring alone, or due to the goal setting, the mental imagery and problem solving exercises, or a combination of all of those elements. Similarly, Hooker et al. (2011) report being unable to know which elements of the intervention were most important and effective. The Active Adult Mentoring Program (Buman et al., 2011) and Wheeling Walks (Reger-Nash et al., 2003) were the only interventions with comparisons or controls, yet the specific success factors were still difficult to isolate.

In four studies, the findings regarding participation and attendance were short-term and effectiveness with regard to long-term adherence cannot be measured (Buman et al., 2011; Hickey et al., 1996; Hooker et al., 2011; Li et al., 2008; ) Buman et al. (2011) report that there was considerable attrition in the study, so long-term maintenance of physical activity could not be examined. One study that was able to report follow-up at four years post intervention also described problems of attrition (Davies et al., 2008). The second evaluation of the Triangle Ystradgynlais Fitness 50+ project failed to include former members, so reasons for disengaging could not be verified.

Buman et al. (2011) report that there were differences in personality and approach between peer mentors and volunteers, despite them receiving the same training. We know from research conducted with exercise instructors and participants of classes that the attitude and approach taken by the instructor has an effect on participation and adherence (Hawley, 2011). There was a lack of demographic detail about the peer mentors in all studies where they were involved (Buman et al., 2011; Davies et al., 2008; Hickey et al., 1996 and Michael et al., 2012). No conclusions can be drawn about the particular influence of their personal characteristics. The lack of demographic detail and numbers of older adults involved in the participatory planning stage of the Wheeling Walks study (Reger-Nash et al., 2003) limits our understanding of the influence and effect that these older adults had on the success of the intervention.

2.8 Discussion

The studies included in this review fit into three themes with regard to the involvement of older adults: (i) developing messages and identifying targets; (ii) providing advice on content; and (iii) involving older adults as peer leaders or mentors. Four studies involved older adults in the design and promotion phases of
an intervention, where they provided focus on how to promote the intervention to maximise take up (Hooker et al., 2011; Hickey et al., 1996; Reger-Nash et al., 2003 and Sullivan-Marx et al., 2011). Two studies involved older adults in the delivery and development of interventions, through data collection to identify target areas for change and improvement in their local neighbourhoods (Buman et al., 2013 and Ståhl et al., 2008). Three studies involved older adults in the design of interventions through contribution to content (Hooker et al., 2011; Li et al., 2008 and Sullivan-Mark et al., 2011). Four studies involved older adults in the delivery and implementation of interventions as peer leaders or mentors (Buman et al., 2011; Davies et al., 2008; Hickey et al., 1996 and Michael et al., 2012). These themes and the related studies are summarised in Table 2.2. None of the studies in this review included all three themes with regard to involvement.

Table 2.2 Themes regarding involvement and related studies

<table>
<thead>
<tr>
<th>Developing messages and identifying targets</th>
<th>Providing advice on content</th>
<th>Involving older adults as peer leaders or mentors.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buman et al., 2013</td>
<td>Hooker et al., 2011</td>
<td>Buman et al., 2011</td>
</tr>
<tr>
<td>Hickey et al., 1996</td>
<td>Li et al., 2008</td>
<td>Davies et al., 2008</td>
</tr>
<tr>
<td>Hooker et al., 2011</td>
<td>Sullivan-Mark et al., 2011</td>
<td>Hickey et al., 1996</td>
</tr>
<tr>
<td>Reger-Nash et al., 2003</td>
<td></td>
<td>Michael et al., 2012</td>
</tr>
<tr>
<td>Ståhl et al., 2008</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sullivan-Marx et al., 2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Using the quality assessment tools described in section 2.4, four papers received ratings of ‘Strong’ or ‘Good ++’ and six papers received ratings of ‘Moderate’ or ‘Good +’.

This review has limitations in that only studies in English were included and these studies are largely exploratory and descriptive in nature, which makes it difficult to assert definitive conclusions. The authors themselves, whilst stating positive findings, have highlighted that those findings are difficult to generalise beyond the specific study context. Realist review recognises this difficulty and resists the temptation to present definitive conclusions and generalisations from complex interventions within communities. Instead, what appears to work as a result of carrying out various actions in particular situations is presented (Pawson et al., 2005). The study populations were, in the majority of studies, not representative of the general population. However, since public health interventions are complex and are often context-specific, the usefulness of the studies should not be underestimated. The studies that took place in senior centres could be replicated in other such centres; the studies that focussed on sub-groups of older adults from low income areas, or of African American origin, could be implemented with similar
or modified cohorts; the assessment studies that took place in local neighbourhoods could be replicated in other districts. The involvement of older adults in the interventions has been described well enough for similar studies to be developed.

The question of sustainability in the provision of interventions to promote physical activity is of great interest to clinicians and policy makers. The studies reporting on peer leadership or mentoring are of particular interest (Buman et al., 2011; Davies et al., 2008; Hickey et al., 1996 and Michael et al., 2012). According to the studies in this review, the model of involving exercise class participants in delivering interventions appears to be successful. Encouraging participants to take on responsibility in the early stages of the delivery of an exercise or activity class and stating that this would be a crucial element of sustainability was evident in all three of the studies reporting peer leadership of exercise classes (Davies et al., 2008; Hickey et al., 1996 and Michael et al., 2012).

Similarly, involving older adults as peer mentors to encourage good habits for physical activity appears successful (Buman et al., 2011). Recruiting older adult volunteers to be involved in public health campaigns would provide clinicians and policy makers with an excellent resource. Involving older adults in structured observations and assessments of their local neighbourhoods would also be a useful, cost effective resource, enabling large areas to be assessed by volunteers.

Interventions that have been developed in accordance with older adults’ wishes and input have been reported as successful within this review (Davies et al., 2008; Hickey et al., 1996; Hooker et al., 2011; Li et al., 2008; Reger-Nash et al., 2003 and Sullivan-Marx et al., 2011). Clinicians and policy makers can benefit from these findings by consulting with and involving local older adults in their areas, to design, develop, implement and promote physical activity interventions that will have maximum potential for success.

There are a number of areas for future research, some identified within the studies themselves and some highlighted by this review. Further examination of the complex interventions described in Buman et al. (2011) and Hooker et al. (2011) should help to identify which elements led to success. Peer mentor-led programmes should be compared with programmes with the same content led by professionals, or through other channels, in order to identify if it is the peer-mentoring that has the positive effect. The intervention reported by Hooker et al. (2011) would benefit from further trial including a comparison group to help to identify the effective elements.

The interventions that demonstrated positive outcomes over a short period of time should be extended to examine longer-term effects (Hickey et al., 1996; Hooker et al., 2011; Li et al., 2008). Li et al. (2008) report that the Tai Chi: Moving for Better
Balance programme was indeed being rolled out in five local communities and that this was undergoing evaluation. Long-term adherence to the PRAISEDD programme (Michael et al., 2012) is the subject of current research on the programme, along with issues of generalisability, outcomes for participants and the types of people that the programme is appealing to. The opportunity for further roll out of the Exercise for LIFE intervention in other areas where the PACE programme of care is delivered is highlighted by Sullivan-Marx et al. (2011), along with the need for further research into improving levels of exercise in community-based long-term care services.

The assessment tools and methods used in the two studies regarding the effect of the local environment on levels of physical activity (Buman et al., 2013 and Ståhl et al., 2008) should be tested in other areas, to see if similar levels of consensus can be achieved. In addition, Buman et al. (2013) identify further research in the areas of expanding the types of assessments that could be undertaken using the computerised tool and in making the tool available on other platforms, such as mobile telephones and smartphones. The need for further research into the environmental barriers to walking that participants faced in Wheeling was identified by the Reger-Nash et al. (2003) study.

2.9 Conclusions

The search criteria identified ten studies where older adults were actively involved at various levels in interventions to promote physical activity. The studies were able to identify positive relationships between older adults' involvement and the success and popularity of those interventions. This review has described the small number of research studies undertaken in the area of physical activity promotion, where older adults have been actively involved in the design, delivery, implementation and promotion of interventions amongst their age group.

Only four studies involved older adults from the target population in designing and promoting an intervention focussing on factors and methods that would appeal to their peers (Hickey et al., 1996; Hooker et al., 2011; Reger-Nash et al., 2003 and Sullivan-Marx et al., 2011). All four of these studies took place in the United States. In total, eight of the studies took place in the United States, one in Sweden and one in the UK. In the UK based study, whilst older adults were involved in developing and delivering the intervention once it had been established, there is no detail of older adults having an active role in designing or promoting the initial class (Davies et al., 2008), although the need for such a class did arise through consultation with the local community.

There is, therefore, a gap in the literature as no UK based studies have looked at involving older adults in the design of an intervention, developed through rigorous research into their priorities and interests.
In this chapter I have presented a review of the literature concerning older adults’ involvement in the design, delivery, implementation and promotion of interventions to promote physical activity amongst their age group. This review has been carried out using systematic searches and following guidance from the Centre for Dissemination for Reviews and Dissemination (CRD, 2008) and following the principles of realist review (Pawson et al., 2005). In the next chapter I will present the research methodology and methods used to undertake a study to understand how involving older people from the beginning of planning an intervention might lead to increased engagement in physical activities.
Chapter three: Research methodology and methods for study one

The previous chapter presented a review of the literature that looked at older adults’ involvement in the design, delivery, implementation and promotion of interventions to promote and increase physical activity, considering the link between their involvement and the success of the interventions. There are few examples of older adults’ involvement in study design, with only four studies demonstrating that older adults were involved in designing and promoting an intervention, based on factors that would appeal to their age group (Hickey et al., 1996; Hooker et al., 2011; Reger-Nash et al., 2003 and Sullivan-Marx et al., 2011). In the wider literature there are some examples of older adults developing their own individual action plans and coping plans within interventions, but not in designing the structure of the overarching interventions (Baker et al., 2011).

Would involving older adults at the outset, developing interventions that have come from them, lead to greater success? In this chapter I will describe the methodology adopted and the methods used in order to undertake a study to understand how involving older adults from the beginning of planning an intervention might lead to increased engagement in physical activities. I will explain the process of data analysis and address the issues of rigour, ethics and reflexivity.

3.1 Definitions of older adults and of physical activity

Whilst the Department of Health has developed guidelines for older adults, defined as 65 years and over, there are various different definitions of older age (CMO, 2011; BHFNC, 2012). Older adults are not an easily defined homogenous group. The term ‘older adults’ could include people within a range of more than 50 years, from 50 years of age to over 100 years. Chronological age is often not the best way of defining a person, when differences in physical function and ability can be great. A person in their 80s could be as physically fit as might be expected of a 60 year old, while some people in their 50s, or even younger, may suffer the symptoms of chronic disease more expected in a person in their 70s (BHFNC, 2012). The House of Lords report, Ready for Ageing (2013) called for the British Government to produce more positive messages about ageing, focussing on the positive contribution that many older adults make to society. It states that definitions of ‘old’ have changed; that it is a state of mind, linked to health and independence. People in Britain often do not regard themselves as ‘elderly’ until they are approaching 70 years old and many people in their 70s are still very active (House of Lords, 2013). These messages link strongly with those from the Government that highlight the importance of maintaining good health through physical activity (CMO, 2011).

The Department of Health’s prevention and early intervention agenda included people from age 50 and over, in order to gain maximum benefit for individuals and for the health and social care community at large (Windle, 2009). In part, their
decision to include people from 50 years old was a result of the recognition that some younger older adults with chronic conditions were unable to work and were experiencing several decades of poor health and immobility (BHFNC, 2012; Windle, 2009). In addition to this, there is the issue of instilling good habits for the future. Physical activity can benefit people across the full age spectrum, as the guidelines for physical activity have demonstrated (CMO, 2011). Beginning to undertake regular activity at a younger age can ensure that those habits continue into later life. For these reasons, I have included older adults from age 50 years and upwards in this study, which has focussed on increasing the number of older adults who are physically active in their day-to-day lives.

Of course, not all physical activity is of the same intensity. Moderate intensity physical activity causes a person to become warmer, increases their heart rate, but allows them to continue with a conversation. By comparison, vigorous intensity physical activity would make a person breathe much harder, feel their heart beating rapidly and they would have difficulty in carrying on a conversation (CMO, 2011). Moderate intensity physical activity can be achieved through walking; taking part in group activities, such as T’ai Chi or dance classes; swimming; household activities, such as gardening and housework; and through active employment, for those who have not yet retired (BHFNC, 2012).

By contrast, exercise is defined by the American College of Sports Medicine as ‘planned, structured and repetitive bodily movement done to improve one or more components of physical fitness’ (ACSM, 2005: 3). Whilst some of the participants in this study did engage in this sort of activity, increasing the numbers of older adults engaging in exercise was not the aim of this research. Committing to regular exercise, when a habit of engaging in it has not been established, can seem overwhelming, whereas increasing participation in moderate intensity physical activity through integration with daily routines and activities can be a goal more easily achieved (van Roie et al., 2010).

3.2 Research Question:

What do older adults think the essential characteristics and preconditions are for the delivery of a successful intervention to promote physical activity amongst their age group?

3.3 Aims and Objectives:

3.3.1 Aims

• To explore the views and experiences of older adults in relation to successful physical activity interventions.
To develop recommendations, with older adults, for a population level physical activity intervention for promoting uptake and adherence to physical activity among older adults.

3.3.2 Objectives

• To identify types of physical activity that older adults are engaged in.

• To explore older adults’ experiences of engaging in physical activity interventions.

• To explore older adults’ knowledge, views and experiences about the provision of interventions for promoting physical activity.

• To develop recommendations, with older adults, for promoting uptake and adherence to physical activity among older adults.

3.4 Underpinning methodology

Within this research study, I have adopted a pragmatic approach for a number of reasons:

• Pragmatic inquiry emphasises the importance of generating knowledge through action.
• Pragmatism allows for the use of different methodologies and methods, in order to understand and address issues and problems.
• Pragmatism recognises the importance of social contexts and multiple levels of influence on issues and problems.

Pragmatism, as the paradigm typically associated with mixed methods research, calls for the focus of research to be on the practical application of a solution to a research question. It is a practical and applied research philosophy (Tashakkori & Teddlie, 2003) which supports the use of qualitative methods, and the subsequent evolution of the participatory study, within this PhD research. One of the early pragmatists, John Dewey held the position that the investigator begins with a problem in everyday experience, then uses his or her imagination and skills of reasoning to find a solution. This solution is then tried out in real situations (Maxcy, 2003). Knowledge is thus generated through ‘doing’ (Metcalfe, 2008: 1091). This description of pragmatic research fits very well with the current study. The problem, as identified through the background research and literature review, is the poor uptake of physical activity amongst older adults and the few examples of working with older adults to develop interventions that promote physical activity. A solution may be to work with older adults to develop an intervention. Ultimately a recommended intervention, or number of interventions, should be tried out in
community life. As ‘pragmatic research is driven by anticipated consequences’ (Cherryholmes, 1992: 13) it makes sense to follow this approach for this research study. Pragmatists place less emphasis on questions of ‘truth’ and ‘reality’, rather the focus is on the difference made by the intervention; whether the results have had the desired effect (Mertens, 2012). Pragmatists reject the idea that the real world can be accessed by a single scientific method and focus instead on ‘common sense, practical thinking’ (Maxcy, 2003, in Tashakkori & Teddlie, p55) as a way to broaden understanding of an issue or problem. The pragmatic approach is oriented towards what works and the practice implications of research (Creswell, 2007). The researcher uses ‘common sense’ to work out the best way to explore an issue, or answer a question. In the case of this study, to identify the essential characteristics and preconditions for the delivery of a successful intervention to promote physical activity amongst older adults, it makes sense to

a) ask older adults what those characteristics and pre-conditions are (qualitative, inductive) and

b) apply some of those characteristics to the promotion of interventions to see if participation increases (quantitative, deductive, or participatory and action-orientated).

Initially, it was intended that the study would follow a mixed methods methodology, employing an exploratory sequential design. This would allow for the exploration of ideas through an initial qualitative phase and the determination of whether these findings could be generalised to a larger sample, through a subsequent quantitative phase. By including both qualitative and quantitative data in a single study, a better understanding of the problem can be achieved (Creswell & Plano Clark, 2011) and rigour is achieved through triangulation of findings (Lincoln, 2005). According to Creswell and Plano Clark (2011), using a qualitative design alone to examine the experiences of a small number of individuals would provide richness and depth, but it would be difficult, although not impossible, to then generalise those findings to a large number of people. Mixing methods, by building sequentially on the first qualitative phase, allows for the further exploration and consideration of the transferability or generalisability of the findings. The use of an additional, different method would enable me to consider the extent to which my findings, generated from a population in the north of England, could apply to other people and locations (Gibbs, 2005). Mixed methods enables research to be carried out comprehensively (Morse, 2003 in Tashakkori & Teddlie, 2003). Adopting a pragmatic approach allows for the inclusion of both qualitative and quantitative methods within a single research study; for both inductive and deductive thinking to occur. Multiple data collection methods can be called upon to provide the best answer the research question (Creswell & Plano Clark, 2011). In fact, as will be described in chapter five, the study evolved into an participatory research project. The initial plan to use quantitative methods through survey implementation did not materialise, but the principles of pragmatism in mixed methods research still hold.
The use of mixed methods as a whole and within the participatory study enabled me to test the findings of the first, qualitative study through application and action (Herr & Anderson, 2005).

Pragmatic inquiry does not seek a single interpretation of a situation or problem, but recognises that there are multiple interpretations within complex social systems (Metcalf, 2008). For Dewey, the process of interaction was key to pragmatism; that knowledge be created and tested in action (Johansson & Lindhult, 2008). Through the dynamic movement between deductive and inductive thinking, a deeper level of understanding about a problem can be achieved. In following a pragmatic approach to this research study theories can be developed from the first qualitative study and then be tested through action (Morgan, 2007), reflecting on the consequences of those actions (Metcalf, 2008).

Pragmatism also emphasises the importance of examining a problem, or issue, in its social and historical context (Creswell, 2007; Evans et al., 2011). As this research study is interested in the characteristics of interventions, and not just on the attitudes and behaviour of individuals, the study of settings and context is fundamental to the research approach. Further discussion of the multiple levels addressed in this research study is provided in section 3.6.1. Metcalfe (2008) describes the process of pragmatic inquiry as an interaction with communities to understand problems and issues and to work together to develop actions to address them. Community members are seen as experts, not subjects. Not only then is pragmatism congruent with the multilevel approach adopted in this PhD research, but it is also key to the action research approach adopted in the second study. Indeed, the roots of action research, particularly that of Kurt Lewin (1946; 1948), are often associated with pragmatism (Johansson & Lindhult, 2008).

Adopting a pragmatic approach has a number of advantages for research and practice in promoting healthy behaviours. The focus on action means that theories can be developed and tested in ‘real-life’ situations, as opposed to controlled conditions, demonstrating what works and facilitating the relevance of research, or its impact (Jazieh, 2011). This linking of theory and practice is an important goal of pragmatic research, to produce rigorous results that are relevant to stakeholders (Glasgow, 2013). Within health research, a pragmatic approach focuses on providing useful results, that address issues of concern to stakeholders, be they health practitioners, or community members. Additionally, the use of multiple methods within a pragmatic approach often provides more evidence than a single method research study (Jazieh, 2011).

On the other hand, the use of multiple methods within a pragmatic approach can cause difficulties, as research studies become more complex. Researchers are required to have knowledge and skills in qualitative, quantitative, and in the case of the current study, participatory research methods (Creswell, 2007).
implementing different methods within a single research study, there are issues of
time and resources. Analysing data from one method of data collection can be time
consuming and must be completed before the next stage is actioned. Such
pragmatic, mixed methods, studies should therefore be planned with adequate
time and resources allocated (Creswell, 2007). Finally, it has been argued that
pragmatic studies suffer from being context-dependent, thus limiting the
applicability to other settings (Glasgow, 2013). However, this can be mitigated by
ensuring that the multiple levels of the context are well described to enable others
to determine whether the findings can be applied elsewhere (Glasgow, 2013).

3.5 Recruitment and sampling

The sample frame must be adequate to enable the research question to be
answered. It must be diverse enough to fully investigate possible responses to the
research question (Ritchie & Lewis, 2007). As such, a purposive sample was
drawn from sources which drew participants from across the older adult spectrum
from 50 years and upwards (Creswell, 2007; Huberman & Miles, 2002; Popay et
al., 1998). The sample included men and women; people from affluent and socio-
economically deprived areas; urban and rural areas; those who were ordinarily
engaged in physical activity and those who were not. This deliberately non-random
method of sampling was chosen to build my understanding of people with
particular experiences (Patton, 1990; Bryman, 2004).

For the first phase of the research, the qualitative study, participants were recruited
from two main sources: Calderdale’s Neighbourhood Schemes and Age UK
Calderdale & Kirklees. I already had strong links with these two sources through
my previous roles as POPP (Partnerships for Older People Projects) Programme
Manager and Commissioning and Strategy Manager for Older People and Physical
Disabilities, both at Calderdale Council. In the former role, I had been responsible
for the establishment of the Neighbourhood Schemes and for ensuring that they
were sustainable beyond the POPP funding period. I had recruited the majority of
the team members who were supporting the Schemes and had attended
committee meetings of the Schemes themselves. The Neighbourhood Schemes
Team (NST) members were already looking at the issue of recruitment and
retention of older adults to the community-based Schemes, in relation to the
activities that were on offer, so they were very keen to assist me through promoting
the study within the Schemes. They could see the benefits that the study would
bring to them and to the scheme members.

Similarly, the community-based workers at Age UK Calderdale & Kirklees were
already working on the issue of promoting physical activities within the borough of
Calderdale. They had planned a ‘showcase’ event in October 2011, to raise
awareness about the activities that were on offer for the over 50s. They invited me
to have a stand at the event and to recruit people into my study from there. My
links with this organisation had begun when they were a POPP partner, delivering the Home from Hospital service in Calderdale. Subsequently, I had commissioned services from them when I was Commissioning and Strategy Manager at Calderdale Council. Since leaving Calderdale Council I had been invited to join the Board of Trustees at Age UK Calderdale & Kirklees and I became Vice Chair during the course of the study. Access to both recruitment sites was, therefore, very straightforward. My prior history with both sources did present other issues with regard to my perspective on the research study and these are addressed in section 3.11.

My role as a Trustee at Age UK Calderdale and Kirklees requires me to ensure that the charitable aims of the organisation are achieved. Promoting the health and wellbeing of older adults in Calderdale and Kirklees is fundamental to the aims and objectives of the organisation. In this sense, the research that I was undertaking was in keeping with my responsibilities as a Trustee. I did not exploit my contact with this organisation, or with the Neighbourhood Schemes, since the promotion of engagement in activity sessions was an issue they were both already working on. In fact, my involvement enhanced their work and was of mutual benefit to all concerned.

Developing good relationships with gatekeepers is essential in any qualitative study, as they are the route by which participants are recruited (Bryman, 2004; Burgess, 1984). The two gatekeepers for this study were the Manager of the Neighbourhood Schemes Team and the Chief Executive of Age UK Calderdale and Kirklees. Establishing trust with gatekeepers is vital (Silverman, 1997) and I was fortunate to have excellent existing relationships with both of them. In discussing my planned research study with both gatekeepers, they recognised the potential benefits to older adults accessing their services and activities and were keen to be involved.

I met with the Neighbourhood Schemes Team (NST) to explain the study and to provide them with the participant information sheets and brief questionnaires, designed to gather information on gender, age, socio-demographic characteristics and level of physical activity. The NST members approached prospective participants with information about the study, explaining the possible benefits and outcomes for the participants. I had been able to secure funding from the University to offer a £10 High Street Voucher to each participant, as it was thought that compensating people for the time that they would have to give to the study would encourage them to participate (Barrett & Kirk, 2000; Krueger & Casey, 2000).

In addition to the planned recruitment though the two sources, a significant amount of snowball sampling took place, as participants passed information about the study on to others who were interested in taking part (Bryman, 2004; Watson &
Coombes, 2009). The spouses of three participants asked to take part in focus groups or interviews and several participants spoke to their friends about the study, which resulted in the involvement of four more participants. One of the participants I recruited through the ‘showcase’ event invited me to attend an over 50s table tennis session, which had originally been set up through the POPP Programme. This enabled me to interview four men and one woman. This latter participant from the Halifax Table Tennis Club then invited me to attend a beginners indoor bowls class that she ran in Halifax. She arranged for me to interview three members of this class and hold a focus group with five participants. One of the focus groups that was set up to include two participants recruited from the ‘showcase’ event also included two people over 50 who I had worked with over several years. My contact with a staff member from Age UK Calderdale and Kirklees led to the recruitment of five participants from a sheltered housing complex. As the small number of male participants recruited to the study became apparent, two of the male members of the Neighbourhood Schemes Team volunteered to take part in a focus group with a male member of one of the Schemes in North Halifax. This gave me an important additional male perspective.

Inclusion criteria for the study were: community dwelling older adults, from 50 years and upwards. This fit perfectly with the demographic being targeted by both the Neighbourhood Schemes and Age UK Calderdale & Kirklees. (The social demographics of Calderdale are described in section 3.5.1 of this chapter.) Due to the limited resources available for this study people who did not speak fluent English, or who had other significant communication difficulties requiring a translator, were to be excluded from the study.

Following a presentation of my initial findings at a Neighbourhood Schemes event in March 2012, I was asked by a community development worker to hold a focus group for South Asian ladies. This was another case of snowball sampling. This worker was interested in finding out if the views of the South Asian ladies on physical activity interventions were different from the findings I had presented. I was able to access funding from the University to pay for the necessary translation of materials for this group. The community development worker liaised with the manager of the Neighbourhood Schemes Team to recruit participants for this focus group, to arrange a date, time and venue and to provide a translator.

Following screening to ensure a broad sample, potential participants were invited to consent for the study. (The screening questionnaire is described in section 3.7.2 and included in Appendix 6.) During the recruitment process, informed consent involved clearly explaining the study purpose; what was expected of the participant; the amount of time likely to be required; that participation would be voluntary and that participants could withdraw at any time without negative repercussions; how confidentiality would be protected; providing the name and contact information of the principal investigator to be contacted for questions or
problems related to the research (Creswell, 2007). The participant information sheet, brief questionnaire and consent form are included in Appendices 5, 6 and 7.

Recruitment continued until data saturation was reached and no new information was produced by the participants (Guest et al., 2006; Morse, 1995; Pope et al., 2000; Sandelowski, 1995).

3.5.1 The social demographics of Calderdale

The metropolitan borough of Calderdale is located in the north of England, in West Yorkshire. The borough is in the Pennines, which divide the north west from the north east of England. The 140 square miles are largely rural, but with seven towns and several villages along a valley. Up to a quarter of the population lives in rural areas (Calderdale Council, 2013). In 2011 the total population was 204,200 (Office for National Statistics, 2011). The breakdown of the population of Calderdale by age and gender, for residents over 45 years of age, is included in Table 3.1. The final three columns of this table include the number of participants involved in this study, stratified by age and gender.

Table 3.1 Calderdale population by age and gender, for residents over 45 years of age and sample recruited to study

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total</th>
<th>Male (%)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population</td>
<td>99,800</td>
<td>104,400</td>
<td>204,200</td>
<td>61</td>
<td>14 (23%)</td>
</tr>
<tr>
<td>45 to 64</td>
<td>27,900 (13.6%)</td>
<td>28,200 (13.8%)</td>
<td>56,100</td>
<td>27 (44%)</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>65 to 74</td>
<td>8,600 (4.2%)</td>
<td>9,200 (4.5%)</td>
<td>17,800</td>
<td>25 (41%)</td>
<td>9 (15%)</td>
</tr>
<tr>
<td>75+</td>
<td>5,600 (2.7%)</td>
<td>9,400 (4.6%)</td>
<td>15,000</td>
<td>9 (15%)</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Under 45</td>
<td>115,300</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Source: Office for National Statistics, 2011a)

These figures indicate that from age 45 up to the age of 74, the numbers of men and women living in Calderdale are not too dissimilar. However, from 75 years upwards, there are almost twice as many women than men living in the borough. In this study, there were 61 participants in total; 47 women and 14 men aged between 49 and 87 years. The majority of participants were aged between 53 and 74 years of age. If the study population were representative of the general population of Calderdale, then equal numbers of men and women would be expected in both the 45 to 64 age group and the 65 to 74 age group. However, there were more women...
than men in all age categories. This study overrepresented women by 6:1 in the 49 to 64 age group, by almost 2:1 in the 65 to 74 age group and by 7:2 among those over 75 years of age. The implications of this overrepresentation will be discussed in chapter eight.

The ethnicity estimates for residents of Calderdale over 16 years of age from 2009 are included in Table 3.2. The final two columns in this table include the number of participants included in this study, stratified by age and ethnicity.

Table 3.2 Ethnicity estimates for residents of Calderdale over 16 years of age from 2009

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Calderdale population</th>
<th>This study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White British, Irish &amp; Other White Groups (% of population)</td>
<td>Asian Groups, Black, Mixed &amp; others (% of population)</td>
</tr>
<tr>
<td>Total population</td>
<td>181,700 (90.1%)</td>
<td>20,000 (9.9%)</td>
</tr>
<tr>
<td>16 to 59 female</td>
<td>110,400 (54.7%)</td>
<td>13,000 (6.4%)</td>
</tr>
<tr>
<td>60+ female</td>
<td>37,000 (18.3%)</td>
<td>11,000 (5.2%)</td>
</tr>
<tr>
<td>Under 16</td>
<td>30,300 (15.4%)</td>
<td>0</td>
</tr>
</tbody>
</table>

(Source: Office for National Statistics, 2010)

As the age bands, nature and dates of data collection are different in the two sources and tables, it is not possible to view a precise breakdown of figures for adults in Calderdale from 50 years and upwards, in line with the inclusion criteria. However, taking the 2009 estimated figures for ethnicity for women over 60 and men over 65 in the borough shows that only 3% of the population were not White British, Irish or from other White Groups. Within this, the South Asian population for this age group is only 2% of the total population over 60 or 65 years (Office for National Statistics, 2010). In this study, I recruited 3 women from the South Asian community, which constituted 4.9% of the total number of participants. In addition, a female participant who described herself as Black British was recruited. The application of a 95% confidence intervals around these data demonstrate that the characteristics of participants within this study did not differ significantly from the general population (Bryant, 2011).
Additional data gathered for the study provided information about residential status and educational attainment, which enabled a judgement to be made about socio-economic status. Some 48 participants (79%) owned or had a mortgage on their own home. Two participants rented privately and 11 rented a Local Authority property. A 75% figure for home ownership was reported in Calderdale’s Housing Strategy (Calderdale Council, 2012). Again, the application of 95% confidence intervals around these data show that there is no significant difference between the study data and that of the general population (Bryant, 2011). Twenty of the 61 study participants lived in rural parts of the borough, with 41 living in urban areas. The 32.8% of rural dwellers (95% CI = 22.3 - 45.3%) does not differ significantly from the quarter of the general population living in Calderdale’s rural area reported in the Joint Strategic Needs Assessment (Calderdale Council, 2013).

Thirty five participants (57%, 95% CI = 44.9 - 69.0%) had taken part in some form of higher education and 26 had not. Comparable figures for level of education amongst people aged over 50 years were not available, although the Office for National Statistics reports that 27.8% of the whole population of Calderdale held a higher education qualification at the time of the study (Office for National Statistics, 2011b). The study percentage figure is thus twice the general population figure and differs significantly as the confidence intervals do not overlap (Bryant, 2011). There were more people who had taken part in further or higher education in this study than would have been expected, given the prevalence in the local community. However, this study has a small sample size and was recruited purposively, so it is perhaps not surprising that those residents of the borough with higher levels of education volunteered to take part in the university initiated research study.

There are currently no figures available for the prevalence of physical activity in Calderdale. In this study, 34 participants regarded themselves as physically active, according to the Department of Health’s definition (2004) and 27 stated that they were not achieving this level of activity.

3.6 The formulation of the questions

Semi-structured interviews and focus groups were used to obtain accounts of older adults’ experiences, including the factors that attracted them to or dissuaded them from taking part in physical activity interventions.

In order to investigate the phenomenon of older adults’ views on interventions to promote physical activity before commencing the formal study, I conducted some Public and Patient Involvement (PPI) through seeking the advice of a number of older adults in Calderdale. PPI can take many forms but always promotes the involvement of members of the public in research processes. In this instance, I consulted with older adults, who advised me on the development of the questions within my research (Brett et al., 2010; Buckland et al., 2007). I developed a draft
focus group discussion guide and a draft interview schedule, based on the literature on barriers and motivators to physical activity together with a clear understanding of popular types of interventions to promote physical activity amongst populations (DH, 2004; CMO, 2011; BHF, 2004; Bouchard, 1990). These were reviewed initially by my supervisors and then presented to an informal reference group, made up of 13 older adults, in order to ensure that the questions were clearly presented to achieve the aims of the research study (Barrett & Kirk, 2000; Kreuger, 2000). These 13 people were approached individually by an older adult who had been a member of the Calderdale POPP Programme Board, who wished to assist me with my studies. They were aged between 60 and 85 years, which was a similar demographic to those whom I would be approaching in my study (Kreuger, 2000). There were nine women and four men. They were not an existing group of people but were known, as individuals, to the older adult who contacted them. They were consulted as individuals and not brought together as a formal group. I sent out a covering letter with copies of the draft interview schedule and focus group discussion guide and asked them the following questions:

1. Do you understand the questions?
2. Could they be worded better?
3. Do the questions make you come up with ideas and answers fairly quickly and easily?
4. Are there more, or different, questions that you think I should ask?

Whilst they all stated that they understood the proposed questions, most members of this informal reference group suggested some changes to the wording of the questions, particularly regarding phrases such as ‘moderate intensity’, ‘interventions’ and ‘bodily movement produced by skeletal muscles’. Suggestions for example activities, to be given as prompts, were made. Two members also stressed the importance of recognising and asking about activities undertaken alone as they felt that there was too much emphasis on group activities. The same two suggested that the timing of carrying out activities was important, with regard to dark nights and safety. They all agreed that the questions stimulated much to say on the subject. Following their feedback, I made the necessary amendments to the two documents, which are included in Appendices 8 and 9. For all participants, I produced a handout with a clear definition of physical activity and with examples of the types of activities that would qualify as ‘moderate intensity’. I amended the discussion guide and interview schedule to include prompts for undertaking activities at home, solitary activities and to give examples of the kinds of benefits that people might obtain from engaging in physical activities. Finally, I added questions about the location and timing of physical activities and the importance of the weather.

The study is interested in the essential characteristics of interventions aimed to increase levels of physical activity. To this end, people who were already physically
active were asked questions regarding the activities being undertaken: what attracted them to the activity; how long they had been doing it for; what made them carry on; and what would make them stop. Of people who were not carrying out the recommended level of physical activity (NICE, 2006; DH, 2004; CMO, 2011), questions were asked regarding what activity they had done in the past: what the attraction had been; what made them start; what made them stop. All participants were asked for their views on specific interventions, such as older adults’ playgrounds; T'ai Chi classes and organised health walks. Handouts with a list of 16 organised activities occurring in the local area and eight solitary activities were used to prompt discussion. Participants were also asked if there were other activities, which I had not suggested, that older adults would be interested in undertaking.

### 3.6.1 Social Ecological Models of behaviour change

Previous studies looking at barriers and motivators to physical activity have used models of behaviour change to examine uptake and adherence amongst older adults (Horne, 2007; Hawley, 2011). The Theory of Planned Behaviour (TPB) (Ajzen, 1988; Ajzen, 1991) has been widely used as a robust theoretical framework for studies investigating why people engage in physical activity (Hausenblas et al., 1997; Hagger et al., 2002). Positive attitudes towards a particular behaviour, a belief that it would be easy to perform and a recognition that significant others think it should be performed are seen as essential for a new behaviour to be adopted (Conner & Sparks, 2009). Questions about intentions to be physically active; attitudes towards being active; what significant others think; control over engaging in activities and confidence in ability to do so are often included in studies using TPB to understand uptake and adherence (Ajzen, 2002; Conner & Sparks, 2009).

This study has taken a broader approach. In addition to talking about their own personal reasons for engaging in physical activity, participants were asked about the nature, structure and organisation of the interventions themselves and how they influenced participants’ engagement in physical activities. Thus, the study adopts a social-ecological approach to behaviour change. Whilst recognising the importance of psychosocial factors on behavioural change, such as knowledge, attitudes, beliefs, self-efficacy and social support, Social Ecological Models also include consideration of influences at environmental and policy levels (Carlson et al., 2012). They provide a framework for understanding the importance of the dynamic between a person and their environment, or the contexts within which they exist, recognising the complexity of human situations (McLaren & Hawe, 2005).

Urie Bronfenbrenner first introduced a conceptual model for understanding the wider influences on human development in the 1970s. His model included four structures, or systems, each being nested within and interacting with the next
Bronfenbrenner’s original model has been criticised for placing too much emphasis on the influence of context in relation to behaviour change, at the expense of the importance of the individual and their own characteristics. His later work acknowledged this criticism and redressed the balance (Bronfenbrenner, 1989). Since the model requires human development to be considered from multiple levels, and is also interested in the bi-directional influences between levels, practical application is complex. Evaluation of each of the elements within the model would require a large scale and multi-disciplinary approach and is thus often beyond the capabilities of a single research study.

Whilst Bronfenbrenner’s model was developed primarily to understand child and adolescent development, it was used as a starting point to look at health promotion by McLeroy et al. (1988). McLeroy et al. saw that health promotion activities had
long been focused at the personal level, with the responsibility being on the individual to make the necessary changes in their behaviour that would result in improved health. The influence of external factors was addressed in McLeroy et al.'s model (see Figure 3.2). In this model, health behaviour is influenced at five levels. The 'Intrapersonal' level includes the individual's knowledge, attitudes, beliefs and self-efficacy, thus placing more emphasis on the characteristics of the individual than in Bronfenbrenner's (1977) model. The 'Interpersonal' level is similar to the 'Microsystem', with relationships with family and friends situated here. These relationships create identity and provide support (McLeroy et al, 1988). At the 'Organisational', or 'Institutional', level are the churches, community groups, or workplaces, with their rules, regulations and structures that may enable or prevent healthy behaviours. At the community level are the relationships between organisations and networks that can create cultures and norms that influence behaviour. McLeroy et al. (1988) describe communities in this sense as 'mediating structures' where there is social identity and resources that can support behaviour change. There are multiple representations and interpretations of 'community'. They can be political (Local Authority areas, Wards), geographical (as in the demarcation of neighbourhoods within town and cities), be defined be a shared identity (retired, or older adults) or be defined by a social role (grandparents). In the latter two definitions, McLeroy et al.'s idea of 'mediating structures' can be best understood, as the influence and support of others in a common situation can be powerful. The community can be influential, as well as being influenced by the other levels in the model (Kagan et al., 2011). The outer level of this model is where national and local policies and laws sit. Policies and laws may have a direct effect on healthy behaviours, such as smoking bans, or they may be indirect through funding research into health promotion. Equally, individuals and communities may influence policy development through their actions, such as demanding park improvements or cycle paths. The influences in this model are dynamic, multi-level and multi-directional.

**Figure 3.2** McLeroy et al.'s 1988 ecological model for health promotion
McLeroy et al.'s (1988) model has been criticised for focusing on the importance of the social environment and not explicitly recognising the influence of the physical, built and natural environment on the adoption of healthy behaviours. There is no obvious place for the physical environment within the model. The influence of the physical environment, with its ability to adversely affect and positively promote good health, was specifically recognised by Stokols in his work to develop a theoretical framework to understand the dynamic interrelations between people and their physical and social environments (Stokols, 1996). Building on the work of Bronfenbrenner (1977, 1989) and McLeroy et al. (1988), Stokols introduced the idea that environmental influences will affect individuals differently, depending on their own personal attributes, resilience and financial resources (Stokols, 1996). Thus it would be very difficult to evaluate the effects of a multilevel intervention, since each individual affected by the intervention would bring their own personal factors to bear upon the result.

Similarly, Sallis et al.'s (2006) model for active living communities included recognition of the physical environment, stating that interventions to promote physical activity would be most successful when they took into account (amongst other factors) the need for safe, convenient and attractive places for that activity to take place. Sallis states that Social Ecological Models are ideally suited to the promotion of physical activity, since activity takes place in specific locations and settings. Thus the study of, and recognition of the importance of, those settings is important (Sallis et al., 2006). The multilevel approach developed builds upon the previous work of McLeroy et al. (1988) but divides opportunities for active living into four domains: active recreation; active transport; household activities and occupational activities. The multiple levels in this model have similarities and differences with those illustrated in Figures 3.1 and 3.2. In addition to the ‘Intrapersonal’ and ‘Policy Environment’ levels, Sallis et al. (2006) introduce the ‘Perceived Environment’ where factors such as safety, comfort, accessibility and convenience are situated. Finally, the level of ‘Behaviour Settings: Access and Characteristics’ is included in the model, where the importance of available equipment, physical and psychological accessibility, social norms and culture, weather and physical geography are all recognised as influential (Sallis et al., 2006). Implementation of complex Social Ecological Models, such as this one, provide excellent opportunities to influence and improve the health of large numbers of people (King & Sallis, 2009). However, implementation can be difficult as they require participation from partners across multiple settings, such as town and city planning, transport services as well as in health promotion. Such interventions are not only complex, but costly and need support and willingness to change from those in positions of power (Sallis et al., 2006).

Within this current PhD study, multilevel influences on physical activity engagement are considered. Elements of each of the models discussed above are included. Intrapersonal and interpersonal factors, behaviour settings, organisational
characteristics, community and policy issues are all addressed to varying levels. This study extends the growing literature on motivators and barriers to engaging in physical activity to include the influences on behaviour at organisational, community and policy levels through examining the characteristics of the activities themselves, as well as the wider context within which they are on offer. In chapter eight, I will present a model, based on the application of a social-ecological approach to the promotion of physical activity.

3.7 Data collection

3.7.1 The suitability of focus groups

Focus groups were used as these allow participants to express their own views and ideas, listen to others and perhaps refine their own ideas through discussion (Ritchie & Lewis, 2007; Bryman, 2004), thereby generating data through dialogue (Kitzinger, 1995; Morgan, 1997). Bloor et al. (2001) state that the formulation of ideas and views through conversation with others in a focus group is a clear reflection of how we interact and develop ideas in the real world environment. Focus groups are commonly used in qualitative research, to examine what people think and why they think in that way (Kitzinger, 1996), and have been used in a number of studies about older adults’ engagement in physical activity and exercise (Clark, 1999; Costello et al., 2011; Horne, 2007). They are useful in identifying themes amongst particular sections of the population (Krueger, 2000); trends and patterns in perceptions can be obtained (Barrett & Kirk, 2000).

Heterogeneous, rather than homogeneous, groups were established in order both to keep the number of groups to a manageable number and engender lively discussion (Bryman, 2004; Kitzinger, 1994; Ritchie & Lewis, 2007). It was anticipated that the focus groups would illuminate whether older men and women from different backgrounds had different ideas about the types of population level interventions that could be developed, together with the incentives that would be needed to maximise involvement. The focus groups would generate diversity and difference, both within and between groups (Lunt & Livingstone, 1996). Focus groups were organised to allow for discussion amongst participants who regarded themselves as physically active and those who did not.

3.7.2 Organising the focus groups

As data collection continued until data saturation had been achieved, this determined the sample size (Guest et al., 2006; Marshall, 1996). In a similar study looking at older adults’ views of advice about falls prevention (Yardley et al., 2006) 66 older adults were recruited; 45 people attended focus groups and 21 were interviewed. The same questions and materials were used in the focus groups and the interviews. I anticipated that approximately 60 older adults would participate in
the first phase of the study and, in fact, there were 61 participants. Forty nine attended focus groups and 12 were interviewed.

Selection criteria were prioritised to ensure that the number of groups and subsequent data produced did not become unmanageable. A short screening questionnaire was developed to identify participants’ characteristics and ensure that opinions from a broad range of people were received. The questionnaire is included in Appendix 6. Through administering the questionnaire I gathered information about gender, age, how often people engaged in moderate intensity physical activity (DH, 2004), and questions to ascertain socio-economic status (accommodation type, postcode and educational attainment). It was my intention to recruit older adults who represented the full range of characteristics. I also intended to over-recruit to the focus groups by 50% to allow for last minute drop outs. Ideally, each focus group would be made up of four to six participants, so nine participants would be recruited for each group (Wilkinson et al., 2004). In reality, the availability of the participants was the major factor determining the size of each group and of the total number of participants. In total, there were only three people who returned the screening questionnaires, thus expressing an interest in taking part in the study, who did not attend a focus group or individual interview. One called to cancel due to a doctor’s appointment and did not wish to reschedule; one rang to say that she was unwell and did not feel able to reschedule; and one did not respond to repeated telephone messages or a follow-up letter, so it is not known what his reasons were. With the exception of these three people, every person who returned a screening questionnaire was included in the study.

Once the screening questionnaires had been returned to me, I spoke to each of the potential participants by telephone to arrange a date and time to meet, as recommended by Krueger (2000). Organising focus groups on dates that were suitable to a large enough number of people was, in most cases, only possible if the sessions were tagged on to group activities that participants were already attending. Eight out of the 11 focus groups were held either immediately before, or after an activity session in order to minimise the disruption to participants’ usual activities. The 11 focus groups were scheduled to last for 60 to 90 minutes, in order to avoid fatigue and to limit the interruption of usual activities (Barrett & Kirk, 2000; Kreuger, 2000). The focus groups followed the guidelines developed by the OMNI Institute (OMNI, 2010) and the principles relating to conducting focus groups with older adults set out by Barrett & Kirk (2000) and Kreuger (2000).

3.7.3 Conducting the focus groups

The focus groups were conducted in locations that were convenient for the participants. These included six venues used by the Neighbourhood Schemes; a sheltered housing complex community room used by Age UK Calderdale and Kirklees; the Age UK Calderdale and Kirklees Head Office; the offices of the local
carers support service; the home of two of the participants who invited three others to meet there; and an indoor bowling club. This meant that, in all but one case, the venues were known to all participants attending there. For the focus group held at the Age UK Head Office, clear verbal and written directions were given to participants and I met them on the street outside to welcome them (Krueger, 2000). For the focus group held in the participants’ home, the University of Manchester Lone Worker Policy was implemented. In all other cases, there were other people known to the researcher present in the building. The number, gender, ethnicity, age range and self-reported level of physical activity of participants taking part in the focus groups are reported in Table 3.3. Participants meeting the recommendation of 150 minutes of physical activity across a week are described as physically active (PA). Those who did not meet the recommendation are recorded as not physically active (NPA).

Table 3.3 Number, gender, ethnicity, age range and self-reported level of physical activity of participants taking part in the focus groups

<table>
<thead>
<tr>
<th>No.</th>
<th>Location</th>
<th>Participants</th>
<th>Age Range</th>
<th>Ethnicity</th>
<th>Physical Activity (PA/NPA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FG1</td>
<td>Neighbourhood Schemes venue</td>
<td>2 male; 4 female</td>
<td>63 -80 years</td>
<td>6 White British</td>
<td>2 PA 4 NPA</td>
</tr>
<tr>
<td>FG2</td>
<td>Age UK venue</td>
<td>1 male; 3 female</td>
<td>56 - 69 years</td>
<td>4 White British</td>
<td>2 PA 2 NPA</td>
</tr>
<tr>
<td>FG3</td>
<td>Bowling Club</td>
<td>5 female</td>
<td>57 - 83 years</td>
<td>5 White British</td>
<td>3 PA 2 NPA</td>
</tr>
<tr>
<td>FG4</td>
<td>Neighbourhood Schemes venue</td>
<td>1 male; 2 female</td>
<td>64 - 78 years</td>
<td>3 White British</td>
<td>2 PA 1 NPA</td>
</tr>
<tr>
<td>FG5</td>
<td>Sheltered housing complex</td>
<td>5 female</td>
<td>59 - 87 years</td>
<td>5 White British</td>
<td>1 PA 4 NPA</td>
</tr>
<tr>
<td>FG6</td>
<td>Neighbourhood Schemes venue</td>
<td>3 female</td>
<td>59 - 76 years</td>
<td>3 White British</td>
<td>2 PA 1 NPA</td>
</tr>
<tr>
<td>FG7</td>
<td>Carers service venue</td>
<td>5 female</td>
<td>57 - 72 years</td>
<td>5 White British</td>
<td>4 PA 1 NPA</td>
</tr>
<tr>
<td>FG8</td>
<td>Neighbourhood Schemes venue</td>
<td>1 male; 6 female</td>
<td>54 - 81 years</td>
<td>1 White British</td>
<td>3 PA 4 NPA</td>
</tr>
<tr>
<td>FG9</td>
<td>Participants’ home</td>
<td>2 male; 3 female</td>
<td>63 - 72 years</td>
<td>5 White British</td>
<td>4 PA 1 NPA</td>
</tr>
<tr>
<td>FG10</td>
<td>Neighbourhood Schemes venue</td>
<td>3 male</td>
<td>54 - 67 years</td>
<td>3 White British</td>
<td>1 PA 2 NPA</td>
</tr>
<tr>
<td>FG11</td>
<td>Neighbourhood Schemes venue</td>
<td>3 female</td>
<td>49 - 61 years</td>
<td>3 South Asian</td>
<td>1 PA 2 NPA</td>
</tr>
</tbody>
</table>
In all cases, I set the room up to be as comfortable as possible, using a circular seating pattern, with hot drinks, water and biscuits available. Two of the focus groups were held over lunchtime and I provided sandwiches for all participants. Ensuring the participants are comfortable is an important consideration (Kitzinger, 1995). A brief summary of the study was given orally to remind participants of what they had agreed to take part in. I distributed consent forms, and asked all participants to complete them, before the discussions began. Before commencing the recording, I also explained my own role and involvement in this study. I explained my previous roles in Calderdale. I believe this increased my credibility, as participants could see my understanding of and commitment to older adults in Calderdale. Finally, I handed out some guidelines that I had developed as expectations for behaviour within the group (Barrett & Kirk, 2000; Krueger, 2000; Morgan, 1997). These guidelines required participants to respect each others’ points of view; be prepared to make and listen to negative as well as positive views; allow one person to talk at a time, uninterrupted; respect confidentiality and not talk about participants’ responses outside of the group; and assured participants that they could leave at any point without negative consequences. The guidelines developed are included in Appendix 10.

At the beginning of the recorded session, I asked each participant to introduce themselves. This not only served to ensure that everyone knew the others in the group, but enabled me to carry out a check on the digital audio recorder. I had checked the recorder the night before each group and also before setting off for the group. This final check, recording voices and names, had the additional benefit of helping me to match up voices to participant numbers, once data analysis was under way. I explained to all participants that I would be audio recording the discussions rather than taking copious notes, partly so that I could focus on facilitating the discussion and partly because there was no possibility of me remembering everything that had been said otherwise (Bryman, 2004).

In the first two focus groups sessions a second researcher attended as a note taker. This proved to be a useful addition to the group sessions, as I was able to give my full attention to facilitating the discussions, without making any notes that would assist me in matching voices to participants. It was particularly useful with the first group, as this was the first time that I was asking the questions, it was one of the larger groups and the participants had much to say. The note taker recorded the order in which participants spoke, together with the first few words of their contribution, so that I would be able to match the audio recording to the correct participant. The note taker was not available for the remaining focus group sessions, so I took on the task of recording the order of contributions in addition to the facilitation. This proved to be difficult in FG8 where there were seven participants. It was difficult to facilitate the lively discussions, keeping participants on track, whilst noting the order of speech. In several cases I had to remind participants not to talk at the same time as another person. In the smaller groups,
and where the voices of participants were distinctly different, I did not need to
record the order of contributions and could focus on the facilitation and taking
notes of non-verbal communication that occurred. In all cases I took notes on non-
verbal communication within the groups.

The discussion guide was used to ensure that the aims and objectives of the study
were met. As facilitator, I worked through the guide but allowed for the discussion
to move backwards and forwards through the questions as the conversation
flowed. I was able to use my skills as an experienced facilitator to ensure that each
participant had the opportunity to speak. Through my work in health and social
care, I have received training in counselling and facilitation. I am able to employ
good listening skills and probe for further detail in a gentle, non-confrontational
manner. These skills are essential for gaining participant engagement (Kvale,
1996). I was conscious of the need behave politely, to demonstrate my sense of
humour appropriately and maintain a friendly manner. It was important to keep the
discussions focussed and to empathise with each participant (Barrett & Kirk, 2000).
I used two handouts during the focus groups, one with some definitions of physical
activity written in large, clear type (Barrett & Kirk, 2000) and one with a list of
locally available physical activities and a list of activities that could be carried out
alone.

At the end of each focus group, I checked that we had covered all of the questions
on the guide; thanked participants for their contributions; explained what would
happen next, reiterating confidentiality; and asked if there were any questions for
me. No questions were forthcoming.

3.7.4 Organising and conducting the focus group with South Asian Ladies

I was approached following a presentation of my study in March 2012 by a
community development worker based within the South Asian community in
Halifax. He was interested in seeing whether the reasons given by the
predominantly White British study participants were any different from those that
South Asian older females might give.

I liaised with the community development worker via the Manager of the
Neighbourhood Schemes Team (NST). A new Neighbourhood Scheme for South
Asian Ladies, Gup Shup, had been established and work was ongoing to provide
activity sessions that would draw in women from the local community. I provided
copies of the participant information sheet, brief questionnaire and consent form
which were translated into Urdu by the translation service used by the NST
(Appendices 11, 12 and 13). The NST Manager also arranged for an interpreter to
be present at the focus group, which was to take place during a Neighbourhood
Schemes activity session, so the interpreter would already be available and no

74
additional charge would be due. A date was arranged with the NST Manager for the focus group to take place in April 2012.

The focus group held with three female participants from the South Asian community had some structural differences from the other focus groups. The group, held during a Neighbourhood Schemes activity, was organised by the manager of the Neighbourhood Schemes Team (NST) since he had existing good relationships with the potential participants. He had arranged for an interpreter to be present and for a quiet room to be available. This focus group had 3 participants, aged between 49 and 61 years of age. Two of the participants required the translator but the 49 year old had good use of the English language. As this focus group had been arranged by the NST manager, who had worked hard to arrange the session, I did not feel able to reject the 49 year old participant at the start of the session. This participant was very keen to contribute to the research and expressed that it was most relevant to her. As a person approaching 50 years of age, she was conscious of the need to keep fit and went out of her way to build physical activities into her daily and weekly routines. As discussed in section 3.1, chronological age is often not the most useful way of defining an ‘older adults’ and perceptions of what is ‘older’ age are subjective. This 49 year old participant identified herself with the members of the Gup Shup Group for South Asian Ladies over 50 years, attending the activities on a weekly basis. She contributed a great deal to the focus group session, in terms of offering assistance with translation as well as in content. In many cases, she was able to clarify what the other participants said and explain to me some of the background regarding their social situations. The 49 year old was also able to provide me with an additional perspective of a person who was balancing physical activity with part-time work and family responsibilities and the subsequent difficulties of prioritising physical activity. Her inclusion was a useful addition to the study.

I introduced myself, the study and sought their consent in the same way as in the other focus groups, and all that I said was translated into Urdu by the interpreter. I worked through the schedule in much the same way as I had done with the other groups but had to break some of the questions and discussions down so as to allow for sections of speech to be translated by the interpreter. This made the session longer than most of the other focus groups although the participants remained engaged throughout and did not appear to suffer the fatigue and lack of concentration described by Barrett & Kirk (2000).

Whilst it was harder to establish the same easy rapport as I had done with participants whose first language was English, there was still much laughter and good humour within the group. Each participant was encouraged to contribute equally, and the personal views of the interpreter were listened to, before guiding the focus back onto the participants (Barrett & Kirk, 2000). At times, it proved difficult to encourage the participants whose first language was not English to
contribute, because the interpreter had a tendency to dominate the discussions. Whilst the interpreter did provide me with useful background information on the formation of the Gup Shup Group and its importance to the South Asian Ladies who attended, I was conscious of the need to hear the participants’ own views. I endeavoured to bring the focus back onto the participants themselves as often as possible by addressing my questions directly to them, rather than by addressing the interpreter. I was also able to ask the 49 year old participant if she would translate a question for me, before answering it herself. Often, there would be discussions with all three participants contributing in Urdu, which would then be reported to me in English. In these cases, I had to clarify who had made which point and I made notes matching the contribution to the participant. I felt uneasy at times that I was missing some contributions, as I could not be sure that everything that was said was translated to me in full. This concern could have been overcome by appointing an Urdu speaker to go over my audio recordings and notes to transcribe and translate the focus groups session in full. However, lack of resources within this self-funded research meant that this was not possible.

At the end of the session, I thanked the ladies for their participation and told them what would happen next. I gave them the opportunity to ask any questions and reiterated that confidentiality would be upheld.

3.7.5 The suitability of interviews

There is a range of interview types from structured to unstructured, with semi-structured in between (Bryman, 2004). Structured, or standardised, interviews are employed in quantitative research and are administered in exactly the same way to each participant. Questions are closed so that the participant selects from a pre-defined set of answers which can be analysed quantitatively (Bryman, 2004). In this qualitative study, structured interviews were not appropriate as I was interested in hearing about the characteristics of activities that appealed to participants. It would have been almost impossible to draw up a pre-defined list of options in a questionnaire that would cover the diversity of responses expected. At the other end of the scale, unstructured interviews often only have a single question at the beginning then flow freely, as in a conversation, depending on the participant’s responses (Burgess, 1984). Such unstructured interviews were not appropriate for this study either as I had a range of issues that I wished to find out about. Had I used an unstructured technique the interviewee may have taken the discussion down a road that did not allow me to achieve the aims and objectives of my study.

Semi-structured interviews are common in qualitative research as they provide a structure to allow for particular topics to be discussed, yet allow for the freedom to follow up on participants’ responses that are outside of the interview schedule and to move freely within the schedule itself (Bryman, 2004). Semi-structured interviews have been used in studies examining older adults’ engagement in
physical activity and exercise (Buman et al., 2010; Hawley, 2011; Horne, 2007) and were chosen in this study to complement the method of using focus groups.

### 3.7.6 Organising the interviews

Potential participants were given the brief questionnaires (presented in Appendix 6 and described in section 3.7.2) either by a member of the Neighbourhood Schemes Team or by me. The questionnaire gave the option of an interview as opposed to attending a focus group. This offer of a 1:1 semi-structured interview was made at the same time as an invitation to attend a focus group, rather than being made after focus group sessions, in order to explore certain issues in more depth (Mason, 2002). Interviews were offered to people so as to include people who would prefer not to participate in a focus group or who were unable to attend a group either through ill health, poor mobility, or unavailability of a convenient date and time.

Upon receiving the completed questionnaires, I telephoned the potential participants to arrange a convenient date, time and location to meet (Kreuger, 2000). Seven of the participants were engaging in activity sessions that I had been invited to attend by previous participants. They completed the questionnaires at the activity sessions and agreed to be interviewed immediately afterwards.

The 12 interviews were scheduled to last between 45 and 60 minutes. The interview schedules covered the same questions as the focus groups, thus it was anticipated that a single participant would take less time to consider the questions. However, sufficient time was allocated in order to prevent the participant from feeling rushed and to allow further exploration of the views expressed (Kvale, 1996).

### 3.7.7 Conducting the interviews

Semi-structured interviews were conducted either at the participants' place of residence or at a location suitable for them. These included a table tennis club; an indoor bowling club; a church venue used by the Neighbourhood Schemes and participants' homes. Four of the interviews took place in the home of the participant and the University of Manchester’s Lone Worker Policy was implemented. The gender, age, ethnicity and level of physical activity of participants and the location of the interviews is reported in Table 3.4. As with the focus groups, participants meeting the recommendation of 150 minutes of physical activity across a week are described as physically active (PA). Those who did not meet the recommendation are recorded as not physically active (NPA).
Table 3.4 Number, gender, ethnicity, age, and self-reported level of physical activity of participants and the location of the interviews

<table>
<thead>
<tr>
<th>No.</th>
<th>Location</th>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Physical Activity (PA / NPA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Participant’s home</td>
<td>Female</td>
<td>76</td>
<td>White British</td>
<td>PA</td>
</tr>
<tr>
<td>2</td>
<td>Participant’s home</td>
<td>Female</td>
<td>66</td>
<td>White British</td>
<td>NPA</td>
</tr>
<tr>
<td>3</td>
<td>Table Tennis Club</td>
<td>Male</td>
<td>67</td>
<td>White British</td>
<td>PA</td>
</tr>
<tr>
<td>4</td>
<td>Table Tennis Club</td>
<td>Male</td>
<td>72</td>
<td>White British</td>
<td>PA</td>
</tr>
<tr>
<td>5</td>
<td>Table Tennis Club</td>
<td>Male</td>
<td>65</td>
<td>White British</td>
<td>NPA</td>
</tr>
<tr>
<td>6</td>
<td>Table Tennis Club</td>
<td>Female</td>
<td>66</td>
<td>White British</td>
<td>PA</td>
</tr>
<tr>
<td>7</td>
<td>Table Tennis Club</td>
<td>Male</td>
<td>65</td>
<td>White British</td>
<td>PA</td>
</tr>
<tr>
<td>8</td>
<td>Bowling Club</td>
<td>Female</td>
<td>64</td>
<td>White British</td>
<td>PA</td>
</tr>
<tr>
<td>9</td>
<td>Bowling Club</td>
<td>Female</td>
<td>69</td>
<td>White British</td>
<td>PA</td>
</tr>
<tr>
<td>10</td>
<td>Participant’s home</td>
<td>Female</td>
<td>71</td>
<td>White British</td>
<td>NPA</td>
</tr>
<tr>
<td>11</td>
<td>Neighbourhood Schemes venue</td>
<td>Female</td>
<td>72</td>
<td>White British</td>
<td>PA</td>
</tr>
<tr>
<td>12</td>
<td>Participant’s home</td>
<td>Female</td>
<td>63</td>
<td>White British</td>
<td>PA</td>
</tr>
</tbody>
</table>

At the beginning of each interview, I introduced myself and explained my role in the study and my experience in Calderdale. I summarised the research study and checked that the participant was happy to take part, asking them to complete a consent form for my records (included in Appendix 7). I explained how confidentiality would be maintained and that I would be using a digital audio recorder during the interview. I conducted a check on the recorder, by asking the participant to say their name, with the recorder placed on a table or chair between us. This enabled me to ensure that the recorder was working and picking up our voices at a normal conversational level. It is my perception that participants accepted the recorder very quickly and that it did not inhibit discussion in any way. In the focus group research conducted by McLafferty (2004) it was reported that the use of recording equipment did not have an inhibiting effect and this also appeared to be the case in the focus groups and interviews conducted for this study.
The interview schedule, which was reviewed and refined following feedback from my supervisors and from the informal reference group, was used to conduct the interviews. Each interview began with the same set of questions, but the length of time spent on the questions and the order of subsequent questions, varied between interviews. Issues were discussed and explored according to the participants’ responses (Bryman, 2004). In some cases, the interviews lasted beyond the 60 minutes allocated, as the participants had much to say and were happy to continue talking.

At the end of each interview, I checked that all of the questions on my schedule had been covered and asked if the participant had any questions for me. I explained what would be happening next and reiterated how confidentiality would be maintained. I thanked the participants for their involvement and, in the cases where I was a guest in their homes, for their hospitality.

3.7.8 Recording the data

The interviews and focus group discussions were digitally recorded and uploaded to computer using a data analysis software package, QSR International's NVivo9 (2010). Notes were also taken to act as a back up in case of technical failure, to assist in matching the recorded voice to the participant as well as to record the non-verbal communication that took place (Wilkinson et al., 2004). As reported in section 3.7.3 of this chapter, notes were taken in two focus groups by a second researcher. In all other cases, this additional support was not available. Once collected, data were backed up and stored securely in a locked cupboard and in password protected or encrypted electronic files. Names were removed from the data and participant numbers allocated. A record was kept of all the types of information gathered (Creswell, 2007; Data Protection Act, 1998).

3.8 Data analysis

Qualitative studies have at their disposal a number of different analytical approaches to assist with identifying themes and patterns within the data, which may lead on to theories about a phenomenon, or rich detailed information. These approaches to qualitative data analysis have a number of similarities. Data are structured and organised both during and after collection, but not before. Coding and categorising is iterative in nature and is derived through immersion in the data (Ritchie & Spencer, 1994). Systems of codes and categories are developed, using language close to that of the participants, to bring order to the large volume of transcribed material (Bryman, 2004). Data are examined line by line, with similar and conflicting data being compared in order to deepen understanding (Glaser & Strauss, 1967). In all approaches, the researcher’s own role and influence on the analysis is recognised (Bryman, 2004).
Bryman (2004) argues that Grounded Theory is the most commonly used analytical approach in qualitative research. Developing a theory that is grounded in the data and which is tested by collecting more data within the same study is fundamental to Grounded Theory. The methodology seeks a core variable which recurs frequently within the data and can explain much of the variation there within (Glaser & Strauss, 1967; Charmaz, 2000). A set of procedures can be followed systematically to lead to an account of a phenomenon that is clearly drawn from the participants’ lived experience (Chamberlain & Yardley, 2004). Following these procedures allows the analyst to reach the meaning of the data and achieve more than a simple description of human experience. I did not use Grounded Theory methodology for this study, as I was not searching for a core variable. I was interested in a range of factors and issues that influenced older adults’ engagement in physical activity. Furthermore, I did not amend my interview and focus group schedules as the study progressed. I did not use theoretical sampling to further explore certain aspects of the phenomenon under study (Bryman, 2004). I did, however, use an important element of Grounded Theory, that being constant comparison analysis (Glaser & Strauss, 1967). By comparing one piece of data with another that is similar, or opposing, I was able to reach a deeper understanding of how the two were related through finding patterns and themes (Thorne, 2000).

Analysis in phenomenological qualitative research also concerns participants’ lived experience. Through analysis of the transcribed data, the researcher seeks to understand how individuals experience a phenomenon themselves in order to gain a deeper understanding of it; to understand its essential nature (Thorne, 2000). Analysis here involves exhaustive, systematic and reflective study of participants’ experiences in order to discover the essence of a phenomenon (Thorne, 2000). Such an approach to analysis was not suitable for this study as I was not examining participants’ unique lived experiences in great depth. For the same reason, I did not undertake narrative analysis. This too is concerned with the lived experiences of participants and the ability to achieve understanding through the stories that they provide (Sandelowski, 1994), through putting experience into words. The themes that emerge through narrative analysis help us to see how participants make sense of their own experiences (Thorne, 2000). Discourse analysis also relies heavily on the examination of language to communicate views and opinions, but from the standpoint of aiming to understand how society influences the way people think and behave (Boutain, 1999). None of these methods of analysis were appropriate for examining the data that I collected in this study, as their focus is on achieving quite different outcomes.

Ethnographic methods draw upon observation and deep involvement in a particular culture in order to understand actions, beliefs and meanings within that society (Jordan & Yeomans, 1995). Analysis involves examination of documents, field notes taken during prolonged engagement, and transcripts of interviews and focus
groups (Harper & La Fontaine, 2009 in Neale, 2009). Whilst I was not conducting an ethnographic study, there were some elements of ethnography analysis that I drew upon. Brewer (2000) defines analysis within ethnography as ‘bringing order to the data, organising what there is into patterns, categories and descriptive units and looking for relationships between them’ (Brewer, 2000: 188).

Given the relevance of this study to the national policy framework regarding promotion of physical activity, prevention and early intervention, and healthier communities, the Framework approach to data analysis was used (Ritchie & Spencer, 1994). This approach was developed in recognition of the need for methods, that could be used in practice settings, which demonstrate clear application to service development and improvement. The Framework approach facilitates systematic qualitative analysis and summarises and classifies data within a thematic framework. It provides researchers with a clear, structured process through which they are able to demonstrate the steps in the analysis and subsequent explanations and applications to funders and users (Ritchie & Spencer, 1994). The stages of Framework analysis are connected in a way that allows for movement across the data, going back to the raw material until a clear understanding is reached (Smith & Firth, 2011). I explain the analytic process adopted in section 3.8.2 of this chapter.

3.8.1 Data storage and retrieval

The audio files from the recordings of the interviews and focus groups were uploaded into NVivo9 (QSR International, 2010), which enables data to be labelled and categorised without removing it from the original source. Within Framework analysis, all discussion within a focus group is considered to be one unit of analysis, which makes the huge amount of data collected more manageable. The 11 focus groups and 12 interviews became 23 distinct units of analysis, or sources, within NVivo9. Each audio file was uploaded into NVivo9 within 48 hours of the data being collected.

There was no difference in the questions asked to participants in focus groups and interviews so data were pooled for analysis. As the recordings were listened to, notes were taken and quotes were transcribed directly into the software. This was done as data collection progressed rather than being conducted after all collection was complete. I was conducting the transcription alone and did not use a transcription service to transcribe the audio recordings. For the first four focus groups and two interviews, every spoken work and sound was transcribed into the software and attached to the relevant sections of audio recording. It soon became apparent that this was incredibly time consuming. As such, for subsequent focus groups and interviews, I omitted transcription of the superfluous speech such as “umm”, “err” and “you know”, although nonverbal sounds of laughter, excitement or
frustration were included. Every spoken word and sound was retained in the audio recordings, stored in NVivo9.

Following an initial review of the data collected to identify a framework of themes, the transcripts were examined in detail, applying labels to the data and producing an index, in accordance with the framework that was developed. This brought structure and order to the data, enabling me to consider and examine it within the software package.

### 3.8.2 The analytic process

The first phase of the Framework approach is that of data management (Ritchie & Lewis, 2007). The initial coding of the data generated 116 individual codes. Data were sorted, using NVivo9, to bring similar sections together, without permanently removing them from their original context. Using NVivo9 allowed me to sort and organise the data using the participants’ own words as the large volume of transcribed data was manageable within a computer software package (Smith & Firth, 2011). Initially identified themes were reduced along with the number of individual codes. Key themes were drawn using constant comparative analysis in stage three of the framework approach. I used this method of analysis to enhance my understanding of the data (Glaser & Strauss, 1967; Denzin & Lincoln, 1994). An index was produced for each theme to organise the data for analysis. Once drawn up, it was clear that the first set of indices contained codes that were very similar to each other and could be easily brought together in categories and which sat under broader themes (Ritchie & Lewis, 2007). Once this had been undertaken, the themes themselves were reviewed and amended. The codes under the initial themes ‘How to begin’; ‘How to keep going’ and ‘Being with other people’ were reorganised and moved into new themes.

The indices went through five phases of review and analysis as data were revisited to ensure that they was assigned to the most appropriate code and theme. My supervisors assisted in this process by reviewing the indices, interrogating me about the data source and asking about possible duplications. The use of NVivo9 allowed for the simple allocation of the same data to multiple codes and themes without losing the context of its source. This data management phase of Framework, involving categorising and classifying the data through several iterations, resulted in a final set of indices made up of five themes and 74 codes. An example of the development of categories and classifications is included in Appendix 14.

Using the indices, five thematic charts were developed. These took the form of matrices, created within NVivo 9, to encapsulate the main themes, the sub-topics and the participants’ contribution on that topic. Through this charting, data were summarised, without losing the language of the participants, to prevent the charts
from becoming too unwieldy. An example of a section of one thematic chart is included in Appendix 15.

In the next phase of the Framework approach, descriptive accounts, each thematic chart was examined in detail in order to further categorise and classify the data (Ritchie & Lewis, 2007). The matrices developed within NVivo9 were exported into spreadsheets so that notes and columns could be added to them. Within each theme, a process was undertaken where each of the sub-topics was looked at individually, considering the responses from all participants. In practice, this meant reading down the matrix and describing what the data were about, extracting the essential elements from the original text, before developing higher level classifications derived from the data. The final categorisation/index is included in Appendix 16.

Using the thematic charts and newly developed categories, the data were interrogated to identify linkages and explore the reasons for these. This constitutes the explanatory accounts stage of the Framework approach. Explanations were sought through the re-examination of cases and linkages (Ritchie & Lewis, 2007). Data which were seemingly similar were compared with those which appeared to be at odds, i.e. deviant cases. Through investigating these links, a greater understanding of the data developed. The range, diversity and recurrence of the factors which influenced whether participants engaged in an activity or not were then reviewed. Data were reviewed in the light of their relationship to two overarching themes which were developed through extensive interrogation of the data.

The final stage of analysis within the Framework approach is consideration of the wider application of the research findings (Ritchie & Lewis, 2007), whether through contribution to theory development, influence on policy or on practice. In chapter five I show how the findings from this study led on to the next stage of research, which involved practical application of the findings.

### 3.9 Rigour

Rigour in research can be defined as the ‘authoritative evaluation of good research and the unspoken standard by which all research is measured’ (Davies & Dodd, 2002: 280). As there is diversity in qualitative methodologies and methods of analysis, so there is diversity and debate on the issue of measuring the quality of qualitative research (Mays & Pope, 2000). Positivist criteria of validity, reliability and generalisability, regarded as essential in ensuring rigour in quantitative research, were rejected by Lincoln & Guba (1985) in favour of the terms that were more appropriate to a naturalistic paradigm (Tobin & Begley, 2004). They saw qualitative research as a different paradigm which required a new set of criteria
(Murphy et al., 1998): transferability, dependability and confirmability, which constituted the trustworthiness of the research (Lincoln & Guba, 1985).

Transferability concerns the ability to apply the research to another setting and gain similar results or benefits and would rely on the researcher providing sufficient detail of the research setting to enable this to happen (Murphy et al., 1995). Dependability requires the researcher to recognise that the research has been carried out in a particular context, from a particular viewpoint, by a researcher with particular skills and that all these factors will have had an influence on the study itself (Lincoln & Guba, 1985; Merriam, 1988). Confirmability is measured through being able to follow a clear audit trail through the researcher’s methods from data collection to conclusions (Murphy et al., 1995). Beck (1993) added to the debate on criteria to suggest credibility, fittingness and auditability instead of validity, generalisability and reliability. A study is credible if it is recognised by those who took part in it; it is fitting if the findings can fit another setting; it is auditable if another researcher can follow the path taken through the study (Murphy et al., 1995).

In terms of establishing an agreed set of criteria for assessing the rigour of qualitative research, consensus has not been achieved. Morse (1999) feared that Lincoln & Guba’s rejection of the concepts of validity and generalisability would be regarded as a rejection of rigour itself, leading to accusations that qualitative research is not scientific (Bryman, 2004; Morse, 1999; Seale & Silverman, 1997). Morse (2002) saw that trustworthiness was being applied after the event, by reviewers reading accounts of the studies undertaken. This tendency to consider rigour ‘post-hoc’ meant that the focus on quality was on proving it at the end of the research, rather than ensuring it throughout (Morse et al., 2002).

Aroni et al. (1999) developed alternative criteria under the umbrella term goodness (Smith, 1993; Denzin & Lincoln, 2000; Arminio & Hultgren, 2002). Goodness could be shown through the foundation of the study; the approach, or methodology; the collection of data; the representation of voice; the art of meaning making; and the implications for professional practice (Tobin & Begley, 2004). Examining a study to ensure that all of these issues are present and clear could be subject to the same criticism of post-hoc evaluation (Morse et al., 2002). However, as I was mindful of the need to consider rigour before I commenced my study, I believe that I have avoided discovering that the research lacked rigour once it was too late to rectify the problem (Morse et al., 2002).

As an overarching principle, I have regarded undertaking rigourous research as

- ensuring that I have been careful and consistent in the research practices;
- clearly explaining the research process and context; and
• being able to demonstrate reliability in the analysis and conclusions drawn (Davies & Dodd, 2002).

In this study, I can demonstrate the ‘trustworthiness’ of the research through consideration of credibility, confirmability, dependability and transferability (Lincoln & Guba, 1985).

*Credibility* in qualitative research can be demonstrated through member checks; peer debriefing; prolonged engagement in the field and through persistent observation (Lincoln, 1995). *Credibility* was sought in this study partly through respondent validation and partly through discussing the research with my supervisors. Towards the end of the data collection period, when analysis was underway, I presented my findings at a Neighbourhood Networking Day event to 150 people. Attending the event were approximately 20 older adults who had taken part in the study. I was able to discuss the findings with them and check that they recognised the conclusions that I had drawn (Lincoln & Guba, 1985). The subsequent development of the Action Research Group (discussed in chapter six) meant that two focus group participants and one interviewee were presented with a substantial write up of the findings and were given the opportunity to express whether or not these had congruence with their experience of participating in the study. Monthly meetings with my supervisors took place throughout the research study. I was able to discuss the development of the codes, categories and themes, presenting selections of transcripts and initial coding structures as print outs from NVivo9. My supervisors helped me to challenge my own assumptions through explaining why I had arrived at certain codes and categories and alternatives were suggested and discussed. We discussed the context of the research and my own relationship with others within the research setting and reviewed the potential bias in my approach.

In the case of *confirmability*, I have demonstrated through this chapter that there is a clear audit trail through the research from foundation, methodology and methods to analysis and towards conclusions. The findings will be presented in Chapter four. The research process has been clearly documented (Schwandt, 2001). *Confirmability* is demonstrated through the explanation of the analytical process, the inclusion of indices and thematic charts and the clear derivation of findings from the data (Meyrick, 2006).

Reflexivity is an important element of *dependability* (Tobin & Begley, 2004), which I shall discuss in more detail in section 3.11. This is particularly important within this study, given the nature of my relationship and history with the study context.

*Transferability*, the extent to which the findings could be applied in a similar context, can be assessed through the detail that I have provided about the context
of the research and the methods employed (Bryman, 2004; Geertz, 1973; Murphy et al., 2002).

3.10 Ethical Considerations

According to the Belmont Report (National Commission, 1979) research studies should seek to ‘do no harm’. This often translates as leaving the research situation intact and is related to a more positivist stance on research. However, the ethical principles of beneficence; non-maleficence; autonomy and justice set down in the Belmont Report and should be given due consideration in all research (Boulton, 2009). In this study beneficence, the attempt to benefit others, is evident in the ultimate aim of promoting physical activity and its potential benefits. Through participating in this study older adults would gain greater awareness of the benefits of engaging in physical activity and thus the potential to improve their health and wellbeing. Non-maleficence, the principle of avoiding harm, is demonstrated by providing research participants with information about physical activities and prompting them to seek medical advice before increasing their activity levels dramatically. Respect for autonomy is demonstrated through ensuring that participants were able to make an informed decision to participate in the study and were free to disengage at any point, without recrimination. Ensuring and maintaining anonymity, through removing identifiable information about participants, is another way in which I have abided by this principle. Justice is demonstrated through the fact that all participants were asked the same set of questions, following the same guidelines, regardless of their social situation or age.

Consideration of ethical issues is integral to questions about the quality of a study. A researcher must acknowledge their own role within the research process and influence thereupon. Researching ethically involves being open, honest, trustworthy, respectful and attentive (Davies & Dodd, 2002).

Prior to the data collection taking place, I had regarded the subject matter of the study as not being sensitive so thought it unlikely that any additional support would need to be made available for participants following an interview or focus group. However, I was aware that I would need to be sensitive to any participants’ feelings about self-image (weight, being unfit or unwell) and facilitated the groups in a supportive manner. I had worked with older and vulnerable adults for 15 years and had developed the ability to establish good rapport with different people.

In fact, a small number of participants did find that talking about their ability to take part in physical activities was upsetting. This was particularly the case with people who wanted to be more active, but for whom poor health prevented them from being so. In these cases, I drew upon my knowledge of activities that they may be able to enjoy given their own constraints. Prior to facilitating the focus groups and interviews, I met with two Public Health workers from Calderdale Council and the
Primary Care Trust to gather information about existing local activities and interventions should any participants wish to become more active as a result of attending the focus groups or interviews. Participants with any health issues were reminded to see their GP before increasing their levels of physical activity dramatically. Often, details about medical and personal circumstances were revealed during focus groups and interviews. I have ensured that participants are not identifiable by inclusion of this information in the research findings. Confidentiality was discussed in the interviews and focus groups and participants were assured anonymity (Bulmer, 1982).

Participants were provided with information about the study, prior to taking part, which explained how the information that they gave would be used (Murphy et al., 2002). This was in keeping with the Data Protection Act 1998. Participants were asked to sign the consent form (Cassell, 1979; Creswell, 2007) included in Appendices 7 and 13 (Urdu). Participants were assured that they could withdraw from the study at any point and, if they did, that their data would be removed from the study. At the end of each focus group and interview, I reiterated what would happen with the data that they had provided. None of the participants were vulnerable older adults in receipt of a service from Age UK Calderdale & Kirklees. All of the participants were recruited through their involvement in community activity groups, through attendance at the Age UK ‘showcase’ event, or through talking to their friends and family who had taken part in the study.

The Neighbourhood Schemes are community organisations run by management committees. As the Schemes are not funded or supported by the local Council, it was not be necessary to apply for ethical approval from the Council. Age UK Calderdale & Kirklees is a voluntary sector organisation, registered with the Charity Commission. Ethical approval from the University of Manchester’s Committee on the Ethics of Research on Human Beings was sought for this study. The University Ethics Committee considered the application for phase one of the study in July 2011 and asked for a small number of amendments and clarifications. These amendments were made and final approval was granted on 20th July 2011. The reference number for the research study is 11100 and the letter of approval in included in Appendix 17.

3.11 Reflexivity

Schwandt (2001) described reflexivity firstly as the acknowledgement that the researcher is part of the social world under investigation and secondly that it involves reflection on one’s own viewpoints and biases. The research progresses in a certain direction precisely because of our influence on it as researchers (Barry et al., 1999). In other words, the story derived from the data depends on the analyst and the perspective that they bring (Corbin & Strauss, 2008).
The fact that I had strong relationships and working history with both sources of data collection will have had some effect on the recruitment, the data collected and on the analysis of the data. The fact that I had some influence on the way the Neighbourhood Schemes were set up and that I was a Trustee at Age UK Calderdale and Kirklees clearly have a bearing. I received a level of assistance with recruiting participants that would not have been forthcoming had I no proven track record of having positive influence on both organisations.

No researcher can lay claim to being completely objective (Mays & Pope, 2000) and through reflexive analysis I must consider the impact that I had on the research, through my prior knowledge, relationships and understanding (Finlay, 2002). I was able to bring to the data a level of understanding about context that would have been impossible to achieve within the few months that the field work for this PhD took place. In addition, I had met some of the study participants in my working life, either through consultation events or as colleagues. In these cases, good rapport was instant and did not have to be developed. I had longstanding working relationships with both of the gatekeepers and they already knew about the research that I was planning to undertake. Explaining the study and gaining the agreement to be involved from the gatekeepers took much less time than would have been the case in a study population with whom I had no prior history. In addition, I was able to offer them my knowledge and expertise, in a voluntary capacity, which meant that there was benefit to each of us, through carrying out the study. My history of working in Calderdale since 1998 demonstrated a commitment to older adults in the borough, which I believe contributed greatly to the rapport and trust that was developed with participants.

All research takes place within particular social contexts and, whilst my relationship with the gatekeepers and history of working in Calderdale has a bearing, this does not invalidate or undermine the validity of my research as long as proper consideration of my role is undertaken. The extent to which my relationships and history have affected the analysis and outcomes of the research, as well as access to the sites and participants, is discussed further in chapter eight, section 8.4.1.

Critical reflection on my own influence on the PhD study and its influence on me is also addressed in chapters five, six, seven and eight, which relate to the participatory research study which developed out of this first, qualititative study.

### 3.12 Summary

In this chapter I have described the scope and nature of the study, making the research question, aims and objectives clear. I have explained the underpinning methodology and methods used for this first qualitative part of the PhD research. I have described clearly the process of analysis, so that questions about the rigour
of the study can be addressed. Finally, ethical considerations and reflexivity have been addressed.

In chapter four, I present the findings of this study, derived from the data collected, using the Framework approach to data analysis.
Chapter four: The findings from study one

In chapter three, I described the methodology adopted and the methods used for this study. I explained the process of data analysis and demonstrated the formulation of the codes, themes, categories and classifications, with reference to examples of the analysis undertaken, in Appendices 14, 15 and 16. I also considered the issues of rigour, ethics and reflexivity.

In this chapter, I present the findings of the qualitative study involving the focus groups and interviews with the participants reported in chapter three. These findings fall into two overarching themes. First, what is it about the activities being undertaken that make them accessible and appealing? By accessible, I mean more than simply gaining access to a building, or being able to travel there in a straightforward manner. This theme includes whether activities are flexible; affordable; physically and psychologically accessible; sociable; welcoming and enjoyable; and how organised, group activities are promoted. That is, how easy is it for people to go there and be there? Whilst the majority of categories in this theme are in relation to group activities, there are some important findings about solo, or independent, activities that are undertaken. How easy is it for people to engage in those? This theme also includes some difficulties in making activities accessible and appealing.

The second theme concerns a more personal perspective. The categories in this theme concern personality and lifestyle. What is it about the people that makes them engage in the activities that they do? Participants’ relationship to both group and independent, individual activities are included in this theme, which is called ‘Personal Attributes’.

4.1 The development of the themes and categories

As described in the previous chapter (sections 3.8.1 and 3.8.2) NVivo9 was used to organise and manage the large amount of data generated from 11 focus groups and 12 individual interviews. The audio recordings of the focus groups and interviews were uploaded into NVivo9 and were listened to within the software package. Codes were applied to each line, sentence or paragraph of data, a most appropriate, to note what was being talked about. The initial coding of the data produced 116 individual codes and seven key themes were developed. These themes were ‘How to begin’, ‘How to keep going’, ‘Being with other people’, ‘Environmental Factors’, ‘Health and Wellbeing’, ‘Personal Qualities and Attitudes’ and ‘Challenges’. Once these themes and codes were listed and organised in NVivo9, and the process of constant comparative analysis was begun, it became clear that some codes bore enough similarity to allow them to be brought together. Examples of similar codes brought together and renamed are shown in Table 4.1.
Table 4.1 Synthesis of similar initial codes

<table>
<thead>
<tr>
<th>Initial codes</th>
<th>Revised codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animals</td>
<td>Having a dog</td>
</tr>
<tr>
<td>Dog walking</td>
<td></td>
</tr>
<tr>
<td>Advertising</td>
<td>Advertising</td>
</tr>
<tr>
<td>Responding to an advert</td>
<td></td>
</tr>
<tr>
<td>Out of habit</td>
<td>Routine</td>
</tr>
<tr>
<td>Routine</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>Cost</td>
</tr>
<tr>
<td>Somewhere free to go</td>
<td></td>
</tr>
<tr>
<td>Social element</td>
<td></td>
</tr>
<tr>
<td>Making friends</td>
<td>Social element</td>
</tr>
<tr>
<td>Having someone to go with</td>
<td></td>
</tr>
</tbody>
</table>

Through this process of synthesising codes, it also became apparent that the codes that were organised under the original theme of ‘Being with other people’ also appeared in ‘How to begin’ and ‘How to keep going’; that being with others was relevant to both uptake and continued participation. The theme ‘Being with other people’ was thus removed as the codes shown in Table 4.2 were present elsewhere.

Table 4.2 Codes from initial theme ‘Being with other people’

<table>
<thead>
<tr>
<th>Being with other people</th>
<th>New theme location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having someone to go with - fear</td>
<td>How to begin &amp; How to keep going</td>
</tr>
<tr>
<td>Social element</td>
<td>How to begin &amp; How to keep going</td>
</tr>
<tr>
<td>Supporting local activities</td>
<td>How to begin</td>
</tr>
<tr>
<td>Team games</td>
<td>How to begin &amp; How to keep going</td>
</tr>
<tr>
<td>Trips out</td>
<td>How to begin &amp; How to keep going</td>
</tr>
</tbody>
</table>

As is demonstrated in Table 4.2, several codes were present in both the ‘How to begin’ and ‘How to keep going’ themes, leading me to think that there would be a better way of describing and structuring these factors that participants had discussed. The reasons for beginning to be physically active were often the same as those for continuing with that activity. For example, the code ‘friendly and welcoming’ was organised into ‘How to begin’ because the people who were organising groups and activities ensured that their sessions had a relaxed, friendly atmosphere and that new people were welcomed warmly. Participants who
described their first time attendance at a group or activity cited a welcoming and friendly atmosphere as an important factor in their continued attendance. Thus the code also appeared in ‘How to keep going’. Further examination of this code, and others within these two themes, highlighted the fact that these factors were often about the structure, or nature, of the groups and activities and whether or not the participants had time for an activity, or had established a routine. Issues of cost, flexibility and variety, the social element, how activities were advertised and prompts from others all affected both initial engagement and continued participation.

Consequently, many of the codes that were organised initially into ‘How to begin’ and ‘How to keep going’ were moved to a new theme called ‘Time and Structure’. Where codes did not fit under this new theme, it was clear they were moved to the themes ‘Environmental Factors’, which included the social as well as physical environment, or to ‘Personal Qualities and Drivers’, which was renamed from ‘Personal qualities and attitudes’ in order to more accurately represent its content. The codes moved from ‘How to begin’ and ‘How to keep going’ are shown in Table 4.3.

After this process of reorganising codes into new and existing themes, there was an overall framework of five themes and 74 codes. The final themes were: ‘Time and Structure’, ‘Environmental Factors’, ‘Challenges’, ‘Personal Qualities and Drivers’, and ‘Health and Wellbeing’. Examination of these themes led me to realise that the first three themes were about accessibility in its broadest sense. Consideration of the structure of activities, the physical and social environmental factors and examination of the challenges of appealing to different sub-groups of the older adults population, are all concerned with how to make sure that engaging in physical activity is as easy as possible. The latter two themes (‘Personal Qualities and Drivers’ and ‘Health and Wellbeing’) are more about a personal perspective; what it is about the participants themselves that makes engagement in physical activity occur, or not. These multilevel influences on engagement in physical activity are in keeping with the application of a social-ecological approach to encouraging older adults to be more active, addressing intrapersonal and interpersonal factors, as well as those in the physical and social environment.

4.1.1 Linkages in the data

As the process of data analysis progressed, and in line with the Framework approach, questions were developed concerning linkages within the data. This second level of analysis facilitates a deeper understanding of the factors at play in the promotion of physical activity amongst older adults. The questions asked of the data are presented in Appendix 18. The data were interrogated using coding queries within NVivo9. For example, the code ‘Being occupied - getting out of the house’ was cross referenced with the code ‘Friendly and welcoming’ to see
whether a welcoming atmosphere was more important to participants who lived alone and talked about loneliness. Following this initial interrogation, the charts developed within Framework were reviewed to identify further linkages. The demographic information about participants was also reviewed, to confirm the level of activity that each participant described themselves as undertaking. Finally, the original transcripts were read to ensure that no possible linkages were missed. Consideration of these linkages is presented throughout the chapter. For each possible linkage the numbers of participants holding a particular view or characteristic are reported, in order to provide an indication of the number of times that a particular point was made and the number of times that this links, potentially, to another finding within the study. As Ritchie & Lewis (2007: 251) state, this process of examining linkages presents one of the few examples of using numbers in qualitative research. However, the reporting of numbers is not an end in itself, but rather a tool to gain a deeper understanding of the data. In examining possible links between the data we can see how many times different phenomena interact, and also where no such links can be found (Ritchie & Lewis, 2007). There is no intention to apply quantitative analyses to these qualitative data, or to extrapolate that the possible linkages definitely exist.

The data presented in this chapter is thus organised under two overarching themes: ‘what makes the activities accessible and appealing?’ and ‘personal attributes’. The themes, sub-themes and categories are presented in Table 4.4 and are discussed in sections 4.2 and 4.3. Throughout the presentation of the findings, in vivo quotes from the focus groups and interviews are used. In many cases, there were multiple quotes which could have been used to provide evidence for the point being made. Where this is the case additional quotes, which support the findings, have been included in Appendix 19.
Table 4.3 Codes moved from initial themes and new theme location

<table>
<thead>
<tr>
<th>How to begin</th>
<th>New theme location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities that lead to physical activity</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Advertising and Information</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Cost</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Flexibility and Variety</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Friendly and Welcoming</td>
<td>Environmental Factors</td>
</tr>
<tr>
<td>Having someone to go with - fear of going alone</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Having time for activity</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Independent activity</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Prompts from others</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Social element</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Supporting local activities</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Team games</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Trips out</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Trying something new - taster sessions</td>
<td>Time and Structure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How to keep going</th>
<th>New theme location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Enjoyment</td>
<td>Personal Qualities and Drivers</td>
</tr>
<tr>
<td>Flexibility and Variety</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Friendly and Welcoming</td>
<td>Environmental Factors</td>
</tr>
<tr>
<td>Having someone to go with - fear</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Importance of a particular activity</td>
<td>Personal Qualities and Drivers</td>
</tr>
<tr>
<td>Instructor</td>
<td>Environmental Factors</td>
</tr>
<tr>
<td>Learning and developing</td>
<td>Personal Qualities and Drivers</td>
</tr>
<tr>
<td>Prompts from others</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Routine</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Sense of achievement</td>
<td>Personal Qualities and Drivers</td>
</tr>
<tr>
<td>Social element</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Team games</td>
<td>Time and Structure</td>
</tr>
<tr>
<td>Trips out</td>
<td>Time and Structure</td>
</tr>
</tbody>
</table>
Table 4.4 Structure of data presented from focus groups and interviews

<table>
<thead>
<tr>
<th>4.2 What makes the activities accessible and appealing?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sub-theme</strong></td>
<td><strong>Category</strong></td>
</tr>
<tr>
<td>4.2.1 Flexibility, variety and adaptability</td>
<td>Having time for activity</td>
</tr>
<tr>
<td></td>
<td>Trying something new - Tasters</td>
</tr>
<tr>
<td></td>
<td>Timing / availability of activities</td>
</tr>
<tr>
<td></td>
<td>Variety within and between activities</td>
</tr>
<tr>
<td></td>
<td>Going at own pace / adapted activities</td>
</tr>
<tr>
<td>4.2.2 Affordability</td>
<td>Limited incomes</td>
</tr>
<tr>
<td></td>
<td>Sustainability of sessions</td>
</tr>
<tr>
<td>4.2.3 Accessibility</td>
<td>Local venues</td>
</tr>
<tr>
<td></td>
<td>Good parking</td>
</tr>
<tr>
<td></td>
<td>Buses (pass, times and stops)</td>
</tr>
<tr>
<td></td>
<td>Clean, warm venues</td>
</tr>
<tr>
<td></td>
<td>Beautiful countryside</td>
</tr>
<tr>
<td>4.2.4 Sociable</td>
<td>Making and maintaining friendships</td>
</tr>
<tr>
<td></td>
<td>Like-minded people</td>
</tr>
<tr>
<td></td>
<td>Combatting loneliness</td>
</tr>
<tr>
<td></td>
<td>Preferring to be alone</td>
</tr>
<tr>
<td></td>
<td>Someone to go with</td>
</tr>
<tr>
<td></td>
<td>Prompts from others</td>
</tr>
<tr>
<td>4.2.5 Welcoming</td>
<td>Importance of key person</td>
</tr>
<tr>
<td></td>
<td>Instructor’s skills</td>
</tr>
<tr>
<td></td>
<td>Feeling at ease</td>
</tr>
<tr>
<td>4.2.6 Enjoyable</td>
<td>Hard to articulate</td>
</tr>
<tr>
<td></td>
<td>Laughter and fun</td>
</tr>
<tr>
<td></td>
<td>Sense of achievement</td>
</tr>
<tr>
<td></td>
<td>Interest in particular activity</td>
</tr>
<tr>
<td>4.2.7 Weather, seasons and time</td>
<td>Less active in Winter</td>
</tr>
<tr>
<td></td>
<td>Fear of falling</td>
</tr>
<tr>
<td></td>
<td>Poor weather conditions</td>
</tr>
<tr>
<td></td>
<td>Staying in after dark</td>
</tr>
<tr>
<td>Sub-theme</td>
<td>Category</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>4.2.8 Appealing to men</td>
<td>Low numbers participating</td>
</tr>
<tr>
<td></td>
<td>Interest in particular activity</td>
</tr>
<tr>
<td></td>
<td>Dislike organised activities?</td>
</tr>
<tr>
<td>4.2.9 Appealing to all ages</td>
<td>Age range too broad</td>
</tr>
<tr>
<td></td>
<td>Exclusive nature of ‘over 50s’ term</td>
</tr>
<tr>
<td>4.2.10 Appealing to the uninterested</td>
<td>People who ‘do nothing’</td>
</tr>
<tr>
<td></td>
<td>Failed attempts</td>
</tr>
<tr>
<td>4.2.11 Promotion and advertising</td>
<td>Variety of methods</td>
</tr>
<tr>
<td></td>
<td>Taster sessions</td>
</tr>
<tr>
<td></td>
<td>Careful presentation</td>
</tr>
<tr>
<td></td>
<td>Promote very locally</td>
</tr>
</tbody>
</table>

**4.3 Personal attributes**

<table>
<thead>
<tr>
<th>Sub-theme</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.1 It's more about me</td>
<td>Always been active - who I am</td>
</tr>
<tr>
<td></td>
<td>Motivation</td>
</tr>
<tr>
<td></td>
<td>Routine</td>
</tr>
<tr>
<td></td>
<td>Keeping busy / preventing depression</td>
</tr>
<tr>
<td></td>
<td>Enjoying responsibility</td>
</tr>
<tr>
<td></td>
<td>Learning something new</td>
</tr>
<tr>
<td></td>
<td>Having a dog</td>
</tr>
<tr>
<td>4.3.2 My own ability</td>
<td>Fortunate to be fit</td>
</tr>
<tr>
<td></td>
<td>Frustrated by poor health</td>
</tr>
<tr>
<td></td>
<td>Can’t keep up</td>
</tr>
<tr>
<td>4.3.3 It's good for me</td>
<td>Recovering from illness</td>
</tr>
<tr>
<td></td>
<td>Improving health</td>
</tr>
<tr>
<td></td>
<td>Avoiding ill health / preventing decline</td>
</tr>
<tr>
<td></td>
<td>Losing and maintaining weight</td>
</tr>
<tr>
<td></td>
<td>Mental stimulation</td>
</tr>
</tbody>
</table>
4.2 What makes the activities accessible and appealing?

4.2.1 Flexibility, variety and adaptability

Flexibility was discussed in relation to the freedom that people had, once they had retired. Signing up for a course requiring regular attendance was not desirable, especially when significant parts of the year were spent away from home:

‘I won’t sign up for anything for six or 12 months, because I’m away five months of the year at my caravan.’

(F39: 69, Female, White British, PA)

Several participants talked about their leisure time involving travel and family commitments. Some participants had both time and money to spend large parts of the year away from home. This sometimes conflicted with their desire to attend activity sessions in their local area. This conflict of commitments was also found in studies by Costello et al. (2011), where participants reported that there were not enough hours in the day to do everything that they wanted to do, and by Fox et al. (2007) where family commitments were reported to prevent regular attendance at activity sessions. Within this study, participants stated that a ‘drop in’ approach to activity sessions was preferable to one where sequential attendance was required. Reluctance to commit to regular attendance was linked to first time attendance at an activity and the idea of running ‘taster’ sessions so that people could try it out, before joining a group. Taster sessions could provide older adults with ideas for activities that they wouldn’t otherwise think of doing and could try on a one-off basis:

‘I’m not going to have to commit myself here. If anyone doesn’t like it, they can come back out.’

(M1: 63, Male, White British, PA)

Running activities as one-off, or short term sessions for people to try, had been successful in the bowling club and at the table tennis club, as well as in three of the Neighbourhood Schemes, where participants were members. There was no pressure and no charge for the activities, which had encouraged some participants to try something new and see if an activity or group was for them or not:

‘I went to a day at the Leisure Centre... archery, that was quite good. I had a go. I shot three arrows! It was a lovely day, I really enjoyed it.’

(F16: 78, Female, White British, NPA)

There is no specific evidence in the literature about the attraction of ‘taster’ sessions, although lack of knowledge of how to start being physically active has been considered (Baert et al., 2011). This study provides new evidence regarding taster sessions for older adults.
Reluctance to commit to regular attendance was also linked to the freedom that people found, following retirement:

‘I’ve spent a lifetime committing, jumping to the bell. I don’t wear a watch now. If sommat better comes along, going to the theatre, having a meal, all rings more bells for me than coming to T’ai Chi.’

(F5: 69, Female, White British, NPA)

Flexibility was also considered in relation to whether activities were available at any time of the day, week or year, or just at limited times. The bowling club and table tennis club were open every day, which meant that members could play on any day of the week, compared with some groups, which met less frequently:

‘I found it difficult getting people to play when I wanted to play. This is a lot better. You can play anytime, no matter what the weather. There’s always someone to have a game against. There aren’t many places you can do that.’

(M4: 72, Male, White British, PA)

Flexible, unlimited access to a gym was cited as an important factor in engaging in independent physical activity. Conversely, when the number of swimming sessions at a local pool was reduced, this led to a reduction in the amount of independent activity undertaken:

‘...leisure centre cut the number of sessions, so I’ve not carried on.’

(F6: 73, Female, White British, NPA)

The data were examined to see whether flexibility in the provision of activities was stated more often as important to those participants who regarded themselves as ‘busy’, as they could be considered to be trying to fit physical activity into already busy schedules. Eleven participants talked about the importance of flexibility, but only four of them also talked about being busy. It seems that there is no exclusive link between these factors, which may suggest that flexibility is important no matter how busy a person’s life is.

This study confirms the findings from Schneider et al. (2003) regarding lack of flexibility in the availability of sessions acting as a barrier to engagement. Recent evidence from the OPAL (Older People and Active Living) project led to a recommendation to provide as many opportunities as possible for physical activity, thus providing choice and flexibility (Stathi et al., 2014). This study has also found a link between the number of opportunities to be active and self-reported levels of engagement.

Variety was talked about in relation to the number of different activities that people engaged in, as well as in terms of having variety within activity sessions.
Retirement had provided the opportunity for people to pursue many different interests and the week had become full of activity:

‘You wonder how you had time to go to work, don’t you?!’

(F17: 64, Female, White British, PA)

For one participant, the number of different activities she took part in was almost extreme:

‘Running, dancing, swimming, theatre, singing, oh gosh! You name it, I do it. Line dancing, tap dancing. Between five and six times a week.’

(F42: 66, Female, Black British, PA)

There was a recognition of the need to offer different activities for different people. There needs to be a range of activities on offer within a community, in order to appeal to more people:

‘...you’ve to appeal to different people, haven’t you?’

(M4: 72, Male, White British, PA)

Examination of the data showed that of the 16 participants who talked about the importance of variety, 14 described themselves as physically active and five of those were extremely so. Indeed, the people who were engaged in well over 150 minutes of physical activity a week were all involved in multiple activities, both group and individual. It is possible that variety within and between activities has some connection with high levels of engagement in physical activity. It would be interesting to examine this possible linkage in a further research study.

The concept of variety has not been discussed in the literature on engagement in physical activity. This study provides new evidence in this area. However, avoiding boredom, or ceasing to be active after becoming bored has already been identified as a barrier to engagement, with participants reporting that they could find more interesting things to do than engage in physical activities (Costello et al., 2011; Stutts, 2002).

Avoiding boredom and keeping people interested were reasons for engaging in different activities and for varying the content of individual sessions. A particularly successful ‘taster’ day was described by one participant. She thought that the number of different activities on offer had been appealing:

‘I think we just said the variety of things we were going to do, on the poster. That seemed to attract them.’

(F36: 63, Female, White British, PA)
The same participant, who was responsible for running the Gentle Exercise class stressed the importance of ensuring variety within the session itself:

‘Equipment for variety is important. Resistance bands, a parachute, some balls... some gentle weights. It just adds variety, if you can keep doing something different.’

(F36: 63, Female, White British, PA)

Another participant talked of getting bored of a dance class that she’d been attending for some time:

‘I’m getting a bit fed up now. Once you’ve learnt it, we’re just going over the same things.’

(F37: 56, Female, White British, PA)

The participants from the South Asian Ladies’ group described the gentle exercise that they enjoyed as having:

‘Warm up exercises, twists, turns, stretches, a bit of Zumba, a bit of rhumba and a bit of everything!’

(F45: 49, Female, South Asian, PA)

The concept of adaptability was talked about in relation to activities being flexible and having variety. It was important for people to be able to go at their own pace within an activity session; for the instructor or tutor to adapt the session to ensure that everyone could take part:

‘...if you can’t do it, you don’t do it, which the instructor is constantly saying: if it hurts, you stop.’

(F24: 64, Female, White British, NPA)

At the bowling club, members with different abilities could play against each other by using a handicap system, so the activity was available to everyone:

‘...so for new people it's not like, oh I can play against anybody because everybody's too good.’

(F7: 66, Female, White British, PA)

When all class members were expected to go at the same pace and no adjustments were made, participants were reluctant to return to an activity session:

‘Zumba was really intense, it put me off. I’d probably get used to it, but it was too intense for the first time.’

(F45: 49, Female, South Asian, PA)

Independent activities, such as walking and swimming were cited as good for participants to able to go at their own pace, as illustrated by this quote about swimming alone:
‘I’m in charge of meself. I can do it at me own speed, I can take it easy or not.’

(F16: 78, Female, White British, NPA)

Walking groups were discussed as good environments for offering activity for people of all abilities. Within large groups, sub-sections of faster and slower people were described:

‘One [leader] is a fast walker and one isn’t; one at the front and one at the back and you’ve got little off-shoots... I think they have a fantastic group and there’s some in their 80s!’

(F37: 56, Female, White British, PA)

Although there was still concern expressed about not being able to keep up with the group, which prevented participation in the activity:

‘What happens if I can’t keep up with them and have to go back?’

(F16: 78, Female, White British, NPA)

There appeared to be a link within the data between the importance of adaptability and finding it difficult to keep up with others. Of the 19 participants who talked about adaptability, 13 reported finding it difficult to keep up in activities and four said it was important to make allowances for varying abilities within a group. The breakdown of responses regarding adaptability is shown in Figure 4.1.

**Figure 4.1 Participants’ responses regarding adaptability**

This study provides new evidence of the importance of adaptability within activity sessions. There is existing evidence of fear of not being able to keep up; concern about slowing others down (Costello et al., 2011) and of the importance of the instructor providing high quality individualised support so that participants felt safe
4.2.2 Affordability

In all but seven of the interviews and focus groups, the cost of engaging in physical activities was raised as an important issue to consider. The vast majority of participants were retired with pensions of varying amounts. Only five participants were in employment and two were on work-related benefits. The concept of affordability was discussed in terms of participants’ own ability to afford to engage in activities, as well as from the organisational perspective of being able to afford to deliver activity sessions.

Living on pensions or work-related benefits meant making difficult decisions about how to spend a fairly limited amount of money. Within the Neighbourhood Schemes and Calderdale as a whole, there was a great range of activities available, but many of them involved a cost to the participant:

‘I’d go more often, but it’s a bit, money’s a bit tight. I find at the moment that I would like to join a lot more things, but they all cost. This has gone up to £3, so I mean that’s £5 or £6 a week I’ve spent as it is, on just going to places.’

(F26: 76, Female, White British, PA)

There was discussion about the loss of subsidised and free activity sessions for pensioners and those out of work. Many participants had taken advantage of opportunities to attend adult education classes and free swimming sessions, until these had been withdrawn:

‘The Adult Ed. yoga classes stopped and that cut me off.’

(F32: 64, Female, White British, PA)

‘The free swimming’s gone, so I’ve not carried on.’

(F6: 73, Female, White British, NPA)

In the main, paying for a set of classes or activity sessions, or paying for a gym membership were out of the question. Paying for each activity individually meant that it was possible to budget for the sessions:

‘Pay per class, then if you’re strapped for money, you don’t have to pay it. You’ve not got to find a big lump some to start with.’

(F2: 66, Female, White British, NPA)

Those people who did pay for gym memberships were keen to get good value from their memberships:
‘It is expensive, but I swam three days a week and went to the gym four times [a week].’  
(F38: 54, Female, White British, NPA)

The affordability of engaging in activity sessions was the most important factor for some participants and it was linked to the sustainability of the Neighbourhood Schemes activities, as minimum numbers of attendees were required in order to cover costs:

‘You wouldn’t come at all if it wasn’t affordable. Numbers would just drop off. If ten of us turn up and pay £3, then that pays for [the instructor], but what about the venue?’  
(F27: 72, Female, White British, PA)

In some cases, tutors had begun offering their time for free and Neighbourhood Schemes members had attended training to be able to run some sessions themselves. This commitment to continuing the activity sessions reduced the running costs to a certain degree, but room hire and equipment costs could not be avoided:

‘...provision of equipment, materials, space, is not cheap and you’ll never be able to do it on the cheap, you know. It’s gonna need financial backing.’  
(M7: 66, Male, White British, PA)

Two of the Neighbourhood Schemes had bought equipment for the group to use, so that the only cost was room hire:

‘Once we’ve got the equipment, we don’t need anybody.’  
(F15: 71, Female, White British, NPA)

Whilst some grants were available to the Schemes, the process of obtaining funding that way was time consuming for people who were already giving their time up to run the sessions. In addition, application times for grants did not always fit in with their timescales, so individual members bought equipment for the groups to use:

‘I bought a [curling] set myself. By the time we’ve found a grant, we might have missed all these men who’ve come along. It cost me £300.’  
(F36: 63, Female, White British, PA)

The cost of engaging in physical activity, in terms of it acting as a barrier and facilitator is well documented in recent literature. High costs discouraged participation (Baert et al., 2011; Buman et al., 2010; Costello et al., 2011; Hardy & Grogan, 2009), while low costs were more likely to encourage adherence (Brown et al., 2009). Particular emphasis on the importance of free activities was presented in Costello et al. (2011) and Belza et al. (2004). In the guide to support
decision makers to promote physical activity amongst older adults, developed by
the AVONet collaboration, low cost of activities was included as an incentive for
participation (Stathi et al., 2014). This current study confirms that affordability of
activity sessions in a key factor to consider. Further examination of the data, to
investigate the relationship between affordability and levels of physical activity,
suggests that consideration of cost may have been of equal importance to those
who were physically active and those who were not. Twenty five participants talked
about cost, 13 described themselves as physically active and 12 were not
physically active.

4.2.3 Accessibility

In this section I refer to ‘access’ in it’s narrower sense, in terms of getting to and
getting into activity sessions, as well as their location; that is, the physical elements
of access.

Throughout the focus groups and interviews, the importance of having ‘very local’
activities was expressed as important. The Neighbourhood Schemes in Calderdale
were, as the name suggests, based in neighbourhoods and covered quite small
geographical areas. The intention behind this was that people would not have to
travel far to access activities. As far as possible, venues were chosen to be in
central locations that people could walk to, or were easily accessible by public
transport. This certainly had appeal:

‘Easy access. That’s what we’ve liked about this. We’re not reliant on
t’buses. It’s within walking distance for most of us, innt it?’

(F16: 78, Female, White British, NPA)

For the South Asian ladies, the location of the venue had an additional importance,
as it meant that they were within their comfort zone:

‘It’s just around the corner. In our local community, where we feel
comfortable.’

(F46: 55, Female, South Asian, NPA)

Venues that were not centrally located and easily accessible presented problems.
If there was a long walk from the nearest bus stop, then people who were not
already fit found it difficult to attend:

‘It’s not a good place to get to. It’s not convenient if you’re on public
transport. Transport restrictions play a huge part in people not doing the
activities.’

(M2: 80, Male, White British, NPA)

Some participants, who were members of the bowling club or table tennis club,
were travelling significant distances to participate in their chosen activity. The
strong commitment to the activity itself mitigated against the travelling time and inconvenience. This factor will be considered more fully in section 4.2.6.

For participants who did drive to the activities that they took part in, good parking facilities were regarded as important, as they were linked to feeling safe:

‘Somewhere where I know I can park up safely. I would have to come on in the car, otherwise I’d have to get two buses to get here. Easy to park, it’s a big thing is that.’

(F44: 58, Female, White British, NPA)

The data were examined to consider the possibility of a relationship between easy access to activities and lower levels of engagement. It seems there is no such link, as there was an equal division within the data, with 14 physically active and 14 not physically active participants stressing the importance of easy access to activities.

Easy access and easy transport have been cited in other studies as motivators to engage in physical activity (Cohen-Mansfield et al., 2004; Costello et al., 2011; Davies et al., 2011; Stathi et al., 2012; Vaughn, 2009). Engaging in physical activity within neighbourhoods should be easy. Having a bus stop close to home and a regular bus service has been shown to increase self-reported physical activity (Stathi et al., 2012). Stathi et al. (2012) also found that the free bus pass, introduced in England in 2006 to provide free off-peak travel for older adults of State Pension age, gave older adults over 70 years an incentive to use the bus to travel more often and to go further.

This study provides a link between the importance of the venue being easy to get to with the importance of the free bus pass for older adults. The free bus pass was cited as an important facilitator of being more active by seven of the participants, in most emphatic terms. It encouraged them to go out more, knowing that they would always be able to get back home without difficulty:

The free bus pass. If they take that of us, I don’t know what we’ll do... it’s the best thing since sliced bread!’

(M9: 67, Male, White British, PA)

‘I’m very grateful for the bus pass, I wouldn’t be going out at all without this.’

(F40: 63, Female, White British, NPA)

The importance of regular bus services, particularly for people who were no longer able to drive, was found in Stathi et al. (2012). In this study there was some frustration about the availability and reliability of the buses on their routes. Whilst buses ran regularly during the weekdays, the frequency dropped significantly at evenings and weekends. One participant talked about being able to get to an activity session by bus, but not able to get back home:
‘...but you can’t come back... well, I mean, that’s just rubbish!’

(F39: 69, Female, White British, PA)

Another participant explained why she had not attended an activity that finished at 7.30pm:

‘The last bus to pass Cock and Bottle were 7.25pm and there wasn’t another bus for an hour. You see, after tea, so it’s transport as well.’

(F16: 78, Female, White British, NPA)

This participant had not been able to join some health walks that she had seen advertised, because of the location and the bus services:

‘The walks meet up in odd places, got to think about getting the bus there. The buses are not good at the weekend, especially on a Sunday.’

(F15: 71, Female, White British, NPA)

Participants reported that even scheduled buses were not always reliable:

‘I mean, the buses are shocking up here... you can’t rely on the bus from Elland, so I think that puts a lot off.’

(F21: 59, Female, White British, NPA)

The relationship between the timing of the activity session and the timing of the buses was also an important factor discussed. Many of the participants talked about the convenience of the venues, as they were very close to bus stops. However, in one case, there was a barrier to engagement presented by the fact that scheduled bus arrived half an hour before an activity session began. The doors to the venue did not open until the activity began and there was no cafe or other facility to wait in:

‘The buses are every hour. If the doors are open, then that’s fine, but it’s like half an hour before the class starts, if you’re going by bus.’

(F25: 59, Female, White British, PA)

The importance of the local environment was discussed, both in terms of the quality of venues used and the beauty of the local area. It was important for venues where activities took place to be warm and clean, as well as very local:

‘It’s got to be warm and clean and comfortable. If it’s not nice, people wouldn’t go.’

(F35: 67, Female, White British, PA)

Many of the venues that participants attended were church halls. It was common for Gentle Exercise and indoor curling sessions to be held in church premises. Other venues included village halls, dedicated premises for bowls or table tennis
and community centres. No leisure centres were used. The importance of the type of venue and the barriers that it can create are discussed in chapter seven, section 7.4.3.5, and chapter eight, section 8.2.2.

Several participants described how lucky they felt to live in the Calder Valley, where there was such beautiful scenery on their doorsteps for them to enjoy. This was an important factor in encouraging them to walk for exercise and pleasure.

'Vere very fortunate living in this part of the world, you know. It's fantastic walking country. I love to walk to Mount Tabor and that valley, it's an absolutely lovely valley.'

(M10: 81, Male, White British, PA)

There did appear to be a relationship within the data between the importance of the outdoor environment and the amount of physical activity that participants engaged in. Of the 15 people who talked about the outdoor environment, ten were regular walkers. The remaining five said that the fresh air and attractive environment motivated them to walk, but not on a regular basis.

The importance of the built and natural environment has been the subject of much research in recent years (Bedimo-Rung et al., 2005; Kaczynski et al., 2008; Stathi et al., 2012; Tsouros & Edwards, 2006; Wang & Lee, 2010). The pleasure obtained from being active outdoors has been described in a study by Boyes (2013). Research has shown that it must be as easy as possible for older adults to be active outdoors (Brawley et al., 2003; Cunningham & Michael, 2003; King et al., 1998; Stathi et al., 2012), with facilities and opportunities to be active within half a mile of their homes (Wang & Lee, 2010). This study supports those findings.

4.2.4 Sociable

The social element of engaging in physical activity and activity sessions was rated highly by many of the participants. Meeting new people, forming new friendships and spending time with those people was an important attraction; often more important than the activity itself:

'It's that social, community, that we enjoy as much as anything else. Meeting everybody and socialisation more than the actual gardening.'

(M7: 66, Male, White British, PA)

'It's quality time with my friend. We both just really enjoy it.'

(F45: 49, Female, South Asian, PA)

The kinds of people that participants met when they attended activity sessions were important too. This participant said that if she had nothing in common with people in a group, she was unlikely to return:
'It's important to get on with people who are going, you know you feel you can identify with those people.'

(F41: 56, Female, White British, NPA)

Another participant had found people that she could identify with in the 'Fit as a Fiddle' session that she was attending:

'It's the best thing I ever did, coming down here. I joined people who were like meself you see.'

(F22: 80, Female, White British, NPA)

Meeting new people and finding companionship were motivators in Costello et al.'s study (2011) and the social support gained through group based of physical activity sessions is well supported in the literature (Baert et al, 2011; Conn, 1998). Spending time with friends and like minded people has also been found to be an important attraction in taking part in activity sessions (Hardy & Grogan, 2009; Stathi et al., 2012). This study confirms that the social aspects of group activity sessions are an important element in promoting engagement.

Companionship and company, interacting and being with other people, were linked to the importance of getting out of the house for those participants who lived alone. Several participants had lost their partners and had forced themselves to go out and join a group, to meet with other people, to combat the loneliness that they felt:

'I live on me own and I get fed up on me own. The main reason for going out is to meet people.'

(F43: 66, Female, White British, NPA)

All of the participants who talked about loneliness stressed the importance of the opportunity to meet with other people through the physical activities that they engaged in.

Joining a T’ai Chi session led to an increase in confidence for this participant, who had undergone heart surgery, with a long period of recuperation:

'It got me back feeling more like a human, if you like. Back into little social circles, gain me confidence and mixing with people.'

(F24: 64, Female, White British, NPA)

Those participants who also had responsibility for organising activity sessions, focussed on the social element to draw people in. At the bowling club, they advertised the taster sessions as somewhere where there was an opportunity to make new friends and made sure that there was always time for refreshments afterwards:
'We go out of our way to be friendly; we make sure they all stay and have a coffee, sit with them and have a chat.’

(F7: 66, Female, White British, PA)

In contrast to seeking out company, some participants spoke of actively choosing to take part in activities on their own. This was also found in Yardley et al.’s study regarding engagement in falls prevention interventions, where some participants disliked group activities for a variety of reasons (Yardley et al., 2006). Some participants’ husbands were recently retired, were active on their own, and had no desire to join their wives in organised activity sessions:

‘He’s horrified. Again it’s this organised thing, because I’m making him go. And people he doesn’t know, yeah.’

(F18: 61, Female, White British, NPA)

Another participant, who had agreed to take part in the study following a request from his wife, spoke of his reasons for not taking part in organised activities:

‘I’ve never done team sports. At school, I only did cross country running because you could do that on your own. I’m not a very sociable person really. I’ll fit in if I have to, but I prefer not to.’

(M11: 66 Male, White British, PA)

All of these quotes are from, or about men, who were not accessing any of the Neighbourhood Schemes activities. The issue of involving men in activities will be considered further in section 4.2.8 of this chapter and in chapter eight.

Other participants who spoke of choosing to engage in activity independently did so in addition to taking part in some organised, group activities. They were happy in a group and in their own company:

‘If I see something that catches me interest, I can be quite independent about it and go. I don’t always need somebody with me.’

(F16: 78, Female, White British, NPA)

Having someone to go with, or to prompt participants to take part in activities was important, particularly in relation to first time attendance at a group activity. Not having a companion to be physical active with was reported as a barrier in Stathi et al. (2012). Within this study, there was a range of responses from preferring to have someone to go with through to recounting fear and terror of walking into an established group alone:

‘We could do it on our own, but it’s nicer to have someone to go with. I found it daunting, but soon got talking to people.’

(F5: 69, Female. White British, NPA)
‘I walked in by myself, it was horrendous. I’m not a sociable person. I don’t enjoy get togethers. I made myself do it.’

(F27: 72, Female, White British, PA)

This latter participant had made herself go to an organised activity because she was new to the area. She pushed herself through a barrier and found it incredibly difficult. This sentiment was echoed by several participants. Walking over the threshold, into a room full of strangers was regarded as one of the strongest barriers to engaging in an activity.

‘It’s a big thing to join in. It’s very intimidating to walk into an established group.’

(F25: 59, Female, White British, PA)

Linked to this fear and difficulty was the importance of being welcomed by someone in the group, which will be considered more fully in section 4.2.5 of this chapter.

Having someone to go with was also important in terms of having a prompt, or encouragement to engage in physical activity. This participant, who had run a class for more than 20 years, spoke of her experience:

‘I often have people turning up in twos. That works quite well. If you know someone who is enjoying an activity, you’re more likely to go with them, aren’t you?’

(F1: 76, Female, White British, PA)

The participants in one particular focus group thought that the encouragement of friends or family visiting and calling for them was an important motivator:

“If someone was calling for you. Someone to go with... come on, I’ll go with you. I have to go, because I’ve said I will.’

(F39: 69, Female, White British, PA)

Participants who attended Neighbourhood Schemes activities, and who had also taken on some responsibility for running the activities, were beginning to focus on this idea of members bringing other people along with them:

‘Bring them along with you, don’t just tell them, you know, actually bring them and get them there and then once they’re there, hopefully they’ll enjoy themselves and want to come back.’

(F38: 54, Female, White British, NPA)

This links to the promotion of activities, considered more fully in section 4.2.11. There was also some discussion of the fact that being with another person could take the emphasis away from the activity itself. By some, this was regarded as important, if they did not particularly enjoy being physically active:
‘If you’re with somebody and you’re walking with somebody, you don’t notice the mileage.’

(M9: 67, Male, White British, PA)

Being with another person also meant that there was a shared experience, which was important for people who lived on their own:

‘Going with someone, you’ve got somebody to share the experience with. When you come back [home], there’s no one to share what you’ve done with. There’s a lot of people on their own.’

(F4: 74, Female, White British, PA)

Some activities, such as dancing, required a partner and meant that participants could not attend on their own:

‘The dancing is obviously a couples thing, ‘cause it’s not line dancing up there, it’s sequence and ballroom that they do, so they are couples that go.’

(M13: 54, Male, White British, NPA)

‘You can’t come if you haven’t got a partner.’

(F4: 74, Female, White British, PA)

However, a small number of participants did not let the lack of a partner stop them from taking part in the dancing sessions. They went along and found a partner there:

‘I dance with another lady who is on her own.’

(F15: 71, Female, White British, NPA)

Being able to go along to a dancing session without a partner was dependent on the group being open to people coming on their own and actively promoting that. This links strongly to the next section about the importance of organised groups being friendly and welcoming.

4.2.5 Welcoming

For each of the participants who spoke about their fear of joining a new group, a friendly atmosphere and a welcome from a key person within the group had ensured that they returned to the group. Being made welcome was described both in vague terms and through more specific actions:

‘It’s the warm feeling that’s important... At Scottish dancing they are very good at welcoming new people.’

(F36: 63, Female, White British, PA)
'I do think that the meet and greet has a lot to do with it. If someone comes and welcomes you in, then you feel ‘well yes, I can do this!’ if you’re on your own, or new to being on your own.'

(F26: 76, Female, White British, PA)

This participant had responsibility for organising an activity session:

'I always make a point of welcoming new people, shake their hand and smile. Introduce them to everybody, but we all do that to them.'

(F7: 66, Female, White British, PA)

The participant who had found walking into an established group 'horrendous' had been met by a coordinator for the session, who had a very positive effect on her experience:

‘He’s such a people person and so welcoming and made everyone feel that they were very special. He had a big impact. Really, really lovely man... he made people feel that they were important and they cared. He’s still pulling it together all the time. He was very influential.’

(F27: 72, Female, White British, PA)

Similarly, the tutor of a gentle exercise session had been pivotal in participants’ continued attendance:

‘If [instructor] didn’t come, I don’t know what we’d do.’

(F22: 80, Female, White British, NPA)

Feeling welcome was linked with feeling at ease, with no pressure on participants. Talking about the T’ai Chi session that she attended, this participant linked the feeling to the instructor:

‘Everybody’s at ease now. We’re at ease with each other... you have a little laugh, it doesn’t matter. If we wanted to take it really, really seriously, he would do, but because he knows we’re not, he does laugh with us.’

(F33: 66, Female, White British, PA)

The physical environment also had a role to play in making people feel at ease:

‘Nobody feels, as what I can see, people do not feel intimidated by the environment... I think that’s important to me. It’s comfortable, innt it?’

(F29: 57, Female, White British, PA)

The same participant linked this to the opposite feeling, which she experienced at a local gym:
'I personally do not want to be surrounded by 'lycra lovelies'! I want to go to a place where normal people like me go and that you don’t feel self-conscious.'

(F29: 57, Female, White British, PA)

The type of clothing that people perceived as being a prerequisite for certain types of activities was also brought up by the members of the bowling club:

'Here, it doesn’t matter what you wear, you know, you can wear a fleece; you can wear the comfiest clothes to suit you and don’t feel, you know, ooh.'

(F10: 57, Female, White British, PA)

The data were examined to consider whether a welcoming atmosphere might be an important factor for participants who lived alone and talked about loneliness, but only one participant talked about both factors. This may suggest that feeling welcome is important to people no matter what their domestic situation.

Feeling comfortable and the importance of feeling welcome was reported in the Better Ageing Project evaluation of a 12-month group exercise programme (Fox et al., 2007). A friendly environment, where people were not wearing particularly sporty clothing, helped people to overcome their anxieties about attending activity sessions in a gym (Fox et al., 2007). This study supports those findings and adds the new finding of the importance of a key person in welcoming new attendees to a session.

4.2.6 Enjoyable

Enjoying the activities that they took part in was an important factor for participants, whether they were engaged in organised, group activities or in independent, solo activities. Some participants found it very hard to articulate why they undertook particular activities:

'I just enjoy it. I'm aware that it's good for me, but lots of things are good for you that I don't do, so that can't really be the reason!'

(M11: 66, Male, White British, PA)

'That's actually hard to say. I like doing it. It's very hard to put a single reason, I just enjoy it! It's as easy as that.'

(M10: 81, Male, White British, PA)

Enjoying an activity and using the term ‘love’ in relation to the activity that they undertook was the most frequently cited attraction by participants. For some it was the most important factor; they would not be engaging in physical activity at all, if they did not find it enjoyable:
‘I didn’t enjoy doing it. There’s got to be an element of enjoyment whilst you’re doing something, obviously, so, and I didn’t enjoy doing it so it just wasn’t for me.’

(M13: 54, Male, White British, NPA)

Enjoyment was strongly linked to laughter and fun, and the lifting of spirits, as demonstrated by this participant who attended an indoor hard floor curling session:

‘I love curling, I absolutely love it! Oh it’s a laugh, it’s a hoot! It’s really good, it really is good!’

(F17: 64, Female, White British, PA)

‘What I’m looking for, I realise now, I’m looking for some more fun! I’ve had a very serious life and hard work and all this kind of thing, I am looking for some happiness to come out of these things, that’s what I want!’

(F40: 63, Female, White British, NPA)

Enjoyment also came out of a sense of achievement. Again this was linked to organised, group activities and to independent achievements, such as completing a long cycle, or gaining a new skill:

‘There’s a real sense of achievement. I do like strenuous exercise; when I’ve got to work hard at it and feel good at the end of the day. I achieved it.’

(F36: 63, Female, White British, PA)

“Yes, you’re learning a new skill and you’re enjoying it!

(F35: 67, Female, White British, PA)

Enjoyment was closely linked to interest in particular activities, as opposed to a more general enjoyment of being physically active. In these quotes, participants have used emotive language to describe their relation to particular interests:

‘I’ve never done a sport before and I really love my bowling. Just being involved in it, I really love it.’

(F9: 69, Female, White British, PA)

‘I hate swimming. I would never, ever go to a swimming pool. I hate it. Detest it.’

(M13: 54, Male, White British, NPA)

In relation to encouraging others to be more active, this participant linked enjoyment to thinking about activities that people had done in the past, rather than offering more of the same activities:

‘The facilities are there, but for younger people... Don’t make assumptions. What did we used to enjoy when we were younger and what would we liked to have tried?’

(M1: 63, Male, White British, PA)
Several participants, from the table tennis club, had returned to an interest from their youth:

‘I played [table tennis] 50 years ago and I always fancied a game again, so I decided that when I saw the POPP advert I’d give it a go and I’ve been doing it for a couple of years now.’

(M4:72, Male, White British, PA)

The data were examined to identify which activities were associated with the term ‘enjoy’; whether those were group activities, or independent. Eighteen different activities were mentioned, of which 16 involved being with other people. Three independent activities were cited (walking fell into both categories). The activities are presented in Table 4.5 and suggest that there may be a link between enjoyment and activities that involve being with other people.

Table 4.5 Activities described by participants as enjoyable

<table>
<thead>
<tr>
<th>Group Activities</th>
<th>Independent Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowling</td>
<td>Gardening</td>
</tr>
<tr>
<td>Canoeing</td>
<td>Swimming</td>
</tr>
<tr>
<td>Curling</td>
<td>Walking</td>
</tr>
<tr>
<td>Cycling trips</td>
<td></td>
</tr>
<tr>
<td>Dancing</td>
<td></td>
</tr>
<tr>
<td>Gentle Exercise classes</td>
<td></td>
</tr>
<tr>
<td>Gym classes</td>
<td></td>
</tr>
<tr>
<td>Nordic Walking</td>
<td></td>
</tr>
<tr>
<td>Painting classes</td>
<td></td>
</tr>
<tr>
<td>Scottish Country Dancing</td>
<td></td>
</tr>
<tr>
<td>Spanish classes</td>
<td></td>
</tr>
<tr>
<td>Swings (in a park)</td>
<td></td>
</tr>
<tr>
<td>Table Tennis</td>
<td></td>
</tr>
<tr>
<td>Tai Chi</td>
<td></td>
</tr>
<tr>
<td>Walking</td>
<td></td>
</tr>
<tr>
<td>Zumba classes</td>
<td></td>
</tr>
</tbody>
</table>

Enjoyment of physical activities has been shown to be a motivator for engagement in other studies (Baert et al., 2011; Buman et al., 2010; Fox et al., 2007; Hardy & Grogan, 2009). Enjoyment was linked to feelings of increased energy and improved mood (Hardy & Grogan, 2009) and to laughter and fun (Fox et al., 2007). This study supports those findings and also found that enjoyment was the most
often cited reason for engaging in physical activities, at both group and individual levels.

4.2.7 Weather, seasons and time

Bad weather has been found to be a barrier to engaging in physical activities (Belza, 2004; Conn, 1998; Conn et al., 1994; Vaughn, 2009; Wilcox et al., 2003). Rain, wind and cold weather were frequently reported barriers to engaging in physical activity in Stathi et al. (2012). This study found a broader relation to people’s engagement in physical activity through the link to the outdoor environment and seasons.

For many participants, the winter meant that they were less active. This was linked to unwillingness, or fear, of going out after dark, as well as due to the more frequent bad weather. Some participants reported that they suffered from Seasonal Affective Disorder, which affected their activity levels:

‘...suffer from this SAD condition, because I don’t want to wake up in the morning [in winter].’

(F25: 59, Female, White British, PA)

‘The weather affects me, I can get quite depressed as the weather deteriorates.’

(F27: 72, Female, White British, PA)

This participant, who was running an activity session, stated that the weather and the time of year adversely affected attendance levels:

‘I have much less people coming in winter.’

(F1: 76, Female, White British, PA)

Conversely, as the weather improved and the days became longer, participants reported increases in their enthusiasm and activity levels:

‘I can be more active, but that tends to be a seasonal thing, so as the weather gets better, we’ll be away more in the caravan, which we organise around walking holidays.’

(M14: 54, Male, White British, NPA)

A specific reason for being less active in winter was the fear of falling caused by fallen leaves and ice. Some participants, who were otherwise active, described a dread of slipping and injuring themselves on leaves or ice:

‘I think that’s the worst place to walk, the bank. Hold onto the wall. Good heavens, I’m not decrepit you know, you’re scared of slipping because it’s so steep.’

(M9: 67, Male, White British, PA)
‘Ice, snow and ice, I’m frightened to death of falling. The snow yes, but it’s the ice. These two winters that we’ve had, it’s just been a nightmare. Everywhere’s on a slope, isn’t it?’

(F39: 69, Female, White British, PA)

Whilst ice prevented people from going out and being active, in some cases the snow meant that participants were more active than usual. This was particularly the case for those who were working and were unable to drive their cars:

‘I’ll be walking a lot more across the winter, because I’ll walk into [work], or walk down the main road and stuff.’

(F31: 57, Female. White British, PA)

Crisp, bright winter days also encouraged some participants to walk more:

‘Although snow’s nice and crisp... we’d some brilliant walking weather last year. Get wrapped up. Everywhere looked fantastic, didn’t it?’

(F18: 61, Female, White British, NPA)

Weather conditions that can occur at any time of the year and are not seasonal were also discussed. In the Pennine regions of northern England, where these participants lived, rain is a common feature. Whilst many participants said that they would not let the rain put them off engaging in physical activity, wind and rain combined was a different matter. Further examination of the data suggested that, within this study, being put off by heavy rain and wind applied equally to those who were physically active as to those who were not:

“Wind and rain together I hate... We do get quite a lot. I don’t go quite as far if it’s exceptionally bad.’

(F39: 69, Female, White British, PA)

Being retired meant, for this participant, that she didn’t have to go out when the weather was bad, she could wait until another day:

‘If it’s pouring with rain, I don’t go, I must confess. I’m doing this for pleasure and if you get wet through, it’s not much fun!’

(F35: 67, Female, White British, PA)

In some cases, neither the seasons nor the bad weather affected attendance or engagement in physical activity.

‘If it’s snowing, if it’s pouring down, I put waterproofs on and I’ll still walk to work in t’ wind and t’ rain.’

(F37: 56, Female, White British, PA)
‘No, the weather isn’t a problem. I don’t mind going out in the dark, so there’s nothing really that keeps me in, or would stop me going out.’

(M7: 66, Male, White British, PA)

Unwillingness to go out after dark was, however, a factor for many participants. It was not possible to identify a potential relationship between self-reported low levels of physical activity and unwillingness to go out after dark. Of the 13 participants who talked about the dark acting as a barrier to activity, six were physically active and seven were not. Dark evenings and mornings appeared to act as a barrier to activity regardless of how much activity participants were engaged in. Again, this meant that levels of physical activity varied according to the seasons, with people attending more sessions in the longer days of the summer months and spending more time being active outdoors. It was common for afternoon activities to go on until 4pm, or later, which meant that people would have to travel home in the dark in winter. This was unacceptable to these participants:

‘No and they want to be home by four o’clock and a lot of things go on after four o’clock, which does put a lot of people off... the only thing that stopped me going to the Cock and Bottle were the dark. It’s too late, it’s dark.’

(F16: 78, Female, White British, NPA)

‘It’s difficult at that time, isn’t it? The night time would put women off, when it’s going dark.’

(F47: 61, Female, South Asian, NPA)

Fear of being out in the dark was expressed by many participants. Fear for their safety in particular:

‘The only thing that affects [my physical activity] is dark nights; going out in the dark. I don’t feel safe. I don’t want to see a gang of boys.’

(F17: 64, Female, White British, PA)

‘I don’t ride my bike much at this time of year because it’s dark in the mornings, dark very early in the afternoons and it doesn’t matter how capable you are, you are vulnerable on a bike.’

(M10: 81, Male, White British, PA)

Unwillingness to go out after dark has been found in other studies, where participants have reported feeling unsafe (Hardy & Grogan, 2009; Stathi et al., 2012). This study supports those findings.

This fear and unwillingness to go out after dark meant that, for many participants, their preferred time for engaging in physical activity and activity sessions was the mornings, or the afternoons before it became dark. This was also reported in Stathi et al. (2014). Whilst there was no consensus on single preferred time, during daylight hours was agreed to be essential:
'Morning I think and before it gets dark, although in summer I love early evening. Once it’s light in the evening I might go out.’

(F8: 64, Female, White British, PA)

‘Afternoon is best.’

(M1: 63, Male, White British, PA)

This participant had no particular preference for a time to be physically active. For her, it was more about fitting it in with other commitments:

‘No, I don’t think so. It’s more about fitting it in with other things. There’s quite a bit about doing it in the morning and then I’m free to do whatever.’

(F28: 72, Female, White British, PA)

The concept of keeping busy and having time for physical activity will be addressed in section 4.3.

There was some discussion amongst participants about factors that meant that physical activity was not accessible or appealing. These factors came under the initial theme of ‘challenges’, within the data analysis; the challenge being how to overcome the obstacles that seemed to make organised groups, or engaging in physical activity, unaccessible or unappealing.

4.2.8 Appealing to men

Fourteen men took part in this study. Ten of them described themselves as physically active and four thought that they were not achieving 150 minutes of moderate intensity physical activity across the week. Seven of the men were engaged in group activities, as part of the Neighbourhood Schemes. Four were members of the table tennis club; two were still in full time employment and one had come along to the focus group with his wife. This final male participant did not engage in any group or organised activities, but was very active independently. Feedback on the male perspective on engaging in physical activity was also received through four female participants, who spoke about the activity that their husbands undertook. In addition, some female participants talked about their experience of the involvement of men in group activities.

According to those participants who attended Neighbourhood Schemes activities, the membership was dominated by women. My own knowledge of the Schemes supported their reports. The recruitment from these Schemes into this study generated 24 women and nine men. When they spoke of the numbers of men attending Neighbourhood Schemes activities, participants described very small numbers:
'No, we don’t get many men coming to anything. Some of them come to afternoon teas. There are at least two coming to the singing group. It’s constantly difficult.'  
(F36: 62, Female, White British, PA)

‘... [wife] said there’s just this one fella doing T’ai Chi, why don’t you come? I said no, but I did eventually and he beggered off and I was on me own with all these women! Well there’s three now, there’s three today. It didn’t bother me, because the teacher’s a bloke as well, so yeah.’  
(M12: 67, Male, White British, PA)

There was a perception, however, that perhaps men were ‘bothered’ by the overrepresentation of women in the activity sessions.

‘Unless they feel, you know, a bit female dominated, you know, ‘cause there’s only females there and if there’s only a couple of men...’  
(F37: 56, Female, White British, PA)

This participant felt the lack of men in activity sessions:

‘They’re all ladies and you really do like a bit of male conversation every now and again, definitely. The world is full of widows. By the time you get to 60, all the men are either wed or dead. There’s hardly any men that are on their own really.’  
(F15: 71, Female, White British, NPA)

Where men were engaging in organised activity sessions, it appeared to be as a result of an interest in a particular activity, as opposed to a desire to join a group. This links back to enjoyment of particular activities, which was considered in section 4.2.6. Some of these activities were not physical, such as painting and singing. The physical activities that men were engaging in included T’ai Chi, table tennis and dancing with their wives:

‘We managed to set up the garage area as a table tennis group. At one point we had five men coming to that, plus one who was the caretaker. But they tend to do things together. “We’ll go off and play table tennis; we don’t want to join in” [with the other activities].’  
(M13: 54, Male, White British, NPA)

‘The dancing is obviously a couples thing... so they are couples that go.’  
(M13: 54, Male, White British, NPA)

The men who were members of the table tennis club spoke of their interest, often life-long, in the sport. The idea that male engagement is activity specific certainly holds true in that case; the membership of the table tennis club was predominantly male. This participant described a meeting of the local cycling club that she had attended, which also supported the idea that there were certain activities that did appeal to men:
‘About 50 people came and 40 were men. I was surprised at that. The men obviously like cycling more than the women.’

(F43: 66, Female, White British, NPA)

There were some interesting perceptions about why men did not engage in the organised activity sessions. Some female participants thought that men did not like to be organised, that they preferred to engage in independent activity:

‘What we find is that women will come to things that are organised, but men won’t. They don’t like being organised. Probably because they’ve been organised all their working life and when they get to the stage of retiring, they don’t want to.’

(F38: 54, Female, White British, NPA)

‘Men don’t do that sort of thing. Men don’t join in.’

(F42: 66, Female, Black British, PA)

During the all male focus group, described in chapter three, section 3.5, there was some discussion about why older men did not seem to want to engage in group activities, particularly when they may have played team sports in the past:

‘I just don’t understand it, because why do men all play rugby and football and do team sports and things until they’re injured and retired and then after that, retire from the game and then, from mid forties onwards, don’t do a thing and don’t look to do things? It’s weird. And women, who’ve never done things that way, start coming to classes! It’s odd.’

(M14: 54, Male, White British, NPA)

This participant also found other men’s relationship to sport and activity strange:

‘It’s quite interesting to meet somebody, a man particularly, and they say “Which team do you support?” and I say I don’t watch football. They say how keen they are on sport, but they don’t do it!’

(M10: 81, Male, White British, PA)

Attracting men into the existing Neighbourhood Schemes activities had not been particularly successful, so an alternative approach was being considered:

‘So we keep looking at ... Men in Sheds, very ad hoc grouping of men that might come together to do a bit of gardening, but it’s because they want to do it. Nobody’s organised it for them, or anything like that, they want to do it.’

(F38: 54, Female, White British, NPA)

Independent activity, that had not been organised, was the preference of these male participants:
'It’s all independent. I go into centres; I go into the library, but not for activities. I know there are groups, but I like being on my own, going at my own pace, thinking my own thoughts, seeing what I want to see.’

(M11: 66, Male, White British, PA)

Attracting men to engage in organised activities has been addressed by the Men’s Sheds movement, which has attempted to engage men in activities traditionally regarded as ‘male’, such as woodwork and gardening (Cordier & Wilson, 2013; Milligan et al., 2013). The primary aim of this movement is not to increase levels of physical activity but rather to improve physical and mental health amongst older men. Similarly, the work of the Age UK Fit as a Fiddle National Older Men’s Project has focussed on physical and mental health, with a particular focus on reducing social isolation (Age UK, 2012a). The existence of Men’s Sheds and the National Older Men’s Project, and their all-male activities, indicate that there is a particular difficulty in attracting men to activity sessions. This study has also identified this difficulty. The issue of ensuring that activities are accessible and appealing to men will be discussed in chapter eight.

4.2.9 Appealing to all ages

The second challenge that arose in the discussions between participants was that of appealing to all older adults across the spectrum, from 50 years to the oldest old. There was a perception that the range was too great:

‘I mean, I’ve mentioned it to a couple of people you know; people who don’t work and want to come. “I’m not going wi’ old uns.” Straight away and I said “No! We’re not old, you know. We’re as young as we feel.” But straight away, “I’m not going wi’ old uns.” So the age group is perhaps a bit too wide. Perhaps there could be something for them maybe in the evening, but the older generation during the day.’

(F16: 78, Female, White British, NPA)

There was also some frustration at the badging of the Neighbourhood Schemes and other community activities for ‘over 50s’. It was felt by several participants that this excluded people who might otherwise have attended and benefitted:

‘So once you start putting ages, you’re kind of ruling some people out who’d probably try it, you know.’

(F17: 64, Female, White British, PA)

‘A lot of the classes that are targeted at people over 50 are through the day and I don’t think they are over 50s classes, I think they are retired people’s classes. It’s a big bug bear of mine. Age is immaterial. It’s for people who are at home and are able to access them.’

(F29: 57, Female, White British, PA)

The exclusive nature of the term ‘over 50’ has not been found in the literature regarding promoting physical activity amongst older adults and this study provides new evidence on this issue. The importance of labelling activities is addressed in
the second part of the PhD research and is discussed in chapter eight, section 8.2.10.

4.2.10 Appealing to the uninterested

The final challenge that was discussed was that of maintaining the groups that had been established, through attracting people to join them. All of the people who agreed to take part in this study were involved in either independent physical activity, social groups attached to the sheltered housing where they lived, or were attending some kind of community activity group. Whilst some snowball sampling did occur, this did not lead me to anyone who was not engaged in some kind of activity. As stated in Stathi et al. (2014), those already engaged in physical activities, or with a positive perception of them, are more likely to be attracted to programmes that promote physical activity. Those at greatest need of a programme of physical activity are the hardest to attract (Stathi et al., 2014). It is likely then that the participants who agreed to take part in this study already had a sense of the importance of being physically active. The limited resources available for this study meant that a decision was made not to pursue further recruitment of participants who did not have some connection to a social or activity group. The need for further research in this area is discussed in chapter eight, section 8.2.10. Some participants did speak about their spouses who did not share their interest and did ‘nothing’:

‘My husband does nothing. It’s one of my gripes. He goes nowhere and does nothing.’

(F27: 72: Female, White British, PA)

In the discussions about how people who did not engage in activities might be motivated to do so, there were more questions and recounts of failed attempts than answers and suggestions:

‘How would you motivate people, they’re at home, I mean however much you put leaflets through the door and everything. I don’t know, do the people take notice?’

(F42: 66, Female, White British, PA)

‘But then you’ve got people who live on their own that maybe haven’t got friends that, you know, you want to get at them as well. I don’t know how you would do that.’

(F44: Female, White British, NPA)

All three of these challenges have been picked up in the second part of this PhD research and are addressed in chapters six, seven and eight.

Linked to the discussions about how to reach people who are not engaging in physical, or community-based activities is the broader issue of advertising and
promotion. Within the focus groups and interviews, there was much discussion on this issue and how to make it work.

### 4.2.11 Promotion and advertising

Using a variety of methods to attract people to activities was cited as important, rather than relying on one method alone. This supports the recommendations for promoting activity sessions provided in Stathi et al. (2014), where ‘word of mouth’ is backed up by strong promotional material and reports of positive experiences by participants.

Many of the participants who were attending Neighbourhood Schemes activities had responded to leaflets delivered to their homes. They talked about the importance of receiving a brightly coloured, appealing leaflet, which wouldn’t get lost in the volume of material that comes through the door. Some of the participants had responsibility for promoting the activities within their local Schemes and thought that leaflets did not work, in terms of attracting new people. This is illustrated by the following quotes:

‘It doesn’t matter how they leaflet, how they knock on doors, people don’t come.’

(F36: 63, Female, White British, PA)

‘We’ve found that leaflets don’t work really anyway.’

(F38: 54, Female, White British, NPA)

This perception that leafleting does not work is interesting, given the number of participants who had responded to a leaflet through their own door. Notices and posters in shop windows had attracted the men who were members of the table tennis group for over 50s, as well as the members of the Neighbourhood Scheme in the south of the borough. Suggestions for ways to promote activities included speaking on local radio, inviting the local newspaper to write an article, having information on village noticeboards and talking to friends and neighbours. A mixture of all these methods was thought to be the way forward by this participant:

‘You need it more than one way as well, don’t you? A personal invitation and perhaps something to give them to remind them.’

(F17: 64, Female, White British, PA)

Talking to people was frequently discussed as a good way to attract people to activities. Talking to neighbours and friends informally, as well as talking to existing groups of older adults. One participant, who was the chairperson of one of the Neighbourhood Schemes had attended several local groups, where older adults were attending:
‘I talked to them at a coffee morning and two came from there. I went to a luncheon club and talked to them. Some of the kitchen ladies came.’

(F36: 63, Female, White British, PA)

Talking to people about the activities was linked to actually bringing people along, so that they could see what it was like:

‘It’s a personal invitation that counts. Come with me, I’m going to so and so, would you like to come? It counts for so much does that.’

(F33: 66, Female, White British, PA)

Having sessions where people can come along and try an activity was strongly linked to the issue of advertising and promotion and was considered in detail in section 4.2.1 of this chapter. Enthusiasm was discussed in relation to sharing the experience of engaging in an activity. When people engaging in an activity had been enthusiastic, others had wanted to join in:

‘...they started singing and we started singing along with them. We thought, we want to do this!’

(F18: 61, Female, White British, NPA)

Talking to people about activities was also linked to needing information about activities: where, when and what to take. Lack of information about an activity was discussed as a factor that puts people off attending:

‘...they don’t really know how to go about it. There isn’t that information, really, let’s be honest. You don’t know if you’ve got things to hire, or if you’ve got to provide your own from the start.’

(F11: 59, Female, White British, PA)

Being careful about how the activities are presented and thinking about the target audience, was also discussed. For the Neighbourhood Schemes activities for the South Asian Ladies, the name ‘Gup Shup’ was adopted, which means ‘chit chat’. It was thought that using language that the ladies understood and could identify with would draw them in. Thought was also given to language that might drive people away. For example, some participants thought that labelling activities for over 50s would put some off:

‘Call it ‘community activities’ and don’t have an over 50s tag. Don’t age it.’

(M7: 66, Male, White British, PA)

Promoting activities in a fairly small geographical area, close to the venue being used was frequently discussed as an important reason for attending an activity. This supports the findings in Stathi et al. (2012) where facilities within walking distance were reported as a positive influence on engagement in physical activities. This was discussed in more detail in section 4.2.3, but has relevance.
here because a venue which was within walking distance of people’s homes was a strong attraction on the leaflets that were received:

‘It’s within walking distance of most of us, innt it?’

(F16: 78, Female, White British, NPA)

The findings presented above contain the full range of views expressed on factors which make the activities that participants engaged in accessible and appealing. These included environmental factors such as the location of venues and the nature of the local environment, together with the influence of the weather and seasons on engaging in physical activity. The importance of the social component of engaging in physical activity with others was closely linked to enjoyment and laughter and how welcome they felt within a group. For some participants, their attraction to physical activity, what made it attractive and appealing was more to do with their own personality than the external factors described above. The following section will consider these in more detail.

4.3 Personal attributes

As stated at the beginning of this chapter, the categories in this theme concern personality and lifestyle. What is it about the people that makes them engage in the activities that they do? The categories in this theme arose as I realised that the responses that the participants gave said that this is ‘more about me’ than about the activity itself; that participants’ own ability had a bearing on their engagement and that there was, in a fairly small number of cases, the knowledge that physical activity was good for health.

4.3.1 It’s more about me

Within this study, there was a range of participants with very different levels of engagement in physical activity. At one end of the scale there were participants who reported very little engagement. Their physical activities were primarily walking to the local shops, or to a social activity session. At the other end of the scale were people for whom physical activity and exercise dominated their week. They were active in groups and on their own on every day of the week. In some cases, they were also running activity classes for other older adults. Some of these participants stated that they had always been active, that being active was part of who they were, how they identified themselves and that they needed to be active:

‘I can soon feel it if I haven’t gone out and done something. I think I’m a person who needs activity. If I’m kept in because it’s raining, I’ll make an effort to go out the next day and do something.’

(F36: 63, Female, White British, PA)
‘I can’t survive without doing it. That’s how intense mine is, it’s just a part of me life. couldn’t possibly imagine not doing any of it.’

(F42: 66, Female, Black British, PA)

The data were explored to understand what other factors encouraged these very active participants to engage in physical activity. The data are presented in Figure 4.2. Being involved in many different group activities was common to nine of the 11 participants, as was the pleasure gained from being outdoors. Mental stimulation and the importance of keeping the mind active were reported by seven participants as a key element of their reasons for being so active. Five of the participants talked about how being physically active lifted their spirits and brought them feelings of happiness. Conversely, they talked about feeling low and ‘missing out’ if they were unable to be physically active. The most commonly reported factor amongst this group was that they had always been active. Only one participant had not been active all her life, but had become so following retirement.

**Figure 4.2 What is important to the very active?**

The importance of established habits of being physically active in determining continued activity was also found in the OPAL study (Stathi et al., 2012) where participants reported identifying themselves as ‘exercisers’. In this study, determination, self-motivation and commitment were discussed in terms of personality traits that led people to make time for physical activity:

‘Physical activity is as much a mental approach. if you want to do it, you will do it. If you don’t and you don’t have the mental fitness to force your body to do what sometimes your body doesn’t want to do, then you won’t do it.’

(M9: 67, Male, White British, PA)
This was also linked to establishing a routine, to incorporate more physical activity into participants’ lifestyles:

‘I think motivation is the million dollar question. If you’re in a habit, if you’ve got a routine, I’m better if I’ve got a routine. I’ve set this routine up with the volunteering so that I know that certain times of the week I’m doing certain things and I’ll fall into a pattern quite nicely.’

(F41: 56, Female, White British, NPA)

‘I’m getting into a discipline and routine of turning up. I’ve got to do, but it’s just getting into that routine and getting out.’

(M5: 65, Male, White British, NPA)

This last quote was from a participant who found it very difficult to get back into physical activity, although he knew that he needed to improve his health and mobility. He had to force himself out of the house to attend the activity sessions. There were other participants who spoke of having to make themselves go out, to be occupied and keep themselves busy:

‘You’ve got to get ready to come out of the house; it’s a commitment to come out of the house. It takes two hours out of the day that you would otherwise have no plans for. It gives you the initiative to get washed and changed and make the effort to make yourself presentable.’

(F27: 72, Female, White British, PA)

The data were examined to see whether the need to establish a routine was talked about more often by participants who described themselves as not physically active. Of the 11 participants who talked about routine, eight were not physically active and stated that they needed to establish a routine for that to change. They appeared to understand how they could make it happen, but had not taken the steps to establish a routine. A psychosocial intervention that supported individuals to develop strategies to incorporate more physical activity into their lives could potentially enable these participants to establish new routines. Three participants stated that establishing a routine had been a key factor in them becoming physically active. In the case of the above quotation, the participant had described the depression that she experienced. Making herself go out and take part in an organised activity session had, she reported, improved her mood, mental health and confidence.

The relationship between engaging in physical activity and improved mental well-being will be considered further in section 4.3.3. Lack of discipline and self-motivation has been found to be a barrier to engaging in physical activity in other studies (Baert et al., 2011; Clark, 1999; Costello et al., 2011; Dergance et al., 2003) and creating a routine has been found to be a motivator (Conn et al., 1994).

Keeping busy and having a week full of activities links back to the variety of activities that some participants engaged in, which was considered in section 4.2.1.
This was also linked to feelings of having responsibility. One of the participants had got involved in the Neighbourhood Schemes activities because she thought that she had skills that she could offer to others and had found herself with a great deal of responsibility within the scheme. She had undertaken a Gentle Exercise mentoring course, so that she could run two sessions for the scheme, had trained as a Zumba instructor and had been chair of the committee since the beginning:

'I offered to be chair person until Christmas and I've been running around like a dogsbody ever since...'  
(F36: 63, Female, White British, PA)

Other participants spoke of the responsibility that they had taken on at the bowling and table tennis clubs:

'Teaching older people who are retired and looking for something to do, or are wanting to keep fit and make friends... This is my job now, I'm the indoor bowling secretary. I like organising people.'  
(F7: 66, Female, White British, PA)

'I got interested in gently coaching people here. I do a weekly team sheets, fixture lists, I coach them. My first team is next to top of the league, my second team is doing quite well, as well.'  
(M6: 65, Male, White British, PA)

The quotes above were from participants who relished the responsibility that they had and thrived upon it. By contrast, some participants spoke of having no desire to take on any responsibility for organising activities or for handling money:

'I don't want to run a formal group. I'm willing to pay whatever fee and then go home. I don't want the responsibility of being a secretary, we've done all that, that's not what we joined these groups for. We joined for the exercise and the social.'  
(F16: 78, Female, White British, NPA)

A participant who attended a walking group with his wife and friends explained why he thought it was so popular:

'Just turn up and collect a pound off everybody. We put that pound to help with maintenance for our community centre. There's nobody official, we just turn up. I think why it's popular is, nobody's got to be organised, you don't need to say if you're going. We don't have any secretaries or treasurers or anything.'  
(M9: 67, Male, White British, PA)

Further examination of the data demonstrated that of the 13 participants who talked about taking on responsibility, 11 were physically active. However, not all of these people wanted responsibility for groups and activities. The breakdown of responses on this issue is presented in Figure 4.3. The number of physically active people who were happy to take on responsibility (six) was very similar to those who...
did not want it (five). However, only one participant who was not physically active stated that she was happy to take on responsibility for activities and groups.

**Figure 4.3 Responsibility and self-reported physical activity**

![Graph showing responsibility and physical activity](image)

The beneficial effects of volunteering and taking on responsibility have been discussed in the literature (Lum & Lightfoot, 2005; Wheeler et al., 1998) and this study provides additional data on the subject. Project ACE (Active, Connected, Engaged), which ran from February 2012 to February 2014, had capitalised on the willingness of some older adults to take on responsibility by recruiting them as activity promotion volunteers, or ACE activators (Gateway to Research, 2014). The findings had not been reported at the time of writing this thesis.

For some participants, the desire and ability to learn something new was an important element of engaging in activities, whether they were physical or not. For others, their perceived inability to learn prevented them from taking part. The following quotes demonstrate the range of views expressed:

‘You pick up things and you learn things that you thought were way beyond you, you realise with a bit of persuasion and some advice from other people, you can do it. And it gives you a good feeling. Sometimes you feel you’d like to go to something to learn something, rather than it just be a physical exercise.’

(M7: 66, Male, White British, PA)

‘I can’t remember it. It’s a bit like learning to dance, I could never learn that. I just can’t remember it. I’m alright with him in the front, following him, but I could never do it on my own. I’m lost.’

(M12: 67, Male, White British, PA)

‘There’s a level of skill required. Power, skill. People drop off because they can’t get to that next level.’

(M6: 65, Male, White British, PA)
Within this study, of the 15 participants who talked about learning something new, 12 were physically active and wanted to learn; one was physically active and found it hard to learn something new and two were not physically active, yet enjoyed learning. Thus the motivation to learn something new was found more often amongst those who were physically active, although it is understood that, at this stage, the potential link is limited to the findings from this study and no strong claim is being made.

Being motivated by learning something new has not been well documented in the literature, although improving skill has been considered in relation to the challenging nature of physical activities (Newson & Kemps, 2007). Physical activity sessions that become progressively more challenging, whilst remaining achievable, have been found to be desirable to older adults (Hawley-Hague et al., 2014; Ystmark, 2013).

Many of the participants had a dog and linked this to increasing their engagement in physical activities:

‘Then we inherited a dog and it’s the best thing we ever did! You’ve to take it for a walk twice a day and it loves exercise.’

(F18: 61, Female, White British, NPA)

‘This is the thing about me dog, when it’s windy or rainy, you’ve got to go anyway. I’m walking because I’m going somewhere. I walk because I walk me dog, I wouldn’t just go for a walk.’

(F27: 56, Female, White British, PA)

Stathi et al. (2012) reported a relationship between dog ownership and physical activity through the inclusion of a quote from a participant who had no one to go walking with. She did not want a dog, although she recognised that having one would provide a companion to go out walking with. Dog ownership and the associated requirement to engage in physical activity has not been addressed in detail in the literature on older adults’ engagement in physical activity, so this study has presented new findings on the subject.

Ten participants in this study talked about having a dog. Six were owners and were active every day; one talked about his partner being active every day through walking her dog. One inactive owner stated that she put her dog out into the garden to exercise, but recognised that this was not good enough. Two inactive participants stated that they had stopped walking regularly when their dogs died, despite their best intentions to continue. Dog ownership is clearly linked with daily physical activity and provides an opportunity and reason for older adults to walk regularly.
4.3.2 My own ability

This sub-category includes more examples of participants' self-perceptions, in terms of their ability to take part in physical activities. They include expressions of feeling fortunate to be fit; the limitations of ill health; and frustrations and fears regarding not being able to do as much as they had in the past.

Feeling fortunate to be fit, and thus making the most of that, was expressed by participants in three of the focus groups:

- 'I've carried on with the Sunday [football]. As long as I can keep doing it, I will do.'  
  (M12: 67, Male, White British, PA)

- 'The way I look at it, I’m lucky to be able to get about the best way I can. So I’m just glad about that.’  
  (F20: 78, Female, White British, NPA)

- 'We’re very fortunate to be able to be fit and do that.’  
  (F34: 63, Female, White British, PA)

In contrast, many participants spoke of their frustration at ill health and poor mobility restricting their ability to take part in physical activities:

- 'I want to do these things, but my body won’t let me. I want to overcome it and I find I physically can’t.’  
  (F2: 66, Female, White British, NPA)

- 'I’d like to walk but it doesn’t agree with me. There are too many steep hills. It’s a bit disappointing.’  
  (M5: 65, Male, White British, NPA)

For some participants, this frustration was increased because they used to be more active in the past. Pain from injuries, arthritis and surgery had left them unable to engage in the activities they had enjoyed before:

- 'I broke my shoulder and it still hurts two years later. You get cross with yourself. You expect to be able to do things.’  
  (F27: 72, Female, White British, PA)

- 'I used to be very active, walk everywhere. These last few years, I don’t know what’s happened.’  
  (F23: 82, Female, White British, NPA)

Ill health and poor mobility has been well documented in the literature as a barrier to engaging in physical activities, with long-term conditions and associated pain and disability impeding engagement (Baert et al., 2011; Booth et al., 2002; Buman
et al., 2010; Cohen-Mansfield, 2003; Hardy & Grogan, 2009; Horne, 2007; Rhodes et al., 1999). This study supports those findings.

Fear of not being able to keep up with others was addressed in section 4.2.1 in consideration of the adaptability of activities. This participant did not join a walking group, despite a strong desire to do so:

'I can’t join a walking group, because they do ten miles! .. I wouldn’t want to because what would happen if I can’t keep up with them and have to go back?'

(F5: 69, Female, White British, NPA)

Not having the skills or capability to engage in physical activity was found in O’Neill & Reid (1991) and the fear of not being able to keep up has been reported in Costello et al (2011). This study supports those findings.

4.3.3 It’s good for me

The final sub-category in this theme is that of engaging in physical activity because of the health benefits that it brings. Whilst this was not a major finding in terms of the number of participants who expressed health benefits as a reason for being physically active, for some it was a major driver. The responses included recovery from illness or surgery and getting better; improving health; avoiding ill health and preventing decline; losing and maintaining weight; keeping the brain active and mental wellbeing.

Taking up T’ai Chi after having undergone surgery on a broken shoulder was thought to be beneficial by this participant:

‘I saw the T’ai Chi and thought it would probably be good for my arm. Some gentle exercise to keep it on the move all the time.’

(F27: 72, Female, White British, PA)

Similarly, this participant took up swimming after a knee operation:

‘Walking is alright, but it hurts. Whereas swimming, you get the stretching, the relaxation and you get the exercise, without the weight on it.’

(F26: 76, Female, White British, PA)

Swimming also helped this participant, who suffered from arthritis in her hands:

‘My hands are a lot better. They just feel completely different from what they did before I got there.’

(F28: 72, Female, White British, PA)
Getting better and improving health was a positive benefit of physical activity for a small number of participants, through both independent and organised activity sessions. Attending an activity session run by the local NHS organisation helped this participant, who had several health conditions:

'It did me good. It’s done me good to move the top part of me body around. I realised how inflexible I was. It sort of spurred me on a bit, to become a bit more flexible.'

(F30: 59, Female, White British, NPA)

The women in this focus group agreed that the health benefits received from the activity sessions that they attended were important:

'My body and joints open up with exercise.'

(F47: 61, Female, South Asian, NPA)

'I come to make my health better. I make the time to come to Gentle Exercise. I couldn’t justify the time if it was just sewing and chatting.'

(F47: 61, Female, South Asian, NPA)

Examination of the data was undertaken to see whether the health benefits of physical activity were cited more often by people who had a chronic condition or illness. All 15 participants who talked about health benefits had chronic conditions, such as arthritis, heart conditions, pulmonary fibrosis and diabetes, or were recovering from orthopaedic surgery. This may suggest that focusing on health benefits may be suited to those living with poor health, but that gaining those benefits may not be important to people who are fit and healthy.

An exception would be if people were engaging in physical activity in part to avoid ill health and prevent decline that they had seen in others. Several participants spoke about their parents’ ill health or poor mobility:

'My Mum had very bad arthritis. She finished up sitting and getting worse and worse and I thought, well I’m not doing that!'

(F15: 71, Female, White British, NPA)

The idea of ‘use it or lose it’, of maintaining their current lifestyle, was expressed by seven participants. Six of them also talked about having very busy lives. If they did not keep themselves active, there would come a point when they would be unable to engage in physical activities:

'If you don’t get off your backside and do something then, you know, you are going to end up permanently on your arse, you know what I mean?'

(M7: 66, Male, White British, PA)

Keeping themselves fit was linked to feeling young for some participants:
‘It’s clinging on to levels of fitness and clinging onto some, some youth somehow... you feel younger don’t you? Well I do anyway.’

(F29: 57, Female, White British, PA)

Keeping going, improving and maintaining health and staying healthy have been found to be motivators for engaging in physical activity in the literature and were linked to being able to do more and help others (Costello et al., 2011); prevent and regulate health conditions (Buman et al., 2010); and enjoying a better health status (Baert et al., 2011). This study supports those findings, but found that they were not the primary reason given for the attraction that participants felt towards engaging in physical activities. This is in contrast to the findings of the OPAL study, where health concerns had a major impact on older adults’ decisions to be active (Stathi et al., 2012).

Losing or maintaining weight, as a motivation for engaging in physical activities, was found in studies by Conn et al. (1994); Vaughn (2009) and Wilcox et al. (2003). This study also found that some participants were motivated to engage in physical activity through a desire to control their weight:

‘It’s the only way I’ve got of maintaining my weight. When I did no walking at all, the weight went on immediately. It’s just something as, it were only ten minutes walk, but it were so quick. It seemed so instant.’

(F29: 57, Female, White British, PA)

Mental stimulation, or keeping their brains active, was described by participants who engaged in some of the more tactical physical activities. Whilst the physical benefits of engaging in physical activity have been widely reported in the literature (Baert et al., 2011; Buman et al., 2010; Costello et al., 2011; Fox et al., 2007), the mental stimulation provided through tactical activities has not been reported. This study offers new evidence on this issue. Playing bowls, curling, table tennis and dancing were all described in terms of the benefits to the mind, as well as to the body:

‘You use your brain too; you watch and work out. You’re on the move all the time.’

(F3: 64, Female, White British, NPA)

‘It’s a very tactical game is bowling.’

(F11: 59, Female, White British, PA)

Mental wellbeing achieved through participation in Yoga, Tai Chi and walking was described in terms of stress relief and keeping calm:

‘Yoga helps me cope. It centres you and keeps you on the right planet.’

(F1: 76, Female, White British, PA)
‘I feel a lot better. I’m prone to stress. It relaxes you mentally.’

(M1: 63, Male, White British, PA)

A small number of participants spoke about problems that they had with depression and the relationship between physical activity and their mental health:

‘I think when you’ve been at that point, as [F26] said, for whatever reason, you stop, you don’t want to get dressed, you don’t want to look out the door, whatever. I think if you’ve been there and you get to a stage when you are involved in your local community, doing something, you don’t want to go back to that awful sort of place. So you’ve got to keep going.’

(F25: 59, Female, White British, PA)

‘Table tennis has been a saviour for me really. As a focus for my physical activity, but also just to occupy me mentally.’

(M6: 65, Male, White British, PA)

The psychological health benefits of engaging in physical activity were identified in the systematic review by Baert et al. (2011), with seven studies reporting this as a motivator (Cousins, 2003; Conn et al., 1994; Resnick et al., 2007; Schneider et al., 2003; Schuler et al., 2004; Wilcox et al., 2003; Vaughn, 2009). Engaging in physical activity to reduce stress was found in Vaughn (2009) and Wilcox et al., (2003). Avoiding depression through engaging in activity has not been found in the literature, although Baert et al. (2011) found studies where depression had acted as a barrier to engagement (Conn, 1998; Forkan et al., 2006; Wilcox et al., 2003). This study provides new evidence about the adoption of habits of being physically active in order to ward off depression.

4.4 Summary

In this chapter, I have presented the findings of the qualitative study undertaken. This study sought to understand the essential characteristics and preconditions for engagement in a successful intervention to promote physical activity amongst older adults. The findings of the study have fallen into two overarching themes: ‘what makes the activities accessible and appealing?’ and ‘personal attributes’. I have presented these findings, using in vivo quotes to illustrate the categories.

Throughout the presentation of the findings linkages in the data have been presented to examine the interaction between factors at different levels.

Within this study there are findings that confirm those of existing studies as well as findings that are new and add to our knowledge on promoting physical activity amongst older adults. Findings that confirm existing research include extrinsic factors of the importance of affordable activities (4.2.2); easy access to public transport through use of the free bus pass (4.2.3); the influence of poor weather and dark nights on engagement in physical activity and attendance at activity sessions (4.2.7); and the importance of a pleasant outdoor environment, which
encourages people to be more active in their local areas (4.2.3). This study also confirms the importance of ensuring that physical activity is enjoyable (4.2.6); that there are opportunities for social interaction with new and existing friends (4.2.4), which encourages engagement in physical activities (having an activity companion); and that activity sessions are welcoming to new members (4.2.5). This study has also found that there have been difficulties in engaging men in organised physical activity sessions, which confirms findings of previous research and have led to the development of older men only activities (4.2.8). Intrinsic factors reported in existing studies are also supported by this research: existing habits of exercise have been shown to act as an important motivator to engage in physical activities in older age, as has the establishment of routines for activity (4.3.1). The study supports existing evidence that the fear of not being able to keep up with others in a group setting, which deters some people from engaging in activity (4.2.1); This study has shown that knowledge of the physical and psychological health benefits of being active can act as an incentive to be physically active, whilst poor health can act as a barrier (4.3.3). This confirms the existing research on promoting physical activity amongst older adults.

Findings from this study which are new and bring new insights to the promotion of physical activity amongst older adults include a number of extrinsic and intrinsic factors. Extrinsic factors related to attracting older adults to take part in organised activities include the importance of labelling an activity session appropriately, in order for people to identify with the activity on offer (4.2.11). Using the ‘over 50s’ label may not be the best way to promote physical activity amongst this age group. This study has also highlighted the importance of ensuring that there is a key person nominated to welcome new people to activity sessions, in order to make their first experience a positive one and to maximise the chance that they will return (4.2.5). There should be variety within activity sessions, to ensure that participants remain interested and engaged (4.2.1). This study has also found that engagement in physical activity is seasonal (4.2.7). Whilst the influence of the weather has been found in previous studies, explicit references to physical activity levels being seasonal have not been made. Intrinsic factors, which are new to this subject, include the motivation to learn something new leading to uptake of physical activity (4.3.1); the importance of mental stimulation provided though tactical activities; and avoiding or averting depression through being physically active (4.3.1). The last new finding of this study is the important relationship between dog ownership and physical activity amongst older adults (4.3.1). Participants who owned a dog were physically active on a daily basis, regardless of poor weather or reluctance to go out. Once dog ownership had come to an end, participants’ intentions to continue walking without a dog were not upheld.

The findings of this study have demonstrated that there are a number of important elements which facilitate older adults’ engagement in physical activity, whether that be through organised, group activities or independent, solo activities. Through
using the data analysis software NVivo9 (QSR International, 2010) I was able to identify the most frequently cited characteristics of popular physical activity sessions. The 'Top Six' findings of this study are that older adults are drawn to engage in activities that are sociable, enjoyable, affordable, accessible, have flexibility and variety, and allow for the fact that engagement is seasonal and depends on the weather for many people. These characteristics of an intervention were all described more often than the fact that physical activity is good for health. The focus of public health interventions to promote physical activity has been, in the main, on the importance of activity to improve and maintain good health through reducing the risk of developing chronic diseases (CMO, 2011; WHO, 2010). Perhaps focussing on the social elements of engaging in activity, together with ensuring that it is easy to take part would do more to encourage older adults to meet the recommendations of 150 minutes of moderate intensity physical activity over the course of a week (CMO, 2011).

This study also found that, in some cases, there are personal attributes which override the extrinsic factors that policy makers and local organisations can have some influence on. Feeling the need to be active and being motivated to engage in activity are personal characteristics, which advertising and promotion cannot influence easily. Similarly, the limitations of ill health and poor mobility are personal factors. However, through ensuring that activities are flexible and adaptable, making sure that people feel welcome no matter what their ability, could help to encourage older adults to try activities that they might otherwise rule out.

This study has also found that there are some challenges to advertising and promoting physical activities. Advertising group activities for people who are 'over 50' is not always particularly successful. The age range from 50 years and upwards is too large to be meaningful to every person within that range. Use of the label 'over 50' has not been reported as a barrier to engagement in community-based activities for older adults and this study presents new evidence which warrants further consideration. The second part of this PhD research considers this issue in more depth in chapters seven and eight, as the researchers sought to find a way of appealing to local community members over the age of 50. This study uncovered some frustration that existing advertising and promotion of the Neighbourhood Schemes activities was not appealing to people who were seen to be sitting at home and doing nothing. Questions arose about why people were not engaging and how methods of advertising and promotion might attract new people to the groups. Finally, this study has shown that there is a bias towards female members of organised activity groups; that men are not attracted to the sessions in the same numbers as women. Some suggestions for why this might be are provided in this chapter, such as dislike of organised activities or of spending time in female dominated groups. Possibilities for further research on this issue will be discussed in chapter eight, section 8.6.2.
In chapter five, I describe how the findings from this study were used to develop a participatory research study. I describe the response to some of the participants, who asked for my help in attracting new members to their groups and activities, and explain why a participatory research methodology was appropriate for the next stage of this PhD research.
Chapter five: The evolution of the study

In the previous chapter I presented the findings from the initial qualitative research undertaken and the elements that affect older adults’ engagement in physical activities. In this chapter I explain why the research study changed in methodological approach to towards action research. I outline some participatory research methodologies and explain why I chose to adopt community based participatory research. I discuss the issues of positionality, the political context, validity, quality and ethics within the participatory research paradigm, as these are widely regarded as important issues to address within action research.

5.1 Responding to the participants - the cry for help!

As the study progressed and more people were interviewed, I was gathering evidence that some of the Neighbourhood Schemes committee members were frustrated that they were not able to attract as many members as they would like to the activities that were on offer. In total, I interviewed five older adults who were active committee members and three members of the Neighbourhood Schemes Team, who were over 50 years old themselves. In addition, several participants who were attending Schemes’ activities expressed concern over the apparent lack of appeal of those activities to some community members. Many participants reported that older adults living on housing estates and in areas of sheltered housing were not responding to the promotional literature. Nor were they responding to direct, face-to-face encouragement to come to Neighbourhood Schemes activities. There was also frustration expressed by two participants at the need to submit bids for funding, often for quite small amounts, in order to cover the costs of publicity, room hire and tutor fees. The conditions of the funding were often onerous and there was a desire to move away from this reliance on external funding to becoming self-reliant through members’ subscriptions and activity charges. As such, the committee members who I interviewed expressed their desire to focus on how to attract and retain new members. These committee members were giving their time voluntarily to run the Neighbourhood Schemes. Whilst there was no sense that their jobs were at risk if the Schemes failed (all of the committee members were retired) they did feel a strong commitment to the Schemes and wanted to see them succeed. They believed that the Schemes had great social value, as places where older adults could meet and engage in various activities together.

Towards the end of the first phase of data collection, the chairperson of one of the Neighbourhood Schemes approached me and asked to be interviewed, after her husband had taken part in one of the focus group meetings. She was interested in finding out how the study might help her and the other committee members to attract new members to their activity sessions. I was also asked by the Neighbourhood Schemes Team to run a workshop session on welcome and
retention at their Neighbourhood Networking Day in March 2012. At the same event, I was invited to present my initial findings to a wide range of stakeholders in Calderdale.

Through the interviews and focus groups, it became apparent that there was a real issue, not just about how to encourage more older adults to become more physically active, but how to attract them to activities, groups, schemes and sessions that were already up and running (see chapter four, section 4.2.10). The Neighbourhood Schemes’ activities were clearly very appealing to some people, as the findings presented in chapter four have demonstrated, but how could the committee members attract those people whom they suspected to be sitting at home and not drawn into the activities? Another issue that arose was the question of how to attract and involve men in the activities (see chapter four, section 4.2.8). The number of male members in the Neighbourhood Schemes was very low. The majority of those men who did attend came along with their wives and had admitted that were unlikely to have come alone.

With my background in health and social care, as a project manager and a commissioner with a strong belief in developing services with older adults, rather than for them, I could not ignore these issues. There was a real call for help from the committee members and the Neighbourhood Schemes Team. My thinking on the second phase of the PhD study therefore changed direction towards developing an action research study. This would enable me to work with a group of committee members and Neighbourhood Schemes Team members to address issues that were of concern to them. We could work together to see if applying some of the findings of the first study regarding what encourages older adults to be physically active, together with my knowledge of the literature on uptake and adherence to physical activity, would have a positive effect on the Schemes’ membership numbers.

At this stage in the study, it was not clear whether attracting new members would involve an examination of the appropriateness of what was on offer, or of the existing methods of promotion.

As I demonstrate in this chapter, action research is a methodologically valid research paradigm, which seeks to effect social change. As such, it is wholly congruent with this study, as change is what the participants sought. However, I could have taken other routes at this stage of the research. Other possibilities considered included carrying out an interrupted time series study, whereby one area of the borough would receive a new type of promotional material and we would measure the effect that this brought about. The limited timescales and resources of this self-funded PhD research meant that this was not feasible. A baseline measurement of using existing promotional material and its effect would
have had to be undertaken first, which meant that the study would have taken several months to administer.

Another approach considered was to run a two community cohort study, similar to the Wheeling Walks study described in chapter two (Reger-Nash et al., 2003). We could have used the existing style of promotion in one area and apply a new method in a different area. This was dismissed due to the difficulties of finding two comparable communities that were far enough away from each other to eliminate the chances of the effects from the intervention site contaminating the comparison site. The committee members who had sought help were from two quite different geographical areas within the borough of Calderdale. In addition, there were the ethical issues brought about by delaying any support to the site that would be chosen as a control or comparison community. Asking committee members to commit to carrying out another round of promotion using existing materials, before trying something new, would have been costly in terms of time and money. I believe that it would have been difficult to obtain their agreement for this, as they were eager for change and improvement.

The final option considered was to provide the committee members and the Neighbourhood Schemes Team with the findings of my study and leave them to make use of them, without any further involvement from me. However, given that this was only the first part of my PhD study and that there would be a second part to complete before any formal write up of the findings took place, there was an ethical issue of leaving the committee members without any recommendations for action for several months.

It is within this context then that the decision was made to pursue an action research study and the establishment of the Action Research Group is described in chapter six.

5.2 The suitability of action research

5.2.1 Participatory research

Participatory research is defined by Bergold & Thomas (2012) as an approach, or orientation, to research which places importance on the involvement of co-researchers in producing knowledge. According to this definition there need not be elements of action and change within the research process. The most important feature of participatory research is its focus on knowledge produced in collaboration with those traditionally regarded as the ‘objects’ of research (Bergold & Thomas, 2012).

Action research also places importance on collaboration within the research process; of conducting research with rather than on people from the community or
area of concern. There may be generation of knowledge and theory through the action research process, but there is always a focus on action and change (Waterman et al., 2001). It is understood that knowledge produced through collaboration with others is more likely to produce action and change in the contexts where it has been developed (Green et al., 1996).

The term ‘action research’ is used within this thesis to describe an approach to research undertaken collaboratively with people who are traditionally regarded as subjects of research, with the aim of effecting change through action (Herr & Anderson, 2005; Waterman et al., 2001). It is not used as a term to describe a particular methodology. Within the literature, there are several different terms used to describe this approach, or orientation, to research. These include, but are not limited to, collaborative action research; collaborative inquiry; action science; participatory action research; practitioner research; community based action research; and action research alone. These different terms are associated with different purposes, ideologies and contexts, but have common themes underpinning them. ‘Action research’ acts as a useful overarching term to include the various approaches to collaborating with others in research and it also highlights the importance of action in the research process (Herr & Anderson, 2005). Despite the differences in purposes and ideologies associated with the different terms, which will be addressed in section 5.2.2 of this chapter, there are areas of agreement about the action research approach.

Action research is characterised by its dual focus on change (action) and increased knowledge and understanding (research). Whilst there are a number of different methodologies within the paradigm of action research, all share this focus on forms of action which leads to understanding, which in turn enables further, more informed action (Dick, 1995). The participation of individuals from the field of research is essential, although the form of this participation may differ in each case. Participants may have minimal involvement. For instance, whilst they may be consulted about the area of research and issues being considered in a similar way as in more conventional qualitative research such as Grounded Theory (Corbin & Strauss, 2008), and whilst their involvement and the data that they generate may inform the next stage of action, they may not have any involvement in other aspects of the research. At the other end of the scale, there may be full participation, with individuals from the area under study acting as co-researchers involved in the identification of issues to be investigated, action planning, data collection, data analysis, further action planning and dissemination of findings (Waterman, 2007). Arnstein’s (1969) ladder of participation is often used to describe the levels of participation in research projects and provides a useful check for action researchers to ensure that the involvement of people from the community of concern is not merely tokenistic (Bergold & Thomas, 2012). Whatever the level of participation, a defining feature of action research is that the inquiry is conducted with members of a community or organisation and not on them (Herr & Anderson,
In this sense, action research is a very comfortable fit with my own values as a commissioner and as an individual.

Action research practitioners believe that it is important to produce knowledge that has immediate practical use and is open to investigation through action (Somekh, 2006; Waterman et al., 2001). This fits very well with my desire to conduct PhD research that could be put to use immediately. After reading the encouraging words of Klocker (2012), who had conducted a PhD study in human geography, using participatory action research, I felt confident that following an action research approach was wholly congruent with the change of direction that my research had taken. Klocker stated that to change research questions in response to what had been discovered ‘in the field’ was demonstrative of genuine participation.

The next two sections provide an overview of some of the different action research methodologies, in order to situate this study within the range which exists.

**5.2.2 Continuum of participatory research methodologies**

Action research has been described variously as a research paradigm with a number of different methodologies within it (Dick, 1995); as a wide and diverse family, where members have developed different opinions, interests and terminology (McNiff & Whitehead, 2011) and as a term to encompass approaches that have emerged from different traditions (Herr & Anderson, 2005). The Northern tradition, involving Lewin (1948), Argyris (1985) and Checkland (1982), had a focus on problem solving and organisational change through planning and action. By comparison, the Southern tradition emanating from the work of Freire (1982) and Carr & Kemmis (1986), grew out of the emancipatory work undertaken in the underdeveloped world and was more concerned with action which addressed issues of unjust power relations. The different approaches should not be regarded as in competition with one another; that one is a better, more worthy approach than another. Rather the approaches arose out of different situations and contexts, thus the researcher should follow the approach, or methodology which has the most congruence with their own beliefs, values and situation (Herr & Anderson, 2005).

The Social Psychologist Kurt Lewin first coined the term ‘action research’ in seeking to close the gap between theory and practice (Lewin, 1946, 1948). Lewin was interested in improving the lives of ordinary people, through focussing on the social organisation of groups and communities (Somekh & Ziechner, 2009). He believed that people were more likely to be receptive to change and to acting when decisions were made democratically, rather than being imposed upon them (Waterman et al., 2001). Recognising that there was a gulf between research undertaken and the application of the findings, Lewin sought to help solve practical problems through a cycle of planning, acting and reviewing. Lewin did not accept the positivist view of the study of an objective world, rather he recognised that the
meanings that participants ascribe to the world are part of it. Our own experiences and our interpretations of the world around us inform how we view problems and possible solutions (Wallerstein & Duran, 2008). The meanings that we ascribe to the world around us become part of the field of research. Similarly, as action researchers, we become part of the context that we are researching (McNiff & Whitehead, 2011). This is the antithesis of the positivist position of the researcher maintaining distance from the context so as not to contaminate the research.

Lewin believed that with participants acting as equals, as co-researchers, problems could be solved through the application of knowledge; institutional change could be brought about by those within the institution reflecting upon their situation (Herr & Anderson, 2005). As such, Lewin developed a four stage model of ‘plan, act, observe, reflect’ in order to effect change (Meyer, 1993), illustrated in Figure 3.

**Figure 5.1 Lewin’s four stage model**

![Lewin's four stage model](Modified from Kemmis & McTaggert (1988))

Regarding power relations, Lewin believed that the researcher should strive to engender egalitarian relations, where those involved in the research would be open, practise reciprocity and share responsibility for the risks involved (Taylor, 2006). Taylor (2006) warned against the dangers of action research being used as just another way of achieving pre-defined objectives set by a body holding power. In the United States, Lewin's work was in fact adopted by some organisations who sought change for their own benefit and used the techniques of involving workers as a method of obtaining ‘buy-in’ from them. The aim of the change was pre-defined and the workers were led to a conclusion that met the needs of the organisation; the open-ended inquiry element of Lewin’s methodology was suppressed (Levin, 1999). Despite this perversion of the spirit of action research,
The potential for more democratic workplaces existed following Lewin’s approach (Herr & Anderson, 1995).

The Action Science of Argyris & Schön (1974) built upon this approach, but with an important change. They regarded the understanding of change described by Lewin to be flawed. Lewin described change as a series of discrete episodes, moving from one stable state to another stable state. Argyris & Schön (1974) supported change that was a continual process of learning and development, which would be sustainable (Herr & Anderson, 1995). Their approach relied upon an understanding of the ‘status quo’, this being the set of norms and rules within an organisation that were taken for granted and unchallenged. Following an Action Science approach would involve examining the operations of organisations and institutions in detail, observing how people behave within them, in order to address the problems that manifest themselves (Herr & Anderson, 1995).

Argyris & Schön (1974) advocated a consensus model where leaders and workers in organisations would have equal power and influence to effect change. Changes would be brought about by reflecting on new knowledge together (Dick, 1995; Herr & Anderson, 2005). Argyris advocated challenging the status quo in organisations in order to generate ‘knowledge that is useful, descriptive of the world and informative of how we might change it’ (Argyris et al., 1985, p. x). Action Science has a focus on the relationships which exist within organisations as well as the systems within which those relationships exist. Argyris & Schön also believed that action research had become too focussed on solving problems and had moved away from the theory development that they saw as essential to scientific research. They sought to bring this theory development back through the practice of Action Science (Herr & Anderson, 1995).

Soft Systems Methodology (Checkland, 1981; 1992) also has a focus on systems and decision making processes. This methodology arose in the UK in the 1960s, out of work undertaken to understand management problems in complex situations. The methodology requires practitioners to immerse themselves in the reality of a situation, in order to discover the essence of the system; what it is that the system is trying to achieve. An ‘ideal’ is then derived from the essence of the system, rather than from the reality of how the system currently operates. The ‘ideal’ and the reality are compared, in order to identify possible improvements to the system. Most importantly, in terms of action research, those improvements are then implemented and reviewed (Dick, 1995).

Each of these methodologies of the Northern tradition is concerned with a pragmatic use of knowledge, focussing on problem solving and organisational change (Wallerstein & Duran, 2008). These methodologies could be seen as traditional models of action research, which concentrate on individuals or groups within organisations and institutions. By comparison, the methodologies of the
Southern tradition have a more emancipatory and broader societal focus. It is at
the other end of the continuum of methodologies that we find the overtly political
participatory action research (PAR) methodologies, which are associated with the
work of Paul Freire (1982) and the Southern tradition.

The Southern tradition began in Latin America, Africa and Asia. The Brazilian
theorist Paolo Freire influenced the transformation of research ‘on’ people, to
research ‘with’ community members. He believed that educating illiterate members
of the community and enabling them to critically review their situations would lead
to change (Cohn, 1988). Like Lewin, Freire believed that the social world includes
the meanings that community members give it. Research into this world therefore
needs to involve an understanding of that meaning. Positivistic research methods,
which explicitly disregard meaning as the object of research, are therefore
inadequate tools for understanding the social world (Freire, 1970). Whilst others
had also rejected the idea of objectivity in research practice (Bryman, 2004), Freire
went further and developed the notion of ‘praxis’ as the process of dialogue and
reflection, which leads to change through action. He wrote of the dialectical
movement between action and reflection and it’s ability to generate political change
(Freire, 1970). Freire’s work has been criticised for having ideas and theories that
were too abstract, that had no steps to follow. In addition he has been criticised for
sexist language in his earlier works, focussing on men’s ability to challenge power
relations, although this was addressed in his later works (Cohn, 1988).

Participatory action research (PAR) has drawn heavily upon the work of Freire.
Following on from his work Carr & Kemmis (1986) made a significant contribution
to action research methodologies in the 1980s, through their interest in social
justice and emancipation. In so doing, they drew upon critical theory. The aim of a
critical theory is to uncover an unrealised potential for emancipation within present
social formations (Macdonald, 1997). In particular, Carr & Kemmis have been
influenced by Jurgen Habermas (1971) who consistently sought to identify within
ordinary social interaction an ideal form of communication through which
individuals may interact autonomously and as equals. This ideal form of
communication represents, for Habermas, the potential for emancipation. Carr &
Kemmis therefore sought to democratise research through making it participatory
(Somekh, 2010). Their focus on emancipatory values meant that this participatory
action research (PAR), was particularly suited to political situations concerned with
promoting social justice (Somekh & Zeitner, 2009). PAR should enable people to
overcome their problems, first by exposing those aspects of social order that they
have no control over and then by empowering people to make changes through
planning, implementation and reflection (Meyer, 1993). The responsibility for
deciding upon action to be taken, which should be critically informed action, lies
with those who will be affected by the planned change (Kemmis & McTaggart,
1988).
McTaggart (1994) criticised some who followed Lewin’s spiral of ‘plan, act and observe’ as treating action research as a method or procedure, with a series of steps. Instead, he described PAR as a commitment to observe and act upon problems; a commitment as opposed to a method (McTaggart, 1994). In turn, PAR has been criticised for making false promises in terms of empowerment, liberation and emancipation. It has been stated that participatory action research should ‘liberate the human body, mind and spirit in the search for a better, freer world’ (Bradbury & Reason, 2006 p.2). These are grand claims. However, what the approach has as its essence is a commitment to give people more control over their situations and to equip them to engender change (McTaggart, 1994).

Community based participatory research (CBPR) has grown in popularity since the mid 2000s. Like ‘action research’, it acts as an overarching term for approaches to research that are collaborative. It is an orientation rather than a specific method. CBPR has roots in both the action research of Lewin (1946, 1948) and in the approaches following Freire (1970). It encompasses feminist participatory research, PAR, collaborative inquiry and action research (Minkler, 2004). From Lewin, CBPR takes the cyclical plan, act, observe approach involving people from the community of concern. From Freire, CBPR takes the importance of dialogue and reflection (Minkler, 2004). What is common across the interpretations is that CBPR is participatory; cooperative and equitable; involves co-learning, systems development and community capacity building; is empowering; and that there is a balance between research and action (Minkler & Wallerstein, 2008). As an approach, it seeks to ensure a collaboration, involving equal involvement from all partners in the research process to combine knowledge and action to improve the health of the community (Minkler & Wallerstein, 2008).

CBPR creates an environment where the community members become co-researchers, learning together, building capacity together and sharing knowledge (De Koning & Martin, 1996; Freire, 1973; Israel et al., 1998; Stringer, 2007). The focus is on public health problems, rooted in local situations, beginning with a problem or issue that has been brought forward by members of the community (Minkler & Wallerstein, 2008).

Whilst CBPR can take many forms, Minkler & Wallerstein (2008) state that the ‘gold standard’ would be to ensure that it has an emancipatory aim. This notion of there being a ‘gold standard’ of action research is problematic, as it devalues other types of participation and collaboration within research that do not demonstrate emancipatory action. It downplays the positive effects of following an approach that produces incremental, as opposed to radical change. The idea of achieving a ‘gold standard’ equates better, or more valuable, social outcomes with a particular methodology. There is a confusion here between the value of a theory or methodology and the ends that it is seeking to meet. An approach is no less valid because its impact falls short of emancipation and liberation.
5.2.3 The action research approach adopted

There were some elements of system change within our study: the status quo of promoting Neighbourhood Schemes’ activities was not generating any new members, so we needed to make a change; continuing with existing methods of advertising the Schemes was not working. However, there were also strong participatory elements: the changes were not sought exclusively by me as the researcher, or by the Council staff, nor were they sought simply to improve the operation of the organisations. The members of the Neighbourhood Schemes themselves had identified an issue that they wanted help with; it was their problem that we were working to resolve, albeit that the research study took place at my instigation. Whilst the members were not a particularly oppressed group (all members of the Action Research Group were white, middle class, educated and articulate), the process of following a participatory research methodology enabled them, and equipped them, to address their issues in a systematic and critical fashion. They became empowered to ‘plan, act, observe, reflect’ on the issues addressed in this study and on future issues. Bradbury & Reason (2006) state that PAR ‘affirms people’s right to have a say in decisions which affect them.’ (Bradbury & Reason, 2006 p.10). The Action Research Group members were, most definitely, in control over how the project progressed and the actions that we took. In this sense, the study was at the emancipatory end of the continuum. Since it had elements of systems change and genuine collaboration, it is difficult to know where to place our action research study on the continuum of participatory methodologies, but I was encouraged by Maguire’s (1987) advice to ‘err on the side of action’ (Maguire, 1987 p.127). It is better to attempt to undertake action research, recognising community members as equal partners, than to wait for the perfect conditions to arise to follow the methodology exactly (Maguire, 1987).

Having considered the various approaches to action research, community based participatory research (CBPR) had the most resonance with our own situation. The problem that we addressed had come from the community, that being how to encourage more older adults to join the community run activities. Ensuring that the issue under consideration is of genuine importance to the community and not just to the researcher is a key element of ensuring the validity of CBPR (Minkler, 2004). We sought to build capacity within the community, through learning how to promote the activity sessions in a more successful way. We shared an interest in improving the health of the community, since the aims of the Neighbourhood Schemes included promotion of good health and wellbeing, through increasing community participation and reducing social isolation (Neighbourhood Schemes, 2013). The community members that I worked with became co-researchers on the study and there were equal levels of involvement in the research process (Minkler & Wallerstein, 2008). This is not to say that we were in the same position as one another, as we had different roles within the study. I provided the research and facilitation skills; the capacity to develop new materials and develop action plans,
and the members from the Neighbourhood Schemes brought their knowledge of the local communities, the activities and the capacity to carry out some of the physical distribution of new materials. The roles were not the same, but we were meeting as equals, sharing the ownership of the study and the responsibility for the direction which it took.

The focus on public health problems, rooted in local situations, which is evident in CBPR was important for our study. Physical, mental and social wellbeing are all considered important in CBPR, as they are in the model of the Neighbourhood Schemes. CBPR recognises the positive aspects of community and aims to capitalise on the strengths and resources that already exist (Minkler & Wallerstein, 2008). In this PhD study, it made sense to me to investigate the possibility of increasing levels of physical activity amongst older adults through the groups and activities that were already on offer, as opposed to attempting to attract people to a new intervention. CBPR provided us with a meaningful way of addressing our issues; the research was immediately beneficial (Ramsden et al. 2010).

I have referred within this chapter to the Action Research Group as the group of people with whom I collaborated in this second phase of the PhD research. Since we followed a community based participatory research approach, it could be argued that we should have been called the Community Based Participatory Research Group. However, for the sake of brevity, simplicity and consistency, I refer to our group as the Action Research Group, or ARG, throughout this thesis.

5.3 Important elements to consider

5.3.1 Positionality

As there is a continuum of methodologies within the action research paradigm, there is also a continuum upon which the researcher sits. Action researchers are often described as ‘insiders’ or ‘outsiders’. The ‘insider’ is usually a paid worker in the setting where the study is taking place. They have a formal role in that setting. The ‘outsider’ is only involved in the study setting by virtue of the involvement in the research study (Waterman et al., 2001).

At one end of this action researcher - participant continuum, there is the researcher as an ‘outsider’, studying ‘insiders’. Often, the researcher in this situation would approach a community of people, a group, or organisation with an idea for a research study. Participation in this case may only be at the level of consultation, or through participants providing data and it could be argued that this is a tokenistic participatory position (Arnstein, 1969). However, if the data generated in this type of study were used to refine the researcher’s position and understanding of the situation, thereby leading on to another phase of inquiry, which would have a positive effect upon those participants, then this would fit within the paradigm. An
example of this is the study by Hooker et al. (2011), discussed in chapter two, where the formative research with African-American men informed the development of an intervention for the same population.

Further along the continuum there is the researcher as an ‘outsider’ in collaboration with ‘insiders’. Participants in this situation would be engaged in most aspects of the research project, albeit to different degrees at different stages. The ‘gold standard’ of CBPR would find itself further still along the continuum; that being reciprocal collaboration, or an ‘insider - outsider’ team (Herr & Anderson, 2005). There is true equity here, with the researcher and the community members fully involved in all aspects of the research. ‘Insiders’ in collaboration with other ‘insiders’ can be found within organisations, such as schools. Examples can be found in senior leaders collaborating with teaching staff in a way that ensures that all participants are actively involved in effecting change. The ‘insider’ position is at the other end of the continuum. At this point we can find practitioners researching their own practice or workplace (Herr & Anderson, 2005).

My own position, I believe, is that of an ‘outsider’ in collaboration with ‘insiders’, although my history with the Neighbourhood Schemes, as described in chapter three, sections 3.5 and 3.11, meant that I had a deeper understanding of the Schemes that would be unusual for an ‘outsider’. I had knowledge about the aims and objectives of the Schemes, their structure and operations that an ‘outsider’ would not necessarily have had access to prior to engagement. However, at the time of the instigation of the study, I had not had any formal involvement in the Schemes for almost two years. Whilst I knew the Action Research Group members who were also Neighbourhood Schemes Team members, I had no prior relationship with any of the older adults who were Group members. To them, I was an ‘outsider’.

As I have stated at the beginning of this chapter, I was approached by members of the Neighbourhood Schemes as they thought that my research in the first study could help them. This led me to think about changing the direction of my research towards an action research approach. I subsequently invited Neighbourhood Schemes members to join me to conduct a formal study. Whilst I deliberately left the development of the research question open to the Action Research Group members (‘insiders’), by asking them how they wanted to use the findings of the first study, I did instigate the formal element of the research. I could have assisted the Neighbourhood Schemes members outside of any research study, by providing them with suggestions drawn from the findings of the first study. However, in instigating a collaborative action research study, we were all able to gain far more from the relationships and actions that we developed.
5.3.2 Political context

As an approach, action research is concerned with politics in a number of ways. Knowledge is usually associated with power. Increasingly, policy makers seek evidence on which to base their decisions and direction. Practitioners and community members’ knowledge is not often attributed as much validity by policy makers (Herr & Anderson, 2005), but action research elevates their views and provides a direct route for them to inform critically reviewed action. The approaches or methodologies allow for a co-operative, joint process, where each participant can contribute equally. This is not to say that the balance of power within any action research group, or team, will be in perfect equilibrium (Wallerstein & Duran, 2008). The researcher’s knowledge about methods for a study may elevate their power for a time, whilst the community member’s knowledge about the local context would elevate their status.

Whilst our study was not overtly political; was not obviously concerned with empowering a minority group, or in redressing an imbalance of power, there was a political context to consider. Action research challenges all co-researchers to be aware of the influence of politics, at both a micro and macro level (Herr & Anderson, 2005). At a micro level, it would appear on the surface that all of the co-researchers were of a similar demographic profile: white, middle class, educated (see chapter three, section 3.5.1) and were not defined by any sense of disempowerment. However, there arose issues of control and leadership within one of the study sites, which did have an impact on the issue tackled and is discussed in chapter seven, section 7.4.3.2.

The study took place between 2011 and 2012, following the global financial crisis of 2008. The collapse of large financial institutions and downturn in stock markets led to the global financial recession of 2008-12. The UK Government, along with others in Europe, embarked on an austerity programme in order to reduce the large budget deficit that had been created. This meant that there was a large reduction in the funding given to local governments, who in turn had to make decisions about where to reduce or cut funding to services. On a macro level then, the area under research was influenced by these Public Sector funding cuts, which had seen free (or subsidised) adult education classes and activities discontinued; free swimming for over 50s cancelled; various community groups lose their funding from the local Council and the Primary Care Trust (PCTs). The activities that people used to turn to post-retirement were no longer available. The health, social care and community services in Calderdale had changed dramatically, due to political decisions to disband PCTs and as a result of substantial reductions in national and local budgets. There were fewer community development workers to support those with less social capital in communities. The bigger political picture had a direct impact on the issue of attracting people to financially viable community activities.
5.3.3 Critical reflection

Critical reflection within action research is fundamental. To be involved in the research and change process alongside participants means that subjectivity is inevitable. The action researcher is not observing a situation from outside. It is essential then that this subjectivity is acknowledged, monitored and understood (Hope & Waterman, 2003; Koch & Harrington, 1998). I discussed reflexivity in relation to the qualitative phase of this research in chapter three, section 3.11. In addition to this, the action research process of ‘observe, plan, act and reflect’ requires reflection on action taken, as well as one’s role in that action (Kemmis & McTaggart, 1988).

Action research provided us with a framework to make changes within the Neighbourhood Schemes, which incorporated systematic, regular critical reflection. Within our study, we engaged in deliberate and conscious reflection on our actions, to see if they produced the outcomes that we expected. The iterative nature of action research, where we could refine our understanding of the issues and determine the best way to effect a change, was ideally suited to our situation. Critical reflection on our actions and how this influenced our decisions and actions is demonstrated throughout the next two chapters. It is presented at each decision point, rather than as a separate section in the chapters.

Reflections upon my own role as both researcher and participant; upon my biases and on the reasons for conducting the study as I did (Waterman, 1998) are presented and discussed in chapter eight.

5.3.4 Validity, rigour and quality

There have been criticisms of action research as a research paradigm, most notably that there is too much focus on problem-solving at the expense of research (Herr & Anderson, 1995; Hope & Waterman, 2003). Challenges to the validity of action research led to discussions in the literature about assessing validity in the late 1990s and early 2000s. The issue was raised by Waterman (1998) suggesting that a new perspective on validity was required, which encompassed all that made action research valid. There would be some value in applying some of the criteria developed for assessing qualitative research, which is discussed in chapter three, section 3.9, but applying these criteria alone would leave out much of what makes action research valid (Waterman, 1998). Various criteria for assessing the quality and validity of action research have been developed since 2001, following the recognition that the existing tools and criteria for assessing qualitative and quantitative studies were not appropriate for evaluating action research studies (Herr & Anderson, 2005; Waterman et al. 2001).
Waterman et al. (2001) produced guidance for assessment of action research studies, incorporating twenty questions to be considered. These questions concerned clarity, relevance, authentic participation, ethics, resources, methods, responsiveness, context, outcomes, reflection and theory generation. These criteria combined the accepted measures of quality and validity for qualitative research with elements such as participation, context and outcomes which are specific to action research (Hope & Waterman, 2003; Waterman et al., 2001).

In the same year, Reason & Bradbury (2001) proposed five quality indicators for assessing action research studies. These are presented in Box 1.

Box 1 Reason & Bradbury criteria

1. Does the study involve others and take a ‘relational stance’?
2. Is the study useful and applicable?
3. Does the study recognise multiple forms of knowledge as valid; is it anchored in people’s experiences?
4. Is it likely to make a difference to people’s lives?
5. Is it likely to lead to real and lasting change?

Reason & Bradbury’s criteria arose from their experience of PAR and their understanding of PAR as a worldview and not just a methodology (Herr & Anderson, 2005; Reason & Bradbury, 2001). A further four years on, Herr & Anderson (2005) proposed five validity criteria for assessing action research studies: outcome, process, democratic, catalytic and dialogic. They suggested that the validity criteria for action research should be linked to its goals. These are presented in Box 2.

Box 2 Herr & Anderson criteria

1. generates new knowledge;
2. has action-oriented outcomes;
3. involves the education of researcher and participants;
4. produces locally relevant results; and
5. demonstrates the application of an appropriate research methodology.

I will discuss the criteria applied to evaluate the study and how our action research study fared against these criteria in chapter eight.
5.3.5 Ethical considerations

By nature, action research is flexible and responsive and rarely has a detailed research design at the beginning (Dick, 2002). As such, it can be difficult to identify all ethical issues before the study commences. What is important is to be able to recognise and consider ethical issues and dilemmas as they arise (Cassell, 1982 in Herr & Anderson, 2005). I sought and was granted ethical approval for this next stage of my PhD research by the University of Manchester Ethics Committee (10th July, 2012, reference no. 11100). In order to comply with their stipulations and to ensure that the members of the Action Research Group were well prepared for participation, I asked each member to complete a consent form. Each member was happy to be named as a co-researcher on the study. There was some confusion about what this might entail, particularly regarding the issue of disseminating the findings of the study. Once I had reassured them that they would not have to write any papers, or contribute to the writing of the thesis and that they could opt into presenting the findings at conferences and events, they were happy to proceed. A copy of the consent form can be found in Appendix 20. The consent forms were not specific in terms of the actual actions that the ARG members would undertake, as these actions were not decided at the time. It was not possible to cover all possible angles and issues at the start of the process (Pritchard, 2002).

As the study progressed, I was tasked with making sure that all members of the ARG were clear about the direction of the study and happy to proceed. This fits with the notion of ‘processual consent’ as a supplement to ‘informed consent’ (Rosenblatt, 1995). In fact, the collaborative working that we developed meant that I was rarely asking the ARG members to undertake anything that they had not proposed themselves. As Wax (1982) states, ‘where there is parity and reciprocity, the ethical quality of the relationship has progressed far beyond the requirements of ‘informed consent’” (Wax, 1982: 46). Partnership working is an ethically satisfying position.

Ethical considerations in research studies are often concerned with the tenet of ‘do no harm’ from the Belmont Report (National Commission, 1979). This often translates as leaving the research situation intact and is related to a more positivist stance on research. By contrast, action research is committed to making changes in the research situation. The tenet could then be extended from ‘do no harm’ to ‘do good’; a responsibility to effect change (Manzo & Brightbill, 2007). The usual protections for participants in a study, such as anonymity for the participants and for the settings do not apply in action research, when the purpose of the research is to effect change in a particular set of circumstances. Far from being ‘protected’ from the possible harm that involvement in a research study can do, participants in action research are empowered through their participation (Lincoln, 1993 in Ebbs, 1996). As I had been approached to help the Neighbourhood Schemes and the study was designed to provide this assistance, the findings of the study would be
theirs to use immediately; they would own the findings (Meyer, 1993) in addition to the inclusion of the findings in my thesis.

5.4 Conclusion:

As an approach to research, action research appealed to me due to its focus on action and change through collaboration (Waterman, 1995; Meyer, 1993). As researcher and participant in the Action Research Group, I had responsibility for both the change and the research. Whilst I shared the responsibility for the change with my fellow Action Research Group members, the production of the thesis lay with me alone. I was acting as an ‘outsider’ in collaboration with ‘insiders’. For the purpose of this PhD research, I made a pragmatic decision to use participative and cyclical methods to bring about sustainable change. This was not the only way of testing out the findings of the initial qualitative study, but it felt like the ‘best fit’ for the research question, as it had developed by this stage in my PhD. Initially I had intended to undertake a survey, on a wider geographical scale, which would have gone some way to demonstrating the generalisability of my findings. Instead, I chose to focus down even further to two geographical areas of Calderdale. In doing so, I would be able to see what worked in practice; in action. I had an intention from the outset to effect change, together with a commitment to the participants which I had developed through my work in the borough.

5.5 Summary

In this chapter I have demonstrated why the study turned to an action research approach. I have provided an overview of action research methodologies and have explained why community based participatory research, as an orientation to research, was appropriate for our study. I have discussed issues of the political context, positionality, critical reflection, validity, quality and ethics. I have made reference to how these would be addressed in our study. Further discussion of these issues can be found in chapter eight.

In chapters six and seven I will provide the detailed descriptions and discussions of the action research study which we undertook.
Chapter six: Problem identification and action planning - study two

In this chapter I discuss the establishment of the Action Research Group; the meetings which took place, how we decided upon the actions that we would take; what those actions were and how we negotiated methods of data collection that were acceptable to all of us. This chapter provides a description of how the Action Research Group members were involved in the research and sets the context for the findings reported in chapter seven and the discussion in chapter eight.

6.1 Establishing the Action Research Group

6.1.1 Sharing the findings from study one

At the end of March 2012, I was asked to present the initial findings of the first study at the Neighbourhood Networking Day in Calderdale. This was an event that took place every six months, to bring together committee members from each of the six independent Neighbourhood Schemes in Calderdale, with a view to providing them with useful information for moving their groups forward. Professionals and practitioners from related organisations were also invited, in order to promote their services and offer their support. In addition, there were commissioners and elected members from the local Primary Care Trust and local Council in attendance. After presenting the main themes and the most popular reasons given for engaging in physical activity, I declared my intention to establish an Action Research Group to work on a common issue, over a four month period. As stated in chapter five, this decision to engage in action research had come about as a result of discussions with some of the participants involved in the first study. The slides used at the presentation are presented in Appendix 21.

I was clear at the outset that involvement in this part of the study would be time limited. I anticipated that the action research study would run from May to September 2012. This was due, in part, to my own research schedule. As a self-funded PhD student, I was keen to complete all data collection by the beginning of my third year, so that I would have sufficient time to write up the thesis. I was also conscious of the time pressures and need for swift action within the Neighbourhood Schemes. I knew that the majority of committee members had busy lives and that the Schemes were not their only commitment. Having once line managed the Neighbourhood Schemes (NS) Team, I was acutely aware of the pressures on the members of the team, not least the fact that they were having to persuade senior managers of the importance of their role, in order to secure continued funding. At the point of starting on this second phase of research, the NS Team were only funded until the end of September 2012.

Following the presentation, I was approached by committee members from High Five (the Neighbourhood Scheme based in Pellon and Mount Tabor) and from
Reach Out (the Neighbourhood Scheme based in Sowerby Bridge). Two members of the Neighbourhood Schemes Team (NS Team), who had assisted in setting up the Neighbourhood Schemes before they became free standing community groups, were keen to be involved in the research. I explained that I would write to each potential member of the Action Research Group, explaining what would be involved, providing a brief overview of action research and a more detailed summary of the findings from the first study. A date was set for the second week of May 2012 for the Action Research Group’s initial meeting. Due to the high volume of data collected in the first study, the detailed summary that was prepared for the Group was lengthy. However, each member took the time to read the summary and came to the first meeting well prepared. They arrived with a good understanding of the findings from the first study and had already begun to reflect on how those results could be useful to them. The summary of findings is presented in Appendix 22.

6.1.2 Sharing a problem

The first meeting of the ARG took place in a private room at St. Paul’s Methodist Church, at the same time as one of Reach Out’s Friday activity sessions. We sat in comfortable chairs around low tables and had refreshments available throughout the meeting. At the beginning of this first meeting, I clarified the nature of action research and asked each member of the group for their written consent to take part in the study, as co-researchers of this next phase. I also received their consent to audio record our meetings, to help me to remember everything that would be discussed and to use as data that could be formally analysed. Each member agreed to be named as co-researchers in the study. The eight initial Action Research Group members were Sue Watson (High Five Chair); Wendy Hodgson (High Five Treasurer); Brian Chapman (High Five committee member); Joan Royle (Reach Out Secretary); Pauline Commons (Reach Out Treasurer); Paul Mansley (Neighbourhood Schemes Team Manager); Beth Maiden (Neighbourhood Schemes Support Worker) and me (Researcher). An additional member from Reach Out, Sheila Jackson joined the Group from the second meeting, ensuring that there were equal numbers from each scheme. Within community based participatory research, the most effective group size for problem solving is eight to twelve members (Johnson & Johnson, 2005). This can change throughout the project, with more or fewer members taking part, as the need arises.

As the Group members did not know each other well, or the structure and organisation of the individual Schemes, we spent some time in this first meeting hearing about each person’s involvement in the Schemes and about the activities and challenges that the committee and team members were facing. Effective and productive collaboration begins with an honest appraisal of problems, listening to one another and respecting the differences between people’s assumptions and practices (Somekh, 2006).
It was important to understand the local context and dynamics within each scheme (Hart & Bond, 1995; Waterman et al. 2001). We each declared our own interest in taking part in the research, as these needs and agendas must be recognised (Minkler & Wallerstein, 2008). I acknowledged that I would be gaining a PhD which could not be shared. However, other Group members would be able to present the research, as co-researchers. More importantly the findings would be theirs to use immediately. Whilst I had a strong desire to gain a PhD, I also felt a need for my research to be immediately useful and practical. I had been involved in the Neighbourhood Schemes for four years, from 2006 to 2010. As the Programme Manager for the Calderdale Partnerships for Older People Projects, I had recruited and line managed the Neighbourhood Schemes Team; chaired the meetings of the initial pilot Schemes and of the overall Project Board; and had secured funding for their expansion across the borough. In sharing this history, I was able to gain the trust of the Group members, through demonstrating my commitment to the Schemes (Minkler & Wallerstein, 2008).

Ideally, community based participatory research should involve working on an issue that the community members have identified themselves and have brought to the researcher (Minkler & Hancock, 2008). Each member of the Group had volunteered to take part in the research, as they had issues that they wanted to resolve. They had heard the presentation of the findings of the first study and thought that there was some possibility of bringing about a change in their Schemes. Sue had approached me before the Networking Day presentation, as she had heard about the study from her husband, who had been a focus group participant. As Chair of High Five, she was grappling with the issue of how to attract people to the activity sessions and hoped that the findings from my research could help her. Critical reflection on this issue had led her to seek possible solutions from outside of the committee.

For High Five the main issue, as reported by Sue, Wendy and Brian, was how to attract more participants to activities. This was a particularly acute issue for the Gentle Exercise session at Mount Tabor Methodist Church, as Sue explained,

“We’ve been really in a hurry to get that filled up, because if we don’t, there’s a possibility we’ll lose it.”

(Co-researcher Sue, ARG meeting 11th May 2012)

The committee had already reduced costs through two members becoming Gentle Exercise instructors. They paid for their own training and made no charge for their time. However, there were still room hire costs to be paid and the number of participants paying to take part in the session on a regular basis was not covering this cost. The members from High Five did not wish to see the Gentle Exercise class terminated, due to lack of funds. Whilst there was no financial gain for the High Five committee in delivering the class, they believed that providing
opportunities for local people to exercise in this way was important on a moral and social responsibility level.

Joan and Pauline from Reach Out reported a similar issue, but not focussed on a single activity session. The committee wanted to attract more members to the Scheme, as this involved signing up and paying £40 per year. However, they stated that attracting people to their various individual activity sessions was more important, as this would generate £3 per session. As Joan stated, ‘

'We want more people coming. It’s not just new members, we want more people to come.'

(Co-researcher Joan, ARG meeting 11th May 2012)

Pauline confirmed this by saying that

'A lot of the members, they don’t come on a regular basis.'

(Co-researcher Pauline, ARG meeting 11th May 2012)

As the room hire for their main activity session on a Friday afternoon was £15 per hour, the committee were paying £37.50 for room hire and £30 for a tutor every Friday. Twenty five participants would be needed for them to break even and whilst they had over forty members, they had far fewer people than this attending the session regularly. Reach Out also ran a Tai Chi session in a different venue, at a cost of £40. They reported that there was sufficient regular attendance to cover the costs of this session. In addition, they had set up a ‘Knit and Natter’ session at a local tearoom, at no cost. The tearoom owner was happy for them to use the room at a quiet time, as they bought drinks and often stayed for lunch. This model of sustainability will be considered in chapter eight.

Co-researchers Paul and Beth, from the Neighbourhood Schemes Team, reported that lack of transport was the most common issue for people when they were signposted to the Schemes. Could the Group do something about this? Could we consider offering lifts to new members? Through the discussion that took place and critical reflection on the issue, we realised that it would not be feasible to address the transport problems that existed. Relying on Scheme members to drive new participants on a regular basis was regarded as an unfair expectation. Scheme members often had many other responsibilities or health issues, which meant that there was a strong possibility that they would have to drop out at short notice. There was also the issue of car insurance and liability to consider, which the Group members were reluctant to address. The Group discussed the possibility of hiring a minibus to pick people up from their homes to bring them to Scheme activity sessions. However, reflection on this issue led to it being dismissed very quickly, as sufficient finances were not available to either pay for, or subsidise such a service. The whole issue of offering transport to new members was considered to be too large to address within this study and Sue reported that she had been advised to
avoid the issue by a community development worker who had said, ‘Sue, don’t go there. It’s a nightmare!’.

It was clear at this point, that the aim of our action research study was to increase the numbers of people attending Neighbourhood Schemes activities at High Five and Reach Out. Discussion then turned to how we might make this happen.

Reflecting on the findings from the first study, the Group suggested a number of possible interventions. The idea of approaching the local newspaper, The Courier, to run an article about the Schemes’ activities was raised and, whilst this might have had some success, it was regarded as a one-off possibility for promotion, which would have limited reach. Following on from this discussion about the need to target promotion more broadly, ideas soon became focussed on the development of new leaflets and posters. Possibilities considered for inclusion in the publicity material were: quotes from people who had attended activity sessions, focussing on wellbeing, enjoyment and health benefits; information about bus routes, in order to make access to the venues easier; a telephone number to ring, if the potential new member would like a lift, someone to go with, or to share a taxi. The Group considered whether or not to focus on a particular subgroup of the local population, such as men; people living in sheltered housing; people using a particular facility (such as a GP practice or pubs), or whether to spread the publicity more widely. Bradbury & Reason state that a mark of quality is that people are ‘energized and empowered by being involved’ (Bradbury & Reason, in Minkler & Wallerstein, 2008: 233). There was much enthusiasm and energy within the Group as they began to see that action to benefit the Schemes was taking shape.

The Group discussed how the effects of our actions could be measured. Could we develop a brief questionnaire, which could be incorporated into existing methods for collecting new member information, to find out what encouraged the new person to come along? Could we ask how they heard about the activity; what it was on the promotional material that appealed to them; how they travelled to the venue; how likely they would be to come again? Subsequent discussions with my supervisors led to the idea of developing a brief, anonymous questionnaire, which could be posted to any addresses that received a promotional leaflet. This would have the potential to gather additional information about the effectiveness of the leaflets, by asking why people did not attend Neighbourhood Schemes’ activities.

At the end of this first meeting, there were many ideas and questions hanging in the air. It was agreed that I would produce a summary of our discussions, produce an agenda for the next meeting and draft some leaflets for the Group to consider. The committee members from the Schemes agreed to think about specific interventions that they would like to undertake and the NS Team members agreed to feed back to the full NS Team and to support the committee members, as required. Critical reflection, so key to the process of action research, which began
before this first meeting, was evident throughout the meeting through consideration and dismissal of certain possible courses of action.

Each member of the Action Research Group took responsibility for action within the project from the outset. Taking an active part in the project, developing genuine participation, is fundamental to the process (Meyer, 2000). Whilst I pulled the process together, the project was shared. The ethos for the Group was that of each member having an equal role within the ARG (Minkler & Wallerstein, 2008). This was reflected by the fact that everyone did talk and contribute and was valued for their contribution. As discussed in chapter five, section 5.2.3, having equity within the Group did not mean that we all had the same role. Rather we had equal responsibility for identifying actions and developing potential solutions. At this stage in the process, no one member’s voice was louder than another’s. The democratic principles of action research were played out in practice. I fed back to the members of the Group throughout the process, either by email; telephone call; letters; written reports; actions plans and updates or at the meetings. This not only ensured that the Group was able to make informed decisions about the next phase of the study, but it provided me with vital validation on the actions already agreed (Meyer, 2000).

6.2 Agreeing which problems to address

Minkler & Hancock (2008) make the distinction between a problem and an issue, within action research. A problem is seen from the outside, as something that is wrong. An issue is something seen from within; something that the community wishes to work on, in order to make a positive change. Whilst the language of action research talks about problem identification, perhaps it is more useful to describe our actions in terms of issue resolution.

The Group met again three and a half weeks later, at the end of May 2012, to agree the issues to be addressed within the study and to develop an action plan. This second meeting took place in the Community Room at the ADSA supermarket in North Halifax. This venue was new to all members of the ARG and was less comfortable than the room where Reach Out had hosted the first meeting. It was more difficult to hear each other, as the room was large and the tables set up in the centre of the room meant that we were kept quite far apart from each other.

Before this second meeting, each member had reflected on what they wanted to do and the meeting began with a discussion about targeting the promotion of the groups and activities through other organisations. Ideas were brought forward by individual ARG members, discussed and considered.

Co-researcher Brian raised the issue of the difficulties in establishing contact with GP practices:
‘I did take some leaflets in, but they’re still laying on the desk. They don’t do anything with them.’

(Co-researcher Brian, ARG meeting 30th May 2012)

High Five had a committee member who was a retired Practice Manager trainer, who had maintained links with the GP surgeries in Calderdale, but she was away at the time of this meeting and was not able to assist with the study actions. Co-researcher Beth, from the NS Team, reported that she had booked a table at a training and information event for GP Practice Managers, GPs and health professionals in June and that promotion of the groups and activities could and would take place outside of the research study.

Similarly, co-researcher Joan suggested promoting the activities through Social Workers, as she said that

‘They are in contact with an awful lot of people. I think Social Workers would be a good foot hold.’

(Co-researcher Joan, ARG meeting 30th May 2012)

This too was already planned work for the NS Team. The macro political situation described in chapter five, section 5.3.2 had direct influence on our study at this point. Up until 2012, Calderdale Council had been one of only three local authorities in England to fund social care for people in all four categories of the Fair Access to Care eligibility criteria: critical, substantial, moderate and low (Age UK, 2012b). Due to the Public Sector funding cuts, which had come about in response to the national budget deficit, Calderdale Council had been forced to make a change in the eligibility criteria and the structure of Calderdale Adult Health and Social Care services. The new structure, highlighting the importance of community provision is demonstrated in the flow diagram in Appendix 23. From 2012 onwards, Social Care services would only be provided to those meeting the criteria of critical or substantial need. The Neighbourhood Schemes Team had been given a remit to work with Local Authority Social Care teams up to September 2013, to establish a robust referral system into the Neighbourhood Schemes. The purpose of this was to divert as many people as possible into support and activities provided in and by the community and away from formal Social Care services.

Co-researcher Pauline asked about developing links with the local Age UK organisation. Could we promote the groups and activities with them? As I am on the Board of Trustees for Age UK Calderdale and Kirklees, this could also be carried out outside of the research study. Co-researcher Beth had already had a positive meeting with the coordinator of the Active Befriending service and was optimistic about referrals from Age UK Calderdale and Kirklees.

Co-researcher Wendy had delivered some leaflets in her local area over the two weeks prior to this meeting. She had gone out on Sundays and had stopped and talked to everyone that she saw. People had seemed interested, but none had
attended any activities up to that point. Wendy had suggested that they come and watch, to see if they liked it, before committing to joining the group. This moved our discussion on to offering ‘taster’ sessions. Co-researcher Brian thought that the ‘fear of the unknown’ put many people off attending activities and that once they had made the first step, they might be happy to continue attending. I suggested offering the opportunity for people to telephone and speak to someone before they came along to an activity for the first time and it was unanimously agreed to include a telephone number on any publicity material. Co-researcher Joan suggested providing a list of activities for people to choose from, with an offer to come and have a ‘taster’. Joan thought that this might work as an attraction for people who would like to give an activity a try, without having to commit fully to membership. She thought that inviting people to a taster session had ‘a nicer ring to it than saying “come and join us”.’

(Co-researcher Joan, ARG meeting 30th May 2012)

Both Schemes already offered the first session free, but had not advertised this openly. It was agreed that the opportunity to attend for a ‘free taster’ would be included in future publicity material. This issue will be discussed further in chapter eight.

Co-researcher Joan also raised the issue of having to ‘tread carefully’ when promoting the Schemes to people in their 50s. This provoked a lively discussion and much critical reflection upon who the activities should be aimed at. Joan’s daughter was due to have her 50th birthday imminently and was said to be dreading it. Joan thought that her daughter would be mortified if she received an invitation to attend a Neighbourhood Scheme event, because she did not regard herself as an ‘older’ person. However, co-researcher Sue stated emphatically that the groups would need people in their 50s and 60s to attend, as she had seen many committees and groups become seriously depleted as older members became unable to maintain the responsibilities of group organisation. The younger members could arrange their own activities in the evenings, if they were still working, thereby expanding group membership and extending activity offerings. Sue stressed that she did not need High Five herself, she had enough activity in her life, but she wanted to ‘fight the fight’ that younger older adults, people in their 50s and 60s, were needed in the Schemes so that the organisation and responsibility did not always fall upon those in older age.

Whilst Joan said that she agreed with this, she still felt that today’s 50 year olds would not identify with a group for older adults and that perhaps the emphasis should be on maintaining the momentum of activity and engagement that people have experienced when younger. This would not help with reaching the people who are not active and involved and perhaps have never been so, but Sue reiterated that we are also interested in younger, active people who are willing to become committee members and develop activities for their own peers. At the time of this
meeting, Sue stated that this issue was incredibly important to her. She was passionate about the need to encourage younger older adults to take on responsibility, otherwise committee members become older and older and cannot undertake their responsibilities. As it transpired, the knotty issue of age in the promotion of the activities became the subject of one of the major findings of the study.

Co-researcher Brian asked if there was a lack of men in all of the Neighbourhood Schemes, as there was at High Five. This moved our discussion on to the possibility of focusing on attracting men to the activities. Should we go to where the men are, to bowling clubs and other sports venues? Some success had been had, outside of the study, in forging links with bowling clubs. Clubs had been approached to provide taster sessions for Neighbourhood Schemes’ members, as this could be a way of increasing their own membership numbers, in addition to providing new activity experiences for people. ‘Learn to bowl’ sessions could be added to the Neighbourhood Schemes’ programmes. Co-researcher Sue was conscious of the committee at High Five taking on too much at once by adding another activity to the programme, so it was agreed that this would be considered outside of the study, at a later date. Sue stated,

’I couldn’t take on another activity, I think we need to focus on what we’ve got.”

(Co-researcher Sue, ARG meeting 30th May 2012)

However, the idea of promoting existing activities at bowling clubs was adopted. The ARG felt that men were more attracted to a specific activity than to a group, so it was agreed that I would draft a leaflet focusing on existing scheme activities that might appeal more to men: curling, walking, darts and table tennis. At this point, it was also agreed that co-researcher Brian would take the leaflets to the bowling clubs in the area covered by High Five and that Reach Out member Colin would be asked to do the same for Reach Out. This was the first formal action agreed by the ARG.

6.3 Action planning

The adoption of our first action provided us with an injection of enthusiasm to agree several more. The pace and tone of the meeting changed after this and I became much more of a facilitator of an action planning meeting. I began to guide the meeting to focus on creating actions that were related to our previous discussions about promoting activities in specific geographical areas and through GP practices.

6.3.1 Redesigning the promotional literature

After forty minutes of lively discussion, I brought the ARG members back to the development of publicity material and distributed some leaflets that I had drafted,
as agreed at the previous meeting (see Appendices 24, 25 and 26). I had used speech bubbles to illustrate some of the findings from the first study, with a focus on the 'Top Six' (enjoyable; sociable; affordable; accessible; flexible; seasonal), taking direct quotes from the interviews and focus groups. Co-researcher Sue commented that at the Gentle Exercise session, people had originally come because they knew that it would be good for them. Having taken up the activity, they found that they were 'killing themselves laughing' and that this was an important factor in maintaining their involvement. The ARG agreed that the leaflets should focus on fun and not on hard work.

Co-researcher Beth reported that the NS Team had begun advertising their own telephone number, rather than promoting the numbers of individual groups. This was so they could obtain an overview of the numbers of people across the borough who were attending activities. Whilst Beth stated that they did not want to interfere with the autonomy of the groups the Team did want to be able to signpost potential new attendees to the groups.

‘If you’re using your own numbers that’s fine, it’s just an offer.’
(Co-researcher Beth, ARG meeting 30th May 2012)

Within this issue of which telephone number to promote, there was some element of the NS Team needing to know the numbers of people over 50 years attending activities, to justify their own existence as a community support team and to argue for continued funding. However, there was also the fact that the High Five and Reach Out members did not want to publicise their own personal numbers, or to be called at anytime of the day or night. The committee members were all volunteers, with busy lives and did not want to have to be 'on call' for the Schemes at all times. Through later reflection on this issue, the solution of using a Pay As You Go mobile phone was found, as this resolved the issue of the perceived invasion of personal time and privacy.

For the purpose of this study, it was agreed that the NS Team would contact group members when they received an enquiry or referral, providing them with details of the person wanting to attend. It was also agreed that the NS Team would provide the new person with the name of a group member, who would be looking out for them when they arrived:

‘I’ll tell Pauline to be looking out for you.’
(Co-researcher Beth, ARG meeting 30th May 2012)

The ARG members agreed to pass on up to date information about activity sessions to the NS Team and thought that information about all activities would be better to be held in one place as often individual committee members did not have detailed knowledge of activities. As Sue stated, if someone rang asking about the
timing and location of an activity session, that would be fine, but if the caller wanted to know about content some members

‘wouldn’t know much about it because they’ve never been.’
(Co-researcher Sue, ARG meeting 30th May 2012)

With these conditions in place, all agreed that the NS Team telephone number should be included on the new publicity material.

6.3.2 Targeting specific residential areas

Prior to the second meeting, co-researcher Beth had acquired a series of maps showing concentrations of different population groups in the geographical areas covered by High Five and Reach Out. It was agreed that having detail at a street level would enable us to target leaflet drops very specifically and that we could follow these up with a questionnaire, two to three weeks later, asking people what they thought of the leaflets. I reiterated one of the primary aims of my PhD study: how do you get to people who don’t come to activities and find out what they want? We might get some sense of this from any returned questionnaires. Co-researchers Sue and Beth stated that, whilst the return rates from such questionnaires are never very high, there would be useful information to be gleaned from the ones returned. This certainly proved to be the case in our study.

There was considerable discussion about which residential areas to target. The ARG members from High Five chose to deliver leaflets to the easily geographically defined area of Mount Tabor, north of Halifax. It is bordered on all sides by rural land and has approximately 150 residences. High Five had a Gentle Exercise session running in the church hall in Mount Tabor and needed more attendees at that session, in order to ensure that it was financially viable. Mount Tabor was one of the areas marked on the maps as having a high proportion of people over 50 years, so this was an easy decision to make. Sue reported that

‘In Mount Tabor village, there are only three children. Or so I’m told.’
(Co-researcher Sue, ARG meeting 30th May 2012)

By contrast, the ARG members from Reach Out had a more difficult task in deciding where to deliver their flyers. The areas of Sowerby and Sowerby Bridge are much larger and less well defined than the areas covered by High Five and older adults are, according to Joan, ‘scattered’ around over a large area, with no central location to host activities. Using the maps, several possibilities were put forward and the ARG members reminded themselves a number of times about keeping the actions manageable. Discussions progressed through reflecting on the maps and framing possible actions within our somewhat limited resources and timescales. At the end of this meeting, it was agreed to deliver leaflets to the village of Friendly, to the north west of Sowerby Bridge and on a bus route past the main
venue of St. Paul’s Methodist Church; to three streets on the edges of Sowerby Bridge, where there were housing association owned bungalows and to the two tower blocks next to St. Paul’s. These were all areas shown on the maps as having high concentrations of residents over 50 years. In total, over 400 leaflets would be needed to cover these areas.

I agreed to draft two leaflets, with a focus on fun and enjoyment, to be distributed in the specific geographical areas. I was able to find quotes from the first study, which illustrated the factors that the ARG wished to highlight. These are included in Box 3 and copies of these leaflets are included in Appendices 25 and 26.

Box 3 Quotes related to fun and enjoyment included in leaflets

<table>
<thead>
<tr>
<th>Quote</th>
<th>(Participant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘She’s trying to get us doing exercises and we’re killing ourselves laughing!’</td>
<td>FG 5, Female, 59 yrs</td>
</tr>
<tr>
<td>‘It’s a bit of fun and I don’t have to commit myself.’</td>
<td>FG2, Female, 63 yrs</td>
</tr>
<tr>
<td>‘I was nervous about going, but they made me very welcome.’</td>
<td>FG4, Female, 64</td>
</tr>
</tbody>
</table>

6.3.3 Targeting GPs, chemists and dentists

Although the health benefits of physical activity had not been in the ‘Top Six’ findings from the first study, the ARG members maintained a strong desire to reach people through their GPs, as part of this study. Wendy asked if we could create a leaflet

‘designed specifically for surgeries, that indicates more the health benefits?’

(Co-researcher Wendy, ARG meeting 30th May 2012)

There was a lengthy discussion about the practicalities of engaging GPs and Practice Managers and the likelihood of success in promoting the activities within GP practices. Engaging GPs in Calderdale had been difficult for many years. Practice Managers were regarded as gatekeepers who were difficult to reach. This has also been found in studies by Murphy et al. (1992) and Barbour (1995). Co-researcher Beth from the NS Team had already stated that she would take responsibility for promoting the activities within this cohort of Practice Managers outside of the research process, yet the ARG members from Reach Out and High Five still felt that they could make some progress themselves. By this time in the meeting, confidence had grown among all the ARG members and all were
contributing enthusiastically to the action planning process (Blair & Minkler, 2009; Minkler & Hancock, 2008). Decisions were reached through open discussion, questioning of the reasons behind suggestions and consideration of the possible outcomes of the proposed actions.

It was agreed that I would create leaflets that focussed on health benefits, to be taken to selected GP practices and chemists in both areas. The ARG members discussed which GP practices to approach and agreed to go to the practices where they were on the patient roll, as this would be easier than approaching a practice ‘out of the blue’. Knowledge of the local area and the politics of engaging with GPs in Calderdale was crucial here. Two chemists were identified in each area and the ARG members agreed to ask them to display a flyer on their notice boards. It was thought that it would be much easier to persuade the chemists than the GP Practice Managers to display the flyers. The health related quotes chosen to include on these leaflets are presented in Box 4 and copy of this leaflet can be found in Appendix 24.

**Box 4 Quotes relating to health included in leaflets**

<table>
<thead>
<tr>
<th>Quote</th>
<th>(FG11, South Asian Female, Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘I suffer from asthma and feel a lot better after doing the exercise.’</td>
<td></td>
</tr>
<tr>
<td>‘I feel like my body and joints open up with exercise. I’m happy in myself as well.’</td>
<td>(FG11, South Asian Female, 55 yrs)</td>
</tr>
<tr>
<td>‘I feel like my head is refreshed.’</td>
<td>(FG11, South Asian Female, 61 yrs)</td>
</tr>
</tbody>
</table>

All of the quotes chosen came from the focus group that had been run with South Asian Ladies. Whilst these were not the only quotes that highlighted the benefits of engaging in physical activity, after considering the range of options available, the Action Research Group members thought that these quotes presented the most positive messages. Other quotes related to the feeling that exercise and physical activity are ‘good for me’ are included in chapter four, section 4.3.3.

### 6.3.4 Focusing on particular activities

Both High Five and Reach Out had activities running in different venues, on different days. For High Five, the main problem was in attracting enough people to attend the Gentle Exercise session in Mount Tabor. As such, the ARG members
focussed exclusively on promotion of that activity. Reference to the other activities run by High Five was made in the leaflets through the statement, ‘there's lots more going on’. The ARG members from Reach Out wished to increase attendance and membership across the full range of their activities, so each activity was promoted. On the leaflets distributed to the residences close to St. Paul’s church, the activities held at that venue where promoted. These were Gentle Exercise and the mixed activity session that followed on from that. On the leaflets focussing on health benefits, the Tai Chi session at the community centre in Sowerby was advertised in addition to the activities at St. Paul’s.

6.3.5 Aiming to attract men through particular activities

The final leaflet to be agreed was one which would focus on activities that it was felt would appeal to men. Neither High Five nor Reach Out had many men attending their activities and those who did take part, in the main, came along with their wives. This was also found in the study by Davies et al. (2008), the action research study to develop healthy living activities with older adults in South Wales, included in chapter two. We had agreed earlier in the second meeting of the ARG that these leaflets would be taken up to local bowling clubs, so at this point we agreed the design and wording of those leaflets. Going back through the written findings from the first study, the ARG members considered which quotes might have the greatest appeal to men. Reflections on this issue were particularly invited from and provided by the two male members of our Group. I agreed to put in quotes related to the ‘Top Six’ findings from the first study and to go through the transcribed focus groups to find appropriate quotes from men.

There were four bowling clubs identified in the Sowerby and Sowerby Bridge area, where Reach Out leaflets could be taken. However, thinking about the actions that we had already agreed, together with the commitments that they had outside of the study, co-researchers Sue and Brian decided that there were enough actions planned for High Five over the summer period and that they would not develop and distribute a leaflet aimed at attracting men, as part of this study. We agreed to wait until later in the summer, when the walks were to be reintroduced and that we would develop specific leaflets advertising the walks, which could be taken to the bowling club at Pellon.

In some cases, the actions that we adopted were limited by the lack of time available within the study. We had four months within which to act, attempting to effect a change that we could measure. However this restriction was less important than the lack of resources within the Schemes and the fact that the NS Team were already working on some of the actions that the ARG members suggested. It was important not to overload any of the ARG members with actions, as this would undermine the support for the study. We had to keep the actions manageable, within the resource constraints that we had (Waterman et al., 2001).
Once we had reached final agreement on all of the leaflets to be produced, I arranged to meet with the ARG members from High Five and Reach Out individually to check the content, before printing the required number. The cost of this printing would be stood by the research project, as the Groups had very limited funds for activity promotion. Copies of the leaflets produced are included in Appendices 24, 25 and 26.

6.4 Measuring the change

Action research is not directly linked to a particular method of data collection and, in many studies, data is collected as part of every day practice (Munn-Giddings, 2008). As such, our opportunities for collecting data from our study were open.

I asked the ARG how we would know if a new member had attended as a result of receiving one of our new leaflets. Both High Five and Reach Out already asked new members to fill in forms, providing their contact details. We discussed the maintenance of a difficult balance between obtaining useful information from new people and asking too many obtrusive questions. Having promoted the activities on the basis of having a free taster session, without having to commit to the group, the ARG members said that they would feel uncomfortable ‘grilling’ people for feedback. They did not want to ask people’s opinions: what they thought of the activity and group; whether they would come again. Sue said that ‘that would put me off’ and others in the Group agreed. Co-researcher Pauline suggested a general chat to ask people, in a low key manner, how they found out about the group; whether they lived locally and

‘are you coming next week? As they’re going out: we’ll be here if you do.’

(Co-researcher Pauline, ARG meeting 30th May 2012)

Pauline felt that those were the types of questions that could be put into conversation, without being too ‘pushy’. After some discussion and consideration of the issue, the ARG members agreed that they would find out this information informally and make a note of people’s responses to report at the next ARG meeting.

As a researcher, I was uneasy about the gathering of data on responses to our publicity being done in such an informal manner. What if the ARG members forgot to ask people how they had heard about the activities and where they had come from? What if they asked different questions from each other? What if we never found out if people had come as a result of the leaflets that we had designed, produced and distributed? However, I had to accept that the ARG members were not going to pressure new attendees by asking them these questions in a formal manner. I had to take a step back and try to be happy with the data being collected on a more ad hoc basis. The NS Team agreed to make a more formal note of
where new enquiries came from, as they already did this when people rang their number. They agreed to note these on a board in their shared office and to discuss the study at each team meeting.

Looking back on these first two ARG meetings I can see that there may have been times when I slipped into the role of facilitator, as opposed to researcher. Having worked in health and social care for so many years, and having first begun working with Neighbourhood Schemes’ committees in 2006, it would have been easy to fall back into previous ways of working. This was particularly the case when the Group was developing actions (see section 6.3). In my previous working life, I had chaired numerous meetings and had developed a skill for facilitating discussions that were action oriented and focused. Whilst this was perhaps not entirely inappropriate as, after all, we were an Action Research Group, I can see that I perhaps could and should have done more to focus the Group on the research elements of the endeavour, as outlined below.

Had I been a more experienced researcher, rather than a PhD student conducting my first study, it is likely that I would have been more assertive about the need for robust data collection methods. At the time, I felt like there was little I could do to persuade the ARG members to gather more formal data. However, with hindsight, I can see that I could have done more to ensure sound methods. For example, I could have developed a simple form for the ARG members to make a note of the information that we required: how many new people attended following the new publicity; where new attendees lived (so we could see if they had received a leaflet); how new attendees heard about the Scheme; and whether they planned to come back, which may have given us some feedback on what they thought of the activity. The ARG members from High Five and Reach Out could have completed these forms following their informal chats with new attendees. This would not have been onerous and would have provided us with tangible data, as opposed to verbal recollections several weeks later. Developing data collection methods that are not time-consuming and complex is essential to groups like the Neighbourhood Schemes, which are run by volunteers. The committee were already undertaking many practical tasks at each activity session: opening the venue; setting out the tables, chairs and equipment; taking attendance fees; making refreshments; and putting everything away again at the end of each session. It is to be remembered that all of these tasks are carried out on a voluntary basis and rely very much on good will. At the time of agreeing data collection methods, I felt that it was unacceptable to push the co-researchers, who were already giving up large amounts of their time to run the Schemes and deliver activity sessions, to gather data in a way that they were unhappy about. However, in creating a simple form to record new attendees, I could have developed a solution that was acceptable to us all.
Blair and Minkler (2009) and Bergold and Thomas (2012) write about the importance of training co-researchers in the action research approach and in specific research methods. Had this been carried out for this research study, then the co-researchers would undoubtedly have had a greater understanding of the need for clear, auditable data collection methods and may have accepted that more formal records were necessary. However, with limited resources, in terms of time and finance, this was not a realistic option within this study. I had provided a written overview of what action research was about to the co-researchers before our first meeting, and I had gone over this before any of them signed up to be involved, but there was no further specific discussion about the research approach that we were undertaking. Based on the experience gained, I would certainly give careful consideration to more formal training of older adult co-researchers in any future action research study.

Having recognised how I might have conducted the study differently, I should also acknowledge that the influence of my experience of working as a professional in this field was by no means all negative. Being an experienced facilitator meant that I was conscious of the need to hear from everyone within the Group and ensure that all voices had the opportunity to be heard, including those more reticent to speak in a public forum. I had developed a clear agenda for each of our meetings, which was shared with all Group members beforehand, so that they could see how much we needed to discuss in the time available. I was clear with the co-researchers that the purpose of our meetings was to develop actions that would meet our objectives, those being to increase membership numbers and to gain feedback from local people about the groups and activities on offer. The agendas allowed for thorough discussion of all co-researchers’ views on each issue and reflection on what we were learning along the way. The overall purpose of the research was clear and present throughout the process, even if I did not always assert the importance of research methods as equal to the importance of action and change.

The difficulties of agreeing acceptable methods of data collection is discussed further in chapter eight, sections 8.4.2 and 8.4.3.

We discussed the practicalities of developing and administering the questionnaire, which we would drop through people’s doors two weeks after delivering a leaflet. Initially, some of the members of the ARG were skeptical about whether people would complete and return a questionnaire, when they have so much literature put through their doors already. We discussed how we might word the questionnaire to make it as quick and easy to complete as possible, together with presenting it as a request to help the two Neighbourhood Schemes. It was thought that people would be more willing to complete and return the questionnaire, if it was framed as ‘we really need your help’. We agreed to ask people if they had read the leaflet; if they had been to any of the Schemes’ activities and if not, then why not and what would
encourage them to come along? Co-researcher Sue suggested asking for their views on ‘what do you think an over 50s group might offer?’ remembering that the Schemes are low cost groups, with little or no funding from elsewhere. We also agreed to ask if the recipients were over 50, or if they knew someone over 50, who they could pass the leaflet on to, following a suggestion from Sue to include these questions. The ARG wanted the questionnaire to be simple and Joan suggested that it be a tick box form, with small sections for free text. The questionnaire can be seen in Appendix 27.

At the end of this second meeting, I provided a verbal summary of the actions that had been agreed, asked the ARG members if they were happy with them and received agreement from all members. After thanking them for their time and input, the second meeting of the ARG was closed.

6.5 Fine tuning the actions

I returned to meet with co-researchers Joan and Pauline from Reach Out four weeks later, at the end of June 2012. They had given more thought to the residential areas where they wanted to distribute the leaflets. Upon further reflection, they had changed their minds about the other areas to target. Action research allows for this level of flexibility in the design of research studies. Flexibility and responsiveness are key characteristics of the approach, with actions being refined as we learn more about the research situation (Dick, 2002). Whilst co-researchers Joan and Pauline maintained that they wanted to deliver leaflets to the two high rise blocks of flats next to St. Paul’s, the other locations of Friendly and the streets on the edge of Sowerby Bridge were rejected. Instead the ARG members from Reach Out had decided to target two streets, approximately half a mile from the centre of Sowerby Bridge, where housing association bungalows and flats were located. Together with the 168 flats in the high rise blocks, this brought the total number of leaflets to be distributed down to 270 for Reach Out. Joan and Pauline were happy with the leaflet that I had drafted and approved the printing of 270 copies.

I had a discussion with co-researchers Joan and Pauline and some other members of Reach Out about the numbers of leaflets to be delivered to GP practices and chemists. They asked me to amend the draft leaflet to include the phrase ‘fully accessible’, with regard to the venue, and to add in that a variety of craft activities were on offer. They had reflected on the issues that they wanted to highlight on outside of the formal ARG meetings. Two GP practices and one chemist were named to receive the leaflets with a health focus. There was also a suggestion, from a member of Reach Out who had not been involved in the study before, to deliver these leaflets to dentists. She offered to take them and the ARG members from Reach Out agreed that this would be a good idea. It was thought that 20 A5 flyers would be sufficient for the GPs, chemists and dentists. For the bowling clubs,
we estimated that 20 A5 flyers and six A4 posters would be enough to distribute to the clubs in the Sowerby Bridge area. Joan and Pauline planned to distribute all of the leaflets, with help from other members of Reach Out, by the end of the first week of July. They would make a note of each address that they visited and I would then deliver the follow-up questionnaires two weeks later.

On the same day, at the end of June, I met with co-researchers Sue and Brian from High Five. They too were happy with the leaflet that I had produced and asked for 150 to be printed for the Mount Tabor area. Co-researcher Sue suggested that some A4 size posters for the GP practices would be useful, along with some flyers to leave on the reception desks and in the waiting rooms. In total, it was agreed that 20 A5 flyers and six A4 posters would be produced, as we decided to focus on a single GP practice first and then approach a second practice the following month. It was agreed that co-researcher Beth and I would deliver the flyers to the addresses in Mount Tabor in the second week of July and that members of High Five would deliver the follow-up questionnaires two weeks later.

The draft questionnaire, for delivery to the residential areas in both Sowerby Bridge and Mount Tabor, was also approved by the ARG members at these meetings at the end of June. At the beginning of July, I produced 592 leaflets and 420 questionnaires, ready for the implementation of our action phase.

The action plan developed following the two formal meetings of the ARG, and the follow-up meetings with High Five and Reach Out at the end of June 2012, is included in Appendix 28. This action plan was developed before the distribution of the leaflets and includes 17 actions developed through the collaboration of the ARG members.

6.6 Summary

In this chapter I have reported the collaborative work that the ARG undertook to agree actions and plan acceptable data collection methods. Flyers and posters focusing on the enjoyable, sociable, flexible and affordable aspects of the Neighbourhood Schemes' activities were produced, for distribution to defined geographical areas. Flyers and posters with the same focus, but with quotes from male participants from the first qualitative study, were produced for distribution at local bowling clubs, with the expressed aim of attracting men to the Schemes’ activities. Flyers and posters focusing on the enjoyable and health enhancing aspects of the activities were produced to be delivered to defined GP practices, chemists and dentists. A questionnaire was developed, to be distributed to the residences that had received a flyer, in order to ascertain people’s views on the Neighbourhood Schemes’ activities on offer.
The Action Research Group embarked upon this study with the clear aim of increasing the numbers of people attending the Neighbourhood Schemes' activities. At this stage in the study we felt confident that the actions that we had developed, through collaboration and reflection, would help us to achieve our objectives.

In chapter seven, I will present the findings of this cycle of action research; our reflections on them and the next cycle of action that was planned.
Chapter seven: Analysis, evaluation and further planning

In the previous chapter I reported the collaborative work undertaken by the Action Research Group members to agree actions and to plan timescales for those actions. In this chapter I present the results of our actions and reflections upon what we learned through involvement in the action research process. This chapter includes findings from a follow-up meeting held with members of the ARG, which took place in April 2014, 18 months after the formal action research study period came to an end.

For the Action Research Group (ARG) members, there were two important desired outcomes of the action that was taken. First, an increase in the number of people attending activities was desired; second, feedback from residents of the areas where leaflets had been distributed was sought, in order to ascertain views on the Schemes and the activities on offer.

The results from this study can be considered in three different areas: the outcomes that the ARG sought, in terms of an increase in membership numbers and understanding how to increase participation in the future; what the Group members learned through being involved in the action research process; and what I learned as a researcher interested in promoting physical activity amongst the general population. An explanation of the context within which the study took place, together with an evaluation of the development of the group and the collaboration amongst the group members, is presented along with a formal analysis of data gathered during the study.

7.1 The context in which the study took place

The Neighbourhood Schemes in Calderdale were developed as part of the Calderdale Partnerships for Older People Projects (POPP) programme in 2007. This Department of Health programme included 29 pilot sites across England, which developed and ran innovative projects to focus on prevention and early intervention, to promote good health, well-being and independence and to reduce the demand on more acute health and social care services (Windle, 2009). The Neighbourhood Schemes in Calderdale were designed to be run by older adults, for older adults. The idea for the Schemes had been developed by a partnership of individuals from Calderdale Council; Calderdale PCT; Age Concern Calderdale; Voluntary Action Calderdale and Calderdale Pensioners Association. The Schemes’ goals were to reduce social isolation and increase activity and involvement in two local communities in Calderdale; one rural and one urban. The two Schemes exceeded all expectations in attracting local older adults to group activities and won the Highly Commended Community Involvement Award at the Local Government Chronicle Awards in 2009 (LGC, 2009). At the end of the POPP funding period, Calderdale Council and Calderdale PCT committed to fund the
expansion of these Schemes, through continued funding of the Neighbourhood Schemes Team. The Team sought to replicate the success of the original two Schemes across other parts of Calderdale.

High Five is one of the new Neighbourhood Schemes, which covers the Pellon, Norton Tower and Mount Tabor areas of North Halifax, in West Yorkshire. For the purpose of this action research study, the committee members decided to focus on increasing the numbers of older adults attending the Gentle Exercise class at Mount Tabor. The numbers had been very low and without an increase in attendees, the cost of hiring the hall would not be met. Two members of the High Five committee had already gone to considerable personal expense in becoming accredited trainers, so that they would not have to pay for an instructor.

Figures obtained by the Neighbourhood Schemes Team from the local Council indicate that approximately two-thirds of the population of Mount Tabor is made up of people over 50 years (see map in Appendix 30). Mount Tabor is a village with clearly defined geographical boundaries. There are approximately 150 households in the village; many being single storey, detached properties. Delivering leaflets and follow-up questionnaires to every dwelling in this area was straightforward. The Gentle Exercise class was held in Mount Tabor Methodist Church, in the centre of the village. The church is easily accessed from all parts of the village, providing a focal point for community activities. There is a strong sense of community in Mount Tabor, with an active community association and a friendly atmosphere.

By comparison, the area covered by Reach Out is very large; heterogenous in terms of types of dwelling and household, and has no obvious single community venue to act as a focal point. Reach Out is a Neighbourhood Scheme which covers Sowerby Bridge, Sowerby and Pye Nest, to the south west of Halifax, in West Yorkshire. Some activities are held in a community centre in Sowerby; some in the Sowerby Bridge railway station tearooms; and the Gentle Exercise and craft sessions are held in a Methodist church, which is a short, steep walk up from Sowerby Bridge town centre.

Reach Out also had a need to increase the numbers of people attending their activities, but did not focus on a single activity like the ARG members from High Five decided to do. All of the activities were promoted, in all of the venues. However, the Action Research Group did spend some time discussing and agreeing particular geographical areas to focus the leaflet drops on, as we thought there would be large numbers of older adults living in those areas. We considered the bus timetables, to ensure that access via public transport would be practicable. The local knowledge of the members of Reach Out was crucial. We decided to focus on the 168 housing association flats in the blocks next to the Methodist church, as no transport would be necessary. In addition to the 168 leaflets...
delivered to the flats, there were 40 leaflets delivered to housing association bungalows for older adults in a single development and a further 30 leaflets delivered to bungalows in another housing association development. It was also agreed that leaflets and posters would be taken to GP practices, dentists, chemists and bowling clubs in the area covered by Reach Out.

7.2 The development of the Group

Over the course of the study, the membership of the Action Research Group underwent some changes. There was a core membership of two members from High Five (Sue and Brian), two members from Reach Out (Joan and Pauline), one member of the Neighbourhood Schemes Team (Beth) and the researcher (me). As the planning for the study turned into action, additional members joined the group. They fed into and in some cases attended the meetings, taking on actions voluntarily. In addition to this, some members of the groups were nominated to take responsibility for specific actions, such as delivering leaflets to GP practices, chemists, dentists and bowling clubs. Sheila, from Reach Out, joined the Group from the second meeting and became an important core member. Involving people at different stages and to varying extents is acceptable within participatory research, as flexibility and receptivity within the study is encouraged (Waterman et al., 2001; Israel et al. in Minkler & Wallerstein, 2008).

7.2.1 Establishing collaboration

Within community-based participatory research is the core value of creating and sustaining a partnership with shared control of processes for decision making (Israel et al., 2008). Through listening to the recordings of the ARG meetings, it is clear that there was no bias towards one particular scheme; no one person dominated the discussions. There were discussions, disagreements and resolutions between all of the Group members. Within our Group, there was a clear expectation of respect for each other’s ideas, suggestions and views from the outset. Members listened respectfully to each other, but were not afraid to say when they did not agree. The issue regarding appealing to people in their 50s was a case in point, where co-researchers Sue and Joan disagreed with each other, talked through the issue and came to an agreement that it was important to try and appeal to younger older adults, in order to secure the future of the committee run activities.

There were differences between the Schemes, their structure and vision; the leadership; the context and the locations. The ARG members accepted that the same actions and approaches would not necessarily work in both areas, but were open to listening and learning from each other. We each brought our individual knowledge, experience and skills to the Group, which contributed to our understanding of the issues (Cook, 2008; Israel et al., 2008).
The ARG members from High Five and Reach Out had not met before, yet they were confident and gregarious. No one appeared unhappy or unwilling to speak. This is perhaps not surprising, since each member had put themselves forward to be involved in the project; they each had issues to address and they were all committee members who had voluntarily taken on roles with responsibility within their Schemes. They were all keen to make a difference and were eager for change.

The issue that the Action Research Group had agreed to focus on remained relevant throughout the period of the study; the aim of the research was consistent: each member of the Group maintained a strong desire and commitment to increase the number of people attending activities. This shared aim aided the process of collaboration. The action plan developed following the second meeting of the Action Research Group, at the end of May, clearly allocated tasks to each member of the Group. Timescales had been agreed and were stated clearly in the plan, of which each member had a copy (Appendix 28).

7.2.2 Maintaining and developing collaboration

Once the action phase had begun, I made contact with individual members of High Five, Reach Out and the Neighbourhood Schemes Team to ensure that actions took place within the agreed timescales. Regular telephone calls and visits were made to set up practical arrangements for the approval and delivery of the promotional material and the follow-up questionnaires. Since financial resources were very limited and the Neighbourhood Schemes committee members lacked time, I had to ensure that I kept in regular contact with the ARG members, to ensure that the study maintained its momentum. I had to ensure that I had sufficient time and funds for the study (Waterman et al., 2001).

Additional members of High Five and Reach Out were co-opted in to assist with delivering the material to the agreed locations. Some members had offered to take leaflets into their own GP practices and dentists; one Reach Out member’s sister agreed to deliver leaflets to the two tower blocks, as she lived in one of them. During this period, I was in contact with the other members of the Action Research Group at least once a week. This had a great impact on meeting the timescales in the action plan, as each of the Group members had many other commitments and were having to fit these actions into their already busy schedules. The practical task of delivering the promotional material was divided amongst all Group members, with everyone doing their fair share of letterbox deliveries, sharing responsibility for the actions undertaken (Minkler & Wallerstein, 2008).

At the final meeting of the Action Research Group, there was a strong sense that we had all worked together to take action to increase the numbers of people attending the activities. There was reference to the role that each member had
undertaken, in order to achieve the results. However, there was also a recognition that Reach Out and High Five had not been in touch with each other at all throughout the action phase and that they were unlikely to initiate or maintain contact without external input from the researcher (see section 7.4.3.3). The two Neighbourhood Schemes are quite different in the way that they operate and the areas that they cover. Whilst they had a common issue to consider, a single method for addressing that issue may not work in both areas.

I returned to this issue in the follow-up meeting held in April 2014. I had invited all members of the ARG to meet with me so that we could update each other on the actions taken since we last met, 18 months previously. Only co-researchers Joan (Reach Out), Sue (High Five) and Paul (NS Team) were able to attend. The reasons for the depleted number of members indicates, in part, why contact between the two Schemes was not maintained without my external input. Beth had left the NS Team and Wendy had also moved on from High Five. Brian had childcare responsibilities as a grandparent and found that his time was limited. Both Pauline and Sheila had experienced bereavements which had taken them away from Reach Out for some time. Sue reported that she was ‘doing everything’ for High Five, delivering activity sessions as well as acting as Chair and doing all of the promotion. She was so busy, that there was no time to make contact with other Schemes, although she did acknowledge that our follow-up meeting had reminded her of the bigger picture. Similarly, Joan reported that the committee at Reach Out had become quite insular since the end of the formal phase of action research. External commitments had put pressure on committee members, who were not communicating with other groups and Schemes outside of their own. Joan appreciated the follow-up meeting, made notes of new ideas and was enthused to take these back to the committee. Sue and Joan exchanged telephone numbers at the end of the follow-up meeting and made an arrangement to meet the following month. In addition, Paul made some notes to arrange informal meetings for Neighbourhood Schemes committee members, in order to maintain the enthusiasm that had been created by us making contact with each other again (see section 7.4.3.3).

7.3 Analysing the data

The data analysed for this chapter include the information gathered by the ARG regarding new members; the returned questionnaires; and the qualitative data from meetings and telephone conversations following the action phase of the study. The qualitative data consist of the recordings of the final meeting of the ARG and the meeting with ARG members Paul and Beth; notes of the one-to-one telephone conversations with Sue, Joan, Pauline and Sheila; and the recording and notes from the follow-up meeting with Joan, Sue and Paul. All eight sources were uploaded into NVivo9 and Framework analysis was used to analyse the data. (See chapter three, section 3.8.2 for an explanation of the Framework approach.)
The purpose of this analysis was threefold and is linked to the outcomes sought by the ARG. First, the information gathered from the ARG members on new members would identify whether our actions achieved our aim of increasing membership numbers. Second, the analysis of the questionnaire responses would aid our understanding of how to increase participation in the future. Third, the analysis of the recordings and notes of the meetings and telephone conversations would demonstrate what the Group members learned through being involved in the action research process and what their priorities were for future action. The plan for the analysis of the qualitative data is illustrated in Table 7.1.

**Table 7.1 Data analysis plan**

<table>
<thead>
<tr>
<th>Data to be analysed</th>
<th>Method of analysis</th>
<th>Purpose of analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audio recording</td>
<td>All data uploaded</td>
<td>• To ascertain the</td>
</tr>
<tr>
<td>Final ARG meeting</td>
<td>into NVivo9 and</td>
<td>number of new</td>
</tr>
<tr>
<td>28th September 2012</td>
<td>analysed using the</td>
<td>attendees at the</td>
</tr>
<tr>
<td></td>
<td>Framework approach:</td>
<td>Schemes’ activity</td>
</tr>
<tr>
<td></td>
<td>• Data transcribed,</td>
<td>sessions.</td>
</tr>
<tr>
<td></td>
<td>coded and sorted</td>
<td>• To understand why</td>
</tr>
<tr>
<td></td>
<td>within initial</td>
<td>some people do not</td>
</tr>
<tr>
<td></td>
<td>thematic framework.</td>
<td>attend Scheme</td>
</tr>
<tr>
<td></td>
<td>• Initial themes</td>
<td>activities.</td>
</tr>
<tr>
<td></td>
<td>and categories</td>
<td>• To understand</td>
</tr>
<tr>
<td></td>
<td>created.</td>
<td>whether the chosen</td>
</tr>
<tr>
<td></td>
<td>• Data reviewed</td>
<td>methods of promotion</td>
</tr>
<tr>
<td></td>
<td>and new themes</td>
<td>were appealing to</td>
</tr>
<tr>
<td></td>
<td>and sub-themes</td>
<td>local older adults.</td>
</tr>
<tr>
<td></td>
<td>developed.</td>
<td>• To understand how</td>
</tr>
<tr>
<td></td>
<td>• Thematic charts</td>
<td>to increase</td>
</tr>
<tr>
<td></td>
<td>developed to ‘hold’</td>
<td>participation in</td>
</tr>
<tr>
<td></td>
<td>themes and sub-</td>
<td>Scheme activities.</td>
</tr>
<tr>
<td></td>
<td>themes and</td>
<td>• To ascertain what</td>
</tr>
<tr>
<td></td>
<td>summarised data.</td>
<td>the ARG members had</td>
</tr>
<tr>
<td></td>
<td>• Examination of</td>
<td>learned through the</td>
</tr>
<tr>
<td></td>
<td>data within themes</td>
<td>action research</td>
</tr>
<tr>
<td></td>
<td>and sub-themes</td>
<td>process.</td>
</tr>
<tr>
<td></td>
<td>undertaken to</td>
<td>• To ascertain</td>
</tr>
<tr>
<td></td>
<td>understand meaning</td>
<td>priorities for</td>
</tr>
<tr>
<td></td>
<td>and identify</td>
<td>future action.</td>
</tr>
<tr>
<td></td>
<td>linkages.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To understand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>whether some</td>
<td></td>
</tr>
<tr>
<td></td>
<td>people do not</td>
<td></td>
</tr>
<tr>
<td></td>
<td>attend Scheme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>activities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To understand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>why some people do</td>
<td></td>
</tr>
<tr>
<td></td>
<td>attend Scheme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>activities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To understand</td>
<td></td>
</tr>
<tr>
<td></td>
<td>how to increase</td>
<td></td>
</tr>
<tr>
<td></td>
<td>participation in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scheme activities.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To ascertain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>what the ARG</td>
<td></td>
</tr>
<tr>
<td></td>
<td>members had</td>
<td></td>
</tr>
<tr>
<td></td>
<td>learned through</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the action</td>
<td></td>
</tr>
<tr>
<td></td>
<td>research process.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• To ascertain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>priorities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>for future action.</td>
<td></td>
</tr>
<tr>
<td>Audio recording</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting with ARG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>members Paul and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beth 9th October</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Field notes</td>
<td>• To understand the</td>
<td></td>
</tr>
<tr>
<td>Telephone conversation</td>
<td>• To ascertain</td>
<td></td>
</tr>
<tr>
<td>with ARG member Sue</td>
<td>number of new</td>
<td></td>
</tr>
<tr>
<td>11th October 2012</td>
<td>attendee at the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schemes’ activity</td>
<td></td>
</tr>
<tr>
<td>Field notes</td>
<td>• To understand</td>
<td></td>
</tr>
<tr>
<td>Telephone conversation</td>
<td>• To ascertain</td>
<td></td>
</tr>
<tr>
<td>with ARG member Joan</td>
<td>number of new</td>
<td></td>
</tr>
<tr>
<td>11th October 2012</td>
<td>attendee at the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schemes’ activity</td>
<td></td>
</tr>
<tr>
<td>Field notes</td>
<td>• To understand</td>
<td></td>
</tr>
<tr>
<td>Telephone conversation</td>
<td>• To ascertain</td>
<td></td>
</tr>
<tr>
<td>with ARG member Pauline</td>
<td>number of new</td>
<td></td>
</tr>
<tr>
<td>14th October 2012</td>
<td>attendee at the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schemes’ activity</td>
<td></td>
</tr>
<tr>
<td>Field notes</td>
<td>• To understand</td>
<td></td>
</tr>
<tr>
<td>Telephone conversation</td>
<td>• To ascertain</td>
<td></td>
</tr>
<tr>
<td>with ARG member Sheila</td>
<td>number of new</td>
<td></td>
</tr>
<tr>
<td>15th October 2012</td>
<td>attendee at the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Schemes’ activity</td>
<td></td>
</tr>
<tr>
<td>Audio recording</td>
<td>• To ascertain</td>
<td></td>
</tr>
<tr>
<td>Follow-up meeting</td>
<td>number of new</td>
<td></td>
</tr>
<tr>
<td>9th April 2014</td>
<td>attendee at the</td>
<td></td>
</tr>
<tr>
<td>Field notes</td>
<td>• To ascertain</td>
<td></td>
</tr>
<tr>
<td>Follow-up meeting</td>
<td>number of new</td>
<td></td>
</tr>
<tr>
<td>9th April 2014</td>
<td>attendee at the</td>
<td></td>
</tr>
</tbody>
</table>

Data trustworthiness regarding this this analysis is presented in chapter eight, section 8.4.2, regarding rigour and quality in the action research study.

Initial coding of the data resulted in 44 codes under four broad themes. These themes were drawn from the agendas of the two meetings in September and
October 2012 and were: ‘Questionnaire responses’; ‘New members’; ‘What have we learned?’ and ‘What will we do next?’ The initial themes and codes are presented in Table 7.2.

Table 7.2 Initial themes and codes

<table>
<thead>
<tr>
<th>Theme: New Members</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme: Questionnaire responses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire responses</td>
<td>No need to attend</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme: What have we learned?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Attracting men</td>
<td>Benefited from study</td>
</tr>
<tr>
<td>Capacity</td>
<td>Church affiliation</td>
</tr>
<tr>
<td>Connections with other neighbourhood schemes</td>
<td>Created a buzz</td>
</tr>
<tr>
<td>Future planning</td>
<td>Insight and perceptions</td>
</tr>
<tr>
<td>Large areas to cover</td>
<td>Laughter and fun</td>
</tr>
<tr>
<td>Lost the buzz</td>
<td>Mentally active</td>
</tr>
<tr>
<td>Over 50s label</td>
<td>Personal touch</td>
</tr>
<tr>
<td>Purpose and dynamism</td>
<td>Relying on volunteers</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Targeted publicity</td>
</tr>
<tr>
<td>Welcoming</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme: What will we do next?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Constitution wording</td>
<td>Hard to reach</td>
</tr>
<tr>
<td>New activities</td>
<td>New ideas</td>
</tr>
<tr>
<td>Publicity</td>
<td>Role of NST</td>
</tr>
<tr>
<td>Trying new areas</td>
<td>Younger members</td>
</tr>
</tbody>
</table>

In the next stage of the Framework approach, data were reviewed, using constant comparative analysis, to bring similar codes together and to look for deviant cases. This process highlighted sub-themes within the themes of ‘what we had learned’ and ‘what we would do next’. Much of our learning was related to the capacity within the community: the group characteristics and image, leadership, vision, support, physical location and venues. Thus the theme ‘Community Capacity’ was developed. The ideas for future planning and action centred around changing the way the groups were perceived and the desire to generate more energy within the groups. Thus the theme ‘Positive Promotion’ was developed. The first two themes
of ‘New members’ and ‘Questionnaire responses’ remained the same and are discussed in section 7.4.1 and 7.4.2. The structure of the data following this further analysis is presented in Table 7.3.

Table 7.3 New themes and sub-themes

<table>
<thead>
<tr>
<th>Retained Theme: New Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Retained Theme: Questionnaire Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakdown and analysis</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Theme: What have we learned?</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Theme: Community Capacity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-theme</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of voluntary groups</td>
<td>Relying on volunteers</td>
</tr>
<tr>
<td>Wellcoming</td>
<td>Maintaining the buzz</td>
</tr>
<tr>
<td>Leadership, vision and planning</td>
<td>Well connected</td>
</tr>
<tr>
<td></td>
<td>Future planning</td>
</tr>
<tr>
<td></td>
<td>Targeted publicity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial Theme: What have we learned?</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Theme: Community Capacity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-theme</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>External Support</td>
<td>Connections with other groups</td>
</tr>
<tr>
<td>Image and presentation</td>
<td>Attracting men</td>
</tr>
<tr>
<td></td>
<td>Cliquey</td>
</tr>
<tr>
<td></td>
<td>Insight and perceptions</td>
</tr>
<tr>
<td></td>
<td>Mentally active</td>
</tr>
<tr>
<td>Particular activities</td>
<td>Physical accessibility</td>
</tr>
</tbody>
</table>

| Venues                                | Physical accessibility           | Psychological accessibility  |
Table 7.3 continued: New themes and sub-themes

<table>
<thead>
<tr>
<th>Initial Theme: What will we do next?</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Theme: Positive Promotion</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Sub-theme</strong></td>
</tr>
<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Amending the constitution</td>
</tr>
<tr>
<td>New ideas and activities</td>
</tr>
<tr>
<td>New publicity</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Seeking support</td>
</tr>
</tbody>
</table>

7.4 Findings from the action research study

The ARG met for a third formal meeting at the end of September 2012, at the same time as the Friday session at St. Paul’s Methodist Church. I took the returned questionnaires to the meeting and summarised the data that had been gathered. I read out the free text responses, before handing the questionnaires over to the Group members. A long and lively discussion then followed about what we had learned. The ARG members were very open to the feedback from the questionnaires. I had been concerned about how they might respond to some of the comments made, but they did not take criticisms personally. They took on board the perceptions of others and acted appropriately in considering how they might rectify these in future.

Neither Paul nor Beth from the Neighbourhood Schemes Team were able to attend this meeting of the ARG, so I arranged to meet with them 11 days later. I sent them the minutes of the final ARG meeting, so that they would be aware of the discussions that had taken place in their absence. The minutes are included in Appendix 31. The findings presented within this chapter are drawn from the formal analysis of both of these meetings, together with the notes from telephone conversations with individual ARG members in October 2012, the questionnaire responses and the recording and notes of the follow-up meeting held in April 2014.

7.4.1 New members

Some 150 leaflets were delivered to all of the properties in Mount Tabor in the third week of July 2012. Leaflets and posters were also delivered to a GP practice in Mount Tabor and displayed in premises owned by Age UK Calderdale and Kirklees (this was not an action that had been agreed by the ARG, but was an opportunity that was taken advantage of). Over the subsequent few weeks, there were six new
attendees at the Gentle Exercise class. This was considered by the High Five committee to be more than would have been expected over a similar period, without this intense promotion. Unfortunately, there were no figures for new attendees available following previous rounds of promotion, as these were not routinely gathered by committee members. It must be remembered that High Five and Reach Out were run as community groups by older adults on a voluntary basis and that formal records of how the Schemes were run were not required. The Schemes were freestanding and free from requirements to report on their activities. However, the members of the ARG from the Neighbourhood Schemes Team confirmed that this number of new attendees was a good result for High Five as their experience demonstrated that previous targeted promotion had produced fewer new members for the Schemes. As was stated in the action plan, for this study the committee members asked each new attendee how they had heard about the activity and recorded the response. According to the reports from the co-researchers, two attendees had come as a result of seeing the posters and leaflets at Age UK Calderdale and Kirklees activities. Two people stated that they had come in response to the leaflet delivered to their home, with one of these then coming along with a neighbour who was already a member. One person came with her sister and one was brought along by a member of the Neighbourhood Schemes Team.

Some 168 leaflets were delivered to the Tuel Lane flats, Willowfield and Bairstow Mount areas of Sowerby Bridge in the third week of July 2012. Leaflets were also delivered to two GP practices and one chemist in Sowerby Bridge. No bowling clubs were visited, as the person due to undertake this action left Reach Out and no one else took on the task. No leaflets were taken to dentists, as had been agreed during discussions with Reach Out members in June 2012. It is possible that this was because this action had been volunteered by someone outside of the ARG, who did not have such a strong commitment to the actions that were developed. The difficulties presented by relying on volunteers will be discussed in section 7.4.3.1.

Unfortunately, there was no Gentle Exercise session held on the Friday immediately after the leaflet drop, as the group had been invited to the local high school for a community lunch. This was not discussed at the ARG meetings prior to the leaflet drop and was only discovered by chance, when I rang a member of the group to arrange to drop in to the Friday session. It was acknowledged by the ARG members from Reach Out that this had been a mistake and that the leaflets should not have been distributed until after the community lunch. I was able to go to the venue, to see if anyone arrived, and saw three people try the door and walk away. I managed to speak to two of these people, one of whom was looking for a smoking cessation group that was meeting upstairs in the same building. The other had attended in the past, but had been looking after her grandchildren for the past few weeks, so was not aware that Reach Out were not meeting on that day. It is not
known whether the third person was a new attendee, coming to the group for the first time, as she walked away before I could ask her.

This episode was frustrating, as we had been clear for some weeks about when the leaflets would be distributed, yet none of the ARG members from Reach Out had made the connection that they would not be running a session on the Friday immediately after the leaflet drop. Whilst they were sorry for their mistake, they did not appear to be unduly upset by it. It is possible that this indicated that gaining new members was less important to them than the existing members attending a lunch event. They appeared to understand the need for new members in terms of sustainability, yet were prioritising the enjoyment of the existing group members. The notion that the Reach Out members had formed a ‘clique’ will be returned to later in this chapter in section 7.4.3.4.

Despite this episode, over the subsequent few weeks there were seven new attendees at the Friday Gentle Exercise session in Sowerby Bridge. One person had come in response to the leaflet through his door and had asked his son to bring him along. Three people telephoned the Neighbourhood Schemes Team and were brought along to Gentle Exercise, or made arrangements to meet a committee member at the door. One person was referred by Social Services, so was probably not influenced by the promotion. Two sisters, who had previously attended, returned to join the group.

“Yes, that will be more than five now recently. And there's them two sisters isn’t there?“

(Co-researcher Sheila, ARG meeting 28th September 2012)

Again, the number of new members in this period was thought to be higher than would have been the case without the intense promotion. The Neighbourhood Schemes Team received an additional telephone call from a person wanting to attend the activities at St. Paul’s and two members of the ARG visited this person at her home. However, it became apparent that the person was suffering from fairly advanced dementia and that it would not be appropriate for her to attend the sessions. In fact, she did not understand why the ARG members had gone to visit her and reportedly had no recollection of ringing the Neighbourhood Schemes Team. This person did live in one of the properties that had received a leaflet, so it is likely that she was responding to the promotion.

Reach Out did receive a visit from one person who had received a leaflet and lived in the flats next door to the Methodist church used on a Friday afternoon. A woman called in and offered to come and entertain the group, but was seeking payment to do so which the committee were unable to fund. She was invited to join Reach Out as a member but declined to do so.
‘I mean to say, she’s over 70 herself, so she could have joined us! She
plays the keyboard.’
(Co-researcher Pauline, ARG meeting 28th September 2012)

All of the new members at High Five and Reach Out began attending regularly and
some joined other activities run by the Schemes, such as Tai Chi and curling. The
ARG members from Reach Out reported that the new attendees at the Friday
Gentle Exercise class were not interested in staying for the craft session
afterwards; it was been the physical activities that they were interested in.

‘Well, I’ve got to say, the new people that have started want the Gentle
Exercise. They don’t stay for the second part. Today it’s painting.’
(Co-researcher Joan, ARG meeting 28th September 2012)

‘They’ve all come for the Gentle Exercise or the Tai Chi.’
(Co-researcher Pauline, ARG meeting 28th September 2012)

There are limitations to these findings, as we did not have any kind of control
intervention, or attendance figures following promotion in a previous period. The
Group members knew how long it had been since they had gained any new
members, but had not had such a concentrated period of promotion before. It was
not possible to undertake any kind of ‘like-for-like’ comparisons. However, the ARG
members were extremely pleased with the results of this promotion and were
convinced that it had been more successful than any previous promotion that had
taken place. The ARG members from the NS Team, Paul and Beth, were able to
confirm that the results had been better than for other promotions that they had
experienced across the borough.

‘That’s really good!’ ‘The numbers speak for themselves, in terms of just
doing a publicity buzz; a simple, straightforward publicity.’
(Co-researcher Beth, meeting 9th October 2012)

The Group members were enthused by what they perceived as a successful round
of promotion.

‘Well, they’ve all increased their membership, which was their key
motivation. Because groups were saying ‘oh it’s all very well, but what
about our membership?’ And you’ve helped them.’
(Co-researcher Beth, meeting 9th October 2012)

‘Oh yeah! Because we got some response didn’t we?’
(Co-researcher Joan, ARG meeting 28th September 2012)

‘And that for High Five [six new members] is just for one class!’
(Co-researcher Sue, ARG meeting 28th September 2012)

In overview then, the ARG members were pleased with the results of our actions in
terms of the number of new attendees at both the High Five and Reach Out
sessions.
7.4.2 Questionnaire responses

There were 150 follow-up questionnaires delivered to the properties in Mount Tabor, two weeks after they had received a promotional leaflet. Twenty six questionnaires were returned, giving a response rate of 17%. The ARG members from High Five thought this was ‘very, very good!’ (co-researcher Sue) and a testament to the fact that we had worked hard to make the questionnaire simple and visually appealing. Of the 168 questionnaires delivered to the Tuel Lane flats, only 14 were returned, providing a response rate of 8%. There were approximately 70 questionnaires delivered to Bairstow Mount and Willowfield. Six were returned, giving a response rate of 8%. Combining the figures for these three leaflet drops gives us a response rate of 12% (46 returned from 388 delivered). A summary breakdown of the responses is provided in Appendix 29.

Sixteen of the 46 respondents (35%) said that they had not heard of Reach Out or High Five, despite having received a leaflet through their door two weeks previously. This indicates that the leaflet was ignored and discarded by these respondents, but also that the profile of the Schemes was not very high in the local areas. It may be that the leaflet was discarded by a resident who was not over 50, but our information from the Council and from the co-researchers’ local knowledge had told us that there were very high numbers of people over 50 living in Mount Tabor and Tuel Lane flats. All of the residents of Bairstow Mount and Willowfield Road were over 50 years old. The Schemes’ profile did appear to be an issue which would need addressing in future actions.

Fourteen respondents (30%) said that they had not read the leaflet that was delivered to their home. Again this indicates that the leaflet was ignored and discarded and was not a good way to promote the Schemes to these residents. It is interesting that these respondents did not read the leaflet, yet responded to our request for help in promoting the Schemes. One respondent said that a leaflet would really need to stand out for it to be saved from being thrown straight in the bin. As a Group, we thought we had done quite well to create an appealing leaflets, but as they were ignored by 30% of respondents, clearly more work needed to be done. The group recognised that the next set of leaflets would require more thought:

‘But I still don’t think we’ve hit it on the nail yet. It were a good first stab, but we’ve learnt something from that.’

(Co-researcher Joan, ARG meeting 28th September 2012)

Four of the respondents were under 50 years old and were still working (all from Mount Tabor). Of the 42 respondents who were over 50 years old, eight (19%) were unable, or too busy, to attend at the times that the activities were held. It could be argued that activities should be offered by the Schemes on alternative or additional days, but this would not necessarily increase the attendance numbers as
we know that older adults often have busy lives and are not able to commit to as many activities as they would like (chapter four, section 4.2.1).

Three respondents (7%) reported that they were too ill to attend, thus supporting the finding that poor health can restrict engagement in activity (chapter four, section 4.3.2). Only three respondents (7%) said that the Schemes did not appeal to them, yet only eight (19%) were attending or had attended in the past. Some reasons for this non-attendance were provided: two respondents (5%) gave no one to go with as a reason for not attending; two (5%) said that they were not ready to be defined by their age; two (5%) said that the venue was too ‘churchy’ and the group was too ‘cliquey’. Only one of the respondents who said that the groups were ‘cliquey’ had attended any activities; the other respondent merely anticipated that the group would be so. Four respondents (9%) gave no responses at all.

Combining these reasons for not attending with the numbers who were attending accounts for 60% of respondents and leaves us with a gap in our knowledge about why the remaining 40% of respondents were not attending, despite only 7% reporting that the Schemes did not appeal to them.

Interestingly, none of the respondents reported being unable to afford the activities. This is at odds with the findings from the first qualitative study (chapter four, section 4.2.2). This could indicate that offering a ‘free taster’ on the leaflets had hit the right note, or that the cost of attending a session was pitched correctly by the Schemes, or that affordability was not a primary issue for these respondents. Other reasons for non-attendance were, perhaps, more important and they would not attend regardless of the cost.

None of the respondents said that the venue was too hard for them to get to. This is perhaps not surprising for the residents of Mount Tabor, where the church venue was located in the centre of the village. Nor would we have expected it to be an issue for the residents of the Tuel Lane flats, who were next door to the venue. However, none of the six respondents from Bairstow Mount or Willowfield gave this as a reason for non-attendance. Poor health, busy lives and the feeling that the venue was too ‘churchy’ and the group too ‘cliquey’ were the reasons given by these respondents. Again, other reasons for not attending were dominant.

One of the respondents who reported that she was not ready to be defined by her age provided a great deal of feedback which the ARG found incredibly helpful. Her points challenged the members of the ARG to consider how they are perceived from the outside and contributed greatly to the future actions that the ARG members took. As this respondent had volunteered her name and address, I was able to write to her to thank her for her constructive feedback. Subsequently, she and her sister made contact with the Reach Out committee and made arrangements to accompany them on their next day trip. More detail of this feedback is provided in section 7.4.3.4 of this chapter. The other respondent who
was not ready to be defined by age stated that they preferred to be with mixed age groups engaging in specific activities such as swimming, golfing and walking.

One respondent had attended some Reach Out activities and said that the venue was ‘too churchy’ and the group ‘too cliquey’. This person suggested that the group ‘hire somebody to meet and greet, not someone who’s first words are ‘have you paid’.‘

(Respondent from area covered by Reach Out)

The ARG’s response to this allegation that they were ‘cliquey’ and the issue of the venue being too ‘churchy’ is addressed in section 7.4.3.4.

There were few responses to the open questions regarding what would encourage respondents to come along and what they would like to see on offer. Suggestions included knitting small toys; day trips to interesting places (The Dales, the seaside, museums); gentle dance steps to music half way through the session for a circulation boost; a healthy eating programme; and from one respondent the suggestions of a film club, speed dating, salsa dancing lessons, ‘also a spliff and a free bar’. One respondent stated that they would probably come if they lived alone and had no family.

The numbers of questionnaires returned in this study are too low to warrant any statistical analysis. Nonetheless, the feedback was very useful in informing the next stage of action planning and prompted a good deal of critical reflection within the Group. I will discuss this in section 7.4.3.

7.4.3 Community Capacity

This theme includes the ARG’s learning with regard to resources, or capacity, within the community. The influence of group characteristics, leadership, vision, image, venues and support are discussed.

7.4.3.1 The nature of voluntary groups

A thread which ran throughout all of the meetings and telephone phone calls was the problem of relying on volunteers within community groups and activities. This manifests itself in several different ways, from people who took on too much responsibility to people who were unable or unwilling to commit to a role.

As was found in the first study, many older adults have very busy lives once they have retired and find it hard to fit everything in that they would like to do (chapter four, section 4.2.1). This was certainly the case for co-researcher Sue, who was Chair of High Five; was running the Gentle Exercise and Zumba classes; volunteered in her local school; volunteered as a gardener; was a member of a
local horticultural group; was involved in her local church; attended her husband’s
Scottish Dancing class each week and cycled regularly. Arranging a time to meet
with Sue was difficult, as there was rarely a time in the week when she was free.
She was unable to stay for all of the final ARG meeting in September 2012, as she
had to go home to prepare for another activity that she was running that evening.
There was some frustration expressed by the Group that it was always these busy
people who had to take on the responsibilities within the Schemes, as no one else
was willing to do so.

‘But again, it was just down to us three again, wasn’t it?’
(Co-researcher Joan, ARG Meeting, 28th September 2012)

‘I don’t want to be. I’m not the Managing Director, I’m just the Chair! really,
I’m the general dogsbody more than the Chair. There is a lot of pressure.
There isn’t anybody else. I’ve tried and tried.’
(Co-researcher Sue, ARG Meeting 28th September 2012)

Sue reported feeling quite alone in running High Five. By the time of the follow-up
meeting in April 2014, two key members of the committee had left through ill health
and family commitments. This meant that the Treasurer’s role had been taken on
by Sue’s husband and that Sue was taking the minutes at meetings, as well as
chairing. This not only increased the work and pressure at home, but also meant
that Sue had lost people who she could bounce ideas off. Sue said that she felt
very well connected with people in the Council, the voluntary sector and the NHS,
and that there were possibilities for finding new committee members through these
contacts, but that maintaining these connections was very time consuming.

‘At the same time as thinking, oh good! There’s a possibility! I’m thinking,
oh heck. there’s all this work for me to do to get in touch with them and it
might end up with nothing. It all takes time.’
(Co-researcher Sue, follow up meeting 9th April 2014)

There was a recognition amongst the Group that relying on older adults as
volunteers was precarious and that ill health and family commitments could quickly
and easily destabilise a group or activity. This was particularly the case for High
Five, with its over-reliance on Sue, highlighted by the following exchange:

‘If anything happened to you or [husband], the whole thing..’
(Co-researcher Paul, follow up meeting 9th April 2014)

‘...would fall apart.’
(Co-researcher Sue, follow up meeting 9th April 2014)

‘... and they’re just running that risk, aren’t they?’
(Co-researcher Paul, follow up meeting 9th April 2014)

The Group members described a number of people and situations where caring
responsibilities, whether it be for grandchildren or spouses, had taken members
away from the Schemes, or meant that they were unable to take on time-
consuming responsibilities. This did cause frustration amongst the Group members, all of whom described themselves as busy, yet were making the time to run the Schemes.

‘It’s like “We’ll come and help you make decisions, but we’re not going to do anything”.’

(Co-researcher Sue, follow up meeting 9th April 2014)

There was a recognition that, in order to move the Schemes forward and to ensure sustainability, that younger older adults were needed to join the committee and take on responsibilities. Sue described the local Third Age group whose committee had got

‘older and older and older and older and eventually it’ll fold. From the beginning I said that we want people in their 50s on the committee.’

(Co-researcher Sue, ARG Meeting 28th September 2012)

The need and the plan to attract younger members is addressed in section 7.4.3.4.

Another difficulty in relying on volunteers was evident through the failure to implement some of the actions in our plan. We had delegated some tasks outside of the Group, or Scheme members had volunteered to take actions on. In the case of Joan’s sister delivering leaflets to the Tuel Lane flats, this had worked. However, in both Schemes, the planned delivery to specific GP practices, chemists and dentists was not carried out in an organised manner. Some places had received leaflets and some had not. The Group members were not clear about what had actually happened; we had lost control of the actions through them being carried out by people outside of our ARG.

‘I think she’d done some, or she’d done one. She’s got ME and her husband’s got Parkinson’s, so she’s a lot on her plate. When she’s well she’s brilliant and when she’s not...’

(Co-researcher Sue, ARG Meeting 28th September 2012)

Although both of the GP practices in the area covered by Reach Out did receive leaflets from a non-member of the ARG, the Reach Out members were unable to answer Brian’s question about whether the GPs and chemists had been receptive.

‘I don’t know because we didn’t go. It was the other lady that went. She’s ill today, otherwise she would have been here.’

(Co-researcher Joan, ARG Meeting 28th September 2012)

Similarly, the planned delivery of leaflets to local bowling clubs was not carried out. The Reach Out ARG members had delegated this task to a male member of their Scheme, who had intended, initially, to be a member of the ARG, but had withdrawn immediately before the first meeting, delegating Pauline to take his place.
‘Unbeknown to us, he didn’t do it and then we found out later that he’d left the club.’

(Co-researcher Joan, ARG Meeting 28th September 2012)

This issue is discussed further below and in chapter eight, section 8.4.2, and highlights another potential difficulty within voluntary groups. This member had left the club through frustration with his co-members. Paul reported that

‘He would set everything up for them [Wii, darts, table tennis] and then they’d just sit and chat and do nothing; the committee wouldn’t engage.’

(Co-researcher Paul, meeting on 9th October 2012)

Relationships and politics within voluntary groups require attention, which in turn necessitates reflection on the part of the Group members. Being involved in this action research study gave the ARG members the time and space to think about how they were perceived by others, which they may not otherwise have done. This is discussed further in section 7.4.3.4. The ill feeling between some group members, the frustration with others apparently not pulling their weight, or taking too much control, was voiced and discussed within the Group, even if the situations were not resolved.

‘If I find that they’ve made another unilateral decision. I’ll say fair enough. But don’t do it again, because it’s not on.’

(Co-researcher Joan, Follow-Up Meeting, 9th April 2014)

Relationships within groups inevitably have an effect on the mood, or atmosphere, within that group. Whilst there were no tensions within the ARG throughout our formal meetings, the Group members from Reach Out did report some difficult relationships and clashes between members of their own committee. They were frustrated by the fact that their Chair was not attending any of their activities or committee meetings, yet had not stepped aside to allow someone else to take over. Even when she had been present, she had been a difficult person to work with.

‘She’s dynamic, forceful, directive, but has a limited attention span. She goes off ideas very quickly and will dismiss them quickly. She does what she’s interested in. You have to play her carefully.’

(Co-researcher Joan, ARG Meeting 28th September 2012)

The importance of the leader’s role is discussed in section 7.4.3.2. Whilst the presence of a ‘lame’ Chair on the Reach Out committee was causing difficulties, this was not their only problem. It was felt that the committee had lost the ‘buzz’ that had been there at the beginning.

‘A combination of things brought the atmosphere down I think. The key for Reach Out is to lighten the atmosphere, because when we first started loads of dynamic people came with ideas and there was a real buzz.’

(Co-researcher Beth, meeting on 9th October 2012)
In addition to their problems with the Chair, the committee had been affected greatly by the resignation of one of their key members, referred to above. The frustration that this member felt was clearly echoed by the other Group members. It was apparent that the ARG members from Reach Out had spent a great deal of time discussing his departure, as when it was mentioned in the final ARG meeting and the discussion turned quite negative, Sheila put an end to it quickly:

‘Never mind. It’s old ground. Move forward.’
(Co-researcher Sheila, ARG meeting 28th September 2012)

Co-researcher Beth described the atmosphere that she felt was present when she walked into the Friday session at Reach Out as ‘heavy’ and not very welcoming.

‘I’m quite aware of how this feels when you come in.’
(Co-researcher Beth, meeting on 9th October 2012)

The importance of a welcoming atmosphere was found in the first study, (chapter four, section 4.2.5) where the ‘meet and greet’ from a key person, together with the physical characteristics of a meeting place were both acknowledged as having a role. For Beth, the venue was a contributing factor to the ‘heavy’ atmosphere. This is discussed further in section 7.4.3.5.

‘the product [Reach Out] itself suffers because of the space and it really, really does.’
(Co-researcher Beth, meeting on 9th October 2012)

The ARG understood the importance of welcoming new attendees and making their first experience a positive one. One of the actions in our plan had been to include the Neighbourhood Schemes team’s telephone number on the leaflets and posters, so that new attendees could arrange to meet members before they came, or be met at the door. Three of the seven people who came to Reach Out telephoned beforehand and arranged to meet someone at the door. This had proved successful, as highlighted by the following exchange.

‘The Neighbourhood Schemes Team gave him my number and he rang me. I rang Sheila so that she was aware that somebody was coming’
(Co-researcher Pauline, ARG meeting 28th September 2012)

‘Which was fine you see. I was looking out ‘Oh hi! Are you X and this is your Dad?’ I was made aware so I was ready for whoever that person was. That stops some of this clique, or feeling.’
(Co-researcher Sheila, ARG meeting 28th September 2012)

The ARG members from Reach Out were aware of how difficult it can be to walk into a group activity for the first time and recognised that there was a danger of being perceived as ‘cliquey’. This issue is discussed further in section 7.4.3.4.
7.4.3.2 Leadership, vision and planning

High Five and some of the other Neighbourhood Schemes, which did not take part in this study, had dynamic, energetic, forward-looking leaders. This appeared to be crucial for developing a clear identity, vision and plan for the future. Activity sessions maintained a clear purpose and were well structured to meet participants’ expectations. The craft sessions that worked particularly well were those where people had a goal, or worked on a short-term project together, as opposed to the more informal ‘knit and natter’ type sessions. Co-researchers Paul and Beth discussed the differences between these groups and Reach Out:

‘I think the distinction is leadership. I think Sue is there with a lot of energy and a lot of enthusiasm. [Reach Out’s Chair] is not there. It’s leaderless, it doesn’t know where it’s going and that has a big impact.’

(Co-researcher Paul, meeting on 9th October 2012)

‘Actually, even with [Reach Out Chair], she has energy, but she doesn’t have vision. Whereas you had vision and direction and Sue has a lot of vision. She sees a bigger picture, she sees a goal and [Reach Out Chair] never got that.’

(Co-researcher Beth, meeting on 9th October 2012)

Sue described herself as very well connected. She had attended the local Primary Care Trust’s AGM in September 2012 and had made good contacts with other groups and organisations in Calderdale. She had continued to make these connections when we met in April 2014.

‘I do like being involved in things outside of our little group, because I think that’s important.

(Co-researcher Sue, follow up meeting 9th April 2014)

By comparison, the Reach Out committee was more insular. As stated in the previous section, the initial energy that surrounded the establishment of Reach Out had been lost as the months progressed. The Chair of the committee had taken on other commitments and had been unable to attend either committee meetings or activity sessions. The committee had been left with a vacuum, as the Chair had not resigned and they could not fill the gap until the Annual General Meeting in January 2013.

‘You need a leader don’t you? To my mind, she [Reach Out Chair] should have gone. When she couldn’t do that anymore, she should have stepped aside.’

(Co-researcher Paul, meeting on 9th October 2012)

Several committee members spoke of tentatively putting ideas forward, but also of being worried about stepping on other people’s toes, or seeming to be putting themselves forward in an unwelcome fashion.

‘Personally, I feel like stepping ahead, but I hold back. Now that I’m older, I don’t want so much responsibility and I’m frightened of treading on other
people’s toes. Because we have a Chair, but we are leaderless, we’re just ticking over.’
(Co-researcher Joan, telephone conversation on 11th October 2012)

'[Reach Out Chair] is very bright and bubbly. She did everything. She’s left people in a very difficult position. Someone needs to organise things, but we’re worried about people saying ‘Who does she think she is?!’
(Co-researcher Sheila, telephone conversation on 15th October 2012)

The members from Reach Out described the preceding few months as a ‘very difficult time’. It had been difficult to move forwards, as they had needed someone to organise activities and events, yet they had all been worried about how they would be perceived by others within the group. This had led to planning taking place on a very ad hoc basis. ‘Shall we try this?’ rather than having a clear plan for developing, supporting and delivering sessions in a more strategic way. Micro political issues like this are common in organisations and action research seeks to recognise them (Herr & Anderson, 2005).

Being involved in this action research study had provided the members from the Reach Out committee with some direction and action, which otherwise would not have occurred. The action plan developed for the study had given them clear goals and timescales, with support from the Neighbourhood Schemes Team and from the researcher. In keeping with the principles of action research, the Group members were left with an action plan, building on the action and evaluation, which took them forward for the next six months. This action plan is included in Appendix 32. This was welcomed by the committee, who felt that the group had been drifting along with no clear vision.

‘There’s no cohesion, no longer term plan. We’re just ticking over.’
(Co-researcher Joan, telephone conversation on 11th October 2012)

One member stated that she just went along for the company, but in the longer term she knew that this would not be enough for her. She recognised that it was already not enough for many people, who had ceased to attend. The committee recognised that they needed to be clear about what was on offer and where the group was going. The action plan developed for them provided some of this direction, to keep the group moving forwards up to and beyond their next AGM. Co-researcher Joan stated that

‘Being involved [in the action research study] gave us a kick start for something different. We’ll ask these new ladies what they think.’
(Co-researcher Joan, telephone conversation on 11th October 2012)

Joan believed that they needed suggestions and ideas ‘to get the buzz back’.

Similarly, Pauline thought that involvement and development of the action plans had been useful:
‘It’s been helpful in some respects: a few new members and a lot of feedback, which is great. It’s helped us and moved things along.’

(Co-researcher Pauline, telephone conversation on 15th October 2012)

At the follow-up meeting in April 2014, Joan reported that involvement in the action research study had given the Reach Out committee ‘a real boost’. Sheila was elected as Chair at their AGM and the action plan was being used to move the Scheme forwards. Taster sessions were reintroduced, with short courses in glass painting and computing being run by members themselves. Unfortunately, over more recent months, the committee lost that momentum and had become insular.

‘You asked that question, has it done any good, being involved? I think at the beginning it did for us, but then the ideas just got blown out of the water and I just don’t think we’ve moved any further forward to be honest, which I think is a shame. Yes they talk the talk...’

(Co-researcher Joan, follow up meeting 9th April 2014)

Both Sheila and Pauline had suffered bereavements and withdrew somewhat from the Scheme. Joan reported that there was no real drive or plan and that the committee was again in need of some external facilitation. Co-researcher Paul recognised that this was a problem for all of the Neighbourhood Schemes. Maintaining the groups and activities needed constant effort, if they were to remain successful.

‘You’ve got to keep at it and that’s the difficulty.’

(Co-researcher Paul, follow up meeting 9th April 2014)

The follow-up meeting encouraged Joan to go back to the committee with more enthusiasm for change, planning to report our meeting and hoping to inspire the other members to look outwards again.

‘To be honest with you Lis, I were getting to the point where I’d go on a Friday thinking, do I want to be bothered? Apathy was setting in, but hopefully, this will just stir me up again.’

(Co-researcher Joan, follow-up meeting 9th April 2014)

At the same meeting in April 2014, Sue reported that she had an even greater burden of work than before. She expressed several times that she needed ‘not to be Chair’ so that she could concentrate on the classes that she was trained to provide. Sue has a strong desire to promote the health and wellbeing of people as they age. Since becoming involved in High Five she had received training to deliver gentle exercise classes, Zumba classes, gained a level 3 CYQ qualification in ‘adapting exercise for independently active older people’ and was about to embark on training to deliver Pilates classes. Her passion and commitment to the people who take part in High Five appeared quite unique. She wrote in their Spring newsletter (Appendix 37) about the importance of keeping fit and participating in community life:
‘I have learned so much this year about the importance of keeping active and fit and how it can enhance our lives. The other thing which has impressed itself upon me is that we all need to keep involved and in some way to serve others. To give time and energy to others is emotionally and mentally healthy.’

(Co researcher Sue in High Five newsletter, Spring 2014)

This quote echoes the findings presented in chapter four regarding the benefits of volunteering and demonstrates that through giving time to organise and deliver activities for others, the organisers are keeping fit, active and involved themselves (chapter four, section 4.3.1).

Whilst strong leadership does appear to be important to the success of community groups like the Neighbourhood Schemes, it is not enough on its own, as single leaders are vulnerable (as discussed in section 7.4.3.1). The vision and plan for groups must be shared with others; the responsibility shared. External support was clearly valued by the Group members and should be part of a successful model.

### 7.4.3.3 External support

As stated in section 7.2.2, the ARG members from High Five and Reach Out had not stayed in touch with each other between meetings, nor following the formal phase of action research. This was partly due to the fact that the two Schemes were seen as quite different from each other and partly because there was no one pulling the two groups together.

‘Theirs’ is a different set up altogether. What will work easier for them than this vast area. It’s difficult. But you can also learn sometimes from their approach on little bits.’

(Co-researcher Sheila, ARG meeting 28th September 2012)

‘Well we’ve always said we would do [keep in touch], but we don’t make the effort and they don’t seem to make the effort, so really we’re all at fault. It’s like when you call a meeting and like now they’ve been.’

(Co-researcher Pauline, ARG meeting 28th September 2012)

There was recognition within the Group that sharing ideas and learning from each other was useful. There had been two Neighbourhood Networking Days, facilitated by the Neighbourhood Schemes Team, to bring committee members from all of the Schemes together to learn and to address common issues. The event in April 2012 had focussed on ‘welcome and retention’ and it was at this event that I had asked people to join me in the action research study, to address their problems and issues. A further Networking Day was planned for October 2012, where I would present the findings of this action research study, with the approval of the ARG.

‘I mean to say, there’s nothing wrong with getting together with the other Neighbourhood Schemes and sharing ideas, because they can learn from us, we can learn from them.’

(Co-researcher Pauline, ARG meeting 28th September 2012)
At the meeting with co-researchers Paul and Beth, I brought up the possibility of creating additional mechanisms for supporting and connecting the Neighbourhood Schemes, recognising that this was unlikely to occur without external support.

“You could have a regular agenda: What have you tried this quarter? What worked well? What have you had difficulties with? Couldn’t one of you facilitate that once a quarter?”

(Co-researcher Lis, meeting on 9th October 2012)

Paul agreed that this was possible and Beth confirmed that it was part of their remit to support existing groups. However, at the follow-up meeting in April 2014, co-researchers Joan and Sue reported that they had not been in touch with each other over the previous 18 months; the Schemes had not been connected. Again, Paul took on board the usefulness of such connections and support and plans were made to set regular meetings up.

As discussed in the previous section (7.4.3.2) the external support provided through this action research study brought focus for the ARG members in terms of planning and moving forwards. Whilst Reach Out had been ‘ticking over’ with no clear direction, High Five had also suffered through not being able to take time out to reflect on

'what to do and how to go about it. Being involved [in the action research] has kept things on the boil. I've not always got time to get into the nitty gritty and it was helpful to have someone else doing the leaflets. It all falls to me and I only got a computer a year ago!'

(Co-researcher Sue, telephone conversation on 11th October 2012)

Once the formal period of action research was over, it appeared that the two committees returned to their previous isolated state. The initial ‘buzz’ was not maintained.

‘That did [give us direction], Lis had been down, but then it sort of goes quiet and you don’t know what’s happened since.’

(Co-researcher Joan, follow-up meeting, 9th April 2014)

The two Schemes did have access to some organisational development support though the local organisation Voluntary Action Calderdale. However, this support was limited and focused on funding applications and writing constitutions. Where the Schemes really needed support was with maintaining the ‘buzz’, the ‘spark’ and developing plans for the future. Whilst the Neighbourhood Schemes Team did have support for existing groups as part of their remit, their time for this was very limited and they would only be able to provide this support if the committee members recognised that they needed it. The Schemes were independent and not line managed by the NS Team.

“You see, we’re not in a position to come and advise on that, because we have to be invited. You know, it’s your club.’

(Co-researcher Paul, follow-up meeting, 9th April 2014)
It was clear at the follow-up meeting that the current arrangements for external support were not working. Support for the Schemes was reliant on them recognising the need for it and asking for it, and on the NS Team capacity to provide it. There were no formal structures to ensure that this support was offered and provided. In order for external support to be effective, it seems that it must be a formal part of someone’s role, with clear mechanisms within which to operate. This will be discussed further in chapter eight, as part of a proposed model for increasing participation in physical activity.

7.4.3.4 Image and presentation

For one member of the ARG, the overriding benefit to having been involved in the study was the external view that it provided. Feedback through the anonymous questionnaires demonstrated that some people’s perception of the groups was very much at odds with how the groups perceived themselves. The groups were thought to be ‘cliquey’, an allegation that ARG members from both Schemes denied strenuously.

‘Yeah, well they obviously haven’t been. You couldn’t say that. I read that and thought how could you call us cliquey?! Because we all sit round together with laughs and’

(Co-researcher Sue, ARG meeting 28th September 2012)

The respondent from the High Five leaflet drop had not actually attended any sessions, but thought that the group would be ‘cliquey’. By comparison, the respondent from the Reach Out area had attended a session and wrote from experience. Upon further discussion of this issue, co-researcher Joan did concede that the group might appear to an outsider to have cliques, if members were sat together laughing and joking during the social time.

‘We had a laugh and a joke with them [new members], you know what I mean, to try and encourage them to come again.’

(Co-researcher Joan, ARG meeting 28th September 2012)

‘But if you are all having a joke about something and someone comes in, then you could see how they would perceive it as cliquey,’

(Co-researcher Lis, ARG meeting 28th September 2012)

‘Yes.’

(Co-researcher Joan, ARG meeting 28th September 2012)

However, Sheila thought that this was a no-win situation, as if there were no chatting and laughter, a new person may find the atmosphere off-putting and would not want to return.
‘And yet I see it the opposite way. If I go into somewhere and they’re all in deep conversation and that’s to me when, unless you’ve got the personality to say ‘good morning’, that’s to me when I feel it would be more cliquey than a few joking.’

(Co-researcher Sheila, ARG meeting 28th September 2012)

The Reach Out ARG members were adamant that they went out of their way to welcome new members, involving everyone equally in the sessions, inviting them to join in the social chatting and refreshments. However, three examples of the actions of the Reach Out committee are at odds with this perception of themselves. First, the fact that they arranged to attend the community lunch on the Friday immediately after the leaflet drop indicates that gaining new members was less important to them than the current members enjoying an activity. Whilst they did not arrange this deliberately, and were sorry for their oversight, the lack of thought over the timing of the leaflet drop indicates that new recruits were less of a priority than they were stating. Second, at the follow-up meeting in April 2014, it was stated that many decisions were being made by a small number of committee members, outside of the formal meetings, and were being presented as a ‘done deal’. The reduced involvement of all members of the committee reinforces the claim of there being cliques within the group, as the others on the committee felt excluded. Third, as reported at the follow-up meeting in April 2014, the committee had not engaged in any active promotion of their activities since the end of the formal action research period. This failure to look outwards also indicates that their existing members were more important to them than any new members might be.

Feedback from one particular respondent was very critical of the activities that were on offer for people over 50, which she perceived were put on for old ladies with ‘short, grey, permed hair’ (questionnaire respondent from Tuel Lane flats). I began by telling the Group that I thought they would not like what they were going to hear, but soon after I began reading out the response, there were exclamations of ‘I like it!’, ‘That’s brilliant!’, ‘It’s honest, isn’t it?!’ ‘That’s a pearler!’ It led to a discussion within the ARG as to how the groups promote themselves, particularly in relation to the images used. Reach Out felt that they were a fun group, who liked to enjoy themselves, yet the photographs on their website and on their leaflets did not reflect this. The Reach Out committee agreed to give some thought as to how they could give a more accurate impression of themselves and thus attract more people to join them, as they agreed with much of what this respondent had said.

‘But if we leaflet again, we’ve got to look at it from their, somebody else’s, point of view.’

(Co-researcher Sheila, ARG meeting 28th September 2012)

They thought they would take more informal photographs of activities and of members having fun, to use in their promotional material. Work on their website was being carried out in April 2014, but at the time of writing this thesis it was not possible to see if these plans had been put into action.
Feedback from the questionnaires had shown the Group that some people in their 50s and 60s did not regard themselves as older adults and were not ready to join a group that they thought was for people much older than themselves.

‘Most 50 something people I know are still going to the pub or working, the last thing they want to do is sit in a room, doing things that are normally done in retirement homes. I think it’s patronising, 50 is not old.’

(Respondent from Tuel Lane flats.)

The ARG members from Reach Out did not regard themselves as ‘old’ and whilst they thought that this respondent did not have an accurate view of the group (she had not attended any activities), they did accept that this perception of Reach Out’s activities and membership needed to be addressed.

‘It’s the interesting aspect of what she thinks we are. We are. Well, we’re not. It’s the image and maybe the wrong image that withdraws people from things.’

(Co-researcher Sheila, ARG meeting 28th September 2012)

There was also an indication that the ‘over 50s’ label was not always useful at the other end of the age spectrum. I met a couple who lived in a housing association bungalow when I was delivering the follow-up questionnaires and explained to them what it was all about. They did not think that the activities were relevant to them. They did not identify themselves as being ‘over 50’,

‘Oh no love. We’re not over 50. No, we’re nearer 80.’

(Respondent from Bairstow Mount.)

As the High Five promotion had focussed on the single activity session of Gentle Exercise, it was perhaps not surprising that the new members attracted were at the older end of the age spectrum. One questionnaire respondent stated that he and his partner were

‘Not ready to be defined by our age yet. We prefer to be with mixed age groups. Swimming, walking, golf, etc.’

(Respondent from Mount Tabor)

Initially Joan felt upset by this response, exclaiming ‘Pardon me for breathing!’ but the other members of the ARG thought this response was ‘fair enough’:

‘I mean to say, everybody has their own thing, you know, if we were all the same...’

(Co-researcher Pauline, ARG meeting 28th September 2012)

Other activities run as part of High Five may have appealed more to this person, such as indoor hard floor Curling, Guided Walks, or Zumba. One of the four people who were still working suggested evening activities, which prompted a discussion tinged with some frustration within the Group. The Group members felt that they already put in a great deal of time and did not want to give up their evenings too.
"If they want evening activities, join the committee and organise them! I'm not putting on things in the evening as well."

(Co-researcher Sue, ARG meeting 28th September 2012)

Some discussion followed on who the promotion was aimed at and the importance of projecting an image that would attract that demographic. If the committee members were seeking to attract younger members, who might be still working and would want evening activities, then that kind of promotion may look very different from that aimed at older, frailler, isolated older adults who would benefit from some more gentle physical activities. It is unlikely that the same promotional material would work for the whole range of older adults from 50 years to 100. Looking at the number of new attendees at just one class at High Five we wondered whether the success had been linked to it being targeted at the older, less active residents.

‘we were targeting a particular sort of person of a certain age and that kind of worked. Whereas saying this is everything that we've got on offer, come along to any of it, I don’t know.’

(Co-researcher Lis, ARG meeting 28th September 2012)

The idea of using particular images that are specific to the activity being promoted had been given to me at an event reporting the results of the Age UK Older Men’s Project. I told the ARG that they had used images on their publicity that reflected the type of people who attended.

‘They found that if they used pictures of muscly men, who looked fit, then people were like ‘No way. That's not for me.’ So they showed some posters that they’d used and it would be like Brian!’

(Co-researcher Lis, ARG meeting 28th September 2012)

‘It was real.’

(Co-researcher Sue, ARG meeting 28th September 2012)

The group thought that this would be a good idea for the future, not just in terms of attracting men, but in terms of general publicity. Plans for new publicity material are discussed in section 7.4.4.3. The possibility of promoting activities that are aimed exclusively at men is discussed in chapter eight.

Of the 13 new attendees, only one was male, suggesting that the image projected by the Schemes did not appeal greatly to local men. The new attendee’s son had seen the promotional material and contacted the Neighbourhood Schemes Team to ask about taking his father along to the Gentle Exercise activity at Reach Out. One ARG member said that she knew of two men who had considered the art classes, but they had decided that there would be a predominance of women and therefore they did not think that they would feel happy attending.

‘But as much as I said but the love of art! Male or female, but no. That's another way of saying it’s a clique. It's not a clique, it's the element of ooh, there’s going to be more women there, us men aren’t going to look right at all.’

(Co-researcher Sheila, ARG meeting 28th September 2012)
There had been some men attending Reach Out activities, but they did not attend for long. Two men had attended with their wives: one had taken part in the Gentle Exercise session and the other played darts.

‘But they’ve kind of dropped away now because, you know, it’s all women.’

(Co-researcher Sheila, ARG meeting 28th September 2012)

A small number of men had come along to play table tennis, but they did not want to pay a membership fee to be part of a wider group and had not returned to the Scheme.

‘We used to have some guys who came to play table tennis but when we went independent and had to start paying your annual membership fee, they wouldn’t pay it.’

(Co-researcher Pauline, ARG meeting 28th September 2012)

Whilst this confirms findings from the first qualitative study, where affordability was perceived as an important issue, it is at odds with the questionnaire responses for this study, where cost was not reported as a reason for not attending activities.

High Five had set up a ‘New Age Kurling’ (indoor, hard floor curling) session over the summer and this had attracted four men and four women. This echoed the experience of the curling activities run by other Neighbourhood Schemes, where husbands and wives attended together.

It was disappointing that the planned action to deliver leaflets to local bowling clubs did not take place. The ARG members from Reach Out had delegated the delivery of leaflets to bowling clubs to a man who subsequently left the scheme and the action was not picked up by anyone else.

Image and presentation was also discussed in terms of wanting to appeal to people who were much less active, perhaps not interested in physical activities, feeling isolated, but who would benefit from the mental stimulation of attending activities.

‘Some people still might say ‘I can’t do that.’ If they just come and mentally there’s something happening, it’s not always got to be physical has it?’

(Co-researcher Sheila, ARG meeting 28th September 2012)

‘A lot of people need something gentle to get them back into their communities. A lot of people came through Oak [an early Neighbourhood Scheme] needing something very safe and then went on and didn’t need that group anymore because their confidence had grown and they could go off and do all the things they used to enjoy.’

(Co-researcher Beth, meeting 9th October 2012)

There was some frustration amongst the group about the image of older adults portrayed by the media. Joan felt that the national televisions campaign to promote awareness of dementia, and the focus on the increasing numbers of people
claiming pensions within the media, was giving a very negative image of older adults. Sue agreed that older adults who were contributing much to their communities and to the economy were not recognised in this media image of ageing.

‘We’re not all dependent on the National Health or in care homes. There are an awful lot of us who are looking after ourselves and are very fit you know!’

(Co-researcher Sue, ARG meeting 28th September 2012)

‘So yes, in Calderdale we’ve got an ageing population. So what?! We’re not all tied down!’

(Co-researcher Joan, ARG meeting 28th September 2012)

The feedback received through the questionnaires was greatly appreciated by the ARG members, who felt that they would not have found out what people thought of the Schemes had they not been involved in the study. For co-researcher Joan, being involved had been a very positive experience:

‘It’s given us lots of food for thought. We’ve got a few new members and a lot of feedback, which is great! It was worth being involved. It’s given us another sight into how we are perceived. We’re going to promote over 50s, but not make it a stipulation. We wouldn’t have done that if we hadn’t been involved in this. We’re getting feedback from others that we wouldn’t have got otherwise. I want to see the group go forward, with more people and more ideas.’

(Co-researcher Joan, telephone conversation 11th October 2012)

This increase in knowledge is an important aspect of action research. The ARG members learned together, through the process of action research. There was co-learning through collaboration.

The community development workers from the Neighbourhood Schemes Team, Paul and Beth, were excited to hear that the issue of removing the ‘over 50s’ label had arisen, as this fit in exactly with their own revised remit. Calderdale Council had redesigned its Adult Health and Social Care services to put signposting to community groups and ‘self-help’ at as many levels as possible. At the first point of contact, rather than referring adults for an assessment, advisors should consider if the person’s needs can be met within their local communities. At the point of reassessment, social workers are also required to consider if the client’s needs can be met outside of the social care system. The Neighbourhood Schemes Team is crucial in this new way of working, as they receive referrals from the advisors and social workers and work with the person to find an appropriate activity or group for them to attend in their local community. They would direct those in need to the groups (see Appendix 23).

‘We need to redesign our process so that we divert people [away from being assessed for care] at each stage, you know. And it’s us.’

(Co-researcher Paul, meeting 9th October 2012)
The remit of the Neighbourhood Schemes Team had changed from working with adults over 50 years to working with all adults, from age 18 upwards. As the Neighbourhood Schemes were willing to open their doors to adults below the age of 50, the community development workers would be able to refer more people to the Schemes, thus increasing membership numbers, meeting the needs of the individuals and of the Schemes themselves.

The ARG members from the Neighbourhood Schemes Team also reported that there was a Scheme where the labelling of ‘over 50’ did not exist. The Illingworth LA (Local Activities) Group’s constitution states they are there to provide activities for ‘older members’, but does not state any age as a cut off. In fact, their equal opportunities statement says that they will not discriminate on the basis of age.

‘They want their peers to be there, but they don’t want to be closed. Nobody has the indignity of thinking ‘I’ll go to my old persons’ group’. They don’t state anything about being 50, or what older means, or anything.’

(Co-researcher Beth, meeting 9th October 2012)

This could be a model for other groups. It was felt that people of a similar age would be attracted to the group, but that if younger people did wish to attend and participate, they would be welcome to do so. This finding supports those in the first study, where the labelling of activities as for ‘Over 50s’ was regarded as unhelpful and exclusive (chapter four, section 4.2.9).

There was a recognition amongst the group that the image presented by the fact that many of the activities were held in church buildings could be off-putting to people. In fact, the physical and psychological accessibility of buildings where activities took place became a major discussion point within the group and is discussed in the following section.

7.4.3.5 Venues

This section includes the physical, social and psychological barriers that some venues can present. Feedback from the questionnaires had included comments that the venues were ‘too churchy’. This prompted a long discussion about the Methodist church venue used by Reach Out. It was felt that its status as a church probably did put some people off attending, as people might think that it was a church activity on offer. Joan reported that some people assumed that there was a church affiliation and would not attend.

‘I did voice this before about being affiliated with the church, even though we’re not. I think that could put some people off, because if they don’t belong to a church and don’t believe in the church, then they’re not going to come.’

(Co-researcher Joan, ARG meeting 28th September 2012)
Sue responded that the church venue at Mount Tabor didn’t

‘put people off attending Zumba on a Monday evening for a pound!’
(Co-researcher Sue, ARG meeting 28th September 2012)

In fact, the church venue at Mount Tabor was often used for community activities, being centrally located and the only suitable building for activities in the village. Perhaps its role in the community was well established as a community facility as well as being a place of worship.

St. Paul’s Methodist Church in Sowerby Bridge was also well established as a community facility but was not the only community facility in that area. For people wanting to engage in community activities in Sowerby Bridge, there are alternatives on offer, unlike in Mount Tabor. For the St. Paul’s venue the church affiliation was not the only problem. Tucked away, a short, yet steep walk up from the main street in Sowerby Bridge, it was difficult for many people to access. Two of the ARG members admitted that they would have difficulty walking up the hill and that they drove to the venue, parking their cars outside. Clearly, this option would not be available to everyone.

‘If I walk up here, I’ve got to stop at least twice, because I’ve got angina.’
(Co-researcher Joan, ARG meeting 28th September 2012)

‘I mean most people who come here are quite fit on their feet, or they’ve got cars.’
(Co-researcher Pauline, ARG meeting 28th September 2012)

It was agreed that there were advantages to using the church, as the space lent itself well to group activities, was clean and warm and the storage space for equipment was ample. One of the ARG members from High Five reported that all of their equipment was stored in her own home, which was far from ideal.

‘There’s a load in the bottom of our wardrobe, there’s things in the loft, we’ve a massive amount.’
(Co-researcher Sue, ARG meeting 28th September 2012)

However, it was felt that the disadvantages of the location and the church affiliation outweighed the benefits of space to meet and store equipment.

‘I mean it’s good here in some respects, but it’s bad where it’s situated.’
(Co-researcher Joan, ARG meeting 28th September 2012)

‘Because we’ve got a big cupboard here, we’ve got a separate room for the exercise and things like that. It’s good in that respect.’
(Co-researcher Pauline, ARG meeting 28th September 2012)

‘Like you say, it’s clean, it’s warm, but I honestly do think that 80% of getting people is where it is.’
(Co-researcher Sheila, ARG meeting 28th September 2012)
The ARG members from the Neighbourhood Schemes Team were pleased to hear that the members of Reach Out had begun to think that the venue was not helping them. They had felt unable to raise this with them, but since it had come out of the discussions at the final meeting, co-researcher Beth felt empowered to approach them and offer assistance in finding an alternative venue.

‘Well, I always wanted to say to Reach Out about the venue. Now I’d feel quite happy about picking up the phone and saying ‘So, you’re thinking about a new venue? Do you want me to have a look around and see?’ You know, that dialogue can start now.’

(Co-researcher Beth, meeting on 9th October 2012)

An alternative venue was being actively sought at the end of the formal period of research. The findings in this study about the importance of physically and psychologically accessible venues support those in the first study, where easy access and central locations were cited as important factors for engagement in physical activities (chapter four, section 4.2.3).

When we met again in April 2014, Joan reported that Reach Out were still using St. Paul’s Methodist Church. Some attempts had been made to find another venue and there was a possibility of using the ex-Council premises in the centre of Sowerby Bridge, which were undergoing renovation. The community centre that had been used for Tai Chi in Sowerby was also being renovated and the Tai Chi class had moved to a more central location, but one which had poor access and no storage space. The issue of finding suitable space to meet, which met all of their needs, was still on the agenda for Reach Out.

7.4.4 Positive Promotion

This theme developed from looking at what the ARG members planned to do next, following the final meeting in September 2012. Through the analysis of the qualitative data, it became clear that all of the actions were regarding how the Schemes could present and promote themselves more positively in the future. The sub-themes are ‘Amending the constitution’, ‘New ideas and activities’, ‘New publicity’ and ‘Seeking support.’

The cyclical nature of action research means that research studies using this methodology often do not report a definitive ending (Minkler & Wallerstein, 2008). Whilst my involvement with High Five and Reach Out came to an end in September 2012, the actions for the committee members were ongoing. Reflection on the actions that we had taken had led to further actions being planned and implemented (Dick, 1995). Reflecting on the findings from my first study had led to actions which generated new knowledge for us. We were able to reflect upon this new knowledge and understanding to inform the next stage of action planning (Herr & Anderson, 2005; Waterman et al., 2001). The follow-up meeting in April
2014 provided us with an opportunity to review and reflect on the actions that the Schemes were left with at the end of the formal action research study period.

7.4.4.1 Amending the constitution

At the ARG meeting in September 2012, there had been some lively discussion about getting rid of the ‘over 50s’ label from their constitution and publicity material. Whilst they were all in agreement that this was the right thing to do, in order to try and generate a wider appeal, there were no easy answers as to what to change the working to.

‘Well what do you think we should do with it? It says we are a group for over 50s.’

(Co-researcher Pauline, ARG meeting, 28th September 2012)

‘Keeping active’ (Joan), ‘for people who wish to keep mind and body active’ (Pauline), ‘Retired, or with time on your hands’ (Joan) were some of the suggestions put forward, but none of these would fit with the way that the constitution was currently worded.

‘It’s short and sweet isn’t it, ‘over 50’? It’s quite hard to replace it with something snappy!’

(Co-researcher Lis, ARG meeting 28th September 2012)

Pauline came up with a solution by suggesting that the constitution describe Reach Out as a group to promote health and wellbeing, leaving age out altogether.

‘Then it’s at our discretion the age that comes.’

(Co-researcher Pauline, ARG meeting, 28th September 2012)

‘If there is a picture of a woman who is 70, or a man who is 65, then it’s going to attract people who are 70 and 65, isn’t it?’

(Co-researcher Lis, ARG meeting 28th September 2012)

This was a similar solution to the one reached by the Illingworth Local Activities Group, another Neighbourhood Scheme in North Halifax. Beth reported how they had got around this issue and avoided use of the term ‘over 50’.

‘They said, we don’t need to advertise the fact that we’re for over 50s. We’re aimed at those people, the activities speak for themselves. So we’re open age, but we will get the people we are aiming at, by virtue of what we do. They want their peers to be there, but they don’t want to be closed.’

(Co-researcher Beth, meeting on 9th October 2012)

The wording of their constitution was as follows: ‘aims to offer the residents of the area a wide range of activities and classes. To provide opportunities for social interaction, promote wellbeing and build skills. To reach out to the older community and be inclusive and accessible to all.’ There was no mention of over 50 and no definition of what ‘older’ meant. This was a key point for the ARG. They recognised that the ‘over 50s’ label was acting as a hindrance to their appeal, giving off an
impression that they were unhappy with. Like the LA Group, they wanted to be with their peers, but would welcome anyone who felt that they wanted to join them.

‘We’d welcome them! Why not? If they’re happy enough to want to come. So if a young person comes in, they don’t mind being with us oldies, that’s fine by me [and if they don’t feel comfortable] they don’t come back.’

(Co-researcher Joan, ARG meeting 28th September 2012)

‘I think we could gain. If we could get over this image of, concept of, you’ve got to be over 50; you’ve got to be old and dodderly!’

(Co-researcher Sheila, ARG meeting 28th September 2012)

Reach Out held a committee meeting the week after the final ARG meeting and therefore had the opportunity to discuss their constitution. They had received advice from a support worker at Voluntary Action Calderdale that removing the ‘over 50s’ label from the constitution could cause some difficulties with regard to grants that had already been received. However, the committee had agreed to not make a big issue of the group being for over 50s in their promotional material and that they would welcome any age.

High Five’s constitution did not include the ‘over 50s’ term. The age limit was ‘over 16’, as the group did not want to have children coming along with their grandparents in the school holidays. However, they understood that Calderdale Council wanted them to continue to target the ‘over 50s’, to encourage them to be active and involved in their local communities.

At the follow-up meeting in April 2014, Joan reported that Reach Out did in fact change their constitution at their AGM in January 2013. Reach Out’s activities were now open to all adults, although in reality no one under 50 years old was attending any activities.

7.4.4.2 New ideas and activities

As discussed in sections 7.4.3.1 and 7.4.3.2, Reach Out had lost some of the initial enthusiasm, described as ‘buzz’ and energy, that had been generated when it was first set up. Many people had stopped attending, people who had come with dynamism and ideas and Paul speculated as to why one particular person had left.

‘I bet it’s the spark. She wouldn’t sit around talking.’

(Co-researcher Paul, meeting on 9th October 2012)

Joan recognised that new ideas and activities would be needed to get some of the ‘buzz’ back and had been thinking of what to do between the final ARG meeting and our telephone conversation.

‘It would be good to have some talks, like from a chemist or a dietician. For crafts, we could agree to work on a project together. It would be helpful to pop in to High Five to see how they’re doing. We need suggestions and
ideas to get the buzz back. We need to be clear about what’s on offer and where it’s going.’
(Co-researcher Joan, telephone conversation on 9th October 2012)

Joan also suggested reintroducing taster sessions so that the new members could see what they’d like to have more of. This would reintroduce some variety into their programme, something that was found to be important to participants in the first study (chapter four, section 4.2.1).

Co-researchers Paul and Beth noted that if the committee at Reach Out wanted to attract different sorts of people, then they would have to try different kinds of activities. They recognised that this could be difficult and that the committee may need support with that, together with some new members with new ideas.

‘They have ideas, but then if actioning them is hard, then it’s just, oh well, let’s just do this [more of the same]. It’s the leadership thing isn’t it? And that little bit of fresh blood.’
(Co-researcher Beth, meeting on 9th October 2012)

‘You need a variety of people, you know, looking for ideas.’
(Co-researcher Paul, meeting on 9th October 2012)

Joan also recognised that some members of the Reach Out committee had been excluded from the work that we had done to promote the Schemes and that they needed to be involved in developing publicity materials for the next round of promotion, in order to gather a broader range of ideas. New publicity is discussed further in section 7.4.4.3.

‘I think we need to think about having another leaflet done, but one of our making, so that we’re more involved, if you like.’
(Co-researcher Joan, ARG meeting 28th September 2012)

High Five were building on their programme of activities all the time. The Zumba classes had been new in the summer of 2012, a second Tai Chi class was planned along with a second curling session and setting up a new Boccia session. Boccia is a game similar to bowls or petanque, which was designed specifically for players with disabilities or poor mobility. They hoped to build on the interest in this activity that had been generated through the Paralympics, as they had discovered that it was not on offer anywhere else in Calderdale. There were also plans to restart a walking group, once Brian had returned from his holidays; a new craft group to run alongside Gentle Exercise; and were planning major events for 2013. High Five had the dynamism and energy that Reach Out lacked.

‘Sue actually brings the committee along with her enthusiasm. She has a gift, hasn’t she?’
(Co-researcher Beth, meeting on 9th October 2012)

No new activities were planned by either High Five or Reach Out with a specific view to attracting men to the Schemes. Had the action research study run for a
longer period, this would have been an issue that I would have liked to have worked on. It was an issue for the Neighbourhood Schemes and something that they would have liked to address. However, the limited time and lack of resources available for the study prevented any further action planning. Attracting men to community-based activities will be discussed in chapter eight, with particular reference to the Men’s Sheds movement (Cordier & Wilson, 2013; Milligan et al., 2013) and the work of the Age UK Fit as a Fiddle National Older Men’s Project (Age UK, 2012a).

7.4.4.3 New publicity

The members from Reach Out were undecided as to whether to continue to use the same techniques and ideas that had been used in the study leaflets. There would need to be some amendments, as the ‘over 50s’ label was on all of the promotional literature that we had developed. They were not sure whether they would use the quotes again and said that they would need to reflect some more on this. However, they did concede that they had learned useful lessons about how to go about marketing their activities.

‘It’s been interesting. It’s helped us with marketing; how to go about it, doing the drops and asking for feedback.’
(Co-researcher Pauline, telephone conversation on 15th October 2014)

As printing the Neighbourhood Schemes Team telephone number on the leaflets was deemed to have been successful (see section 7.4.3.1), it was agreed that this would continue to be used on future leaflets and posters. New photographs would be taken to help portray the ‘right’ image.

‘We need to think about how we project ourselves to give the right impression and attract more people. We’ll get a camera and take photos ad lib of people having fun and enjoying themselves.’
(Co-researcher Sheila, telephone conversation on 15th October 2014)

The ARG members from Reach Out decided that they would try and sort out the problem of the venue (see section 7.4.3.5) and would develop a new programme of activities before targeting any new areas with new publicity material. In part, this was because it was difficult to decide where to target for the next round of promotion, as the area covered by the group was large and heterogenous.

‘Maybe we ought to look at a different way of targeting people. I think because we are such a large area here, attached to this group, it’s always going to be difficult to know where to target either leafleting, or publicity, or whatever... there’s an awful lot of people with different thoughts and ideas.’
(Co-researcher Sheila, ARG meeting 28th September 2012)

One member of their committee agreed to take overall responsibility for publicity, to ensure that it was kept on the agenda. Unfortunately, at the follow-up meeting, Joan reported that there had been very little promotion of the Scheme’s activities
since September 2012. A member of the NS Team had been down to a Friday session and had designed a new leaflet with Sheila and Pauline, but no other members of the committee had been involved. The new leaflet (included in Appendix 33) did not include the ‘Over 50s’ label and did retain references to fun, free taster sessions and making contact with someone before attending any of the activities. However, there were no images of people enjoying themselves on the leaflet, which is something that the Group had agreed to include. Joan reported that nothing had been done with this leaflet.

‘We haven’t [been advertising]. We’re full of good intentions but...’
(Co-researcher Joan, follow-up meeting 9th April 2014)

No leaflet drops or active promotion had taken place over the last 18 months. Membership and attendance levels were approximately the same as they had been at the time of the study, with some people having left and new people joining. There was no immediate pressure to increase membership numbers, which Joan thought had led to apathy within the committee. They had made no decisions about where to target their promotion, as had been agreed for the final action plan (Appendix 32). Joan was hopeful that her involvement in the follow-up meeting would inspire the committee to engage in a new round of targeted promotion.

For High Five, it was felt that the leaflets and posters had been very successful in creating a buzz within the Mount Tabor community. One attendee at Gentle Exercise had enthused about the leaflet,

‘Look at this lovely leaflet that came through my door! I’m going to put it in the church window!’
(Gentle Exercise attendee from High Five.)

She had read one of the quotes out, then others in the group had begun to enthuse about the leaflets too. Co-researcher Sue reported that they would definitely use the same format again; having something so colourful and different from their previous publicity had really got people talking; people took more notice of a leaflet that was bright and different. As I had used specific software to create these leaflets and posters, I offered to produce some more for High Five, for their next round of promotion and to provide them with a template for creating their own leaflets in the future.

For the High Five members, the design and production of the leaflets and posters was reported as one of the most important benefits of being involved in the study. It was stated that their committee discussed promotion regularly, yet they did not always have the time to get into the ‘nitty gritty’ of producing promotional material. It was very beneficial to High Five to have someone else producing this material for them. Whereas I had been regarded as a useful external ‘prod’ to Reach Out, helping them to move issues forwards, for High Five my involvement was seen as
a valuable free resource. I was able to provide an external perspective, which Sue said had “broadened” her thinking, as well as freeing her from the burden of producing promotional material.

“We had worked some of it out for ourselves, but it was good to have it all pulled together by one person.”
(Co-researcher Sue, telephone conversation on 11th October 2012)

From my own point of view, I was gathering useful information and knowledge in addition to feeling that I was able to contribute my time and skills to the groups. I did not feel that I was being exploited at all as a free resource, as I was gaining much from the experience myself. At the follow-up meeting in April 2014, Joan and Sue also stated that they had gained knowledge and skills from involvement in the research.

The High Five committee learned from their involvement in this research that targeting a specific geographical area in relation to a particular activity session was successful. At the end of the study period, the numbers of people attending the Mount Tabor Gentle Exercise session were sufficient to ensure that the session was sustainable.

“It was good to hit one area intensively. That worked.’
(Co-researcher Sue, telephone conversation on 11th October 2012)

However, the committee stated that they would not allow themselves to become complacent about that and would continue to promote the session through displaying new banners outside the venue and advertising the class in local newsletters.

The High Five committee decided to focus on a completely new area for their next round of promotion. Norton Tower, to the north of the area that they cover, had not received any leaflets in the past. A new activity in a new venue in that locality was planned. High Five’s strategy, following involvement in the study, would be different.

“We’re going to promote by activity and not as a group overall.’
(Co-researcher Sue, telephone conversation on 11th October 2012)

It was agreed by both groups that there was great benefit in promoting their activities at as many different events as possible. Interest in their activities had been generated at the NHS Calderdale AGM, at local library open days and at a recent local festival, where Reach Out had set up a second hand stall and a tombola in order to raise funds.

The committee at High Five wanted to attract people in their 50s, encouraging them to join the committee to organise evening activities, which would be inclusive
of those who still work. There were no immediate plans to address this issue at the end of the study period but, as it was included in the final action plan, it would remain on their agenda for the future. Co-researcher Joan confirmed that younger members were needed, so that they would be able to stay with the group and see it move forwards. The Reach Out committee were also keen to attract younger people and stated that they would consider this when they came to amend their promotional material and to plan taster sessions in the coming months.

At the follow-up meeting, Sue reported that whilst there were no new High Five members in their 50s, she had received contacts that week through Age UK Calderdale and Kirklees and from Voluntary Action Calderdale from two people of pre-retirement age who were interested in joining the Scheme and the committee. In addition to this, the evening Zumba class was appealing to people still in work and Sue was hoping that running an evening Pilates class would also attract people from the younger end of the age range. By contrast, Joan reported that there were currently no plans for Reach Out to run activities that were designed specifically to attract younger older adults, although she thought that the computer course might appeal to that age group. Joan herself was hoping that this course would give her the confidence to be able to use email and the internet as she recognised that this was holding her back in terms of being able to connect Reach Out with other groups and organisations.

Sue also reported that a leaflet drop had taken place in the area of Norton Tower, as had been planned, but she could not recall how many new members had attended following that promotion.

Since my involvement had ceased, Sue had produced new leaflets and newsletters herself and had remembered some of the factors that we agreed to include, such as fun, enjoyment, a warm welcome, meeting new friends, free taster sessions and providing contact details for the group (see Appendices 34, 35 and 36). The ‘Over 50s’ label was not as prominent on the new High Five material, although it was still there on some of the leaflets. The Scottish Dancing leaflets (included in Appendices 34 and 35) made no reference to the age group, but the Kurling leaflet named High Five as an ‘over 50s’ group (see Appendix 36). The High Five newsletter included in Appendix 37 made no reference to the group being for people ‘over 50’, focusing instead on the activities on offer. At the follow-up meeting Sue also reported that a website was being developed for High Five and the content on this site included images of people enjoying the activities that are on offer. There was a single mention of the group being for people ‘over 50’, but this was not included in the detailed information about the groups and activities. Sue reported that they had decided not to remove the label altogether, as it was useful, and sometimes necessary, in order to obtain funding from grant making bodies, such as Lloyds Banking Group. Screen shots from the website, taken in April 2014, are included in Appendix 38.
7.4.4.4 Seeking support

At the follow-up meeting in April 2014, it was clear that co-researchers Sue and Joan were both struggling in different ways. Joan was frustrated that the committee had not moved forwards with the actions that were planned and was feeling disenchanted with the group. Sue was struggling to cope with running a group, with a large number of activities, almost single-handed. Both of them needed support and had valued the opportunity to get back together to talk about the progress, or stagnation, within their Schemes. Neither of them had approached the Neighbourhood Schemes Team to talk about their problems and issues prior to this follow-up meeting. For Sue, this was probably a time issue, as she had already stated that maintaining connections was time-consuming (section 7.4.3.2). For Joan, this was more likely to have been out of apathy, as she had admitted that this had set in (section 7.4.3.2). Coupled together with Paul’s statement that

‘we’re not in a position to come and advise... we have to be invited, you know, it’s your club.’

(Co-researcher Paul, follow-up meeting 9th April 2014)

this created a situation where no one was asking for support and no one was asking if it was needed. Both Sue and Joan left the follow-up meeting more enthused about the future, having exchanged telephone numbers and made concrete plans to meet again. Paul had made a list of actions, which would ensure that the groups were connected and supported. It would be incumbent upon him and his team to make sure that these connections were made and that regular support was offered to the groups as it has already been demonstrated that, left to their own devices, the committee members did not maintain those links. In calling a follow-up meeting, I had been able to kick start the conversations again, but there would be no further meetings where this would be possible.

7.5 Summary

In this chapter I have shown how the actions that we took as a Group achieved the objectives that we sought. Through developing and distributing attractive, colourful leaflets incorporating some of the findings from the first qualitative study, membership numbers did increase, for both High Five and Reach Out, although the actual numbers were small. It is important to be cautious in claiming that the increase in numbers was a direct result of the actions that we took, as there are other variables to take into consideration. The study took place in the summer months and, as I have demonstrated in chapter four, for some people, engagement in activities increases in the good weather brought by summer. Some of the new members may have intended to come along to an activity session regardless of our publicity material. Information about all of the Neighbourhood Schemes’ activities had been readily available on the internet and through various organisations, such as NHS Calderdale, Calderdale Council and Age UK Calderdale and Kirklees. The
ARG members had been unwilling to ask new participants at the sessions about their reasons for attending, beyond a very informal chat. This means that we are unable to know for sure the extent to which the increase in numbers that we achieved can be attributed to our actions alone. However, we did witness an increase in numbers within a very short period of time, in a way which had not been experienced previously. The ARG members from High Five and Reach Out did believe that this was a result of our tailored and targeted promotion.

In addition to this positive result, the ARG members learned a great deal about how they were perceived and were able to reflect on this to make further actions for themselves. They learned about how to promote their activities and the resources that are needed. We all learned that the label that we give to a group, or an activity session, can be a barrier to involvement. The vulnerability of voluntary groups and the importance of strong leadership were highlighted, along with the need for external support. On a personal level, I learned a considerable amount about undertaking participatory research. As a project manager and as a commissioner committed to working with older adults, I had practised participatory methods in my work. However, engaging in action research brought me a much deeper understanding of participation and of the methodologies that underpin it.

The follow-up meeting gave those of us who attended a further opportunity to reflect upon the actions that we took and the effects of those actions. It served as a useful reminder to the Schemes to keep looking outwards and to learn from each other, as the initial ‘buzz’ had been lost. The external facilitation had been essential for the Schemes to maintain momentum. In addition, the success and vibrancy of the Schemes was dependent on a small number of committed committee members, meaning that their existence was vulnerable. One solution to this problem could be to ensure that paid support is provided to the Schemes on an ongoing basis. This will be discussed further in chapter eight, sections 8.2.8 and 8.6.1.

In chapter eight, I will provide a summary of the thesis, synthesise and discuss the findings of the research studies, in relation to the existing literature on promoting physical activity amongst older adults. I will also discuss issues of ethics, rigour and quality in both studies; the limitations of the studies and will present recommendations for policy, practice and for further research, whilst maintaining caution about the wider implications of the studies’ findings.
Chapter eight: Discussion, review and conclusions

This chapter provides a summary of the thesis and discusses the studies’ findings, within the context of existing research on physical activity promotion and presents a model for promoting physical activity amongst older adults. The studies presented in previous chapters are reviewed with regard to rigour and quality, including reflections on the limitations of the studies. Recommendations for policy, practice and further research are presented.

8.1 Overview of the thesis

The studies within this thesis have explored older adults’ involvement in the design, delivery, implementation and promotion of interventions to promote physical activity amongst their age group. The relevance of the studies, their background and purpose is described in chapter one, which situates the question of the impact of older adults’ involvement.

A review of the literature on such involvement, using systematic methods, is presented in chapter two. This review highlights the small number of research studies that have been undertaken where older adults have been actively involved in designing, delivering, implementing and promoting interventions to increase levels of physical activity. Only four of the ten included studies involved older adults in designing and promoting an intervention focussing on factors and methods that would appeal to their peer group (Hickey et al., 1996; Hooker et al., 2011; Reger-Nash et al., 2003; Sullivan-Marx et al., 2011). The review demonstrates a gap in the literature in that no UK based studies have looked at involving older adults in the design of an intervention, developed through rigorous research into their priorities and interests. The included studies reported on older adults’ involvement in (i) developing messages and targets for interventions, (ii) providing advice on the content of interventions; and (iii) peer leadership or mentoring. The studies that were developed in accordance with the input and advice of older adults reported successful interventions and thus provide a useful model for intervention development.

Chapter three presents the methodology adopted and the methods used for the first study undertaken as part of this doctoral research. The question addressed is: would involving older adults at the outset, developing interventions that have come from them, lead to greater success in terms of engagement in activities? The qualitative study sought to understand how involving older adults from the beginning of planning an intervention might lead to increased engagement in physical activities. I explain the process of data analysis and address the issues of rigour, ethics and reflexivity.
The findings of this first study are presented in chapter four under two overarching themes. The study sought to understand what it is about the activities being undertaken that makes them accessible and appealing. This theme includes the nature of activities and how organised, group activities are promoted. That is, how easy it is for people to go there and to be there? The second theme explores a more personal perspective, that of the importance of personality and lifestyle. What is it about the individuals, that makes them engage in the activities that they do? This chapter presents the essential characteristics and preconditions for engagement in a successful intervention to promote physical activity amongst older adults. The ‘Top Six’ findings of this study are that older adults are attracted to activities when they are sociable, enjoyable, affordable, accessible, have flexibility and variety, and allow for the fact that engagement is seasonal and often weather dependent. These characteristics of physical activity interventions were all cited more often than the fact that physical activity is good for health.

Chapter five provides an explanation of the evolution of the doctoral research to adopt an action research approach. An overview of participatory research methodologies is provided and an explanation of the reason for adopting a community based participatory research approach is presented. Issues of the political context, positionality, critical reflection, validity, quality and ethics are discussed, with the context being set for the second study undertaken.

In chapter six I discuss the establishment of the Action Research Group and the collaborative work undertaken to identify actions for the study. The discussions that took place and the decisions that were made are presented, together with the action plan that we developed and followed. The actions decided upon had the aim of increasing the numbers of people attending the Neighbourhood Schemes’ activities. The processes described in this chapter constitute the first cycle of action research.

Chapter seven presents the findings of this first cycle of action research, the reflections of the Action Research Group members upon those findings and describes the next cycle of action that was planned. The effects of our actions are reviewed, along with reflections on what we learned as a result of collaborating to implement those actions. Our actions appeared to lead to an increase in membership numbers within both Schemes, although these numbers were modest. The members of the ARG learned a great deal about how their groups were perceived from the outside and about the importance of labelling and promoting activities. The Group also learned that their existing activities were not appealing to local men.
8.2 Synthesising the findings - The Top Ten

In this thesis I have demonstrated that:

- From the qualitative study (chapter four), the 'Top Six' characteristics of activities that appeal to older adults are that they are enjoyable, accessible, affordable, flexible, sociable and seasonal. These were more important than the fact that physical activity is good for health.
- From the action research study (chapter seven), an additional four factors emerged as important: the vulnerability of volunteers; leadership, vision and planning; external support; and image and presentation.
- The label given to an activity or a group can act as a barrier, if people do not identify with that label.
- There are particular difficulties in encouraging men to take part in organised physical activity sessions.
- Appealing to the 'uninterested' is a continuing challenge.
- Involving older adults in the promotion of activities that promote physical activity, focussing on factors that are important to them, can be successful both in terms of increased membership numbers and increasing knowledge and skills.

In applying some of the findings from the first, qualitative, study to the promotion of activities in the action research study, a new set of characteristics and factors has been created. The 'Top Six' from the first study remain, but are supplemented and underpinned by organisational-, or community-level factors which are necessary in order to ensure that the activities on offer have the greatest appeal and strong foundations. The 'Top Six' from the first study has become the 'Top Ten'. In the following sections, the importance of these characteristics and factors will be reiterated and discussed in the light of past research. The literature on barriers and motivators of engagement in physical activity is large and growing. Within this chapter, I have included studies from that literature that report similar findings to those presented within my own research. In order to keep this discussion manageable, I have limited the number of studies reported by selecting the studies that resonate most with my own work.

8.2.1 Enjoyable

This study supports the findings in the literature that enjoyment provides a strong motivation to engage in physical activity. The systematic review of motivators and barriers to engage in physical activity amongst the 'oldest old' by Baert et al. (2011) used the Social Ecological Model (McLeroy et al., 1988) as a theoretical framework for reviewing influences on physical activity engagement presented in 44 papers. At the intrapersonal level, enjoyment and the pleasure derived from being physically active was cited in eight of the included papers. Buman et al. (2010) conducted a study in the United States using both semi-structured and narrative
interviews to investigate the influence of the past experiences and attitudes of 23 inactive older adults, aged 50 to 75 years. The study did tend to focus on negative experiences that influenced engagement in physical activity, as opposed to the positive focus found in my own research, asking older adults what encouraged them to be active. However, motivations were reported, with enjoyment being cited as a strong motivator for five of the 23 participants.

Hardy & Grogan (2009) conducted a UK based qualitative study involving 48 community-dwelling participants, aged 52 to 87 years, in focus groups. These participants were similar to those in my own study, in being recruited from older adults’ clubs and exercise classes, in age and in being predominantly female. They were asked about the perceived benefits of exercise, their attitudes towards ageing, as well as the barriers that prevented them from being more active. Thus the questioning was broader than in my own study. The data were analysed using a Grounded Theory approach, as opposed to Framework, but nonetheless the results were similar, indicating robustness in my own findings. Hardy & Grogan (2009) developed a model of attitudes regarding ageing and exercise, including six predictors of physical activity. Regarding motivations to be active, Hardy & Grogan (2009) report that the strongest influence on engagement was enjoyment. This was related to having more energy and to improvements in mood. In terms of the number of times that it was mentioned within my own study, enjoyment was also the most important influence on engagement. Many people had difficulty articulating why they engaged in physical activities beyond the fact that they enjoyed doing so. When talking about an activity that they enjoyed, participants smiled and often laughed, demonstrating the link between enjoyment, laughter and fun. In the second study, the Action Research Group chose to include quotes about enjoyment, laughter and fun in the promotional material, as it was thought that this would provide a strong incentive to new members to attend the activity sessions. Since we did not ask new attendees specific questions about what had encouraged them to come along to the activity, we do not know if these quotes had a positive effect. However, it is likely that the quotes may have influenced decisions to attend, given that enjoyment was an important incentive to take part in activities in study one of this thesis. The literature would also support this assumption as a number of studies have identified the importance of enjoyment to engagement in physical activities (Baert et al., 2011; Buman et al., 2010; Hardy & Grogan, 2009; Horne, 2007; Ritchie et al., 2003; Stathi et al., 2012). Activity organisers should ensure that sessions are enjoyable and are promoted in such a way that makes this clear. Quotes related to enjoyment, and images of participants laughing and having fun, should be used to convey the enjoyable nature of activities.

8.2.2 Accessible

Accessibility of venues and locations for physical activity emerged as an important finding in both studies reported in this thesis. From the qualitative first study, we
can see that being able to access activities very close to home is important. Many of the venues used for Neighbourhood Schemes’ activities were in local neighbourhoods, within walking distance of the majority of participants’ homes. Where this was not the case, it was cited as important that the venues were on bus routes, near to bus stops, or had good facilities for car parking. Access to venues needed to be as easy as possible. One of the venues used in the second study did not benefit from these qualities, although it was located next to two high-rise blocks of flats. The majority of people attending sessions at the Methodist church had to make the short, yet steep walk up from the town centre and this appeared to put some people off attending. Car parking places were limited, causing some anxiety for people in not knowing whether they would be able to find a space near to the church.

This study adds to the literature on the importance of easy access and easy transport in encouraging physical activity. A number of studies using different methods and studying diverse populations have identified the importance of access and transport. In the United States, Costello et al. (2011) included 31 older adults, aged 60 to 94 years, in focus groups regarding their physical activity beliefs and behaviours. The groups were homogenous, according to levels of engagement in physical activity, which differs from my own study where active and inactive participants were brought together in focus groups. Costello et al. (2011) asked participants about the motivators and barriers to their own engagement, in addition to their views on what an ‘ideal’ programme might look like. In this sense, there are strong similarities to my own attempt to identify the essential ingredients of a successful intervention to promote physical activity. In describing the ‘ideal’ programme, the importance of convenient and accessible facilities was reported most frequently by the physically active participants in the Costello et al. (2011) study, thus echoing the findings in my own research and adding to its credibility. Further similarities between the findings reported in Costello et al. (2011) and my own findings are reported in sections 8.2.3, 8.2.4 and 8.2.5 and in chapter four. However, unlike my own study, participants were also asked about images that come to mind when they think about active and inactive older adults, and about their perceptions of the benefits, advantages and disadvantages of exercise for older adults (Costello et al., 2011). The methodological differences between Costello et al.’s (2011) study and my own study, in particular the separation of physically active participants from inactive participants, led to a differentiation in barriers to engagement and in the elements of an appealing intervention that was not present in my own study. Despite the methodological differences, all of the of the findings regarding barriers and motivators reported in the Costello et al. (2011) paper are also present in my own qualitative study.

Stathi et al. (2012) report on a sub-study of the wider OPAL (Older People and Active Living) study in the UK regarding barriers and facilitators to neighbourhood activity. Purposively sampled from the wider study, 25 older adults, aged 70 years
and over, with diverse levels of physical activity were asked about perceived barriers to exercise through a questionnaire and about the barriers and facilitators to engaging in neighbourhood activity through semi-structured interviews. This element of the OPAL study focused on being active in local neighbourhoods, as opposed to broader engagement in physical activity and is thus different from my own study. There are methodological differences between the Stathi et al. (2012) study and my own research, with the participants in the former study recording activity data, completing questionnaires and taking part in semi-structured interviews. By comparison, the participants in study one of this thesis took part in either a focus group or a semi-structured interview; no quantitative data were collected. The action research study presented in this thesis differs greatly in methodology from the OPAL study reported in Stathi et al. (2012). However, in terms of facilitators to being active, easy access to facilities and amenities that are within walking distance of older adults’ homes was found to be important to participants in all three studies, once again indicating robustness in my own findings. Further similarities in findings between the studies are reported in sections 8.2.5 and 8.2.6.

Vaughn (2009) reports on a United States based qualitative study involving 25 Latin American women, aged 40 to 85 years, regarding their health, routines, perceived benefits, barriers to and facilitators of regular physical activity. The study followed an ethnographic methodology, comprising of participant observations and open-ended question interviews. The participants in the study were divided into two age groups: middle age (40-60 years) and older age (61-85 years). Despite the difference in population and methodology, findings regarding motivators and barriers to physical activity were largely similar to my own findings. Participants reported being more active if facilities were accessible, either in their own neighbourhoods, or close to their workplaces. Poor availability and access to community-based programmes were reported as barriers to engagement. The findings from these studies, and my own, support the view that activity organisers and policy makers should endeavour to make being physically active as easy as possible for older adults through organising activities in areas with good public transport connections, or within walking distance of residential areas.

Horne’s (2007) ethnographic study of older adults’ beliefs and attitudes about physical activity, conducted in the north west of England, concerned barriers and motivators to uptake and adherence generally, and specifically in relation to falls prevention. Participant observations, 40 semi-structured interviews and 15 focus groups were held with participants aged over 50 years, with a mean age of 64.83 years and 65.74 years, respectively. Whilst there are similarities in terms of some of the study methods, the ethnographic approach adopted differs from my own sequential approach using a qualitative methodology followed by an action research approach. The specific inclusion of South Asian older adults also represents a difference from my own research, where the inclusion of three South
Asian older women was not planned, but was rather a response to a request from a local community development worker. Despite these differences, Horne (2007) found that accessibility concerns about how safe older adults felt in their local neighbourhoods and access to affordable, convenient transport both influenced engagement in physical activities. Horne’s (2007) adoption of psychosocial models of behaviour change as a framework to understand the findings differs from my own adoption of a social ecological approach and perhaps explains the greater emphasis in Horne’s (2007) study on beliefs as predictors of uptake and adherence.

Within the first study presented in this thesis, accessibility was discussed in conceptual as well as physical terms. The fact that so many activities were offered in church venues did act as a barrier for some respondents in the second study, who stated that their reason for not attending was that the venue was ‘too churchy’. In Calderdale, many of the community activities take place in church venues. In some areas, such as Mount Tabor, churches are the only option for meeting space. The ARG members recognised that this was off-putting for some older adults, but felt constrained by the lack of affordable alternatives.

The first study found that the free bus pass for people receiving a State pension was an important facilitator of engagement in physical activity. Several participants talked about how the free bus travel encouraged them to go out more often, to go further, whilst knowing that they could always catch the bus back home, at no cost. Ensuring that activity sessions are held in venues close to bus stops and at times that fit in with bus timetables was regarded as an important consideration. These findings regarding the importance of the free bus pass support the findings of the study by Stathi et al. (2012), described above. The free bus pass was not only used by participants to access organised activities and venues, but was also used to access the local and natural environment. Several participants spoke about going out for a walk and using the bus pass to travel back home, if they became tired. The borough of Calderdale includes some beautiful scenery and copious opportunities for rural walking. This study supports the findings of the importance of ensuring that there are opportunities to be active within local outdoor environments and that access to these should be as easy as possible. Such findings as are reported in the methodologically diverse studies of different populations, both social and geographic, which are included within this section and the review paper regarding promoting physical activity for older adults by Brawley et al. (2003).

The first study within this thesis also found that the internal aspects of a venue were important. Participants did not like dusty, poorly maintained buildings where the temperature was not suited to the activity. Physical activities such as dancing would require a cooler temperature than that required for a yoga class. Such factors should be taken into consideration when planning and delivering a session.
Only six participants across both studies were in paid employment. Consequently, the need to ensure that activities were affordable was a high priority for the vast majority of participants. Many participants had ceased to take part in activities that had once been free, but had become subject to a charge. These included adult education classes and free swimming sessions. Participants spoke of having to make decisions about how to spend their limited incomes, when they could not afford to engage in all of the activities that appealed to them. In some cases this meant forgoing opportunities to attend classes or group sessions, whilst for others this meant making the most of activities that had to be paid for in advance, such as gym memberships.

Participants in both studies, who held responsibility for organising Neighbourhood Schemes’ activities, spoke about the difficulty of attracting sufficient people to cover the room hire and tutor costs, whilst keeping the activity cost as low as possible. In some cases, committee members had paid to receive training so that they could deliver the activity sessions themselves, thus reducing the cost to the Schemes. However, there were still venue costs to be met. The figure of £3 per session was the most common attendance fee, but even this was reportedly prohibitively expensive for those participants on work-related benefits or basic State pension. Free ‘taster sessions’ were important in encouraging new people to attend, as this removed the concern about being able to afford to try something new. The questionnaire respondents from the second study did not report cost as a reason for not attending Neighbourhood Scheme activities, indicating either that promoting ‘free taster’ sessions removed this concern; that the £3 charge was not deemed too high by these respondents; or that there were other, overriding, reasons for their non-attendance.

The findings of this study add to the evidence on the importance of costs as both a barrier and facilitator to engaging in physical activity. The systematic review by Baert et al. (2011) includes studies that found that financial incentives encouraged attendance and engagement, whereas high costs to attend activities acted as a barrier. Belza et al. (2004) present the findings from seven different ethnic-specific focus groups with 71 older adults, aged 52 to 85 years, designed to investigate specific motivations and barriers to physical activity within particular linguistic / cultural groups. Belza et al. (2004) found that health acted as both the most important facilitator and barrier and was thus different from the findings of my own study, where health issues were not the most important, or even a secondary, influence for the majority of participants. Whilst the age range within the Belza et al. (2004) study is very similar to that of my own qualitative study, the population was quite different. Recruited from ethnic minority communities in the region of the city of Seattle, these participants had not been previously targeted by physical activity interventions and were recruited through social and health care providers.
By comparison, the majority of participants in my own study were involved in some kind of activity group, whether that activity be physical or predominantly social, and were recruited directly, rather than through an agency. The higher prevalence of chronic disease amongst these ethnic minority communities within the United States, such as hypertension, diabetes and stroke (Belza et al., 2004) indicates, perhaps, why the health benefits and barriers were of a higher priority within this study and presented such a difference to my own research. However, similar to this thesis, Belza et al. (2004) used an ecological model, recognising the social and environmental influences on engagement, in addition to biological and psychological factors. Within the environmental barriers presented, high costs and lack of affordable transportation were cited.

In the qualitative studies reported by Buman et al. (2010), financial costs were stated by five participants as a barrier to participation in relation to gym membership costs. However, all of these participants recognised that it was possible to be active in other ways which would not entail a cost. Again, the participants in the Buman et al. (2010) study were of a similar age to those in my own research, however, methodologically, the Buman et al. (2010) study was quite different from my own. Semi-structured interviews with inactive participants were followed by unstructured, narrative interviews which were subject to narrative analysis. In the second part of the Buman et al. (2010) study, lack of time was reported as the primary barrier to physical activity engagement, which is perhaps not surprising given that participants were asked to reflect upon how they had fit physical activity and exercise into various points in their lives, including when they had been raising children or had been in full time employment. The presence of the finding regarding the affordability of physical activity in studies with clear methodological differences indicates that it is an important factor for older adults. In support of this, the focus group participants in the study by Costello et al. (2011) stated that the ‘ideal’ physical activity programme should be free, in order to remove at least one barrier to engagement. Similarly, the focus group participants in the Hardy & Grogan (2009) study stressed the importance of free physical activity sessions. Thus my own study supports the recommendation that opportunities to engage in physical activity should be low cost or no cost.

8.2.4 Flexible

The majority of the older adults who took part in both studies were retired and were free to spend their time as they wished. Within the first study, many participants spoke of their reluctance to commit to a course, a series of activity sessions, or a gym membership where they would have to sign up and pay a lump sum in advance. A ‘drop in’, ‘pay as you go’ approach to activity sessions was preferred, so that they could retain the flexibility within their own personal schedules. Flexibility was also discussed in terms of being able to access activity sessions at times that suited individuals. If a particular activity was only on offer once or twice a
week in the local area, then this was less popular than an activity that was available at any time. In addition to activities undertaken alone, such as walking, running or to some extent swimming, there were some organised activities that were available all through the week. These included the indoor bowling and table tennis clubs, where members could attend and take part in a game at any time during the week.

For many participants, with the freedom to spend their time as they liked, retirement also brought the opportunity to try new activities and to pursue new interests. Variety, between and within activities, was a strong theme within the first study. Participants were unlikely to continue to engage in activities that became boring. The importance of flexibility and variety has received little attention in the literature regarding older adults’ engagement in physical activity, although boredom was identified as a barrier to engagement in the study by Costello et al. (2011). This study brings new evidence of the importance of introducing variety through taster days, where people can learn something new; using different equipment to vary activity sessions; and through using different musical styles and dances in order to keep sessions fresh.

Flexibility and variety within activity sessions was also discussed by participants in the first study with regard to the importance of ensuring that people of all different abilities could engage in a session. This was linked to the instructor being able to adapt a session to meet individuals’ needs. Being able to go at one’s own pace, without feeling hurried or inadequate, was important to the participants within this study. The fear of not being able to keep up was also identified in the study by Costello et al. (2011) and this study adds to this relatively small evidence base. The importance of individualised support is more established in the literature, but again the first study adds to those findings. In describing the ‘ideal’ physical activity programme, the participants in Costello et al.’s (2009) study stated that knowledgeable staff, who were able to tailor activities to individuals’ differing needs, were important for continued engagement. In the qualitative elements of the study by Hawley (2011), participants reported the importance of the exercise instructor to their continued attendance at activity classes. Hawley’s (2011) research was concerned with attendance at formal, strength and balance, exercise classes within a community setting, as opposed to the more generic and diverse activities considered in this thesis. Some 109 exercise class participants completed questionnaires regarding their attendance, over a six month period, and 19 exercise instructors were interviewed regarding their influence on participants. Despite the differences in study design, the strong influence of the person leading an activity group on continued attendance was found in both the Hawley (2011) study and my own. Activity organisers should ensure that it is possible for leaders to adapt their sessions to suit older adults with a range of abilities and needs.
8.2.5 Sociable

The importance of focusing on the social aspects of engaging in physical activity has a growing evidence base in the literature. The systematic review by Baert et al. (2011), using the Social-Ecological Model (McLeroy et al., 1988) as a framework found that, at the interpersonal level, social support acted as a strong motivator for engagement in 13 studies. Conversely, the lack of a companion to exercise with acted as a barrier in four studies. Stathi et al. (2012) also report not having an activity companion as a barrier to engagement. Costello et al. (2011) report that socialisation and companionship were particularly important to the physically active focus group participants. For the inactive participants to engage in physical activities, they stated that activities would have to be social and fun, as well as purposeful, which demonstrates another similarity with my own research.

Participants in Hardy & Grogan’s (2009) study described how other people provided them with the motivation to be active. Being with others, laughing and having fun, was the second most influential factor on their engagement in physical activities. Conn (1998) used the Theory of Planned Behaviour (Ajzen, 1988; 1991) as a theoretical model for examining the attitudes and beliefs, advantages, facilitators and barriers to being physically active amongst 30 female older adults, aged 65 years and over. The majority of the participants interviewed reported that the social element of taking part in physical activities was important to them. Being with others, and the enjoyment that this brought, was the most important influence with 26 of the 30 participants reporting that their social lives had improved (Conn, 1998). Conn’s (1998) study focuses on the inter- and intra- personal levels of influence on behaviour and thus is different from my own study, where additional environmental influences are examined. The participants in the Conn (1998) study placed a greater importance on the health barriers and motivations of physical activity than were found in my own research. The focus on self-efficacy presented in the Theory of Planned Behaviour would encourage participants to look at factors which make engagement in physical activity easy or difficult. As such, one’s own health status might receive greater attention than in a study also considering broader environmental determinants of behaviour.

The action research study by Davies et al. (2008), described in detail in chapter two, found that the social element of the activities was a strong influence on attendance at sessions. The exercise classes were followed by dedicated social time, where relationships developed. As the study developed, more emphasis was given to the social aspects of the group sessions, in response to feedback from the members. The importance of the social element of organised physical activity sessions arose through both Davies et al. (2008)’s and my own action research studies, which were conducted with similar populations. Participants and co-researchers were similar in that they were aged over 50 years, with the majority being female and over 60 years, but different in that, for Davies et al. (2008) they were drawn from an economically deprived area. In the participatory action
research reported by Ritchie et al. (2003), residents from three retirement villages in urban areas of Australia acted as co-researchers to investigate opportunities for promoting good health and wellbeing within their own communities. From the three villages, eight themes emerged, with opportunities for social interaction having the greatest dominance. Sociability was strongly linked to good emotional health and wellbeing. Whilst the study by Ritchie et al. (2003) differed in design, aim and population from my own research, being based in retirement villages, many of the findings were similar. In addition to sociability, participants stressed the importance of pleasant surroundings, accessible transport, affordable and enjoyable activities. The findings from all of these studies suggest that, despite differences in methodology, population characteristics and study locations, similar results are found all over the world. This suggests that my own findings here are robust.

The first study presented in this thesis found that opportunities for meeting people, making new friends and spending time with those friends was an important draw for them in taking part in activities. Many participants lived alone and the activities provided them with the opportunity to escape the solitude that they experienced.

Those participants who had responsibility for organising activity sessions were using the social element of activities to encourage new people to join. The action research study also focussed on the opportunities to spend social time with other people in the promotion of activities. The finding from the first study about the fear of attending an activity for the first time was addressed in the promotional material for the second study. We recognised that many people find it difficult to take the first step to join a new activity and find it easier if there is someone that they know there. The opportunity to make contact with someone before attending was offered in the promotional literature and was taken up by three new attendees.

The fear of attending an activity session for the first time was linked to the importance of a welcoming atmosphere. Again, this was found in both studies. Groups should ensure that there is at least one member who has responsibility for welcoming new attendees. The second study attempted to address this, by offering the opportunity to meet with or speak to a group member prior to attending the session. Feedback from the second study told us that the groups were sometimes considered to be ‘too cliquey’ and that people had been put off returning. The welcoming atmosphere thus extends beyond the initial contact at the door and includes all members of the group. New attendees should feel welcome, comfortable and at ease in the environment although this can be at odds with the fact that tight social groups and friendships are often formed within groups, which themselves act as an incentive for group members to continue to attend. These findings about the importance of a welcoming atmosphere are a new addition to the literature on incentives to engage in organised physical activity sessions.
Not all participants prioritised social time in the activities that they undertook. Some participants preferred to take part in activities alone, such as swimming and walking, but these were in a minority in the first study. This is perhaps not surprising, since the recruitment for the study was carried out through community groups and an activities open day. The participants who preferred to engage in physical activity alone were recruited through snowball sampling. This limitation will be discussed in section 8.4.3 of this chapter.

8.2.6 Seasonal

Participants in the first study reported that they were less active in winter, less willing to go out after dark and in bad weather. In some cases, this reluctance was linked to a fear of slipping and falling on wet leaves or ice. Some participants reported being more active in the winter months, if there was snow on the ground. The snow often meant that driving was difficult, or impossible, so people had to walk to get to where they needed to be. If there was soft snow underfoot, as opposed to ice, walking was pleasurable for some participants and they would make the effort to go for a ‘winter walk’.

As the days became longer in Spring and Summer, participants reported increases in both their enthusiasm and activity levels. Evening activities became possible, whether this was walking, gardening, taking grandchildren to the park, or attending an evening activity session. Whilst bad weather (too hot, too cold, too rainy) has been identified as a barrier to engaging in physical activity in the studies previously described by Belza et al. (2004); Conn (1998); Stathi et al. (2012) and Vaughn (2009), there appears to be little in the literature about the effect of the seasons or the time of day, except in the case of dark evenings. Hardy & Grogan (2009) found that daylight was important to some participants, in that they did not like to go out after dark. Similarly, Stathi et al. (2012) report that some participants in the OPAL study linked darkness with fear for their safety and dissuaded them from engaging in activities after dark. This study thus adds something new to the literature on barriers and motivators to engagement in physical activities. Activity organisers and policy makers should take account of the seasonal nature of older adults’ engagement in physical activities, ensuring that sessions finish well before dark in winter. Sessions should be flexible and adapt to suit different weather conditions. For example, an indoor activity planned for a summer evening could be changed to an outdoor walk if the weather is fine.

Despite the focus on the health benefits of physical activity that have been provided through various policy initiatives over recent years (CMO, 2011; DCAL, 2009; DCMS, 2010; DH, 2009; Europa, 2013; Scottish Executive, 2003; Welsh Assembly Government, 2009), the importance of engaging in activities to improve or maintain health was not cited as often as I had anticipated by participants in the first study. For the relatively small number of participants for whom improving
health was an incentive, the positive health benefits were rated highly. In addition, some participants were motivated by the desire to avoid ill health and prevent the decline that they had seen in others. Losing weight and keeping the mind active were also cited as motivators by a small number of participants. The health benefits of physical activity are well documented and many of the studies referenced within this discussion have found that these benefits do motivate older adults to engage in activities. Baert et al. (2011) found in their systematic review that health status acted as the primary barrier and motivator to engagement in physical activity. The desire to avoid, or manage, particular conditions or diseases was the most common motivator in the semi-structured interviews conducted by Buman et al. (2010), in the focus group interviews held by Costello et al. (2011) and was also present in the qualitative research conducted by Horne (2007).

These present major differences from my own findings, where the knowledge that being physically active was effective in maintaining good health was a much lower priority for participants than the importance of physical activities being enjoyable, sociable, accessible, affordable, flexible and seasonal.

For the participants in the Buman et al. (2010) study, the influence of health status may have been greater given that all of the participants were identified as inactive. This links back to the finding in chapter four, section 4.3.3, where it is suggested that focusing on health benefits may be more suited to those living with poor health, but that gaining those benefits may not be as important to people who are fit, active and healthy. Greater emphasis on the motivations and barriers presented by health status may have appeared more prominently in my own study had there been a greater representation of physically inactive participants. The participants in the Costello et al. (2011) study were specifically asked about their views on the benefits and disadvantages of engaging in physical activity. As such, it is perhaps not surprising that health benefits and the fear of injury were reported as primary findings. In a similar way to Conn’s (1998) study, described in section 8.2.5, Horne’s (2007) research found health to be a major barrier and facilitator of uptake and adherence to physical activities. Whilst some wider environmental influences were identified, for Horne (2007) the majority of influences on behaviour were at the inter- and intra-personal levels. The specific inclusion of questions regarding older adults’ views on physical activity and exercise in order to prevent falls would, perhaps, make reflection on, and discussion of, potential health benefits inevitable.

8.2.7 Vulnerability of volunteers

The problems and difficulties of relying on volunteers to run groups and activity sessions was highlighted throughout the second study. This is supported and underpinned by the finding in the first study that many older adults appreciate the flexibility and freedom that retirement brings and do not want to commit to signing up for long-term commitments or feel tied down by responsibilities (chapter four, section 4.2.1). For both committees that were involved in the action research study,
the actions (for this study and beyond) fell to a very small number of older adults, making implementation of those actions vulnerable. This was particularly the case for High Five, where it was recognised that the existence of the committee, and of the Scheme as a whole, was heavily reliant on Sue’s ability to continue running the group. Being able to commit to long-term engagement is highly dependent on good health and the absence of conflicting commitments. In the first study, some participants stated their unwillingness to sign up to anything in advance, or to commit themselves to something that they thought they would be unable to complete (section 4.2.1). The second study highlighted just how vulnerable older adult committees are to issues of ill health and family commitment. Throughout the ARG meetings references were made to people who were due to undertake particular actions but had been unable to do so, either because of their own poor health, their partner’s, through bereavement, or through having to look after grandchildren.

Within the action research study, we experienced how actions delegated to others outside of the ARG were at high risk of not being completed. The delivery of leaflets to GPs, chemists, dentists and bowling clubs was not carried out as we had planned, because people outside of our committed group had been asked to take them on, or had volunteered to do so. We lost control of those actions. Relying solely on volunteers, particularly those in older age, presents a considerable risk to the delivery of community activity sessions. There is increasing evidence of using older adults as peer leaders and mentors in the promotion of physical activity, as demonstrated by the inclusion of five studies involving peer leaders in chapter two (Buman et al., 2011; Davies et al., 2008; Hickey et al., 1996; Hooker et al., 2005; Michael et al., 2012). None of these studies recognised or acknowledged the vulnerability of these older adult peer leaders within their papers. However, subsequent follow up of the PRAISED intervention (Michael et al., 2012) has shown that regular inoculation visits, providing blood pressure checks and health advice from qualified nurses, has played a major role in participant adherence to the exercise classes. The authors did not believe that the classes would still be running after 12 months if there was no regular professional input (Resnick et al., 2014a; 2014b).

Castro et al. (2011) present an additional study acknowledging the vulnerability of interventions and activity sessions as a result of being run by volunteers. The TEAM randomised controlled trial involved 12 volunteer peer mentors providing telephone advice to inactive older adults aged 50 years and over. Four of the 12 peer-mentors recruited to the TEAM randomised controlled trial (Castro et al., 2011) dropped out. One left as a result of being unhappy with the level of responsibility, one lost interest, two dropped out because of serious health conditions. These reasons for dropping out were all familiar to our Action Research Group, thus suggesting that the vulnerability of volunteers is a robust finding, not dependent on a particular study methodology or location.
8.2.8 External support

Despite the loss of a quarter of the volunteers, Castro et al. (2011) report a successful intervention. The peer-mentors who took part in the TEAM study were carefully selected, trained and supported throughout the three years of their engagement. The authors attribute a great deal of the success of the intervention to this external support of the volunteers. The researchers invested time and money in training and supporting the volunteers which lead to success both in volunteer retention and programme delivery and efficacy (Castro et al., 2011). Similarly, the volunteers in the studies included in chapter two by Buman et al. (2011), Hickey et al. (1996) and Michael et al. (2012) received training and support from those responsible for the intervention. However, the committees of the Neighbourhood Schemes in Calderdale did not receive the same level of training and ongoing support. Whilst the Schemes had been set up and supported initially by the Neighbourhood Schemes Team from Calderdale Council, once they had elected their own committees and developed a constitution, they were independent groups, free to source their own funding and develop as they wished. As has been shown in the action research study, this freedom was not always helpful. The ARG members from High Five and Reach Out both appreciated, and benefited from, the support and structure provided by being involved in the action research study. The action plans that were developed provided focus and opportunities for learning and development. Once this support and external facilitation came to an end, both committees returned to being inward looking, just about managing to keep their Schemes going. Whilst for High Five, there was a great deal of planning and activity provision, there was also an element of extreme vulnerability, as so much of the responsibility for the Scheme lay with Sue, as Chair and activity leader. For Reach Out, there was no planning, no new promotion, few new activities and a sense that the Scheme was just ‘ticking over’. Both Schemes needed external support to strengthen their committees, maintain momentum (the ‘buzz’) and ensure that they were planning for the future. Such support will form a key part of a model to promote physical activity amongst older adults and will be discussed further in section 8.3.

8.2.9 Leadership, vision and planning

Similarly important to the successful delivery of community activity sessions is strong leadership within a group. This was described in the qualitative study in terms of the importance of an activity leader who was able to recognise participants’ particular needs and adapt a session accordingly (chapter four, section 4.2.1) and the presence of a key person who would welcome members and make them feel at ease (chapter four, section 4.2.5). Through the action research study, we learned about the impact of strong leadership. Not just about the ability to lead others, but also about the importance of having vision, inspiring and including others. Where strong leadership was lacking, at Reach Out, the Scheme
was described as ‘drifting’ and ‘lacking direction’. There were several key differences between High Five and Reach Out which could be explained in relationship to the leadership of both Schemes. Sue’s dynamic, forward-thinking leadership had led to the development of a clear plan for the development of the Scheme; for well structured and planned activities. By comparison, the lack of leadership at Reach Out meant that there was no plan for future development or funding; that activities were arranged *ad hoc* and that ideas were put forward tentatively as opposed to being part of a clear structure.

Sue had not received any training in leadership from the Neighbourhood Schemes Team and was drawing upon her own life experiences, skills and personality to lead the group. There is little discussion of the importance of strong leadership in the literature on physical activity promotion amongst older people. Where there is reference to leaders, this is reported in relation to them leading researcher-developed interventions and having received training to do so, as demonstrated by the studies described in chapter two (Buman et al., 2011; Davies et al., 2008; Hickey et al., 1996; Michael et al., 2012). However, in the broader literature on social ecological models of health promotion, strong leadership and commitment are recognised as a key elements of success in the reviews of social-ecological approaches to health promotion and physical activity conducted by Fleury & Lee (2006) and Golden & Earp (2012). Rothwell et al. (2010) also identified strong leadership as a crucial element of success in their case study of the Welsh Network of Healthy Schools Schemes, which were developed to promote good health in schools. The importance of leadership is discussed further in section 8.3.

### 8.2.10 Image and presentation

Knowing about and tailoring promotion to particular audiences was an important finding in both studies. In the first study, the issue of naming and labelling groups and activity sessions came up in relation to both the Neighbourhood Scheme for South Asian ladies and also in relation to exclusivity. In order to attract South Asian ladies to the Scheme, the organisers had adopted the term ‘Gup Shup’, meaning ‘chit chat’. This was something that the ladies could identify with and proved to be a successful strategy. Conversely, labelling schemes and activities for ‘Over 50s’ had been an unpopular strategy amongst some participants. There was a reluctance, or perceived reluctance, amongst some participants to engage in anything which defined people by their age. This was particularly evident in the second study, where several questionnaire responses stated that activities should be defined by interest, rather than age.

The issue of how the Neighbourhood Schemes were perceived by people who did not attend had a strong effect on the two committees that took part in the action research study. Both committees made the decision to remove the ‘Over 50s’ label from their constitutions and promotional material, focussing instead on the type of
activity and its availability to all members of the local community. It was thought that there was no need to attach an age to an activity, because if it was held between 9am and 5pm on a weekday, the likelihood would be that only those retired, or out of work, would attend. In both studies, participants stated that physical activity sessions would benefit people of any age and that people under 50 years should be welcomed. Advertising activities for ‘Over 50s’ excludes people who might value attending. It was thought that people, whatever their age, come back if they like the group. If they disliked the fact that the membership was dominated by people much older than them, then they would not return. However, they would have not been excluded in the first place. Instead of advertising groups and activities for ‘Over 50s’, they should be advertised by the group name alone, as ‘community activities’, or by appealing to people through the specific activities on offer.

The issue of the ‘Over 50s’ label acting as a barrier has not received attention in the literature regarding older adults’ engagement in physical activity. A systematic search conducted in the databases CINAHL, Embase, HMIC, MEDLINE, PsychINFO, Social Policy and Practice and the Social Sciences Citation Index produced ten hits, only one of which was related to how older adults defined themselves with regard to their age (Minnigerode, 1976). This study reported that all participants aged in their 50s and 60s regarded themselves as ‘middle aged’ and did not describe themselves as ‘old’. The opportunity for further research on this issue is discussed in this chapter, section 8.6.2.

The challenge of appealing to men arose in the qualitative study and remained a challenge throughout the second study. As shown in chapter three, there were far fewer men taking part in the first study than women, which reflected the membership within the Neighbourhood Schemes. It was felt that the activities on offer were not appealing to men and a number of theories about why this was the case were presented. It was suggested that men did not like to be organised; did not enjoy being in groups that were dominated by women; were more interested in a particular activity, rather than in being a member of a group, often preferring solitary activities; and would only come to a group activity if they came with their spouse. It was certainly the case that the majority of men who were members of the Neighbourhood Schemes attended with their wives. The men who took part in the first study who did not attend a Neighbourhood Schemes’ activity, attended no group activities at all, yet were very physically active independently. Four of the male participants were members of a table tennis club and were committed to that particular activity, which supported the idea of the sport itself providing the motivation, rather than any general group membership. Evidence from the Men’s Sheds movement indicates that men do respond differently to offers to take part in activities with others, not necessarily recognising the benefits of engaging in group activities (Howard, 2014). The need for a different offering for older men is also
being recognised in the development of initiatives such as walking football (Ince, 2014).

In the second study, the Action Research Group sought to attract men to the Scheme activities by developing a promotional leaflet using quotes from male participants, highlighting the positive aspects of taking part in a group activity. These were to be delivered to bowling clubs, where it was known that there were male members. The activities run by High Five and Reach Out thought to appeal to men were promoted, those being walks, table tennis and darts. Unfortunately, these leaflets were not delivered to the bowling clubs, so we do not know if this approach would have been successful. However, we do know that only one new member was male and have reports that men who had attended Reach Out in the past had ceased to attend. This indicates that the group and the activities on offer did not appeal to local men. Promoting physical activities to men is an area which warrants further research and this will be discussed in section 8.6.2 of this chapter.

The challenge of appealing to the ‘uninterested’ was also evident in both studies: how to attract people who, it was perceived, were not engaging in any activity at all; people who had no one to encourage them to attend a group session, or had no interest in joining one. Whilst there were participants in the first study who were active independently, they were in a minority within the research study. The second study made a concerted effort to appeal to people in their homes, using positive quotes from the first study to encourage them to join the Neighbourhood Schemes. The offer to speak to, or meet, someone before attending a session was offered as a direct response to the question of how to encourage a person who had no one to attend with. The fact that three new attendees did telephone the number on the leaflet and subsequently attended sessions indicates that this approach could be successful. However, the results were small. These three telephone calls were generated from a delivery of approximately 350 leaflets, flyers and posters. Given what we have learned about the characteristics of both organised and independent activities that appeal to older adults, further research should be carried out in applying these findings to attempt to appeal to the ‘uninterested’, including examination of the cost-effectiveness of promoting physical activity in this way. The difficulties of appealing to people who are in most need of physical activity interventions is discussed in Stathi et al. (2014) and this study confirms those challenges.

8.3 A social ecological model for promoting physical activity amongst older adults

As discussed in chapter three, section 3.6.1, the studies in this thesis are situated within a social ecological model of behaviour change. In recognising and understanding the relationships between personal and environmental factors, social ecological models provide a framework that acknowledges the multilevel
influences on physical activity engagement and can assist in the development of effective interventions (McLaren & Howe, 2005). It can be very difficult to become a more physically active individual and this is reflected in the figures presented in chapter one (section 1.3) regarding the current levels of physical activity in the UK population. According to social ecological models, the environment (physical, social and cultural) plays an important role in supporting behaviour change. Focus should not just be on changing the individual’s behaviour, as might be the case in psychological models such as the Theory of Planned Behaviour (Ajzen 1988; 1991) or the Transtheoretical Change models (Proschaska & DiClemente, 1982), but also on making it as easy as possible for individuals to make that change; by also focusing on the structures that support behaviour (McLeroy et al., 1988).

Adopting a social ecological approach within this PhD research has identified influences on physical activity engagement at multiple levels. In order to maximise engagement, each of these levels should be addressed. Drawing upon the social ecological models discussed in chapter three (section 3.6.1) the following model for promoting physical activity amongst older adults is presented. The five level model is illustrated in Figure 8.1 and is described in sections 8.3.1 to 8.3.5.

**Figure 8.1 A social ecological model for promoting physical activity amongst older adults**

![Figure 8.1](image)

**8.3.1 The individual, or intrapersonal, level**

A social ecological model that focusses on the importance of environmental factors in influencing behaviour change must not neglect the importance of individual level
change. Whilst this study did not seek to use a psychosocial model to change older adults’ behaviour at this intrapersonal level, such targeted interventions would be an important component of a comprehensive social ecological model (McLeroy et al., 1988; Sallis et al., 2006; Stokols, 1996).

The second theme of the qualitative study: ‘Personal attributes’ (chapter four, section 4.3) relates directly to the intrapersonal level of a social ecological model, where beliefs, attitudes, biological factors and personal history all play a part in the adoption of healthy behaviours (Centers for Disease Control and Prevention, 2014). Many older adults within the first, qualitative, study were unable to talk about the characteristics of the activities that they undertook without also talking about their own personal attributes. These included seeing themselves as lazy; motivated; needing challenge and a sense of achievement; or feeling that being physically active was an essential part of their identity. These attributes are included in the category ‘It’s more about me’ (chapter four, section 4.3.1). In addition, the impact of an individual’s health, and views about the benefits of physical activity to their health, influenced engagement for some participants. These personal influences are included in the categories ‘My own ability’ (chapter four, section 4.3.2) and ‘It’s good for me’ (chapter four, section 4.3.3). The presence within these findings of both the characteristics of activities and of the participants’ own personalities indicates that both levels should be addressed in a successful model.

8.3.2 Relationships, or the interpersonal, level

The importance of relationships is acknowledged in individual level behaviour change models such as the Theory of Planned Behaviour (Azjen, 1988; 1991) and the adoption of a social ecological approach does not preclude the adoption of specific psychosocial models such as TPB to act at both the interpersonal and intrapersonal levels. Findings from both studies demonstrate the importance of relationships and the influence of others on engagement in activities. In particular, these include the sociable nature of engaging in group activities. Many participants, from both studies, stressed the importance of having someone to go to an activity with, or of having someone call for them to engage in physical activity. Relationships were built, and maintained, through attending groups and activities together and these were an important driver for engagement. On the basis of the responses given in these studies, highlighting the sociable nature of activity sessions could lead to an increase in engagement and attendance at group activity sessions.

Whilst friendships between group members appears to encourage attendance for some individuals, the danger of appearing ‘cliquey’ to new attendees must also be recognised. In both studies, respondents reported finding it difficult to walk into an existing group on their own. To combat the likelihood of activity groups appearing
‘cliquey’, group members should identify a key person to ‘meet and greet’ new attendees, ensuring that they receive a warm welcome. Beyond this initial welcome, group members should pay attention to the atmosphere created within their sessions. Maintaining the ‘buzz’ in activities can be difficult, but if groups become complacent and cease to encourage feedback and involvement from their members, then there is a danger that attendees will lose interest and will not return.

8.3.3 Perceived environment

Where the studies included in this thesis add most to the existing literature on physical activity engagement is in the identification and recognition of factors at the environmental and policy levels of a social ecological model. Sallis et al.’s (2006) level of the ‘perceived environment’ is adopted here due to its recognition of the importance of the physical and social characteristics of activities and environments that influence engagement in physical activity. The first overarching theme in the qualitative study in this thesis relates directly to these characteristics: ‘What makes the activities accessible and appealing?’ (chapter four, section 4.2). That is, how easy is it for older adults to go to activities and to remain engaged? Within this theme were the categories of flexibility, variety and accessibility; affordability; accessibility; sociable; welcoming; enjoyable; weather, seasons and time; together with consideration of how to appeal to different sub-groups of the older adult population: men, the uninterested, and different age groups. These are all factors that should be considered at an environmental level when looking at developing and promoting physical activity interventions.

Ensuring that the activities on offer have maximum appeal is a key element of increasing engagement. Interventions focussing on the individual level predictors of engagement require attractive activities to signpost older adults towards. The dynamic relationship between influences at this level and at the community and policy levels will assist in the development of interventions that take into account the optimum conditions for engagement.

8.3.4 Community, or organisational, level

For McLeroy et al. (1988) there are three further levels to a complete social ecological model: organisational, community and public policy. The community and organisational levels are similar in that they contain norms, rules, regulations and networks. For McLeroy et al. (1988), community groups are included at the organisational, or institutional, level along with churches, workplaces and the related structures that promote or inhibit healthy behaviours. Voluntary associations and neighbourhoods, on the other hand, are included at the community level where social resources and social identity can influence behaviour change. In viewing communities as ‘mediating structures’ (see chapter three,
section 3.6.1), it is possible to see how the Neighbourhood Schemes can play an important role in influencing behaviour, through promoting attitudes and beliefs that promote the importance of physical activity. In this sense then, the Neighbourhood Schemes can be seen as an important resource for those acting at the policy level. Providing appropriate support and training to committee members creates multiple skilled volunteers, thus building social capital. If community organisations like the Neighbourhood Schemes are to be successful they will need to be supported both financially and with assistance from paid support staff (chapter seven, section 7.4.3.3), again highlighting the importance of the dynamic relationship between different levels of the social ecological model (Stokols, 1996).

The learning from the action research study greatly influenced our understanding of the importance of factors at the community, or organisational, level. Whereas McLeroy et al. (1988) made a distinction between community and organisation, the two terms are brought together here in recognition of the fact that the community groups involved in the action research studies were a hybrid of the two. They were not quite an informal network, as they had formal committee structures and roles. On the other hand, they were not quite a formal organisation like a workplace, as they had freedom to change, develop, or cease to deliver activities with relative ease and they were run entirely by volunteers. In Sallis et al.'s (2006) model of domains of active living, the level 'behaviour settings' has some relevance here, as community organisations, facilities and programmes are included and discussed at this level.

Recognition of the importance of the image projected by the Neighbourhood Schemes was a key learning point in the action research study. The Group members understood that one style of promotion would not suit everyone that they were seeking to appeal to. We also learned that using the term ‘Over 50s’ was acting as a hindrance to the Schemes’ appeal, as few older adults identified with the term (chapter seven, section 7.4.3.4). In one instance, targeting promotion at a particular type of older adult in a specific geographical location had worked. By comparison, using the same type of promotional material to attract new attendees from a much larger and more heterogeneous area had not enjoyed the same success. Feedback from this area indicated that the image presented was very much at odds with how the Group members perceived themselves (chapter seven, section 7.4.3.4). In terms of future promotion, the Scheme members agreed to undertake more targeted publicity, using images directly related to the target group, whether that be men, younger older adults, or those who are frail and vulnerable (chapter seven, section 7.4.4.3).

Linked to the image portrayed are the characteristics of the locations where activities take place. At this community / organisational level, attention should be paid to the venues that are used: their location, the atmosphere that they create and the psychological accessibility. Using churches, or other buildings associated
with a particular ideology (Conservative Clubs, Working Men’s Clubs) or with other cultural significance, is not ideal as some older adults will not feel comfortable in these environments (Horne, 2007). Ensuring that venues are easy to access, both physically and psychologically is an important factor for community groups and organisations to consider in order to maximise engagement, although it should be acknowledged that, within particular communities and areas, the luxury of a choice of different types of affordable venues does not exist.

The importance of strong leadership; having vision for the development of activities and groups; planning for the future; and nurturing and supporting volunteers to take on responsibilities all arose through the action research study (chapter seven, section 7.4.3). Each of these factors benefited from the external support and facilitation provided through involvement in the study; each had also taken a step backwards following the end of the formal research period. External support was required once again. The relationship between these organisational characteristics and the support that should be considered at the policy level is discussed in the following section.

8.3.5 Policy level

At a policy level, much can be done to support the adoption of physical activity. However, the initiatives discussed in chapter one, section 1.4, appeared to have had little impact on the participants in these studies. No one mentioned the influence of any of the national policy initiatives as a driver for engaging in physically active behaviour. By comparison, local policy decisions to end subsidies for free swimming and reduced cost adult education had a direct impact on the self-reported physical activity of participants in the first study (chapter four, section 4.1.1 and 4.1.2). Local decisions, which directly affected local people, appear to have had a greater impact than national campaigns to encourage healthy behaviour.

At this public policy level, increased engagement in physical activity and reductions in social isolation can be supported through funding staff such as those in the Neighbourhood Schemes Team. Well supported Neighbourhood Schemes committees can, in turn, influence policy development through demonstrating their success and impact. This dynamic, reciprocal interaction is a key element of a social ecological model (Stokols, 1998). If well supported, community groups like the Neighbourhood Schemes may be able to have great influence on creating environments that support and promote physical activity (McElroy, 2002). In changing the structure of Health and Social Care in Calderdale (see chapter six, section 6.2), the local Council had made a clear step towards promoting prevention and early intervention. However, this was undermined by inadequate financial and human support provided to community groups. At the macro political level, funding cuts and austerity measures were reducing the support available to the
Neighbourhood Schemes and other activities (free swimming, reduced cost adult education), thus the opportunities for community members to engage in physical activities were reduced (see chapter five, section 5.3.2).

In addition to providing funding and organisational support to community groups and organisations, support is needed to ensure that they remain well connected with others engaging in similar activities. Within both studies, acknowledgment was given to the benefits of learning from others providing activity sessions; through sharing what works and what has not been successful. As shown in the action research study, these contacts and connections are not maintained without external support. Systems and structures therefore need to be developed and supported to ensure that the benefits of connecting with others are realised.

Changes which affect social and physical environments that are supported by local and national policy will have a greater chance of broader and sustained influence and success (King & Sallis, 2009).

8.3.6 Summary

The studies within this thesis extend the growing literature on motivators and barriers to engaging in physical activity through specific acknowledgment of the influences on behaviour at multiple levels. The characteristics of the activities on offer (perceived environment) have been explored, together with the influences present at the individual, interpersonal, community / organisational and policy levels. The physical and social structures that influence engagement in physical activity have been examined (Spence & Lee, 2003). Through the two-phase research design employed, important elements of attractive physical activities were identified (the social and physical environment, together with intra- and interpersonal factors) and subsequently applied to the promotion of activities run by the Neighbourhood Schemes. In doing so, we were able to learn about the community, organisational and policy level factors that influence both engagement in physical activity and the successful delivery of community-based and community run activities.

8.4 Strengths and limitations of the research

Initially, I had intended to test out the findings from the first study with a larger sample from a wider geographical area, which would have gone some way to assessing the generalisability of the research findings. Instead, I chose to focus down on an even smaller geographical area in the action research carried out for the second study. Through this method, I was able to test out ways of promoting activities and groups, to see what would work in practice. It was my intention from the beginning of this doctoral research to effect change. I wanted to see more older adults undertaking more physical activity. In addition, I had a personal commitment to the Neighbourhood Schemes, having overseen their development when I
worked as a commissioner for Calderdale Council. For these reasons, the use of a participatory research methodology made sense. In these next two sections, I address the issues of rigour and quality in the two studies to demonstrate the strengths of the research. In section 8.4.3 I acknowledge the limitations of the research.

8.4.1 Rigour and quality in study one

In chapter three, section 3.9, I explained the principles which I applied for ensuring that I undertook rigorous research as ensuring that I was careful and consistent in the research practices; clearly explaining the research process and context and demonstrating reliability in the analysis and conclusions drawn (Davies & Dodd, 2002). The specific criteria that I have applied to this first study are those of credibility, dependability, transferability and confirmability (Lincoln & Guba, 1985). Detailed consideration of the quality criteria was presented in section 3.9, so this section presents a summary only. The credibility of my research was tested through member checks with a selection of participants and through discussions with my supervisors as the data collection and analysis proceeded. I was able to check both my understanding of the findings and the emerging codes, categories and themes. Persistent questioning from my supervisors enabled me to examine and question my assumptions, as the study progressed.

Credibility can also be demonstrated through prolonged engagement in the field and through persistent observation. Whilst these were not elements of the research study, I did bring to the study an in depth knowledge of the borough of Calderdale and of the services, support and facilities available to older adults in the borough. My knowledge of the context of the study was deeper than would have been possible had I no history of working in both the voluntary and statutory sectors in Calderdale. Reflections on my role within the study are presented in this section, with regard to dependability.

Dependability is demonstrated through a clear audit trail through the research from foundation, methodology and methods to analysis and conclusions. In chapters one, two and three I have presented the foundations of the research. These chapters set the context for the research, highlighted the gap in the literature and discussed the methodology and the methods adopted for the study. The process of data analysis is explained in chapter three, with examples of the analysis provided in Appendices 14, 15 and 16. The results of the study are presented in chapter four, where the developed themes can be seen, and are also summarised in this chapter. Conclusions drawn from this study, with implications for policy and practice, together with recommendations for further research will be presented in sections 8.6 and 8.7. Thus the audit trail for this study is clear.
Reflexivity is an important element of dependability, as my own role and perspective will have affected the way in which I have approached and understood the research study. Again, this was considered in chapter three, section 3.11 and will also be addressed in relation to the action research study in section 8.4.2, so those sections supplement the reflections here. I made the decision to carry out the study in Calderdale because I had worked in the borough for 12 years and had an in-depth knowledge of the locality, the services and organisations that supported older adults. As Partnerships for Older People Projects (POPP) Programme Manager and then as Commissioning and Strategy Manager for Older People and Physical Disability Services, I had developed excellent working relationships with many voluntary sector organisations and with the Pensioners Association. I had line managed the Neighbourhood Schemes Team for two years and oversaw the expansion of the Schemes across the borough. Since leaving Calderdale Council at the end of 2009, I had been a Trustee of Age UK Calderdale and Kirklees, becoming Vice Chair of the Board in 2011. I also began to carry out some freelance work for the local Carers support organisation, which maintained the link that I had established as POPP Programme Manager. My existing relationships with these organisations, and the fact that I was proud of the achievements of the POPP programme, meant that I had knowledge and a positive viewpoint that a truly ‘external’ researcher would not have possessed. There was a danger that I could feel defensive about any criticisms of the Schemes brought by participants, particularly in relation to why they were targeting people over 50 years. In reality, my knowledge of the foundations and development of the early Schemes meant that I was able to understand participants’ concerns and facilitate discussions that I was familiar with. This first study was not about reviewing the success of the Neighbourhood Schemes’ activities, but about identifying the characteristics of physical activities that appealed to older adults and not all of the focus groups and interviews included people who were attending Schemes’ activities.

Recruiting participants for the first study was straightforward, since I was able to link in with work that both Age UK Calderdale and Kirklees were undertaking with regard to promoting physical activity and with the work that the Neighbourhood Schemes Team were doing in supporting the various independent Schemes across the borough. I do not believe that the gatekeepers that I approached felt obliged, or coerced, into helping me with my research study, as our goal of increasing the numbers of people engaging in physical activities was shared. I was fortunate to be recruiting into the study at the same time that Age UK were holding a ‘showcase’ of physical activity opportunities that were available in the borough. I was able to have a stand at the open event, where I could talk to people about my study and invite them to participate. Similarly, the Neighbourhood Schemes Team were focussing on how to encourage older adults to join local activities and my research into the essential characteristics of interventions to promote physical activity would enhance their work. The Team manager stated in an email that my timing “couldn’t be better” as they were at the point where they were seeking external help. The NS
Team asked for my help in planning their work in promoting the Neighbourhood Schemes’ activities and I facilitated an ‘away day’ for the team in September 2011. I was invited to present the findings of the first study at two Neighbourhood Schemes Networking Days in April and October 2012, thus sharing the findings before the publication of the thesis.

I believe that the fact that I had worked in the borough since 1998 and that I was a volunteer member of the Board at Age UK Calderdale and Kirklees gave me credibility in the eyes of the research participants. Whilst I was meeting with them as a representative of an external research institution, they could see that I had a longstanding commitment to older adults in the borough, with knowledge of the local situation. This knowledge also meant that I was able to recognise and understand the structure and nature of the local activities that participants referred to, meaning that I did not have to ask for detailed descriptions for the references that they made. In analysing the data and in developing themes, I took steps away from the knowledge that I had of the context in which the study took place, as I focussed on the codes and categories that I developed, creating higher levels of abstraction. However, it is difficult to completely suppress one’s personal knowledge, so I believe that the final themes which were developed were in some way influenced by my knowledge of the activities that participants were undertaking. For example, I knew that there was much value placed on the fun and laughter in some of the Tai Chi sessions, as I had attended some sessions myself. I knew that one of the activity co-ordinators played a vital role in making people feel welcome, as I had seen him in action. I knew that the Neighbourhood Schemes’ activities were not well attended by men, as I had been involved in discussions about this with Neighbourhood Schemes Team members in the past. However, these observations and reflections only apply to the findings derived from focus groups and interviews with attendees of the Neighbourhood Schemes, who constituted 33 out of 61 of the study participants. For the participants who were recruited through the Age UK ‘showcase’ event, I had no detailed knowledge of the groups and sessions that they attended. The fact that they focussed on the same kinds of characteristics as having appeal suggests that my own knowledge had not adversely influenced my understanding and analysis of the findings and adds to the evidence of rigour within the study.

In this study, transferability can be assessed through the level of detail that I have provided about the context within which the research took place. In providing detailed information about the geographic and demographic profiles of the borough of Calderdale and of the participants in the study in chapter three, together with the discussion guides for the focus groups and interviews, this study could be replicated in other areas and regions. Finally, confirmability is demonstrated by the detailed explanation of the analytical process that I followed and by the inclusion of the examples of the final index, thematic chart and the categories and classifications, which are included in Appendices 14, 15 and 16.
8.4.2 Rigour and quality in study two

According to Levin (2012), the academic integrity of action research depends both upon the fact that action is taken to solve local problems and that those actions and the process surrounding them are subject to critical review, so as to produce sound research findings. It is important to demonstrate both relevance and rigour (Levin, 2012). The assessment criteria developed by Waterman et al. (2001) suggest 20 questions for evaluating action research projects, which require a comprehensive examination of both rigour and relevance. It is for this reason that I have chosen to critically reflect upon my own research using these criteria (see Appendix 4).

The aims and objectives of the action research study have been clearly stated in chapter five, section 5.1 and in chapter six, section 6.1.2. The study’s core aim was to use the findings of study one in promoting existing Neighbourhood Schemes’ activities, in order to increase attendance and membership numbers within two specific Schemes. Increasing numbers was relevant to both Schemes, as the sustainability of these community groups depended upon fees collected through membership and attendance at activities. If the activities did not attract new people, they would not be able to continue.

According to Waterman et al. (2001), the first phase of action research requires a sound investigation of the situation under study, in order to set the context for action. For this action research study, the qualitative first study produced findings that could be used in the promotion of activities, that were derived through rigorous research methods. These findings were used in the action planning phase of the research and direct quotes were used in the promotional material. All phases of the action research process have been clearly outlined in chapters six and seven. The cycle of problem identification, planning, action and evaluation can be seen through these chapters.

The participants in the action research study are described in chapter six. All participants were invited to take part in the study if they were interested in working together to address a shared problem. Committee members from two Neighbourhood Schemes and from the team supporting the development of the Schemes volunteered to take part. They were not approached individually, but responded to an invitation to participate following a presentation of the findings of the first study. The co-researchers were in positions of responsibility within their Schemes, so were able to take decisions and action regarding the operation of the Schemes.

The local context of the study is considered in chapters five, six and seven. The micro and macro political situations are addressed and the demographic, geographic and structural differences between the two Schemes are considered.
Values and beliefs were challenged through the feedback that was received through the questionnaires, as the Action Research Group (ARG) members considered how they were perceived from the outside. ARG members often disagreed on issues regarding age and the population to be targeted by the promotion. However, they maintained a respectful manner in listening to each other and in negotiating actions which were acceptable to all. The study may have been enhanced by more structured and organised critical reflection of the beliefs and values that underpinned the positions that we took. However, our discussions tended to be action orientated and we did not ask ourselves ‘why do we think that?’ as often as we could have done. If the study were to be undertaken again, I would build in more structured opportunities for critical reflection of the values and beliefs of the Group members.

The relationship that I as researcher had with the other ARG members has been discussed in part in chapter five, section 5.3.1, where I discussed positionality, in section 5.3.5 were I considered ethical issues and in chapter six, section 6.4 where I discussed data collection methods. The ARG members’ roles in making decisions and the level of their participation is well described in chapters six and seven. Reflecting back upon my role throughout the study, I see that I played a crucial part both in holding the Group members together and in guiding them through the action research process. The two Schemes would not have worked together to solve their shared problem of low membership numbers had I not invited Neighbourhood Schemes' committees to participate. Indeed, the two committees admitted that they had no contact with one another outside of our ARG meetings and thought that they were unlikely to maintain regular contact beyond the formal study phase, although relationships had been forged through the process. Whilst I held the Group together, it is not the case that the decisions that were made and the actions that were taken were dominated by my opinions or agenda. Admittedly, I wanted to see if the findings from the first study could have an influence on engagement in physical activities, but the Group members decided collaboratively upon how the findings would be used. My discomfort with the methods for monitoring the effects of our actions (as discussed in chapter six, section 6.4) demonstrates that I did not insist upon the study conforming with my own views regarding research methods. The ARG members were clear about the level of monitoring and data collection that was acceptable to them and I had to reach agreement with them, whilst stating my misgivings.

My history with the Neighbourhood Schemes, having line managed their initial development, meant that I had an existing positive viewpoint towards the work that they did. There was a danger that I could feel ‘too close’ to the Schemes to see any negative aspects. However, the fact that I had not been involved in the Schemes for two and a half years and that I had no prior history with either High Five or Reach Out helped me to maintain some critical distance.
The nature of male membership of the ARG warrants some reflection here, as I believe I would have handled these relationships differently, were the study to be undertaken again. Men were in the minority in this action research study, as indeed they were in the first study and in the wider membership of the Neighbourhood Schemes. The initial ARG membership included a man from each of the Schemes and from the NS Team. However, the male participant from Reach Out gave his apologies at the start of the first meeting and nominated a female replacement. He had stated that he needed to be somewhere else for the duration of the meeting, yet remained on the periphery of the Group, dipping in and out of the discussions. Later on, the other ARG members from Reach Out stated that they thought he had not felt comfortable in taking part; that he had not understood what would be involved. Part way through the summer, this man resigned altogether from Reach Out and the members thought that the activities of the ARG might have had something to do with this. At the third meeting of the ARG I learned that, prior to the action research study, this man had been responsible for the promotion of Reach Out’s activities. He had set up a website and a Facebook page and had used his own telephone number on publicity material. With this knowledge, the ARG should have been more sensitive in involving him. As he had removed himself from the study at the commencement of the first meeting, we had ceased to involve him. However, we should have recognised that his peripheral attendance indicated an interest.

Co-researcher Brian, from High Five, attended each of the ARG meetings and met with me to discuss distribution of leaflets part way through the study. Listening to the recordings and reading through the transcripts, I realised that his comments did not always follow the train of the discussion. I acknowledged his comments and linked them in to the current discussion topic, but it was then a considerable amount of time before Brian spoke again. With the exception of the first meeting, Brian was the only male member attending the ARG meetings. He was chatty and appeared comfortable before and after each meeting, but I can see that I should have done more to encourage his participation during the meetings. I had been told beforehand that he had a tendency to ‘go off at a tangent’ and that he was open to being reminded that the discussion had moved on. With hindsight, I believe that this made me treat him differently within the Group and that I had an expectation that his contribution would be less relevant than that of the other Group members.

Co-researcher Paul, from the NS Team, attended only the first meeting of the ARG but was a staunch supporter of the study. As manager of the NS Team he had various demands on his time, which meant that it was difficult for him to give up the time to meet with the ARG. However, he ensured that co-researcher Beth was given the time to take part in the study and he communicated with me regularly by email and telephone.
In terms of project management, this study benefited from the fact that I had worked as a project, programme and service manager within health and social care for 15 years before commencing the PhD. The study also benefited from having Neighbourhood Schemes committee members and NS Team members involved. All ARG members were in positions of being able to approve and effect change. I was clear with the ARG members from the outset that the project would be time limited and that I was self-funding the PhD study, so there was no large budget to spend on actions. We were fortunate to be able to access funding from the University to cover the costs of printing the promotional material, as the Schemes themselves had little or no budget for this. The ARG existed for five months and met three times as a complete Group within this period. It was important that the time that the Group members committed was not onerous, as they each had other responsibilities and commitments. The project was managed to run through a complete cycle of problem identification, planning, action and evaluation during this period. An additional cycle was commenced in the final meeting, with the ARG members taking away a new action plan to implement (Appendix 32).

The methods of data collection are discussed in chapter six, sections 6.4 and 6.5 and it is here that I felt least at ease in my role as a researcher. The extent to which the ARG members were willing to question new attendees to determine their reasons for coming along to a session fell short of the amount of detail that I would have liked. The ARG members were only willing to engage in informal chats, during which they would ask how the new person heard about the activity, whereas I would have liked to know exactly which element of the promotional material they were responding to. Was it the quotes about enjoyment, affordability, social engagement or the offer of speaking to someone before they came? To some extent, we were able to measure the impact of the offer to contact someone beforehand, as we know how many people took up that option. Negotiating acceptable data collection methods with participants in an action research study, who had no formal research background presented challenges which took some time to overcome. It was agreed that additional data would be gathered through administering a questionnaire, thus creating some triangulation of methods. The questionnaires generated rich findings, which were fed back to the ARG in the final meeting, as well as through individual conversations, and formed the basis of the next cycle of planning and action. Due to the small numbers of questionnaires administered and returned, explanatory statistical analyses were not performed.

The findings and outcomes of the first cycle of action research are presented in chapter seven. These have been presented in terms of the effects of our actions, the lessons that we learned and the extent to which we achieved the aims and objectives of our study. Within the same chapter, plans for future action are described. This action research study has shown the effects of applying the findings of the rigorous formative research conducted in the first study to the promotion of physical activity sessions within the community. Thus it complements
the existing research on barriers and motivators to engaging in physical activity and suggests an alternative emphasis for promoting engagement in physical activity. The change that was generated within the action research study is accompanied by generation of theory that can extend beyond the specific local context.

In chapter three (section 3.9) and this chapter (section 8.4.1) I explained the criteria applied to demonstrate the ‘trustworthiness’ of the research, those being credibility, confirmability, dependability and transferability. As with the qualitative first study, I was able to test the credibility of the action research through presentation of the findings at a Neighbourhood Networking Day in October 2012. All of the members of the ARG were present and took part in the discussions following my presentation. They were able to confirm that the findings presented were sound. Additionally, four members of the ARG were filmed to contribute to three further presentations that were given in 2013 and 2014. The findings section of these presentations was delivered by the ARG members themselves, thus adding to the credibility of the presentation of the research.

Confirmability and dependability can also be demonstrated by evidencing data trustworthiness. The evolution of the study to adopt an action research approach is explained in chapter five; the development of the Group and of the actions to be undertaken are described in chapter six. The plan for analysing the qualitative data in this action research study is presented in chapter seven, along with a clear explanation of the development of the themes and sub-themes. In vivo quotes are used throughout chapter seven to illustrate and provide evidence for the findings. The recordings of the ARG meetings and the follow-up meeting are available for review, along with the data held in NVivo9. As in study one, a clear audit trail can be followed in study two though foundation, methodology and methods to analysis and conclusions. Dependability is also demonstrated through reflexivity and reflection on my role within this action research study has been presented in chapter five (sections 5.3.1 and 5.3.5), chapter six (section 6.4), and in this current section.

The issue of generalisability is a difficult one for action research, as studies are often specific to a very local context. However, in the case of this study, I believe that there are lessons that can be learned and transferred to other communities in the UK, at least. Thus, transferability can be demonstrated through the detailed descriptions that have been provided, which will assist in consideration of whether these findings could be applied in other contexts. There are further opportunities for research to test out some of the findings and theories generated by this study, demonstrating that a contribution to knowledge and theory development has been made.
8.4.3 Limitations

As with any research, there are a number of limitations to the studies presented within this thesis. Within both studies, there was an overrepresentation of women. Whilst this mirrored the gender balance in community groups and activities in Calderdale, it did not provide a representative sample of the general population over 50 years of age. The fact that activity sessions, particularly within the Neighbourhood Schemes, were dominated by women could easily lead to the provision of activities preferred by women. The dominance of women within these research studies could also lead to a focus on the characteristics of interventions that particularly appeal to women, thus reinforcing the predominantly female membership of activity groups. The feedback received from the male participants within this study indicate that their engagement in physical activities is influenced far more by interest in and enjoyment of a particular activity, rather than by the opportunities for social interaction. Caution should be applied then in focusing on the social element of physical activities as a solution for all members of the older population.

For both studies presented here, participants volunteered to take part. As they were recruited either through the Neighbourhood Schemes or at the Age UK Calderdale and Kirklees Over 50s Activity Showcase, the majority of participants were already engaged in some kind of activity. Snowball sampling led to the recruitment of 23 participants. Very few of these were not involved in some kind of group activity, although the activities were not always physical in nature and many were purely social. Those participants who were not members of a group were physically active on an independent basis. Thus the study did not include anyone who was neither physically active, nor involved in some kind of group activity. Reference was made to spouses, family members or friends who did not engage in any kind of activity, but they were not directly involved in this study.

Both studies are geographically bound, as both took place in Calderdale. However, the level of detail provided for both studies should ensure that they could be replicated elsewhere to ascertain transferability and, to some extent, generalisability.

In terms of the action research study, there may have been some benefit from building in a more formal process for critical reflection of values and beliefs within the ARG, thus encouraging them to examine their own beliefs more deeply. In addition, we could have looked at the literature on increasing membership numbers within the ARG prior to planning the actions that we took. The ARG saw only the findings from the first study and did not consider successful interventions from other research studies, although they did have their own experiences of promoting activities and had detailed knowledge of the context to work from.
Regarding the data collection methods employed in the action research study, the study is limited by the fact that the ARG were unwilling to collect detailed information about how new members heard about the activity sessions, nor did they have data about the numbers of new members following previous periods of promotion. This lack of comparable data and detailed information meant that it was very difficult to know whether our methods and actions did lead to an increase in membership numbers. In order to be sure of our success, we really needed to count numbers. With retrospect, I should have been more assertive about the need to gather more data, taking more time to explain the importance in terms of sound research methods.

Finally, the low response rate to the questionnaires administered by the ARG meant that we were unable to undertake any statistical analyses. The feedback provided through these questionnaires was, nevertheless, very useful to the ARG.

8.5 The contribution of the thesis

The main contribution of this thesis is in the detailed consideration of the characteristics of interventions to promote physical activity that appeal to older adults and the application of those characteristics to the promotion of physical activities. To know what it is about the activities themselves that appeal to older adults adds to our knowledge about the motivators and barriers to engaging in physical activity. Whilst the majority of the findings in this research relate to organised group activities, the characteristics of solitary activities that are undertaken independently are also considered.

In addition, this thesis has presented an action research study, following a community-based participatory research approach, that was undertaken with older adults to test out some of the findings of the qualitative study. Few action research studies have been undertaken with community dwelling older adults, including them as collaborators and co-researchers. This study has been able to demonstrate positive effects, both in terms of encouraging older adults to take part in activities and in learning how to make the activities on offer have a wider appeal.

As a result of undertaking these two studies, a social ecological model for promoting physical activity amongst older adults has been developed and presented. This multilevel model addresses the influences on older adults’ engagement in physical activity at five levels: individual (or intrapersonal); relationships (or interpersonal); perceived environment; community / organisational; and policy. Interventions to promote physical activity will have the greatest effect when they act at the multiple levels presented in this model.
8.6 Recommendations for policy, practice and further research

8.6.1 Recommendations for policy and practice

The nature of action research is such that practice changes within the study itself. Future action that was planned for practice change within the Neighbourhood Schemes involved in the study is presented in chapter seven. These included removing the ‘Over 50s’ label from the Schemes’ constitutions and from any publicity and promotional material. The findings in both studies demonstrated that few people over the age of 50 years identified with this label, being more likely to find that it put them off joining a group that defined itself by the age of the members. It is recommended that groups holding an ‘Over 50s’ label within their identity consider whether this is acting as a hindrance to their appeal and remove or change any label that identifies the group by age. Instead, activities could be badged as ‘community activities’, or by naming the types of activity on offer.

As discussed in chapter one, section 1.6, the changes to the health and social care policy landscape and the establishment of Health and Wellbeing Boards provides an opportunity for local people to influence public health provision in their local areas (DH, 2012). The shifting of the focus of healthcare onto prevention means that community groups like the Neighbourhood Schemes have an important role to play in Public Health. Consideration should, therefore, be given to the leadership of community groups that are providing physical activity opportunities. Dynamic leadership, providing focus for group members, will prevent groups from drifting along and providing activities only for existing members. Where possible, local governments and health services should offer administrative and organisational support and small grants to ensure that groups keep moving forwards and look at how they can appeal to more people within their local communities. Teams such as the Neighbourhood Schemes Team in Calderdale play a vital role in supporting committees to develop. Funding of external support to community organisations will help to ensure that they are effectively led, with vision and understanding of the need to plan. The issue of the vulnerability of groups and activities that are run solely by volunteers would also be addressed, in part, by external support.

When promoting engagement in physical activities, less emphasis should be placed upon the health benefits of being physically active, as the majority of participants in the first study did not cite this as a reason for engaging in the activity that they did. Whilst these health benefits are important, particularly for people who are living with some kind of chronic condition, they were not often the primary reason given for taking part in activities. By far the most oft cited reason was that activities were enjoyable (chapter four, section 4.2.6). There was real passion in some responses, as people described their love, or hatred, of particular activities. Enjoyable activities made people laugh, have fun, enthused them. It was, for many, the primary reason for engaging in physical activities. As such, policy makers and
practitioners would do well to focus on the enjoyment, fun and laughter that can be found in taking part in physical activities. Enjoyment can be found in solitary activities, but was more often cited as an element of the social interaction that took place within group activities. Sessions were described as enjoyable when there were like-minded people in groups, sharing an interest in a particular activity; when people were friendly and welcoming; when activities were fun and when there was a sense of achievement or friendly competition. These are all elements that those organising groups and activity sessions can seek to include when they are planning activities.

Ease of access should also receive some attention in policy and practice. Engaging in physical activity should be as easy as possible. Barriers of high cost, psychologically and physically inaccessible venues and lack of availability of sessions should be addressed. Where possible, non-church venues should be used to increase inclusivity. Where activities were available at various different times across the week, so that older adults could find the flexibility that they needed, engagement in physical activity was higher. The free bus pass was of great importance to many participants, who talked of their going out more often and going further as a result of being able to travel for free. Any temptation to remove this concession should be resisted, as the reduction in levels of physical activity and social engagement currently facilitated by the free bus pass could easily cost the health and social care economy more than the provision of the pass.

Targeting particular geographical areas where it is known that there are high numbers of residents over 50 years old can be successful when there is a suitable venue for activities centrally located in that area. Further implementation of this approach was planned in Calderdale and could be be followed in other areas.

Finally, targeting men as a discrete group of older adults should be considered. Few men engaged in the community activities that were open to both genders, showing interest in particular activities over more general group membership. Providing opportunities for men to engage in physical activities in single gender groups could encourage more men to participate, but would be subject to further research, as discussed below.

8.6.2 Recommendations for further research

It was disappointing that the targeted promotion of activities that might appeal to men that we planned in the second study did not occur. Whilst one new member of Reach Out was male, the remainder of new attendees across both Schemes were female. This issue of attracting men to take part in physical activities has been addressed in Age UK’s National Older Men's Project, part of the Fit as a Fiddle programme (Age UK, 2012a). This project involved running sessions exclusively for men, rather than encouraging them to attend mixed sessions. Sessions were
often held in venues that men were comfortable in, such as football or cricket clubs. Opportunities for physical activity were run alongside support for men, many of whom were suffering from depression and had experienced social isolation. Whilst the project was positively evaluated, no formal research has been undertaken.

Similarly, the Men’s Sheds movement, originating in Australia focusses on providing opportunities for men to meet through engaging in activities traditionally regarded as masculine, such as woodwork and metalwork (Milligan et al., 2013; Wilson & Cordier, 2013). As with the Age UK project, men’s social and mental health needs are supported within Men’s Sheds, in addition to providing opportunities for health promotion (Cordier & Wilson, 2013). Research into the Men’s Sheds movement is limited and does not consider whether levels of physical activity can be increased through attendance at the Sheds. The limited research has focussed on learning opportunities, mentoring and the broader issue of health and well-being (Wilson & Cordier, 2013).

The first recommendation for further research from this thesis is, therefore, to investigate whether running activity sessions exclusively for men would be popular and successful as interventions to increase levels of physical activity.

There was some frustration expressed within focus groups, individual interviews and amongst the ARG members about how to encourage older adults who were not engaging in activity of any sort to take the first steps to be physically active. Whilst there is a body of literature surrounding GPs’ responsibility for encouraging patients to be physically active (Harrison, 2005; Hillsdon et al., 2002; Horne et al. 2010; Morgan, 2005; Wormald & Ingle, 2004), this would not help in reaching people who do not have contact with any health or social care services. Further research is needed into how to appeal to people who are perceived to be disengaged from opportunities to be both socially and physically active.

The findings from these studies regarding the effect of labelling activities for people ‘Over 50’ suggest that many people feel excluded by the term and do not respond positively to being identified by their age. As stated in section 8.2.1, a systematic search of the literature undertaken in May 2014 failed to identify any research into the effect of labelling activities for ‘over 50s’. Further research into older adults’ views on the labelling of groups and activities is required, to see if this is a major issue with regard to engaging in physical activity.

Two other findings from the research studies included here warrant some further exploration. Reach Out ran one of its non-physical activities from a local tearoom. The owner of the tearoom was happy for this to take place with no charge for the room, as the participants bought food and drinks during the session. This activity had a stronger element of long-term sustainability than the activities that took place
in churches and community centres, where a room hire charge was levied. Further research into the ‘tearoom model’ as a model for sustainability could provide vital evidence for community groups that are struggling to cover their costs.

The second other finding was presented by the participants in the first study who were dog owners. These participants reported being active whatever the weather and were active every day. One participant reported how she had stopped walking altogether when she no longer had a dog, despite her intentions to continue with her daily walks. Another participant talked of ‘borrowing’ a dog so that her walking had a purpose and so that she had company. Whilst not everyone likes dogs, or would want to own one, there may be some merit in investigating whether a model of pet sharing, or dog walking would be successful in terms of encouraging older adults to be active on a regular, if not daily basis. A systematic search of the literature on older adults and dog walking, searching CINAHL, Embase, HMIC, MEDLINE, PsychINFO, Social Policy and Practice and the Social Sciences Citation Index, identified one UK-based study regarding the benefits of dog ownership (Knight & Edwards, 2008). This qualitative study included exercise as one of many benefits of dog ownership and was not designed to identify a link between dog ownership and physical activity. Five studies were identified that examined the link between dog walking and physical activity. Three of these were based in the USA (Gretebeck et al., 2013; Shea, 2012; Thorpe et al., 2006), one in Canada (Toohey et al., 2013) and one in Japan (Shibata et al., 2012). No UK based studies have examined the link between dog ownership and physical activity amongst older adults. Given the positive findings in the US, Canadian and Japanese studies, and the positive findings in this PhD research, the association between physical activity and dog ownership in the UK warrants further research.

Finally, the original idea proposed for the second study within this doctoral research should be pursued. That being to undertake a quantitative study to test the findings from the qualitative study in other regions, to establish resonance and dissonance with the findings from Calderdale. A survey tool should be developed to allow for quantitative analysis of the characteristics of physical activities that appeal to older adults.

8.7 Conclusions

This thesis presents two studies examining the question of the effect of involving older adults in the design, delivery, implementation and promotion of interventions to promote physical activity amongst their age group. The first study identified characteristics that appealed to older adults, that should receive some attention in the promotion of interventions. The findings from the first study were used by the Action Research Group to test out ways of promoting activities and groups, to see what would work in practice.
The literature review presented in chapter two indicates that involving older adults in research to promote physical activity has some success, although it is difficult to say to what extent the success of the interventions was a direct result of this involvement. The two studies presented in this thesis also indicate that involving older adults in the promotion of activities, focussing on the characteristics of activities that appeal to them, has some success. We should be cautious in stating that success was down to these factors alone, as we have seen that there are other variables at play in a community setting. In terms of engaging in physical activities, the ‘Top Six’ characteristics of being enjoyable, accessible, affordable, flexible and, for many older adults, sociable and seasonal have all been shown to be more important than the fact that physical activity is good for health. As shown in the introduction to this thesis, policy and practice has concentrated on the health benefits of physical activity, in order to encourage the population to be active. This research suggests that, to engage more older adults in more physical activity, focus should turn to ensuring that opportunities to be physically active highlight fun, enjoyment, flexibility, affordability, accessibility, social opportunities and should take account of the seasonal nature of levels of physical activity. In addition, community, organisational and policy level influences should be taken into account when seeking to develop effective interventions, which provides us with a combined ‘Top Ten’ of factors that influence older adults’ engagement on physical activity. Care should be taken when labelling activities so as to be as inclusive as possible when encouraging older adults to participate. Resources should be allocated to encourage strong leadership and provide tangible support to volunteers, so that the groups and activities on offer have robust foundations for maximum appeal. Consideration of the ‘Top Ten’ findings of the studies within this thesis, which operate at multiple levels of influence, will lead to the development of interventions with an increased likelihood of success.
References


Age UK (2011) *Fit as a Fiddle Interim Evaluation Report*. Ecorys with the Centre for Social Gerontology, Keele University.

Age UK (2012a) *Fit as a Fiddle Final Evaluation Report*. Ecorys with the Centre for Social Gerontology, Keele University.


British Heart Foundation National Centre (BHFNC) (2012) *Physical activity for older adults (65+ years)*. British Heart Foundation National Centre For Physical Activity and Health, Loughborough University.

British Heart Foundation National Centre (BHFNC) (2013a) *Economic costs of physical inactivity*. British Heart Foundation National Centre Physical Activity and Health, Loughborough University.


British Heart Foundation National Centre (BHFNC) (2013c) *Interpreting the UK physical activity guidelines for older adults (65+). Guidance for those who work with older adults described as actives*. British Heart Foundation National Centre for Physical Activity and Health, Loughborough University.
British Heart Foundation National Centre (BHFNC) (2013d) *Interpreting the UK physical activity guidelines for older adults (65+). Guidance for those who work with older adults described as in transition*. British Heart Foundation National Centre for Physical Activity and Health, Loughborough University.


Hawley, H. (2011) *The role of the exercise instructor in older adults’ uptake and adherence to exercise classes*. PhD, University of Manchester.


Hawley-Hague, H., Boulton, E., Hall, A., Pfeiffer, K., Todd, C. (2014) Users’ perceptions of technologies aimed at falls prevention, detection or monitoring: A systematic review. *International Journal of Medical Informatics*, DOI: [http://dx.doi.org/10.1016/j.ijmedinf.2014.03.002](http://dx.doi.org/10.1016/j.ijmedinf.2014.03.002)

*Health and Social Care Act 2012. London: HMSO.*


283


Appendix 1: Search terms and results for literature review

Searching for studies on older adults’ involvement in the design, delivery, implementation and promotion of interventions to promote physical activity amongst their age group for the literature review in chapter two.

Search terms used in Ovid for MEDLINE, Embase, PsycINFO, HMIC & Social Policy and Practice (25th October 2013)

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of papers identified (hits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>older people</td>
<td>131,015</td>
</tr>
<tr>
<td>2</td>
<td>older adult*</td>
<td>106,450</td>
</tr>
<tr>
<td>3</td>
<td>senior*</td>
<td>80,502</td>
</tr>
<tr>
<td>4</td>
<td>elder*</td>
<td>526,909</td>
</tr>
<tr>
<td>5</td>
<td>ag?ing</td>
<td>780,202</td>
</tr>
<tr>
<td>6</td>
<td>senior citizen*</td>
<td>3,496</td>
</tr>
<tr>
<td>7</td>
<td>1 OR 2 OR 3 OR 4 OR 5 OR 6</td>
<td>1,395,311</td>
</tr>
<tr>
<td>8</td>
<td>involve*ment</td>
<td>3,714,624</td>
</tr>
<tr>
<td>9</td>
<td>engage*ment</td>
<td>294,988</td>
</tr>
<tr>
<td>10</td>
<td>consult*ation</td>
<td>319,862</td>
</tr>
<tr>
<td>11</td>
<td>user involvement</td>
<td>3,061</td>
</tr>
<tr>
<td>12</td>
<td>8 OR 9 OR 10 OR 11</td>
<td>4,238,988</td>
</tr>
<tr>
<td>13</td>
<td>design*</td>
<td>2,971,896</td>
</tr>
<tr>
<td>14</td>
<td>deliver*y</td>
<td>1,216,953</td>
</tr>
<tr>
<td>15</td>
<td>implement*ation</td>
<td>646,943</td>
</tr>
<tr>
<td>16</td>
<td>promot*</td>
<td>1,573,615</td>
</tr>
<tr>
<td>17</td>
<td>13 OR 14 OR 15 OR 16</td>
<td>5,827,041</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 1 continued: Search terms and results for literature review

Search terms used in Ovid for MEDLINE, Embase, PsycINFO, HMIC & Social Policy and Practice (25th October 2013) continued

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of papers identified (hits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>attend*ance</td>
<td>332,028</td>
</tr>
<tr>
<td>19</td>
<td>join*ing</td>
<td>757,474</td>
</tr>
<tr>
<td>20</td>
<td>member*ship</td>
<td>873,711</td>
</tr>
<tr>
<td>21</td>
<td>participat*e</td>
<td>971,146</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>18 OR 19 OR 20 OR 21</td>
<td>2,781,217</td>
</tr>
<tr>
<td>23</td>
<td>community groups</td>
<td>4,159</td>
</tr>
<tr>
<td>24</td>
<td>activit*ies</td>
<td>5,652,220</td>
</tr>
<tr>
<td>25</td>
<td>session*s</td>
<td>310,037</td>
</tr>
<tr>
<td>26</td>
<td>class*es</td>
<td>2,570,293</td>
</tr>
<tr>
<td>27</td>
<td>scheme*s</td>
<td>191,446</td>
</tr>
<tr>
<td>28</td>
<td>intervention*s</td>
<td>1,525,808</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>23 OR 24 OR 25 OR 26 OR 27 OR 28</td>
<td>9,484,237</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>7 AND 12 AND 17 AND 22 AND 29</td>
<td>3,947</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>physical activit*</td>
<td>179,723</td>
</tr>
<tr>
<td>32</td>
<td>exercise</td>
<td>583,113</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>31 OR 32</td>
<td>65,456</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>30 AND 33</td>
<td>785</td>
</tr>
<tr>
<td>Limit to English language</td>
<td></td>
<td>759</td>
</tr>
</tbody>
</table>

**Total papers identified** 759

(Continued on next page)
Appendix 1 continued: Search terms and results for literature review

Search terms used on CINAHL Plus (25th October 2013)

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of papers identified (hits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>older people</td>
<td>12,249</td>
</tr>
<tr>
<td>2</td>
<td>older adult*</td>
<td>23,684</td>
</tr>
<tr>
<td>3</td>
<td>senior*</td>
<td>11,364</td>
</tr>
<tr>
<td>4</td>
<td>elder*</td>
<td>58,604</td>
</tr>
<tr>
<td>5</td>
<td>aging</td>
<td>4,342</td>
</tr>
<tr>
<td>6</td>
<td>senior citizen*</td>
<td>484</td>
</tr>
<tr>
<td>7</td>
<td>1 OR 2 OR 3 OR 4 OR 5 OR 6</td>
<td>99,452</td>
</tr>
<tr>
<td>8</td>
<td>involve*ment</td>
<td>114,525</td>
</tr>
<tr>
<td>9</td>
<td>engage*ment</td>
<td>25,910</td>
</tr>
<tr>
<td>10</td>
<td>consult*ation</td>
<td>47,612</td>
</tr>
<tr>
<td>11</td>
<td>user involvement</td>
<td>592</td>
</tr>
<tr>
<td>12</td>
<td>8 OR 9 OR 10 OR 11</td>
<td>180,227</td>
</tr>
<tr>
<td>13</td>
<td>design*</td>
<td>361,966</td>
</tr>
<tr>
<td>14</td>
<td>deliver*y</td>
<td>99,918</td>
</tr>
<tr>
<td>15</td>
<td>implement*ation</td>
<td>76,858</td>
</tr>
<tr>
<td>16</td>
<td>promot*</td>
<td>93,188</td>
</tr>
<tr>
<td>17</td>
<td>13 OR 14 OR 15 OR 16</td>
<td>564,513</td>
</tr>
<tr>
<td>18</td>
<td>attend*ance</td>
<td>31,157</td>
</tr>
<tr>
<td>19</td>
<td>join*ing</td>
<td>71,280</td>
</tr>
<tr>
<td>20</td>
<td>member*ship</td>
<td>62,330</td>
</tr>
<tr>
<td>21</td>
<td>participat*e</td>
<td>98,553</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 1 continued: Search terms and results for literature review

Search terms used on CINAHL Plus (25th October 2013) continued

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of papers identified (hits)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number of hits combined</td>
</tr>
<tr>
<td>22</td>
<td>18 OR 19 OR 20 OR 21</td>
<td>246,072</td>
</tr>
<tr>
<td>23</td>
<td>community groups</td>
<td>3,233</td>
</tr>
<tr>
<td>24</td>
<td>activit*ies</td>
<td>154,861</td>
</tr>
<tr>
<td>25</td>
<td>session*s</td>
<td>26,103</td>
</tr>
<tr>
<td>26</td>
<td>class*es</td>
<td>159,510</td>
</tr>
<tr>
<td>27</td>
<td>scheme*s</td>
<td>7,058</td>
</tr>
<tr>
<td>28</td>
<td>intervention*s</td>
<td>179,613</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of hits combined</td>
</tr>
<tr>
<td>29</td>
<td>23 OR 24 OR 25 OR 26 OR 27 OR 28</td>
<td>470,731</td>
</tr>
<tr>
<td>30</td>
<td>7 AND 12 AND 17 AND 22 AND 29</td>
<td>610</td>
</tr>
<tr>
<td>31</td>
<td>physical activit*</td>
<td>31,960</td>
</tr>
<tr>
<td>32</td>
<td>exercise</td>
<td>88,493</td>
</tr>
<tr>
<td>33</td>
<td>31 OR 32</td>
<td>110,376</td>
</tr>
<tr>
<td>34</td>
<td>30 AND 33</td>
<td>157</td>
</tr>
<tr>
<td></td>
<td>Limit to English language</td>
<td>154</td>
</tr>
<tr>
<td></td>
<td>Total papers identified</td>
<td>154</td>
</tr>
</tbody>
</table>

(Continued on next page)
### Appendix 1 continued: Search terms and results for literature review

#### Search terms used on Web of Knowledge for Social Sciences Citation Index

(25th October 2013)

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of papers identified (hits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>older people</td>
<td>13,044</td>
</tr>
<tr>
<td>2</td>
<td>older adult*</td>
<td>38,738</td>
</tr>
<tr>
<td>3</td>
<td>senior*</td>
<td>16,434</td>
</tr>
<tr>
<td>4</td>
<td>elder*</td>
<td>68,160</td>
</tr>
<tr>
<td>5</td>
<td>ag?ing</td>
<td>7,426</td>
</tr>
<tr>
<td>6</td>
<td>senior citizen*</td>
<td>743</td>
</tr>
</tbody>
</table>

#### Number of hits combined

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of hits combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>1 OR 2 OR 3 OR 4 OR 5 OR 6</td>
<td>122,641</td>
</tr>
<tr>
<td>8</td>
<td>involve*ment</td>
<td>209,358</td>
</tr>
<tr>
<td>9</td>
<td>engage*ment</td>
<td>78,094</td>
</tr>
<tr>
<td>10</td>
<td>consult*ation</td>
<td>30,717</td>
</tr>
<tr>
<td>11</td>
<td>user involvement</td>
<td>798</td>
</tr>
</tbody>
</table>

#### Number of hits combined

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of hits combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>8 OR 9 OR 10 OR 11</td>
<td>302,086</td>
</tr>
<tr>
<td>13</td>
<td>design*</td>
<td>288,696</td>
</tr>
<tr>
<td>14</td>
<td>deliver*y</td>
<td>65,053</td>
</tr>
<tr>
<td>15</td>
<td>implement*ation</td>
<td>121,580</td>
</tr>
<tr>
<td>16</td>
<td>promot*</td>
<td>117,264</td>
</tr>
</tbody>
</table>

#### Number of hits combined

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of hits combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>13 OR 14 OR 15 OR 16</td>
<td>516,361</td>
</tr>
<tr>
<td>18</td>
<td>attend*ance</td>
<td>44,837</td>
</tr>
<tr>
<td>19</td>
<td>join*ing</td>
<td>41,769</td>
</tr>
<tr>
<td>20</td>
<td>member*ship</td>
<td>107,317</td>
</tr>
<tr>
<td>21</td>
<td>participat*e</td>
<td>150,527</td>
</tr>
</tbody>
</table>

#### Number of hits combined

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of hits combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>18 OR 19 OR 20 OR 21</td>
<td>318,897</td>
</tr>
</tbody>
</table>

(Continued on next page)
### Appendix 1 continued: Search terms and results for literature review

#### Search terms used on Web of Knowledge for Social Sciences Citation Index
(25th October 2013) continued

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of papers identified (hits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>community groups</td>
<td>44,375</td>
</tr>
<tr>
<td>24</td>
<td>activit*ies</td>
<td>265,647</td>
</tr>
<tr>
<td>25</td>
<td>session*s</td>
<td>35,470</td>
</tr>
<tr>
<td>26</td>
<td>class*es</td>
<td>234,045</td>
</tr>
<tr>
<td>27</td>
<td>scheme*s</td>
<td>25,254</td>
</tr>
<tr>
<td>28</td>
<td>intervention*s</td>
<td>192,488</td>
</tr>
</tbody>
</table>

Number of hits combined

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of hits combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>23 OR 24 OR 25 OR 26 OR 27 OR 28</td>
<td>676,527</td>
</tr>
</tbody>
</table>

Number of hits combined

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of hits combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>7 AND 12 AND 17 AND 22 AND 29</td>
<td>791</td>
</tr>
</tbody>
</table>

Number of hits combined

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of hits combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>31</td>
<td>physical activit*</td>
<td>43,044</td>
</tr>
<tr>
<td>32</td>
<td>exercise</td>
<td>49,207</td>
</tr>
</tbody>
</table>

Number of hits combined

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of hits combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>31 OR 32</td>
<td>80,088</td>
</tr>
</tbody>
</table>

Number of hits combined

<table>
<thead>
<tr>
<th>Search No.</th>
<th>Search term / combination of terms</th>
<th>Number of hits combined</th>
</tr>
</thead>
<tbody>
<tr>
<td>34</td>
<td>30 AND 33</td>
<td>231</td>
</tr>
</tbody>
</table>

Limit to English language

**Total papers identified**

<table>
<thead>
<tr>
<th>Database search</th>
<th>Number of hits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDLINE, Embase, PsychINFO, HMIC, Social Policy &amp; Practice</td>
<td>759</td>
</tr>
<tr>
<td>CINAHL Plus</td>
<td>154</td>
</tr>
<tr>
<td>Social Sciences Citation Index</td>
<td>226</td>
</tr>
</tbody>
</table>

**Total papers identified**

759 + 154 + 226 = 1139

*(Continued on next page)*
Appendix 1 continued: Search terms and results for literature review

Amendment to search:
One new paper was identified by removing [design*; deliver*; implement* and promot*] and replacing terms with [action research]. This was repeated in all 3 databases and generated 7 papers:
  • 3 duplicates
  • 3 from hospital, residential care settings
  • 1 new paper identified.

Hand searching:
I followed up citations in relevant papers and identified 7 more abstracts to review against the inclusion criteria.

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of papers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Database searches</td>
<td>1139</td>
</tr>
<tr>
<td>Amendment to search [action research]</td>
<td>1</td>
</tr>
<tr>
<td>Hand searching</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total to review against inclusion criteria</strong></td>
<td><strong>1,147</strong></td>
</tr>
</tbody>
</table>

Inclusion criteria:

• Community dwelling
• Older adults 50 plus
• Older adults’ involvement at some level in the study

Review of abstracts:

<table>
<thead>
<tr>
<th>Review of abstracts</th>
<th>Number of papers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studies identified as meeting inclusion criteria</td>
<td>23</td>
</tr>
<tr>
<td>Studies excluded (detailed reasons for exclusion in separate table)</td>
<td>1,124</td>
</tr>
</tbody>
</table>

*(Continued on next page)*
Appendix 1 continued: Search terms and results for literature review

Reasons for exclusion:

<table>
<thead>
<tr>
<th>Reasons for exclusion</th>
<th>Number of papers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duplicates</td>
<td>449</td>
</tr>
<tr>
<td>Not a study (review, protocol, guidance, overview)</td>
<td>111</td>
</tr>
<tr>
<td>Not community dwelling</td>
<td>46</td>
</tr>
<tr>
<td>No older adult involvement in study</td>
<td>199</td>
</tr>
<tr>
<td>Not about promoting physical activity (see below for breakdown)</td>
<td>183</td>
</tr>
<tr>
<td>Not older adults (see below for breakdown)</td>
<td>136</td>
</tr>
</tbody>
</table>

Detailed reasons for exclusion:

<table>
<thead>
<tr>
<th>Not about promoting physical activity</th>
<th>183</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algorithm evaluation</td>
<td>1</td>
</tr>
<tr>
<td>Bone density</td>
<td>2</td>
</tr>
<tr>
<td>Cardiac / heart health</td>
<td>8</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>9</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>9</td>
</tr>
<tr>
<td>Creative activities</td>
<td>2</td>
</tr>
<tr>
<td>Communication</td>
<td>1</td>
</tr>
<tr>
<td>Costs</td>
<td>2</td>
</tr>
<tr>
<td>Cognitive function</td>
<td>27</td>
</tr>
<tr>
<td>COPD</td>
<td>1</td>
</tr>
<tr>
<td>Depression</td>
<td>13</td>
</tr>
<tr>
<td>Design</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6</td>
</tr>
<tr>
<td>Diet and weight management</td>
<td>9</td>
</tr>
<tr>
<td>End if life</td>
<td>1</td>
</tr>
<tr>
<td>Fear of falling</td>
<td>2</td>
</tr>
<tr>
<td>Gait</td>
<td>1</td>
</tr>
<tr>
<td>Golf</td>
<td>2</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 1 continued: Search terms and results for literature review

Detailed reasons for exclusion continued:

<table>
<thead>
<tr>
<th>Not about promoting physical activity</th>
<th>183</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good ageing</td>
<td>1</td>
</tr>
<tr>
<td>Health</td>
<td>6</td>
</tr>
<tr>
<td>Health promotion</td>
<td>17</td>
</tr>
<tr>
<td>Hip abduction</td>
<td>2</td>
</tr>
<tr>
<td>Injury prevention</td>
<td>2</td>
</tr>
<tr>
<td>Loneliness</td>
<td>1</td>
</tr>
<tr>
<td>Medication</td>
<td>14</td>
</tr>
<tr>
<td>Mental health / mood</td>
<td>3</td>
</tr>
<tr>
<td>Mobility</td>
<td>2</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>8</td>
</tr>
<tr>
<td>Physical disability</td>
<td>1</td>
</tr>
<tr>
<td>Policy development</td>
<td>1</td>
</tr>
<tr>
<td>Power</td>
<td>1</td>
</tr>
<tr>
<td>Psychosocial functioning</td>
<td>1</td>
</tr>
<tr>
<td>Radiation disaster response</td>
<td>1</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>6</td>
</tr>
<tr>
<td>Social participation</td>
<td>8</td>
</tr>
<tr>
<td>Strength tests</td>
<td>2</td>
</tr>
<tr>
<td>Stress</td>
<td>1</td>
</tr>
<tr>
<td>Stretching</td>
<td>1</td>
</tr>
<tr>
<td>Tinnitus</td>
<td>1</td>
</tr>
<tr>
<td>Visual impairment</td>
<td>2</td>
</tr>
<tr>
<td>Wellbeing and lifestyle</td>
<td>3</td>
</tr>
</tbody>
</table>

(Continued on next page)
### Detailed reasons for exclusion continued:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults (not exclusively older adults)</td>
<td>11</td>
</tr>
<tr>
<td>African American populations</td>
<td>2</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>4</td>
</tr>
<tr>
<td>Arthritis patients</td>
<td>2</td>
</tr>
<tr>
<td>Breast cancer patients</td>
<td>2</td>
</tr>
<tr>
<td>Cardiac patients</td>
<td>3</td>
</tr>
<tr>
<td>Cancer patients</td>
<td>5</td>
</tr>
<tr>
<td>Children / paediatric / adolescents</td>
<td>27</td>
</tr>
<tr>
<td>Chronic disease (all age)</td>
<td>4</td>
</tr>
<tr>
<td>COPD (all age)</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes (all age)</td>
<td>1</td>
</tr>
<tr>
<td>Dementia</td>
<td>4</td>
</tr>
<tr>
<td>Disability</td>
<td>2</td>
</tr>
<tr>
<td>Fybromyalgia</td>
<td>1</td>
</tr>
<tr>
<td>HIV</td>
<td>2</td>
</tr>
<tr>
<td>Injury</td>
<td>2</td>
</tr>
<tr>
<td>Knee Osteoarthritis / Osteoarthritis</td>
<td>5</td>
</tr>
<tr>
<td>Medics (training)</td>
<td>23</td>
</tr>
<tr>
<td>Menopause</td>
<td>4</td>
</tr>
<tr>
<td>Middle age / mid life</td>
<td>2</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>1</td>
</tr>
<tr>
<td>Obesity</td>
<td>3</td>
</tr>
<tr>
<td>Parkinson’s Disease</td>
<td>4</td>
</tr>
<tr>
<td>Polio</td>
<td>1</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>1</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>1</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>1</td>
</tr>
<tr>
<td>Spinal injury</td>
<td>1</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 1 continued: Search terms and results for literature review

Detailed reasons for exclusion continued:

<table>
<thead>
<tr>
<th>Not older adults</th>
<th>136</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>8</td>
</tr>
<tr>
<td>Students</td>
<td>2</td>
</tr>
<tr>
<td>Surgery</td>
<td>3</td>
</tr>
<tr>
<td>Working adults</td>
<td>3</td>
</tr>
</tbody>
</table>

Review of full papers:

<table>
<thead>
<tr>
<th>Review of full papers</th>
<th>23</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excluded as did not involve older adults in study</td>
<td>7</td>
</tr>
<tr>
<td>Excluded as insufficient information in the paper</td>
<td>1</td>
</tr>
<tr>
<td>Excluded as not a research study</td>
<td>1</td>
</tr>
<tr>
<td>Excluded as presenting a review</td>
<td>1</td>
</tr>
<tr>
<td>Excluded conference abstracts as further detail from authors not received</td>
<td>3</td>
</tr>
<tr>
<td>Retained following review against inclusion criteria</td>
<td>10</td>
</tr>
</tbody>
</table>
### Appendix 2: Data extraction tables for included participatory studies

<table>
<thead>
<tr>
<th>Buman et al. 2013</th>
<th>The Stanford Healthy Neighborhood Tool. A Computerized Tool to Assess Active Living Environments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key details</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Thematic concern</strong></td>
<td>The influence of the built environment on levels of physical activity.</td>
</tr>
<tr>
<td><strong>Aims</strong></td>
<td>To develop a tool to assist residents in identifying environmental features that affect active living.</td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Target of change</strong></td>
<td>Built environment at neighbourhood level</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td>3 low income senior housing sites</td>
</tr>
<tr>
<td><strong>Sampling methods</strong></td>
<td>Convenience (used existing housing sites)</td>
</tr>
<tr>
<td><strong>Analysis</strong></td>
<td>Inductive &amp; deductive for qual.</td>
</tr>
<tr>
<td><strong>Inductive &amp; deductive for qual.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>464 coded elements.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Length of study</strong></td>
<td>Not stated.</td>
</tr>
<tr>
<td><strong>Process</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Phases of action</strong></td>
<td>Methods</td>
</tr>
<tr>
<td><strong>Research cycle/s</strong></td>
<td>Participants</td>
</tr>
<tr>
<td><strong>Information gathering</strong></td>
<td>Participation</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Informal observations</strong></td>
<td>Residents and local decision makers.</td>
</tr>
<tr>
<td><strong>of PhotoVoice activities</strong></td>
<td>Co-learning</td>
</tr>
<tr>
<td><strong>Planning</strong></td>
<td>Paper &amp; electronic tool prototypes developed and tested by 6 residents.</td>
</tr>
<tr>
<td><strong>Insufficiently described.</strong></td>
<td>Preferred use of 7” tablet to smartphone.</td>
</tr>
<tr>
<td><strong>Implementation</strong></td>
<td>27 Residents (65-89 yrs; 73% female).</td>
</tr>
<tr>
<td><strong>Environmental assessments</strong></td>
<td>Cooperation</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>116 audio narratives &amp; 126 photos captured.</td>
</tr>
<tr>
<td><strong>Data collection review</strong> &amp; <strong>post-assessment survey</strong></td>
<td>Consensus high for all 3 sites. Positive aesthetics, parks, good road crossings &amp; good pavements important. Biggest barrier = poor pavements.</td>
</tr>
<tr>
<td><strong>Impacts</strong></td>
<td>Discovery Tool undergoing further developments for broader use and use on other platforms. Will be available as a licensed product. Demonstrated usefulness in building consensus for change and prioritisation.</td>
</tr>
<tr>
<td><strong>Dissemination</strong></td>
<td>Journal article.</td>
</tr>
<tr>
<td><strong>Quality assessment</strong></td>
<td>Moderate (Waterman et al., 2001 &amp; Popay et al., 1998) See Appendix 2.</td>
</tr>
</tbody>
</table>
### Davies et al. 2008

**UK**

<table>
<thead>
<tr>
<th>Key details</th>
<th>Thematic concern</th>
<th>Aims</th>
<th>Objectives</th>
<th>Target of change</th>
<th>Change innovation</th>
<th>Location</th>
<th>Sampling methods</th>
<th>Analysis</th>
<th>Length of study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reducing health inequalities through promoting physical activity</td>
<td>To increase physical activity, through working with community members.</td>
<td>To develop healthy living activities in response to community members’ expressed needs.</td>
<td>Older adults (50+)</td>
<td>Class based on members' wishes.</td>
<td>Small semi-rural post-industrial town, Sth Wales.</td>
<td>Convenience (community identified through Triangle Project).</td>
<td>Not described.</td>
<td>Pilot class 6 weeks; ongoing class 4 years.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process</th>
<th>Phases of action research cycle's Information gathering</th>
<th>Methods</th>
<th>Participants</th>
<th>Participation</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Fair</td>
<td>Triangle researchers, local services &amp; community members.</td>
<td>Consultation.</td>
<td>Need for a daytime exercise class for older people.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Regular class - feedback invited on ongoing basis and amendments made.</td>
<td>Management committee, older adult community members.</td>
<td>Co-learning</td>
<td>Need for section for less able members - 2 members trained to deliver Extend. Number of sessions increased.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two Facilitated evaluation events (focus groups in March '03 &amp; Feb '05) &amp; periodic questionnaire on medical conditions.</td>
<td>Triangle researchers, management committee, class attendees.</td>
<td>Co-learning</td>
<td>Cost, other commitments, bad weather &amp; transport = barriers. Social element, health benefits important. No consensus on how to improve the class. Gains in self-reported fitness. Need members to meet costs.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impacts</th>
<th>Class was developed and amended following members' wishes. Class continued to run after the end of the Triangle Project, although no longer term follow up is planned.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dissemination</th>
<th>Journal article.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>Moderate (Waterman et al., 2001 &amp; Popay et al., 1998) See Appendix 2.</th>
</tr>
</thead>
</table>
### Key details

<table>
<thead>
<tr>
<th>Thematic concern</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting health maintenance and mobility in chronically physically impaired older adults.</td>
<td>To establish &amp; sustain an exercise programme for frail older adults, by identifying ways of making exercise appealing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aims</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To increase physical activity, through working with community members &amp; social service practitioners.</td>
<td></td>
</tr>
<tr>
<td>2. To demonstrate that active participation of older adults in research project is effective.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target of change</th>
<th>Change innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frail older adults.</td>
<td>Programme based on members' wishes.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Sampling methods</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 senior centres in urban area, for low income older adults.</td>
<td>Convenience (community identified in collaboration with community service org.)</td>
<td>Not described.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of study</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 months.</td>
<td></td>
</tr>
</tbody>
</table>

#### Process

<table>
<thead>
<tr>
<th>Phases of action research cycle/s</th>
<th>Methods</th>
<th>Participants</th>
<th>Participation</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information gathering</td>
<td>Contact from senior centre staff.</td>
<td>Senior centre staff, older people and researchers.</td>
<td>Cooperation</td>
<td>Need for safe intervention to maintain &amp; enhance functional abilities (ADL).</td>
</tr>
<tr>
<td>Planning</td>
<td>Not clearly described, but 'initial discussions' reported.</td>
<td>Research team, older people and senior centre practitioners.</td>
<td>Cooperation</td>
<td>Older people advised on design &amp; promotion to their peers. Low intensity exercise movements identified. New objectives: to demonstrate health benefits &amp; to sustain interest by involving participants as peer leaders after the research project ended.</td>
</tr>
</tbody>
</table>
Appendix 2 continued: Data extraction tables for participatory studies

<table>
<thead>
<tr>
<th>Phases of action research cycle/s</th>
<th>Methods</th>
<th>Participants</th>
<th>Participation</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation</td>
<td>Observation</td>
<td>Research team, peer leaders &amp; facilitators (older people).</td>
<td>Consultation</td>
<td>Good rates of long term participation (90% 6m; 50% 12m in 2 sites). Significant improvements in health conditions &amp; function. OP involvement led to greater appeal, reinforced by t-shirts, pins, etc. Simple exercises appealing. Peer leaders influential.</td>
</tr>
</tbody>
</table>

| Impacts                          | Peer leadership led to feeling of ownership of programme and was influential in sustaining the programme beyond research project. Success / attendance rates similar to other, more costly interventions. SMILE programme still continuing after 3 years, with little professional input. |

| Dissemination                    | Journal article. |
| Quality assessment               | Moderate (Waterman et al., 2001 & Popey et al., 1998). See Appendix 2 |
Appendix 3: Data extraction tables for included quantitative, mixed methods, case report, cohort and exploratory studies

<table>
<thead>
<tr>
<th>Authors, Date, Location</th>
<th>Study Design &amp; Aims</th>
<th>Research Participants &amp; Intervention</th>
<th>Nature of involvement</th>
<th>Outcome measures</th>
<th>Main findings</th>
<th>Quality rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buman et al. 2011 USA</td>
<td>RCT</td>
<td>Active Adult Mentoring Program (AAMP)</td>
<td>Two arms - peer delivered, theory-based support for PA behaviour change vs. typical community based intervention.</td>
<td>Peer mentors recruited from previous studies, had regular active routine, or background in health education.</td>
<td>Self-reported MVPA increased in both arms at 16 weeks, but in active intervention significantly more.</td>
<td>Strong (EPHPP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>16 week trial with 18 month follow-up.</td>
<td>Accelometer readings taken at baseline and 16 weeks.</td>
<td>At 16 weeks, more minutes of MVPA recorded in active intervention (marginally significant).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Group-based. 8 group 'replicates' - 16 groups in total.</td>
<td>Modified Balke treadmill - cardiorespiratory fitness.</td>
<td>Both arms showed improved cardiorespiratory fitness. No significant difference.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Random sample of 22 wore accelerometers (11 in each arm).</td>
<td>Barriers self-efficacy (BSE) and exercise self-efficacy (EXSE). Baseline and 16.</td>
<td>No difference in BSE or EXSE. EMS - significantly higher in active arm at 16 weeks and 18m.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Exercise Motivation Scale (EMS). Baseline and 16 + 18m.</td>
<td>Not effective re: uptake, but long-term adherence shows positive results.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LTEQ - baseline, 16 weeks and 18 months. Measured minutes of moderate to vigorous PA (MVPA).</td>
<td>Behavioural skills + peer support = LT adherence.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Accelerometer readings taken at baseline.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data from the studies included in the literature review presented in chapter two.
<table>
<thead>
<tr>
<th>Authors, Date, Location</th>
<th>Study Design &amp; Aims</th>
<th>Research Participants &amp; Intervention</th>
<th>Nature of Involvement</th>
<th>Outcome Measures</th>
<th>Main Findings</th>
<th>Quality rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hooker et al. 2011 USA</td>
<td>Cohort: quasi-experimental pre-post design.</td>
<td>African American (AA) men (n=25); 45-66 mean age 54.2 ± 4.8 yrs; No contraindications to mild-to-moderate intensity PA. 8 week intervention based on formative research with AA men. Group sessions, twice-weekly, facilitated by 2 trained workers. Overall goals and weekly goals developed with each participant. PA recorded in log. Majority of PA completed outside of sessions.</td>
<td>Rigorous formative research with AA men informed elements of intervention: focus on responsibility &amp; traditional gender roles; integration with local wellness centre in 100% AA neighbourhood; incorporation of social time; development of teams, for friendly competition; programme ownership (e.g., t-shirts).</td>
<td>Baseline &amp; 8 weeks: Standing height &amp; weight; chair-stand; chair sit-and-reach; Rockport Fitness (1 mile) Walking test; CHAMPS PA Questionnaire - hrs/wk MVPA; social support; self-efficacy; self-regulation (all referenced). Post-test only: 14 item survey adapted from previous study to measure satisfaction with the programme.</td>
<td>31 men participated at baseline, 25 completed. High attendance (63-93%) over 16 sessions. Weekly logs completed &amp; submitted; 70-93%. Significant positive changes for MVPA, overall PA, self-efficacy for PA, social support, self-regulation, functional and aerobic fitness. High satisfaction. Friendly competition appeared very popular. Consideration of masculine identity and gender role important.</td>
<td>Strong (EPHPP)</td>
</tr>
</tbody>
</table>

Data from the studies included in the literature review presented in chapter two.
<table>
<thead>
<tr>
<th>Authors, Date, Location</th>
<th>Study Design &amp; Aims</th>
<th>Research Participants &amp; Intervention</th>
<th>Nature of involvement</th>
<th>Outcome measures</th>
<th>Main findings</th>
<th>Quality rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Li et al. 2008, USA</td>
<td>Mixed methods: Evaluation of iterative development of evidence- and community-based Tai Chi programme, including feasibility and pilot testing.</td>
<td>Reviewing materials: End users (n=20) community dwelling, 60+ years, physically mobile with/without assistive devices. Experts from public health (n=2), exercise science (n=2), injury epidemiology (n=2), service evaluation (n=2), Tai Chi instruction (n=12), programme managers/coordinators (n=6).</td>
<td>Evaluating videotape &amp; user's guidebook - content, appropriateness and usefulness as supplements to class. 2 hour session and survey revisions made following feedback.</td>
<td>Videotape and user's guidebook well received, appropriate and useful - 14/20 continued using materials at home 3 weeks after intervention finished. 99% preferred twice weekly classes (18% once/wk; 2% three times/wk), so these were implemented in pilot testing. 92% attendance at pilot testing, no dropouts. Enjoyed class, found exercises appropriate and safe; only somewhat easy to learn, but confidence high. All indicated intention to continue if class offered in the community. Verbal cues and repeated demonstrations of moves facilitated learning.</td>
<td>Programme feasibility and participant satisfaction.</td>
<td>Moderate (EPHPP) Study population representative of target. Eligibility criteria described, but no detail re: participants. High levels of recruitment and participation. Tools for data collection not validated, but appropriate for the evaluation questions. Clear question &amp; presentation of how involvement contributed to design and development of the intervention.</td>
</tr>
<tr>
<td>Authors, Date</td>
<td>Location</td>
<td>Study Design &amp; Aims</td>
<td>Research Participants &amp; Intervention</td>
<td>Nature of involvement</td>
<td>Outcome measures</td>
<td>Main findings</td>
</tr>
<tr>
<td>---------------</td>
<td>----------</td>
<td>---------------------</td>
<td>-------------------------------------</td>
<td>-----------------------</td>
<td>-----------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Michael et al.</td>
<td>USA</td>
<td>Case report on PRAISED community-based programme. Long-term single site adoption of group model led by community member. Pilot: single group, repeated measures design, this paper reports on ongoing implementation. Aims to increase lifestyle PA and promote self-management of CVD risk factors.</td>
<td>Located in senior apartment building for socio-economically deprived African Americans (AA). On-site progressive group exercise, education, self-efficacy enhancement and development of local leadership. 20-25 residents attending once-twice/ wk over 24 months. 55+, predominantly females, 90% AA. Any resident of housing site could attend.</td>
<td>Following 12 week pilot, a community champion was appointed and trained to lead and facilitate exercise classes once/week. (Peer leadership.) Communicated with research team once/month, reporting attendance and interests, worked to target health issues or concerns, reinforce education about self-management. Music and exercises changed to meet demands from participants.</td>
<td>Health monitoring undertaken monthly by research team: nurse and exercise trainer: blood pressure, weight, medication adherence, health behaviour related to CVD risk.</td>
<td>Regular attendance over 24 month period from between 8 and 25 residents. PRAISED supported by housing site. Personal invitations from champion and incentive gifts were successful. Gifts identified participants with PRAISED project. Training a community champion is feasible and successful for sustaining PA intervention. Monthly visits from nurse and exercise trainer were important to participants. Social element (combat social isolation) and self-efficacy (goal setting) important.</td>
</tr>
</tbody>
</table>
Appendix 3 continued: Data extraction tables for included quantitative, mixed methods, case report, cohort and exploratory studies

<table>
<thead>
<tr>
<th>Authors, Date, Location</th>
<th>Study Design &amp; Aims</th>
<th>Research Participants &amp; Intervention</th>
<th>Nature of involvement</th>
<th>Outcome measures</th>
<th>Main findings</th>
<th>Quality rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reger-Nash et al. 2003, USA</td>
<td>Two community longitudinal design, 'Wheeling Walks', Cohort study</td>
<td>Sedentary adults 50-65yrs in Wheeling, WV, April-May ‘01</td>
<td>Community Health Participatory Planning; 50 community members, 12 planning sessions over 12 weeks. Plus 7 task forces focused on specific health concerns. PA task force identified sedentary behaviour as major problem and explored approaches to address problem. Chose walking as promising intervention &amp; recommended to Community Health Advisory Board. Formative research undertaken to develop effective, targeted message to increase walking in 50-65yr olds. Six story boards used to pilot test the message. Regular meetings and participation of Wheeling Walks Community Advisory Board.</td>
<td>Market penetration: awareness of campaign through telephone survey. Self-reported changes in target population - random digit telephone survey. Changes in stages of readiness (transtheoretical model) telephone survey. All conducted at baseline, 8 weeks post, 6 &amp; 12 months post.</td>
<td>90% surveyed aware of campaign at 8 weeks. 14% net increase in walking at 8 weeks. Actual behaviour change reported by 32% in Wheeling; 18% in comparison. Least active at baseline made significant increases and maintained at 6 &amp; 12 months. Somewhat active also increased and maintained. Positive stage change 12% higher in Wheeling. Adv. Board members reported significant increases in measures of social capital inc. empowerment, commitment &amp; trust. Environmental barriers identified, which needed addressing. Model becomes social ecological.</td>
<td>Good ++ (SIGN) Study aims &amp; design clearly described with appropriate sample. Survey participant described &amp; detailed results in (Reger 2002 and Reger-Nash 2005.) Data: re: outcome measures &amp; analyses described in other papers. Results clearly presented showing impact of involvement in design &amp; development. Challenges &amp; next steps.</td>
</tr>
</tbody>
</table>
Appendix 3 continued: Data extraction tables for included quantitative, mixed methods, case report, cohort and exploratory studies.

<table>
<thead>
<tr>
<th>Authors, Date, Location</th>
<th>Study Design &amp; Aims</th>
<th>Research Participants &amp; Intervention</th>
<th>Nature of involvement</th>
<th>Outcome measures</th>
<th>Main findings</th>
<th>Quality rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ståhl et al. 2008, Sweden</td>
<td>Mixed methods; 2 qualitative sub-studies embedded in quantitative study. Qualitative data gathered sequentially after quantitative study. Aim: to identify and prioritise measures to increase accessibility and safety in outdoor pedestrian environment.</td>
<td>Quantitative study: Structured postal questionnaire re: travel habits, access and safety. All people 65 years or older in study district eligible. 380/556 (69%) responded. Mean age 76 (SD 57), 36% male, 62% female. Qualitative 1: Participant observations by subset of above reporting 1+ functional limitations and 1+ problems in district (n=150). Purposeful sample of 10 selected. Observed walk and talk. Qualitative 2: Research circle to create programme of improvements. Inclusion criteria for Qual 1 = identified 1+ limitation and 1+ problem.</td>
<td>Quantitative study: Questionnaire tested by 3 older adults, not part of study sample. Qualitative 1: Participants reported problems experienced in the environment to inform next phase of the research. Qualitative 2: Older inhabitants of the study district involved as equal members of group to develop actions to improve the environment, based on wishes stated in earlier phases.</td>
<td>Postal questionnaire survey</td>
<td>Main findings: snow removal and bike lanes on pedestrian areas biggest barriers. Lack of benches a problem - need to sit &amp; rest, plus traffic &amp; lack of crossings; high curbs &amp; uneven surfaces. Qualitative 1: Validated above, plus added problem of obstacles on pavements, unclear crossings &amp; poorly maintained surfaces. Qualitative 2: Traffic technology and design/maintenance measures required. Strategy developed for making improvements. Priority given to improved accessibility; then traffic technology improvements; then public transport improvements. Cheapest &amp; easiest improvements first. Unanimously supported.</td>
<td>Good ++ (SIGN) Study design, aims and context clearly described. Representative sample, with clear method described. Participants &amp; context clearly described. Follow up, confounders &amp; blinding not described. Outcome measures not described as validated/reliable. Analysis and result reporting appropriate to design. Conclusions clearly derived from results.</td>
</tr>
</tbody>
</table>
Appendix 3 continued: Data extraction tables for included quantitative, mixed methods, case report, cohort and exploratory studies

<table>
<thead>
<tr>
<th>Authors, Date, Location</th>
<th>Study Design &amp; Aims</th>
<th>Research Participants &amp; Intervention</th>
<th>Nature of involvement</th>
<th>Outcome measures</th>
<th>Main findings</th>
<th>Quality rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sullivan-Marx et al. 2011 USA</td>
<td>Exploratory To examine the employment of specific recruitment and retention strategies to a PA exercise programme (PACE)</td>
<td>37 African American (AA) women participating in PACE programme (need assistance in 2+ personal ADL); community dwelling with support. Ambulate 50ft. Average age 78yrs.</td>
<td>CoA PACE Council of Elders (CoE) members contacted staff &amp; researchers regarding more exercise activities and supporting a study. CoE advised on scheduling, eligibility, methods of recruitment, flyer design. CoE involved in bridge team to integrate project into PACE programme.</td>
<td>MMSE (cognition). Charlson CoMorbidity Scale (physical health status). Katz's Activities of Daily Living (Independence). SF36 bodily pain question. Geriatric Depression Scale. Satisfaction (with exercise programme &amp; trainer)</td>
<td>37/52 (71.2%) of those enrolled completed 56 weeks/48 sessions. Attendance rate 3x/wk = 47.8%; 2x/wk = 70.7%</td>
<td>Good + (SIGN) Study clearly described with appropriate sample. Participants &amp; non-completers clearly described. Validated tools used + 2 additional measures, clearly described, but analysis not clearly described. Results well presented &amp; answer research question. Unique features &amp; limitations presented.</td>
</tr>
</tbody>
</table>
Appendix 4: Detailed quality assessments for included papers

Example quality assessment questions for participatory studies from
Waterman et al., 2001

1. Is there a clear statement of the aims and objectives of the research? (Clearly defined? Appropriate?)

2. Was the action research relevant to practitioners and/or users? (Address local issues? New understanding? Relevant to participants? Further research suggested? Statement about influence on policy & practice?)

3. Were the phases of the project clearly outlined? (Problem identification, planning, action - change or intervention, evaluation? Did these influence process and progress of project?)

4. Were the participants and stakeholders clearly described and justified? (Project focus on older adults? Stated who selected and by whom, for each phase? Discuss how participants were selected for each phase?)

5. Was consideration given to the local context while implementing change? (Clear which context selected & why? Critical examination of values, beliefs and power relationships? Discussion of who affected and how? Context appropriate for this type of study?)

6. Was the relationship between researchers and participants adequately considered? (Level and extent of participation clearly defined for each stage? Types of relationship that evolved acknowledged? Researchers and participants critically examine their own roles, biases & influences - reflexive?)

7. Was the project managed appropriately? (Key persons approached & involved? Skills for carrying out tasks/research evident? Feasible implementation plan? Adjusted where necessary? Clear discussion of actions taken and methods used to evaluate them?)

8. Were ethical issues encountered and how were they dealt with? (Consideration given to all involved and affected by the process? Underlying professional values considered? How were they explored & realised? Confidentiality & informed consent addressed?)

9. Was the study adequately funded/supported? (Assessments of cost and resources realistic? Any conflicts of interest?)

10. Was the length and timetable of the research project realistic? (Timetable given?)

11. Were data collected in a way that addressed the research issue? (Appropriate methodologies used? Clear how and why data collected for each phase? Data collection and recording systematic? If methods modified, explanation provided?)

12. Were steps taken to promote the rigour of the findings? (Different perspectives on issues sought? Researchers undertake method and theoretical triangulation? Key findings fed back to participants at key stages? How was their feedback used? Do the researchers offer a reflexive account?)

(Continued on next page)
Appendix 4 continued: Detailed quality assessments for included papers

Example quality assessment questions for participatory studies from Waterman et al., 2001 continued

13. Were data analyses sufficiently rigorous? (Procedures for analysis described? Analyses systematic? Researchers explain how data presented selected from original sample? Arguments, themes, concepts and categories derived from the data? Points of tension, contrast or contradiction identified? Competing arguments presented?)

14. Was the study design flexible and responsive? (Findings used to generate plans and ideas for change? Justifications offered for changes in plan?)

15. Are there clear statements of the findings and outcomes of the study? (Presented logically for each phase? Explicit and easy to understand? Presented systematically & critically, so reader can judge range of evidence & research? Discussions of personal and practical developments?)

16. Do the researchers link the data that are presented to their own commentary and interpretation? (Justifications for methods of reflection provided? Discussion of how participants engaged in reflection? Clear distinction between data and their interpretation? Researchers critically examined own and others’ roles in the interpretation of the data? Sufficient evidence presented to satisfy the reader about evidence & conclusions?)

17. Is the connection with an existing body of knowledge made clear? (Range of sources, ideas, categories and interpretations? Theoretical and ideological insights offered?)

18. Is there a discussion of the extent to which aims and objectives were achieved at each stage? (Action research objectives been met? Reasons for successes and failures analysed?)

19. Are the findings of the study transferable? (Could findings be transferred to other settings? Context of study fully described?)

20. Have the authors articulated the criteria upon which their own work is to be read/judged? (Justified the perspective from which the proposal or report should be interpreted?)
Appendix 4 continued: Detailed quality assessments for included papers

**Quality assessment of participatory studies (Waterman et al., 2001) scores**

<table>
<thead>
<tr>
<th>Assessment criteria</th>
<th>Buman et al., 2013</th>
<th>Davies et al., 2008</th>
<th>Hickey et al., 1996</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims and objectives</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Relevance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes - but no further research or influence stated</td>
</tr>
<tr>
<td>Phases clearly outlined</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes - although planning stage not clearly described</td>
</tr>
<tr>
<td>Participants and stakeholders described</td>
<td>Yes - only for data collection phase</td>
<td>No - not clearly described. No details of management committee, limited description of class participants</td>
<td>Yes - participants described, but not peer leaders</td>
</tr>
<tr>
<td>Consideration of local context</td>
<td>Yes - but no examination of values, power etc.</td>
<td>Yes - but no examination of values, power etc.</td>
<td>Yes - but no examination of values, power etc.</td>
</tr>
<tr>
<td>Relationship between researcher and participants considered</td>
<td>No - not addressed in this paper</td>
<td>No - not reported in this paper</td>
<td>No - not discussed in this paper</td>
</tr>
<tr>
<td>Project managed appropriately</td>
<td>Yes - limited explanation, key persons noted</td>
<td>Limited - to some extent. Evaluation methods not described in detail</td>
<td>Limited - well supported but details of key persons not reported</td>
</tr>
<tr>
<td>Ethical issues considered</td>
<td>Unknown - not reported in this paper</td>
<td>Unknown - not reported in this paper</td>
<td>Unknown - not reported in this paper</td>
</tr>
<tr>
<td>Study adequately funded and supported</td>
<td>Unknown - project completed, so likely yes</td>
<td>Yes</td>
<td>Unknown - project completed, so likely yes</td>
</tr>
<tr>
<td>Realistic project timetable</td>
<td>Unknown - project completed, so likely yes</td>
<td>Yes - although reported unable to carry out further follow-ups</td>
<td>Unknown - project completed, so likely yes</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 4 continued: Detailed quality assessments for included papers

**Quality assessment of participatory studies (Waterman et al., 2001) scores continued**

<table>
<thead>
<tr>
<th>Assessment criteria</th>
<th>Buman et al., 2013</th>
<th>Davies et al., 2008</th>
<th>Hickey et al., 1996</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection appropriate</td>
<td>Yes</td>
<td>Unknown - not reported in this paper</td>
<td>Yes - participation rates, health outcomes and effects of peer leadership collected</td>
</tr>
<tr>
<td>Rigour addressed</td>
<td>Yes</td>
<td>Limited - limited reporting but can see how feedback was used</td>
<td>Limited - feedback used to develop programme, but no triangulation or reflexivity</td>
</tr>
<tr>
<td>Data analyses rigorous</td>
<td>Yes</td>
<td>No - not reported in this paper</td>
<td>No - analysis not presented separate to results and procedures not described</td>
</tr>
<tr>
<td>Study design flexible and responsive</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes - minor amendments made throughout</td>
</tr>
<tr>
<td>Clear statements of outcomes and findings</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Data linked to commentary &amp; interpretation</td>
<td>Limited - not addressed in this paper</td>
<td>Limited - to some extent. Roles not critically examined</td>
<td>Yes - although roles not critically examined</td>
</tr>
<tr>
<td>Clear connection with existing body of knowledge</td>
<td>Yes</td>
<td>Yes</td>
<td>Limited - not many sources cited and no background context provided</td>
</tr>
<tr>
<td>Discussion of aims &amp; objectives achieved</td>
<td>Limited - to some extent</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Findings transferable</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Authors stated criteria for judgement</td>
<td>No - not addressed in this paper</td>
<td>No</td>
<td>No - not addressed in this paper</td>
</tr>
<tr>
<td><strong>Overall rating</strong></td>
<td><strong>Moderate</strong></td>
<td><strong>Moderate</strong></td>
<td><strong>Moderate</strong></td>
</tr>
</tbody>
</table>
Appendix 4 continued: Detailed quality assessments for included papers

Example quality assessment questions for participatory studies (Popay et al., 1998)

Appraisal of document

Enter:  1  2  3  4  5

Yes ________________ No

A clear statement of research aims?  
An action research / participatory approach appropriate?  
Connection with existing body of knowledge made clear?  
Articulation of criteria to read/judge?  
Study design responsive and flexible?  
Sampling strategy appropriate to aims?  
Research relationship adequately considered?  
Data collection methods address the issue?  
Data analysis sufficiently rigorous?  
Clear statement of findings?  
Links between data and commentary?  
Findings transferable?  
Research relevant?  

Score  
(Max score = 13; min score = 65; Strong = 1-26; Moderate = 27-51; Weak = 52-65)
### Appendix 4 continued: Detailed quality assessments for included papers

**Quality assessment of participatory studies (Popay et al., 1998) scores**

<table>
<thead>
<tr>
<th>Question</th>
<th>Buman et al., 2013</th>
<th>Davies et al., 2008</th>
<th>Hickey et al., 1996</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear statement of research aims?</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Action research / participatory approach appropriate?</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Connection with existing body of knowledge clear?</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Articulation of criteria to read / judge research?</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Study design responsive and flexible?</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Sampling strategy appropriate to aims?</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Research relationship adequately considered?</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Data collection methods addressed issue?</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Data analysis sufficiently rigorous?</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Clear statement of findings?</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Links between data and commentary?</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Findings transferable?</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Research relevant?</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Overall rating</strong></td>
<td><strong>27 - Moderate</strong></td>
<td><strong>27 - Moderate</strong></td>
<td><strong>30 - Moderate</strong></td>
</tr>
</tbody>
</table>

325
Appendix 4 continued: Detailed quality assessments for included papers

Example EPHPP assessment sheet:

QUALITY ASSESSMENT TOOL FOR QUANTITATIVE STUDIES

COMPONENT RATINGS

A) SELECTION BIAS

(Q1) Are the individuals selected to participate in the study likely to be representative of the target population?

1  Very likely
2  Somewhat likely
3  Not likely
4  Can't tell

Drawn from university community in SE USA. Educated. Self selected to participate, therefore likely to be more motivated than general population.

(Q2) What percentage of selected individuals agreed to participate?

1  80 - 100% agreement
2  60 – 79% agreement
3  less than 60% agreement
4  Not applicable
5  Can't tell

RATE THIS SECTION STRONG MODERATE WEAK

See dictionary 1 2 3

B) STUDY DESIGN

Indicate the study design

1 Randomized controlled trial
2 Controlled clinical trial
3 Cohort analytic (two group pre + post)
4 Case-control
5 Cohort (one group pre + post (before and after))
6 Interrupted time series
7 Other specify Observational cross sectional study
8 Can't tell

Was the study described as randomized? If NO, go to Component C.

No  Yes

If Yes, was the method of randomization described? (See dictionary)

No  Yes

If Yes, was the method appropriate? (See dictionary)

No  Yes

RATE THIS SECTION STRONG MODERATE WEAK

See dictionary 1 2 3

(Continued on next page)
Appendix 4 continued: Detailed quality assessments for included papers

Example EPHPP assessment sheet continued:

C) CONFOUNDERS

(Q1) Were there important differences between groups prior to the intervention?
   1  Yes
   2  No
   3  Can’t tell/
   4  N/A

The following are examples of confounders:
   1  Race
   2  Sex
   3  Marital status/family
   4  Age
   5  SES (income or class)
   6  Education
   7  Health status
   8  Pre-intervention score on outcome measure

(Q2) If yes, indicate the percentage of relevant confounders that were controlled (either in the design (e.g. stratification, matching) or analysis)?
   1  80 – 100% (most)
   2  60 – 79% (some)
   3  Less than 60% (few or none)
   4  Can’t Tell

RATE THIS SECTION  STRONG MODERATE WEAK
See dictionary  1  2  3

D) BLINDING

(Q1) Was (were) the outcome assessor(s) aware of the intervention or exposure status of participants?
   1  Yes
   2  No
   3  Can’t tell
   4  N/A

(Q2) Were the study participants aware of the research question?
   1  Yes
   2  No
   3  Can’t tell
   4  N/A

RATE THIS SECTION  STRONG MODERATE WEAK
See dictionary  1  2  3

(Continued on next page)
Appendix 4 continued: Detailed quality assessments for included papers

Example EPHPP assessment sheet continued:

E) DATA COLLECTION METHODS

(Q1) Were data collection tools shown to be valid?
1 Yes
2 No
3 Can’t tell

(Q2) Were data collection tools shown to be reliable?
1 Yes
2 No
3 Can’t tell

RATE THIS SECTION STRONG MODERATE WEAK
See dictionary 1 2 3

F) WITHDRAWALS AND DROP-OUTS

(Q1) Were withdrawals and drop-outs reported in terms of numbers and/or reasons per group?
1 Yes
2 No
3 Can’t tell
4 Not Applicable (i.e. one time surveys or interviews)

(Q2) Indicate the percentage of participants completing the study. (If the percentage differs by groups, record the lowest).
1 80 -100%
2 60-79%
3 less than 60%
4 Can’t tell
5 Not Applicable (i.e. Retrospective case-control)

RATE THIS SECTION STRONG MODERATE WEAK
See dictionary 1 2 3 N/A

G) INTERVENTION INTEGRITY

(Q1) What percentage of participants received the allocated intervention or exposure of interest?
1 80 -100%
2 60-79%
3 less than 60%
4 Can’t tell

(Q2) Was the consistency of the intervention measured?
1 Yes
2 No
3 Can’t tell

(Q3) Is it likely that subjects received an unintended intervention (contamination or co-intervention) that may influence the results?
4 Yes
5 No
6 Can’t tell
7 N/A

(Continued on next page)
Appendix 4 continued: Detailed quality assessments for included papers

Example EPHPP assessment sheet continued:

H) ANALYSES

(Q1) Indicate the unit of allocation (circle one)
- community
- organization/institution
- practice/office
- individual

(Q2) Indicate the unit of analysis (circle one)
- community
- organization/institution
- practice/office
- individual

(Q3) Are the statistical methods appropriate for the study design?
- 1 Yes
- 2 No
- 3 Can’t tell

(Q4) Is the analysis performed by intervention allocation status (i.e. intention to treat) rather than the actual intervention received?
- 1 Yes
- 2 No
- 3 Can’t tell
- 4 N/A

GLOBAL RATING

COMPONENT RATINGS
Please transcribe the information from the gray boxes on pages 1-4 onto this page.
See dictionary on how to rate this section.

<table>
<thead>
<tr>
<th>Component</th>
<th>Strong</th>
<th>Moderate</th>
<th>Weak</th>
</tr>
</thead>
<tbody>
<tr>
<td>A SELECTION BIAS</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B STUDY DESIGN</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C CONFOUNDERS</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D BLINDING</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E DATA COLLECTION METHOD</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>F WITHDRAWALS AND DROPouts</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

GLOBAL RATING FOR THIS PAPER (circle one):

1 STRONG (no WEAK ratings)
2 MODERATE (one WEAK rating)
3 WEAK (two or more WEAK ratings)
Appendix 4 continued: Detailed quality assessments for included papers

**EPHPP quality assessment scores**

<table>
<thead>
<tr>
<th>Assessment Criteria</th>
<th>Buman et al., 2011</th>
<th>Hooker et al., 2011</th>
<th>Li et al., 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selection bias</td>
<td>Moderate</td>
<td>Moderate</td>
<td>Strong</td>
</tr>
<tr>
<td>Study design</td>
<td>Strong</td>
<td>Moderate</td>
<td>Moderate</td>
</tr>
<tr>
<td>Confounders</td>
<td>Strong</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Blinding</td>
<td>Moderate</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Data collection methods</td>
<td>Strong</td>
<td>Strong</td>
<td>Weak</td>
</tr>
<tr>
<td>Withdrawals and dropouts</td>
<td>Strong</td>
<td>Strong</td>
<td>Strong</td>
</tr>
<tr>
<td>Intervention integrity</td>
<td>Strong</td>
<td>Moderate</td>
<td>Strong</td>
</tr>
<tr>
<td>Analyses</td>
<td>Strong</td>
<td>Moderate</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Global rating</strong></td>
<td><strong>Strong</strong></td>
<td><strong>Strong</strong></td>
<td><strong>Moderate</strong></td>
</tr>
</tbody>
</table>
Appendix 4 continued: Detailed quality assessments for included papers

Additional questions to supplement EPHPP assessment for studies Hooker et al., 2001 and Li et al., 2008:

From Standard Quality Assessment Criteria for Evaluating Primary Research Papers (Kmet et al., 2004)

1. Question / objective sufficiently described?
2. Subject characteristics sufficiently described?
3. Results reported in sufficient detail?
4. Conclusions supported by the results?

Quality assessment scores using Kmet et al., 2004

<table>
<thead>
<tr>
<th>Question</th>
<th>Hooker et al., 2011</th>
<th>Li et al., 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question / objective adequately described?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Subject characteristics sufficiently described?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Results reported in sufficient detail?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Conclusions supported by the results?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Overall rating</td>
<td>Strong</td>
<td>Moderate</td>
</tr>
</tbody>
</table>
Appendix 4 continued: Detailed quality assessments for included papers

Additional questions to supplement EPHPP assessment for studies Hooker et al., 2001 and Li et al., 2008:

From STROBE Statement (von Elm et al., 2008)

1. Explain the scientific background and rationale for the investigation being reported.
2. Discuss the limitations of the study.
3. Discuss the generalisability of the study results.

Quality assessment scores using STROBE Statement

<table>
<thead>
<tr>
<th>Question</th>
<th>Hooker et al., 2011</th>
<th>Li et al., 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the paper explain the scientific background and rationale for the investigation being reported?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Limitations of the study discussed?</td>
<td>Yes</td>
<td>Yes - briefly</td>
</tr>
<tr>
<td>Generalisability of study results discussed?</td>
<td>Yes</td>
<td>Yes - briefly</td>
</tr>
<tr>
<td>Overall rating</td>
<td>Strong</td>
<td>Strong</td>
</tr>
</tbody>
</table>
Appendix 4 continued: Detailed quality assessments for included papers

Example quality assessment using questions from the modified SIGN Assessment (SIGN, 2008: Moorcroft, 2011)

<table>
<thead>
<tr>
<th>Area of study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the area of study been defined and narrowed with explanation?</td>
</tr>
<tr>
<td>Is the title focused?</td>
</tr>
<tr>
<td>Has the appropriate literature been reviewed and cited?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aims, Objectives and Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the aims and objectives clearly in the abstract or introduction?</td>
</tr>
<tr>
<td>Are the objectives measurable?</td>
</tr>
<tr>
<td>Is a clear and testable hypothesis stated? (not suitable for qualitative papers)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Study design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the study design clearly stated?</td>
</tr>
<tr>
<td>Is it appropriate to answer the study question?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample appropriateness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the sample appropriate for the area of study?</td>
</tr>
<tr>
<td>Is everyone included who should be?</td>
</tr>
<tr>
<td>Does the sample include older adults (50 and above)?</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 4 continued: Detailed quality assessments for included papers

Example quality assessment using questions from the modified SIGN Assessment (SIGN, 2008: Moorcroft, 2011) continued

<table>
<thead>
<tr>
<th>Sample selection</th>
<th>Good: Method of selection clearly stated and is appropriate and unbiased resulting in a representative sample.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor: Inappropriate method used which could introduce bias and or an unrepresentative sample.</td>
</tr>
<tr>
<td></td>
<td>Unknown: Method not stated</td>
</tr>
<tr>
<td>Is the method of selection clearly stated?</td>
<td></td>
</tr>
<tr>
<td>Is it appropriate?</td>
<td></td>
</tr>
<tr>
<td>Does it prevent selection bias?</td>
<td></td>
</tr>
<tr>
<td>Does it produce a representative sample</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample size</th>
<th>Good: Sample size clearly cited and appropriate for the study design to prevent bias</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor: Inappropriate sample size</td>
</tr>
<tr>
<td></td>
<td>Unknown: Sample size not stated</td>
</tr>
<tr>
<td>Is the sample size appropriate for the study design?</td>
<td></td>
</tr>
<tr>
<td>Is it sufficient to prevent bias?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample inclusion and exclusion criteria</th>
<th>Good: Criteria for inclusion and exclusion are clearly stated. Description of participants given.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor: Poor description of inclusion and exclusion criteria and/or participants</td>
</tr>
<tr>
<td></td>
<td>Unknown: Criteria not stated</td>
</tr>
<tr>
<td>Are the participants clearly described?</td>
<td></td>
</tr>
<tr>
<td>Are reasons for inclusion and exclusion stated and justified?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Loss to follow-up, drop outs and deaths</th>
<th>Good: Loss to follow-up clearly stated with discussion around the reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Poor: Loss to follow-up given but poor or inadequate discussion of the reason(s)</td>
</tr>
<tr>
<td></td>
<td>Unknown: Loss to follow-up and reasons not given</td>
</tr>
<tr>
<td>Is the loss to follow-up figures stated?</td>
<td></td>
</tr>
<tr>
<td>Are the reasons for loss to follow-up given?</td>
<td></td>
</tr>
</tbody>
</table>

(Continued on next page)
### Follow-up

<table>
<thead>
<tr>
<th>Question</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the length and extent of follow-up?</td>
<td>The study tracks at appropriate times and for a sufficient length of time. Appropriate and sufficient measurements. Number of participants at each follow-up stated.</td>
<td>Inadequate follow-up stated</td>
</tr>
<tr>
<td>Are the times at which exposures and outcomes measured appropriate and sufficient?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the study track from uptake to adherence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the number of participants measured at each follow-up stated?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Intervention(s)

<table>
<thead>
<tr>
<th>Question</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the interventions measured clearly stated?</td>
<td>Intervention(s) clearly stated and appropriately measured. Potential confounders identified and controlled for</td>
<td>Poorly defined intervention(s) and methods. None or not all potential confounders identified.</td>
</tr>
<tr>
<td>Are the methods used appropriate and minimise any potential bias?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are potential confounders considered and controlled for?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Outcome measure(s) and quality control

<table>
<thead>
<tr>
<th>Question</th>
<th>Good</th>
<th>Poor</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the outcome measures clearly defined?</td>
<td>Clearly defined description of the outcome measure(s) given. Methods and procedure of measurements at each follow-up are clearly stated. Quality control measures have been considered and implemented</td>
<td>Poorly defined outcome measure(s) and methods. Inadequate or limited quality control measures</td>
<td>Quality control measures not stated</td>
</tr>
<tr>
<td>Is each one (not all may be applied) an appropriate and accurate measure?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the same methods used at each follow-up?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have the outcome measures been validated or used reliably in other studies?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 4 continued: Detailed quality assessments for included papers

Example quality assessment using questions from the modified SIGN Assessment (SIGN, 2008: Moorcroft, 2011) continued

### Data collection – blindness

<table>
<thead>
<tr>
<th>Question</th>
<th>Good</th>
<th>Poor</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are those collecting the data and participants blind to the purpose of the research to help reduce potential bias during data collection?</td>
<td>The subjects and/or those collecting the data are blind to the purpose of the research or the issue of blinding has been taken into consideration.</td>
<td>The subjects and/or those taking the measurements are not blind to the purpose of the research, which could therefore lead to bias. The issue of blinding has not been considered.</td>
<td>No reference to blinding is made</td>
</tr>
</tbody>
</table>

### Missing data

<table>
<thead>
<tr>
<th>Question</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the results complete? Is there data missing?</td>
<td>Adequate complete data to minimise potential bias</td>
<td>Substantial data missing which may have lead to bias</td>
</tr>
<tr>
<td>Is this taken into account?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has this biased the results?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Analysis

<table>
<thead>
<tr>
<th>Question</th>
<th>Good</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the method(s) of analysis clearly described?</td>
<td>Method(s) of analysis are clearly described, justified and appropriate for the exposures and outcome measures. Confounders have been controlled for using an appropriate model</td>
<td>Method(s) of analysis are not clearly described or justified and are not appropriate. Confounders have not been controlled using an appropriate model</td>
</tr>
<tr>
<td>Is the method appropriate for the exposures and outcome measures?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are confounders controlled for appropriately?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 4 continued: Detailed quality assessments for included papers

Example quality assessment using questions from the modified SIGN Assessment (SIGN, 2008: Moorcroft, 2011) continued

Results and conclusions

<table>
<thead>
<tr>
<th>Question</th>
<th>Good:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the results clearly summarised?</td>
<td>Appropriate results and conclusions are drawn which answer the original question and objectives. Any anomalies are discussed as well as the implications and recommendations for future study</td>
</tr>
<tr>
<td>Do the results answer the original research question?</td>
<td>Poor:</td>
</tr>
<tr>
<td>Are appropriate conclusions made?</td>
<td>Poor results obtained which do not fully answer the original question or objectives. Lack or no discussion of any anomalies, implications or future recommendations</td>
</tr>
<tr>
<td>Are any anomalies justified and discussed?</td>
<td></td>
</tr>
<tr>
<td>Does the study outline implications of the results found?</td>
<td></td>
</tr>
</tbody>
</table>

Quality Rating Guidelines based on Scottish Intercollegiate Guidelines Network (S.I.G.N.) evidenced based guidelines (2001)

- Good ++: Include
- Good +: Include
- Poor -: Exclude

Overall quality assessment:
Appendix 4 continued: Detailed quality assessments for included papers

Quality assessment scores using questions from the modified SIGN Assessment (SIGN, 2008: Moorcroft, 2011)

<table>
<thead>
<tr>
<th>Assessment criteria</th>
<th>Michael et al., 2012</th>
<th>Reger-Nash et al., 2003</th>
<th>Stahl et al., 2008</th>
<th>Sullivan-Marx et al., 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of study</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Aims, objectives and hypothesis</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Study design</td>
<td>Good for pilot</td>
<td>Good</td>
<td>Good</td>
<td>Poor - study design not clearly stated. Strategies &amp; principles stated</td>
</tr>
<tr>
<td>Sample appropriate?</td>
<td>Good</td>
<td>Good - whole population</td>
<td>Good</td>
<td>Good - frail older AA women</td>
</tr>
<tr>
<td>Sample selection</td>
<td>Good</td>
<td>Good - random selection for surveys</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Sample size</td>
<td>Poor</td>
<td>Unknown - discussed in other papers</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Sample inclusion &amp; exclusion criteria</td>
<td>Poor - no detail</td>
<td>Unknown - discussed in other papers</td>
<td>Good</td>
<td>Good - clearly described</td>
</tr>
<tr>
<td>Loss to follow up, drop outs and deaths</td>
<td>n/a</td>
<td>Unknown - discussed in other papers</td>
<td>n/a</td>
<td>Good</td>
</tr>
<tr>
<td>Follow up</td>
<td>n/a</td>
<td>Good - 8 weeks, 6 7 12 months</td>
<td>n/a</td>
<td>Good - 16 weeks or 48 sessions</td>
</tr>
<tr>
<td>Interventions</td>
<td>Good - ongoing attendance only reported</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Outcome measures and quality control</td>
<td>Poor - health monitoring stated but no tools described</td>
<td>Good - 4 measures reported but not described</td>
<td>Poor - questionnaire not described</td>
<td>Good - 5 validated tools &amp; 2 additional measures</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 4 continued: Detailed quality assessments for included papers

Quality assessment scores using questions from the modified SIGN Assessment (SIGN, 2008; Moorcroft, 2011) continued

<table>
<thead>
<tr>
<th>Assessment criteria</th>
<th>Michael et al., 2012</th>
<th>Reger-Nash et al., 2003</th>
<th>Stahl et al., 2008</th>
<th>Sullivan-Marx et al., 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data collection - blindness</td>
<td>n/a</td>
<td>Unknown</td>
<td>n/a</td>
<td>Unknown</td>
</tr>
<tr>
<td>Missing data</td>
<td>Unreported</td>
<td>Unreported</td>
<td>Unreported</td>
<td>Unreported</td>
</tr>
<tr>
<td>Analysis</td>
<td>n/a - ongoing</td>
<td>Poor - no reporting</td>
<td>Good - appropriate</td>
<td>Poor - not clearly</td>
</tr>
<tr>
<td></td>
<td>intervention</td>
<td>of analysis here</td>
<td>study design</td>
<td>described. No reporting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>of outcome measures</td>
</tr>
<tr>
<td>Results and conclusions</td>
<td>Good - reasons for</td>
<td>Good - good focus on</td>
<td>Good</td>
<td>Good - focus on</td>
</tr>
<tr>
<td></td>
<td>continued success</td>
<td>market penetration and</td>
<td></td>
<td>recruitment, retention</td>
</tr>
<tr>
<td></td>
<td>reported</td>
<td>increase in walking &amp;</td>
<td></td>
<td>&amp; satisfaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>social capital</td>
<td></td>
<td>Limitations discussed</td>
</tr>
<tr>
<td>Overall rating</td>
<td>Good +</td>
<td>Good ++</td>
<td>Good ++</td>
<td>Good +</td>
</tr>
</tbody>
</table>
Appendix 5: Participant Information Sheet

Public views on increasing physical activity amongst older people

You are being invited to take part in a research study, which is being run by the University of Manchester. Before you decide whether you wish to take part or not, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information and discuss it with others if you wish.

What is the purpose of the study?
This study will ask a broad range of people 55 years old and over for their ideas about physical activities. As the numbers of older people in the UK increases, it is important that as many people as possible remain fit and active.

Why have I been chosen?
We are talking to around a hundred people in Calderdale, so we can get the opinions of a wide range of people, some of whom are more physically active than others. It is important that we get a wide range of the population so we can take everybody’s views on board. You have been chosen because you are aged 55 years or older and are attending one of the groups that have agreed to help us with this study, or it has been suggested to us that you might be interested in taking part.

Do I have to take part?
It is up to you to decide whether or not to take part. If you do decide to take part you should keep this information sheet. If you complete and return the short questionnaire we will contact you to take part in the study. If you do decide to take part, you are still free to withdraw at any time without giving a reason. A decision to withdraw or not to take part will have no effect on your future relationship with those involved and will not affect your attendance at any activities or day services or the interaction you have with these services.

What will happen to me if I take part and what do I have to do?
First, you will need to complete the enclosed short questionnaire and send it back to us in the self-addressed and stamped envelope. The information that you provide will help us to see that we (Continued on next page)
have a wide range of people willing to take part in the study. This should take no more than 2
minutes to complete. Once we have received your completed questionnaire, we will contact you to
confirm your involvement in the study and to inform you of a date and time to attend a focus group
meeting. This meeting will last approximately 60-90 minutes and will involve discussing your views
and ideas on ways to increase levels of physical activity with 3 or 4 other people and the
researcher. Do not worry if you cannot think of any ideas now, the researcher will help the group
with the discussion. If we receive completed questionnaires from more people than we need for
this study, we may contact you to thank you for your willingness, but say that we do not need you
to take part.

The focus groups will be held after an activity that you would normally attend, or during your
attendance at a day centre, so there should not be any additional travel expenses. However, if you
do have to pay for travel especially to attend, we will reimburse you. Refreshments will be provided
for you. Focus group discussions will be audio recorded.

What are the possible disadvantages and risks of taking part?
Taking part in the study does not involve a change in your daily routine and activity; therefore there
are no direct risks. The only disadvantage is the time that it will take you to complete the short
questionnaire and to attend the focus group meeting. None of the questions asked will be very
personal and many have been taken from other surveys so have been answered by thousands of
other people. It is up to you what you say in the focus group. You will not be put under any
pressure to provide very personal information.

What are the possible benefits of taking part?
There are no direct benefits to taking part in the study, although you may feel that you would like to
help a health research project. However, the information obtained will hopefully identify factors
that are associated with becoming physically active. We hope that our results will be used by local
and national governments so that they can fund activities that will encourage more older people to
become more physically active, though there is no guarantee of this. The results could also be
used by local independent groups, such as those arising from the Neighbourhood Schemes and
Age UK Calderdale and Kirklees, to support applications for funding activities that promote
physical activity.

Will my taking part in this study be kept confidential?
All information about your participation in this study will be kept strictly confidential by the
researcher. This means that no one at Age UK Calderdale and Kirklees, or involved in the
Neighbourhood Schemes will see your answers, or be told what you have said in the focus groups.
No names will be used on the transcripts of interviews. You will not be identifiable in any report or
publication. The researcher cannot personally guarantee that focus group members will maintain
confidentiality, although group members will be asked and expected to keep keep the discussions
confidential.

What will happen to the results of the research study?

(Continued on next page)
Appendix 5 continued: Participant Information Sheet

At the end of the study we will publish our results in medical or health journals. A version of the results will be made available to anyone on the following website www.nursing.manchester.ac.uk. If you would like a copy of the results but do not have access to the internet, we would be happy to send you a copy if you let us know at the end of the questionnaire. Copies of the results will also be sent to the groups that have arisen from the Neighbourhood Schemes and to Age UK Calderdale and Kirklees.

Who is organising the research?
The study is being organised by the School of Nursing, Midwifery and Social Work at the University of Manchester.

Who has reviewed the study?
This proposal has been reviewed by the University of Manchester’s Research Ethics Committee (reference number 11100).

Contact for further information
If you have any further questions or queries then do not hesitate to contact us at the University of Manchester:
Ms. Elisabeth Boulton, School of Nursing, Midwifery & Social Work University of Manchester, (number to be inserted)
Prof. Chris Todd, School of Nursing, Midwifery & Social Work University of Manchester 0161 306 7865
Dr Maria Horne, School of Nursing, Midwifery & Social Work University of Manchester 0161 306 7680

What if there is a problem?
If you have concern about any aspect of this study, you should ask to speak to the researcher, Elisabeth Boulton, who will do her best to answer your questions. If she is unable to resolve your concern, or you wish to make a complaint regarding the study, please contact the Head of the Research Office, School of Nursing, Midwifery and Social Work, Faculty of Medical and Human Sciences, University of Manchester, Manchester. M13 9PL.
Appendix 6: Brief questionnaire

Public views on increasing physical activity amongst older people

Are you?  □ Male  □ Female

Date of birth:  __________ (day) / __________ (month) / __________ (year)

‘For general health benefit, adults should achieve a total of at least 30 minutes a day of at least moderate intensity physical activity on 5 or more days of the week. The activity can be lifestyle activity or structured exercise or sport, or a combination of these.’ (Department of Health 2004)

How often do you achieve 30 minutes a day of moderate intensity physical activity?

□ 5 or more times a week
□ 3-4 times a week
□ Twice a week
□ Once a week
□ Not at all

Which best describes the accommodation in which you live? If you live with your family then answer for your family.

□ own outright or have a mortgage (by yourself or with your family)
□ provided by local authority, housing association or charity
□ rent privately from a landlord
□ rent free accommodation

What is your full postcode? _________________________

How old were you when you left school? __________ years old.

Have you had any full or part time further or higher education since you left school?

□ Yes  □ No

We would like to find out about your views on increasing physical activity in a focus group that would take approximately 60 - 90 minutes of your time. If you are willing to attend a focus group meeting, please tick the box below and complete the details below.

If you are willing to take part in the study, but would prefer to share your views in an individual interview, please indicate below, by ticking the relevant box.

□ Yes, I am willing to attend a focus group.
□ Yes, I am willing to take part, but would prefer an individual interview.

PTO 1

(Continued on next page)
Appendix 6 continued: Brief questionnaire

Name (CAPITALS): ____________________________________________________________

Signature: ___________________________ Date: ____/____/______

Home or mobile telephone number: ___________________________________________

Address:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Thank you for filling in this questionnaire. Please return it in the pre-paid envelope provided.

Elisabeth Boulton
Researcher
(number to be inserted)
Appendix 7: Consent Form

Public views on increasing physical activity amongst older people

Consent Form

Focus Groups and Interviews

Name of participant: ________________________________
Participant code: ________________________________

I confirm that I have read information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily. [ ]

I understand that my participation in the study is voluntary and that I am free to refuse any questions and to withdraw at any time without giving a reason and without detriment to any treatment/service. [ ]

I understand that no additional tests or medical procedures will be undertaken. [ ]

I understand that the focus groups and interviews will be audio-recorded. [ ]

I understand that anonymised direct quotes will be used in the write up of the study, with my consent. [ ]

I agree that any data collected may be passed to other researchers and that personal information may be scrutinised by an authorised person and information will be treated as strictly confidential. [ ]

I understand that the audio tapes will not be used or made available for any other purpose than the research project and will be destroyed at the end of the study. [ ]

I understand that the researcher will keep the discussions confidential and whilst participants will be advised and expected to maintain confidentiality, the researcher cannot personally guarantee confidentiality from focus group participants. [ ]

I agree to take part in the study.

_______________________________   _______________________
Name of participant                        Date                      Signature
_______________________________   _______________________
Witnessed                                 Date                      Signature

I confirm that I have fully explained the purpose and nature of this study.

Signed ____________________________________ Date __________________

The research to be carried out has been approved by the University of Manchester Research Ethics Committee.

Data information collected in this study will be processed in accordance with the Data Protection Act (1998).
Appendix 8: Focus group discussion guide

Introduction to the focus group

Thank you for agreeing to take part in this focus group. I would like to find out what would encourage more older people to become more physically active. I am very interested to find out what your views are on this subject. There are no right or wrong answers – I just want to know what you think.

What do you understand by the term 'physical activity'?

(Hand out definitions and see what people think of these)

Physical activity – any bodily movement produced by skeletal muscles that results in energy expenditure (Bouchard et al. 1990)

The Department of Health recommendations suggest that regular activity entails 30 minutes of moderate intensity activity on at least 5 occasions a week - e.g. brisk walking (DOH, 1999).

Moderate intensity activity makes you warm and slightly breathless but you are still able to maintain a conversation (BHF, 2003).

Have you always been / ever been a physically active person?

Tell me what physical activity you are doing at the moment / have done in the past. How long have you been doing this / did you do this for?

What made you start doing this? What was the attraction?

What makes you carry on doing it? What are / were the important elements that make you carry on?

Can you tell me what would / did make you stop doing this?

How important is the venue / location? Can you tell me the places where activities take / took place and what you think of them?

What about physical activity that you do / did on your own? Can you tell me about this?

What do you think is meant by promoting physical activity at a population level?

(Hand out a list of interventions currently occurring in Calderdale and beyond)

Which of the interventions on the sheet do you think would be popular with older people? Why? What would need to be in place to make people come along?

Are there any interventions, which are not on the sheet, that you think would encourage older people to become more active?

What do you think is the best way to encourage more older people to become more physically active?

Summing up, including thanks and what will happen to the information received.

(Continued on next page)
Appendix 8 continued: Focus group discussion guide

Using prompts:
It may be necessary for the researcher to utilise neutral continuers and prompts such as:

Could you tell me more about this?
Could you tell me, in your own words, why this is so?
How did that make you feel?
Appendix 9: Interview schedule

---

Public views on increasing physical activity amongst older people

INTFRV1FW RCHHTJII F (In he finalised with Reference Group - event writing will differ according to the activity levels of the participant)

Introduction to the interview

Thank you for agreeing to be interviewed. I would like to find out what would encourage more older people to become more physically active. I am very interested to find out what your views are on this subject. There are no right or wrong answers – I just want to know what you think.

What does the term ‘physical activity’ mean to you?

(Hand out definitions and see what the person thinks of these)

Physical activity – any bodily movement produced by skeletal muscles that results in energy expenditure (Bouchard et al. 1990)

The Department of Health recommendations suggest that regular activity entails 30 minutes of moderate intensity activity on at least 5 occasions a week - e.g. brisk walking (DOH, 1999).

Moderate intensity activity makes you warm and slightly breathless but you are still able to maintain a conversation (BHF, 2003).

How physically active would you describe yourself as being now?

If the person is physically active:

Tell me what physical activity you are doing at the moment. How long have you been doing this?

What made you start doing this? What was the attraction?

What makes you carry on doing it? What are the important elements that make you carry on? (Transport, family support, affordability, desire to improve own health and fitness, someone to go with?)

Can you tell me what would make you stop doing it? (Lack of the above factors; ill health?)

Do you feel confident in your physical ability? (Perceived self-efficacy.) Explain why/why not?

What do you think is meant by promoting physical activity at a population level?

(Hand out a list of interventions currently occurring in Calderdale and beyond)

Which of the physical activities on the sheet do you think would be popular with older people? Why? What would need to be in place to make people come along?

Are there any physical activities, which are not on the sheet, that you think would encourage older people to become more active?

What do you think is the best way to encourage more older people to become more physically active?

Do you have any questions for me?

If the person is not physically active:

(Continued on next page)
Appendix 9 continued: Interview schedule

Tell me what physical activity you have done in the past. How long did you do this for?
What made you start doing this? What was the attraction?
What made you carry on doing it? What are the important elements that made you carry on? (Transport, family support, affordability, desire to improve own health and fitness, someone to go with?)
Can you tell me what made you stop doing this? (Lack of the above factors; ill health?)
Do you feel confident in your physical ability? (Perceived self-efficacy.)
Explain why/why not?
What do you think is meant by promoting physical activity at a population level?
(Hand out a list of interventions currently occurring in Calderdale and beyond)
Which of the interventions on the sheet do you think would be popular with older people? Why? What would need to be in place to make people come along?
Are there any interventions, which are not on the sheet, that you think would encourage older people to become more active?
What do you think is the best way to encourage more older people to become more physically active?
Do you have any questions for me?

Summing up including thanks and what will happen to the information received.
Public views on increasing physical activity amongst older people

FOCUS GROUP GROUND RULES

Introduction:

All information that is collected about you during the course of the research will be kept strictly confidential. This means that no one at Age UK Calderdale and Kirklees, or involved in the Neighbourhood Schemes will see your answers, or be told what you have said in the focus groups. You will not be identifiable in any report or publication. Codes will be used and not names.

You have been invited to participate in this focus group because you have important knowledge about particular experiences, needs, or perspectives that we hope to learn more about as a result of this study. I am here to learn from you. I am very grateful for the time that you are taking to contribute to this study.

The ground rules:

It is important for us to hear everyone’s ideas and opinions. There are no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable.

It is important for us to hear all sides of an issue – both the positive and the negative.

Only one person talks at a time.

It is important for women’s and men’s ideas to be equally represented and respected.

Confidentiality is assured. Participants are asked to respect this as well as the researcher.

Participants may leave the focus group at any point, without any negative consequences. However, once audio recording has begun, it will not be possible to remove comments that have already been made and we will be unable to disregard any contributions made up to that point.

Anything else that the participants wish to add?
Appendix 11: Participant Information Sheet (Urdu)

(Continued on next page)
Appendix 11 continued: Participant Information Sheet (Urdu)

یہ متن اپنے طور پر بائبل اور کتابوں کے ذریعے ہے۔ اس کا لکھنے کے لئے مخصوص اس کتاب کی نسخہ ہمیشہ ہے۔

(Continued on next page)
Appendix 11 continued: Participant Information Sheet (Urdu)

(Continued on next page)
Appendix 11 continued: Participant Information Sheet (Urdu)

Prof. Chris Todd, School of Nursing, Midwifery & Social Work, University of Manchester
0161 306 7865

Dr. Maria Horne, School of Nursing, Midwifery & Social Work, University of Manchester
0161 306 7860

School of Nursing, Midwifery and Social Work, Faculty of Medical and Human Sciences, University of Manchester, Manchester. M13 9PL
Appendix 12: Brief questionnaire (Urdu)

عمری ہے او آپ کے مادر الیکساندریہ کا ہے?

میں ہوں

2. جغرافیہ کیمیائی?

میں ہوں

3. آپ کی مادری زبان کیمیائی?

4. آپ کی ماں کی دیکھ بھال کیمیائی?

5. آپ کی بہن کی میڈیکل کاریکاتور کیمیائی?

6. آپ کی بچوں کی سائنس کیمیائی?

7. آپ کی بچوں کی سائنس کیمیائی?

8. آپ کی بچوں کی سائنس کیمیائی?

9. آپ کی بچوں کی سائنس کیمیائی?

10. آپ کی بچوں کی سائنس کیمیائی?

11. آپ کی بچوں کی سائنس کیمیائی?

12. آپ کی بچوں کی سائنس کیمیائی?

13. آپ کی بچوں کی سائنس کیمیائی?

14. آپ کی بچوں کی سائنس کیمیائی?

15. آپ کی بچوں کی سائنس کیمیائی?

16. آپ کی بچوں کی سائنس کیمیائی?

17. آپ کی بچوں کی سائنس کیمیائی?

18. آپ کی بچوں کی سائنس کیمیائی?

19. آپ کی بچوں کی سائنس کیمیائی?

20. آپ کی بچوں کی سائنس کیمیائی?

21. آپ کی بچوں کی سائنس کیمیائی?

22. آپ کی بچوں کی سائنس کیمیائی?

23. آپ کی بچوں کی سائنس کیمیائی?

24. آپ کی بچوں کی سائنس کیمیائی?

25. آپ کی بچوں کی سائنس کیمیائی?

(Continued on next page)
Appendix 12 continued: Brief questionnaire (Urdu)

Elisabeth Boulton - Researcher
07981 021082
Appendix 13: Consent form (Urdu)
Appendix 14: Example of the development of categories and classifications

This table demonstrates how the seven initial themes in the first column and their related categories in the second column were organised into five final themes, through developing higher level classifications.

<table>
<thead>
<tr>
<th>Initial Themes</th>
<th>Initial Categories</th>
<th>Final Themes</th>
<th>Final Categories</th>
</tr>
</thead>
</table>
| **Being with other people** | • Having someone to go with - fear of going alone  
• Social element  
• Supporting local activities  
• Team games.  
• Trips out | | |
| **Challenges**         | • Involving men  
• Older older people | **Challenges** | • Involving men  
• Age range  
• Maintaining groups (others not interested) |
| **Environmental factors** | • Access - transport  
• Gardening and housework  
• Gym  
• Having a dog  
• Home - stairs  
• Nintendo Wii  
• Not going out after dark  
• Open to all  
• Outdoor environment  
• Physical labour  
• Playground  
• Readily available  
• Time of day  
• Venue  
• Weather and season | **Environmental factors** | • Access - transport  
• Group qualities (friendly and welcoming/instructor)  
• Home environment (gardening and housework/Wii/dog/grandchildren)  
• Outdoor environment (playground/weather and seasons)  
• Readily available  
• Time of day (dark nights)  
• Venue |

(Continued on next page)
Appendix 14 continued: Example of the development of categories and classifications

<table>
<thead>
<tr>
<th>Initial Themes</th>
<th>Initial Categories</th>
<th>Final Themes</th>
<th>Final Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and wellbeing</td>
<td>• Avoiding weight gain&lt;br&gt;• Building strength&lt;br&gt;• Competition&lt;br&gt;• Do it while I can&lt;br&gt;• Fear of falling&lt;br&gt;• Fear of ill health - family history&lt;br&gt;• Feel can't keep up&lt;br&gt;• Feeling tired&lt;br&gt;• Fortunate to be fit&lt;br&gt;• Frustration at ill health&lt;br&gt;• Getting better&lt;br&gt;• Going at own pace&lt;br&gt;• Good for health&lt;br&gt;• Improving balance&lt;br&gt;• Keeping fit&lt;br&gt;• Keeps you young&lt;br&gt;• Mental stimulation&lt;br&gt;• Mental wellbeing&lt;br&gt;• Mood and mental health&lt;br&gt;• Need to be fit to do them&lt;br&gt;• Not as active as used to be&lt;br&gt;• To keep going - not seize up</td>
<td>Health and wellbeing</td>
<td>• Do it while I can/fortunate to be fit&lt;br&gt;• Frustration at ill health (fear of falling/can't keep up/feeling tired)&lt;br&gt;• Good for health (breathing/strength/balance/keeping going/avoiding ill health/keeping fit and young/mental stimulation and wellbeing/weight)&lt;br&gt;• Mood and mental health&lt;br&gt;• Not as active as used to be</td>
</tr>
</tbody>
</table>

(Continued on next page)
### Appendix 14 continued: Example of the development of categories and classifications

<table>
<thead>
<tr>
<th>Initial Themes</th>
<th>Initial Categories</th>
<th>Final Themes</th>
<th>Final Categories</th>
</tr>
</thead>
</table>
| **How to begin** | • Activities that lead to physical activity  
• Advertising  
• Finding out what people want  
• Fitting it in with work  
• Friendly and welcoming  
• Having time for activity  
• Independent activity  
• Information  
• Lack of skill  
• Prompt from others  
• Referred by health worker  
• Relaxed atmosphere  
• Responding to an advert  
• Sedentary jobs  
• Seeing others be active  
• Trying something new - tasters  
• Word of mouth | **Time and structure** | • Activities that lead to physical activity  
• Advertising and information (family prompts/referrals/word of mouth)  
• Cost  
• Flexibility and variety  
• Having someone to go with - fear of going alone  
• Having time for activity (fitting in with work)  
• Independent activity  
• Prompts from others (seeing others be active)  
• Routine  
• Social element  
• Trying something new/tasters |

| **How to keep going** | • Acceptance  
• Classes  
• Cost  
• Enjoyment  
• Flexibility in activities  
• Importance of a particular activity  
• Instructor  
• Interesting  
• Learning and developing  
• Learning from other groups  
• Looking after grandchildren  
• Routine  
• Sense of achievement  
• Skill  
• Somewhere free to go  
• Variety | | |

(Continued on next page)
Appendix 14 continued: Example of the development of categories and classifications

<table>
<thead>
<tr>
<th>Initial Themes</th>
<th>Initial Categories</th>
<th>Final Themes</th>
<th>Final Categories</th>
</tr>
</thead>
</table>
| **Personal qualities and attributes** | • Always been active  
• Attitude of mind  
• Being occupied  
• Busy retirement  
• Confidence  
• Discipline  
• Feel ought to do it  
• Finding it easy  
• Getting out of the house  
• Going back to an activity done when younger  
• Having responsibility  
• Hooked  
• Lazy  
• Life changes  
• Making yourself do it  
• Others not interested  
• Out of the habit  
• Part of my life - who I am  
• Resigned to not be able  
• Sex  
• Stagnate | **Personal qualities and drivers** | • Always been active  
• Attitude of mind  
• Being occupied/ getting out of the house  
• Competitive  
• Disciplined  
• Enjoyment  
• Feel ought to  
• Previous activity  
• Responsibility  
• Particular activity  
• Learning and developing (skill)  
• Part of my life/ who I am  
• Sense of achievement |
Appendix 15: Example of a thematic chart

Section from ‘Time and Structure’ matrix, containing data from three focus groups. This example presents participants’ responses in four different categories within this theme. In total, there are 5 thematic charts; one for each sub-theme developed.

<table>
<thead>
<tr>
<th>Group number and composition</th>
<th>Going at your own pace</th>
<th>Variety</th>
<th>Having someone to go with – fear of going alone</th>
<th>Having time for activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>FG7 (5 female; 57-72 yrs.)</td>
<td>Attend at least 1 class a week, try and do 2. I think I am quite active. Friend and I walk and are doing a 26 miler in May. It varies, according to what other things I'm doing. I do a 1 hour swim - a class. I usually do 2 or those a week. Walk 5 miles.</td>
<td>The hardest bit is actually getting there. Once I’m there, I'm fine. A friend goes with me now. Didn't go together once we'd got settled into it. We'd got our own separate routines of when we went, but it was just somebody giving you a push to actually start it. You knew there would always be somebody there. You looked after everybody as well.</td>
<td>I worked 10 hours a day at times and went home and flopped. There seemed no time. I didn't even think about it really. 'When you retire, we'll have to go and do this'. I think it was helping to look after my grandson. It's more about fitting it in with other things.</td>
<td></td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 15 continued: Example of a thematic chart

<table>
<thead>
<tr>
<th>Group number and composition</th>
<th>Going at your own pace</th>
<th>Variety</th>
<th>Having someone to go with – fear of going alone</th>
<th>Having time for activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>FG8 (5 female, 1 male; 54-81 yrs)</td>
<td>I can't do hills now because of me chest. But I can walk miles on the flat. I feel frustrated. I want to be marching off and people say 'you're on a route march'. I can't pull back. One a fast walker and one isn't; one at the front and one at the back. Got little offshoots - front, middle. I think they have a fantastic group and there's some in their 80s.</td>
<td>Bowling, outside and inside; walking; singing; tried Tai Chi. We fit in quite a lot in Calderdale. Running, dancing, swimming, theatre, singing, oh gosh! You name it, I do it: line dancing, tap dancing. Between 5 and 6 times a week. Swim, Scottish Dancing (teach), cycling, walking. Walk, sing, art, dance. Getting a bit fed up now. Once you've learnt it, we're just going over the same things.</td>
<td>They're all absolutely fantastic. But it's better if you can take a partner with you. I partner my sister. bring them along with you, don't just tell them, you know actually bring them and get them there and then once they're there, hopefully they'll enjoy themselves and want to come back. Maybe haven't got friends, that you know, you want to get at them as well. I don't know how you would do that. Somebody picks her up and takes her if you've nobody there to encourage you, then you will sit. Unless you've got this inner thing that you are programmed to do these things.</td>
<td>I'd like to do more, but I'm also a carer for my mother in law, so that takes a bit of time up. Noticed when I retired that I needed to do something about it. Just used to walk on the weekend. I do no physical activity whatsoever. Apart from dashing from one activity to another. My life is full of activity, but it's not active. I have to fit me swimming in. This is me doing something for me.</td>
</tr>
</tbody>
</table>

(Continued on next page)
### Appendix 15 continued: Example of a thematic chart

<table>
<thead>
<tr>
<th>Group number and composition</th>
<th>Going at your own pace</th>
<th>Variety</th>
<th>Having someone to go with – fear of going alone</th>
<th>Having time for activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>FG9 (3 female, 2 male; 63-72 yrs)</td>
<td>I'm in charge of meself. I can do it at me own speed, I can take it easy or not. (Swimming) If somebody's behind, you stop and wait for them. Within any infirmities you've got, M8's diabetes, my knees, F34's hip after 5 miles starts telling her a tale, but you still do it. Like canal walking, you could do 7 miles on the flat, whereas you couldn't do 7 miles around Southowram.</td>
<td>10 mins is all I can manage before I say I'm bored, what can we do now? We're hoping to start some new things in January. Photography.</td>
<td>If you go in a 2, it's easier sometimes. If you know people it's much easier, takes a lot of courage to go on your own. Once you've made that step, you do meet so many people and you're free to talk to whoever. I'd like to go, I don't know that I know anybody that goes, I will go. To step over that threshold and go somewhere. Doesn't bother me going to something on my own, but you've either got that personality or you haven't.</td>
<td>When the weather's nice, we're booked up most days. Most days we do something don't we? 6 out of the 7. Busier since I gave up work than I were before. Always gone swimming but joined the gym when I retired. I'm behind it, but I haven't got time to go to owt. It's having the time</td>
</tr>
</tbody>
</table>
Appendix 16: Final index

Presented here is the overall final structure for the data. The five final sub-themes derived from the data fit into two higher level, overarching themes. The categories within each sub-theme are presented. This structure was used to present the findings in chapter four.

Overarching theme:
What makes the activities accessible and appealing?

Sub-themes:
Time and structure / Environmental factors / Challenges

Categories:
Flexibility, variety and adaptability
Affordability
Accessibility
Sociable
Welcoming
Enjoyable
Weather, seasons and time
Appealing to men
Appealing to all ages
Appealing to the uninterested
Promotion and advertising

Overarching theme:
Personal attributes

Sub-themes
Personal qualities and drivers / Health and wellbeing

Categories:
It's more about me
My own ability
It's good for me
Appendix 17: Letter of approval from University of Manchester’s Committee on the Ethics of Research on Human Beings

Ms Elisabeth Boulton
Nursing and Midwifery
Elisabeth.boulton@postgrad.manchester.ac.uk
ref: ethics/11100
20 July 2011

Dear Ms Boulton

Committee on the Ethics of Research on Human Beings
Boulton, Todd, Horne: Public views on increasing physical activity amongst older people. (ref 11100)

I write to confirm that the amendments to the information sheet and consent form satisfy the concerns of the Committee and that the above project therefore has ethical approval.

The general conditions remain as stated in my letter of 13th July 2011.

Finally, I would be grateful if you could complete and return the attached form at the end of the project or by March 2012, whichever is earlier. When completing this form, please reference your project as:

‘Boulton, Todd, Horne: Public views on increasing physical activity amongst older people. (ref 11100)’

We hope the research goes well.

Yours sincerely,

Katy Boyle
Secretary to University Research Ethics Committee

Combining the strengths of UMIST and
The Victoria University of Manchester
### Appendix 18: Questions regarding linkages in the data - study one

<table>
<thead>
<tr>
<th>Section and category</th>
<th>Question</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.1 Flexibility, variety and adaptability</td>
<td>Is flexibility in the provision of activities more important to people who are busy?</td>
<td>11 talked about it, but only 4 talked about being busy.</td>
</tr>
<tr>
<td></td>
<td>Is variety more important to people who describe themselves as physically active?</td>
<td>16 talked about it: 14 are physically active, 5 extremely so. 1 said was important to activities done in past.</td>
</tr>
<tr>
<td></td>
<td>Is adaptability more important to those who have difficulty keeping up?</td>
<td>19 people talked about this: 13 people talked about finding it difficult to keep up with activities; 4 talked about needing to allow for all abilities. 1 was starting to do less and 1 said adaptable activities had helped her start again.</td>
</tr>
<tr>
<td>4.2.2 Affordability</td>
<td>Is cost stated as a barrier more by those who are not physically active?</td>
<td>25 talked about it: 12 NPA, 13 PA.</td>
</tr>
<tr>
<td>4.2.3 Accessibility</td>
<td>Is easy access more important to people who are not physically active?</td>
<td>28 talked about it: 14 NPA and 14 PA.</td>
</tr>
<tr>
<td></td>
<td>Is the importance of outdoor environment greater for those who are active and walk regularly?</td>
<td>15 people talked about this. 10 PA and regular walkers. 5 NPA said that the fresh air motivated them to walk, but not regularly.</td>
</tr>
<tr>
<td>4.2.4 Sociable</td>
<td>Is companionship and company important to people who talk about loneliness?</td>
<td>5 people talk about being lonely and all talk about meeting other people.</td>
</tr>
<tr>
<td>4.2.5 Welcoming</td>
<td>Is a welcoming atmosphere a key factor for people who live alone and talk about loneliness?</td>
<td>No link found.</td>
</tr>
<tr>
<td>4.2.6 Enjoyable</td>
<td>Which activities were linked to the use of the term ‘enjoy’?</td>
<td>18 different activities: 16 done with others; 3 done alone (gardening, walking - both, swimming)</td>
</tr>
<tr>
<td>4.2.7 Weather, seasons and time</td>
<td>Does bad weather act more as a barrier for the physically active, or the inactive?</td>
<td>5 talk about being put off by heavy rain / wind. 3 PA, 2 NPA.</td>
</tr>
<tr>
<td></td>
<td>Does fear of the dark act more as a barrier for the physically active, or the inactive?</td>
<td>13 say it’s a barrier: 7 NPA, 6 PA.</td>
</tr>
</tbody>
</table>
Appendix 18 continued: Questions regarding linkages in the data - study one

<table>
<thead>
<tr>
<th>Section and category</th>
<th>Question</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.1 It’s more about me</td>
<td>What other factors are regarded as important for people who are extremely active?</td>
<td>11 participants extremely active. 9 love to be outdoors; 7 talk about keeping mind active, 5 about mood/wellbeing; 9 very sociable, 2 have to make themselves join in; 9 enjoy many different activities; 10 had always been active, 1 started after retirement.</td>
</tr>
<tr>
<td>Is the need to establish a routine more important to those who are not physically active?</td>
<td>11 talk about routine: 8 not physically active; 3 described routine as key in becoming physically active.</td>
<td></td>
</tr>
<tr>
<td>Are physically active people more likely to take on responsibility than people who are not?</td>
<td>13 talked about it: 11 physically active, 6 happy to take it on, but 5 didn’t want to take responsibility for running activities. Of NPA, 1 wanted it, 1 didn’t.</td>
<td></td>
</tr>
<tr>
<td>Do all dog owners describe themselves as physically active?</td>
<td>10 talked about having a dog. 6 owners were physically active every day; 1 talked about partner being active; 1 said she needed to walk the dog more; 2 stopped walking when their dog died.</td>
<td></td>
</tr>
</tbody>
</table>

(Continued on next page)
### Appendix 18 continued: Questions regarding linkages in the data - study one

<table>
<thead>
<tr>
<th>Section and category</th>
<th>Question</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.3 It’s good for me</td>
<td>Are the health benefits cited more often by people who have a chronic condition or illness?</td>
<td>15 talked about health benefits: all had chronic conditions or were recovering from orthopaedic surgery.</td>
</tr>
<tr>
<td></td>
<td>Is maintaining good health more important to busy, active people?</td>
<td>7 talk about keeping going - avoiding ill health. 6 described very busy lifestyles.</td>
</tr>
<tr>
<td></td>
<td>Is the mental stimulation provided by some activities more important to those who describe themselves as physically active?</td>
<td>17 talk about importance of mental stimulation. 12 PA, 5 NPA.</td>
</tr>
</tbody>
</table>
Appendix 19: Additional quotes to support findings presented in chapter four

<table>
<thead>
<tr>
<th>Category</th>
<th>Quote</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.1 Flexibility, variety and adaptability</td>
<td>'Continuity of participating is difficult. My family is dispersed across the UK and the world. The nature of being retired means you can get into other things.'</td>
<td>(F4: 74, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>We did have a brief go at the T’ai Chi. It’s not for me, I didn’t enjoy it.'</td>
<td>(M13: 54, Male, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>The instructor was keeping her eye on everybody. You ease up on that now.'</td>
<td>(F40: 63, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'I don’t want to pack up part way through and think, oh what have I come on this for?'</td>
<td>(F4: 74, Female, White British, PA)</td>
</tr>
<tr>
<td>4.2.2 Affordability</td>
<td>'Benefits don’t allow money to spend on classes. I can’t afford the £1.50.'</td>
<td>(F41: 56, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'The end of the free swimming knocked it on the head.'</td>
<td>(F33: 66, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'Being a Yorkshire woman you think, well I’ve paid, so I’m going!'</td>
<td>(F33: 66, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'We need enough people to go to cover the room hire and the tutor.'</td>
<td>(F40: 63, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'It’s good to have one or two [activities] where we’re not paying tutors, then we get the money in the bank to support the others.'</td>
<td>(M8: 72, Male, White British, PA)</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 19 continued: Additional quotes to support findings presented in chapter four

<table>
<thead>
<tr>
<th>Category</th>
<th>Quote</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.3</td>
<td>'It’s handy here because the bus stops just on the corner there.’</td>
<td>(F25: 59, Female, White British, PA)</td>
</tr>
<tr>
<td>4.2.3</td>
<td>'The hall is fine, but to get to it there’s a walk from the bus station, so you’ve to be reasonably fit to start with. A lot of these, it’s the same thing.'</td>
<td>(F2: 66, Female, White British, NPA)</td>
</tr>
<tr>
<td>4.2.3</td>
<td>'It encourages you to go out and do things. You know you can get there and get back.'</td>
<td>(F34: 63, Female, White British, PA)</td>
</tr>
<tr>
<td>4.2.3</td>
<td>'Well, none of us would go out as much you know, if we didn’t have that. We wouldn’t go as far. My friend goes to town every day.'</td>
<td>(F15: 71, Female, White British, NPA)</td>
</tr>
<tr>
<td>4.2.3</td>
<td>'I went to yoga with a friend, but the hall was that cold that she gave up and I didn’t want to go on my own.'</td>
<td>(F15: 71, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>It needs to be warm if you’re doing any stripping off... It was the ultimate putter offer: nights went dark and the thought of stripping down to a leotard in a coldish hall and I thought ooh no!</td>
<td>(F41: 56, Female, White British, NPA)</td>
</tr>
<tr>
<td>4.2.3</td>
<td>'Clean. Clean absolutely. Sometimes they are very dusty, aren’t they? An old school gym and everything has got a layer on.'</td>
<td>(F40: 63, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'I go on the lane and look at the view for half to three quarters of an hour. The Garden Centre is part way on, it’s a good incentive.'</td>
<td>(F15: 71, Female, White British, NPA)</td>
</tr>
<tr>
<td>4.2.3</td>
<td>'I didn’t need motivation to do that [walk around a local lake] because it was lovely, glorious. I even went in the rain. I don’t like walking on the streets, I can’t see the point of that.’</td>
<td>(F5: 69, Female, White British, NPA)</td>
</tr>
<tr>
<td>4.2.3</td>
<td>'You could be happy because you’re walking on your own in beautiful surroundings, or you’re walking with other people in beautiful surroundings.'</td>
<td>(M11: 66, Male, White British, PA)</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 19 continued: Additional quotes to support findings presented in chapter four

<table>
<thead>
<tr>
<th>Category</th>
<th>Quote</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.4 Sociable</td>
<td>'I met a very nice lady and we've been friends ever since.'</td>
<td>(F15: 71, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'Her and I made friends. She rang me this morning, We seem to get on really well.'</td>
<td>(F27:72, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'I got pulled into the bowling through him and the social side.'</td>
<td>(F5: 69, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'To see someone other than me own four walls and that's what it's about. It's going back into an empty house and everything's silent. That's t' worst.'</td>
<td>(F16: 78, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'You need to talk to someone as well, don’t you sometimes? If you’ve been on your own. Well this is it: so many of us are on our own now.'</td>
<td>(F26: 76, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'My husband walks once a week and swims every Saturday. He swims a mile. He does it all on his own.'</td>
<td>(F2: 66, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'We do things together, but have our own separate interests as well and I think that's important as well.'</td>
<td>(F33: 66, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'I couldn't go into a class where I don't know anybody. I'd feel lost.'</td>
<td>(F21: 59, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'The hardest thing is going on my own.'</td>
<td>(F2: 66, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'But it's the first opening the door and just walking in. If you can do that, you're fine.'</td>
<td>(F17: 64, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'It helps if friends gee you up, or family.'</td>
<td>(F41: 56, Female, White British, NPA)</td>
</tr>
</tbody>
</table>
## Appendix 19 continued: Additional quotes to support findings presented in chapter four

<table>
<thead>
<tr>
<th>Category</th>
<th>Quote</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.5 Welcoming</td>
<td>I sat with this lady and she made me so welcome and I’ve been going now for about 6 months.</td>
<td>(F17: 64, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘We think a lot about her. It does depend a lot on the person.’</td>
<td>(F20: 78, Female, White British, NPA)</td>
</tr>
<tr>
<td>4.2.6 Enjoyable</td>
<td>‘It’s enjoyment I think, mainly, but it’s also good for your health…’</td>
<td>(M3: 67, Male, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘I didn’t enjoy the line dancing. If I’ve got to do it, enjoyment would be the motivation.’</td>
<td>(F6: 73, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>‘I’m not a person who likes exercise, so I’ve got to combine it with enjoyment.’</td>
<td>(F18:61, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>‘There’s lots of laughter, isn’t there? But I still love the exercises, the Zumba especially... It just gave us a hilarious morning, didn’t it?’</td>
<td>(F23: 82, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>‘We have a laugh! I always leave higher in spirit than I did when I left home.’</td>
<td>(F25: 59, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘I like to go for things that are fun. F.U.N. is a big word to me.’</td>
<td>(F34: 63, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘If you’ve been on a nice walk, you think, ‘yeah! It’s been worthwhile that!’</td>
<td>(M9: 67, Male, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘It was the knowledge of how well you’d done and how much better you could do, that’s far more important.’</td>
<td>(M6: 65, Male, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘I love it. When you go to [Zumba] sessions, I come home bright pink and it stays like that for about an hour. That’s very fast, but I do enjoy it.’</td>
<td>(F36: 63, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘Because I used to play many years ago, I was not a bad player, back in the 1800s, I think.’</td>
<td>(M5: 65, Male, White British, NPA)</td>
</tr>
</tbody>
</table>
Appendix 19 continued: Additional quotes to support findings presented in chapter four

<table>
<thead>
<tr>
<th>Category</th>
<th>Quote</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.7 Weather, seasons and time</td>
<td>'Dismal days make you feel dismal inside... Summer, I love summer! It gives you an incentive, the sunshine gives you a boost.'</td>
<td>(F24: 64, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'It definitely makes a big difference to me. Yeah. Far, far more active in the summer.'</td>
<td>(M13: 54, Male, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'But in the summer time, it's nice to do it in the evening. It's lovely. We do about eight to ten laps around Savile Park, it's beautiful.'</td>
<td>(F45: 49, Female, South Asian, PA)</td>
</tr>
<tr>
<td></td>
<td>'When it's slippery, with the leaves, I'm a bit hopeless really.'</td>
<td>(F33: 66, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'If there's snow around, you don't go down the bank. This is silly, you know, let's go back.'</td>
<td>(M8: 72, Male, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'I find I walk more as well in the snow. If I can't get the car out, I just won't let it beat me.'</td>
<td>(F38: 54, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'Last winter we found some lovely winter walks, when there was all that snow, just very near to where we live.'</td>
<td>(F28: 72, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'I don't mind the rain, but I'm not keen on wind and rain.'</td>
<td>(F15: 71, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'I don't mind the rain, it's if it's windy, regarding walking. Rain setting in for days at a time. It really demotivates me when it's wall to wall rain.'</td>
<td>(F41: 56, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'I might think twice about it, but I do go out.'</td>
<td>(M10: 81, Male, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'I come regularly, rain or snow. I would come if it was icy, but I'd hope for a lift.'</td>
<td>(F46: 55, Female, South Asian, NPA)</td>
</tr>
<tr>
<td></td>
<td>'Just put your boots on and out you come!'</td>
<td>(F47: 61, Female, South Asian, NPA)</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 19 continued: Additional quotes to support findings presented in chapter four

<table>
<thead>
<tr>
<th>Category</th>
<th>Quote</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.7 Weather, seasons and time</td>
<td>I don't really walk anywhere in the dark, to tell you the truth. Even with me dogs, I make sure I'm back... I never have done really, I don't like it, no.'</td>
<td>(F39: 69, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>You’re looking round you all the time. Am I alright?’</td>
<td>(F43: 66, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>Mornings are better. I can't concentrate on something in the morning, if I know I've got to go out.’</td>
<td>(F3: 64, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>Ten to 12, or one o'clock. So come dinner time we can go home and we've got a bit of time to do the cooking and anything else that needs to be done before the children come home.’</td>
<td>(F47: 61, Female, South Asian, NPA)</td>
</tr>
<tr>
<td>4.2.8 Appealing to men</td>
<td>'We've no men at all, apart from now we've got three men in our singing group.'</td>
<td>(F38: 54, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'... a couple of guys that do painting. They seem happy to do a lone subject.'</td>
<td>(M14: 54, Male, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'Our Scottish Dancing group on a Thursday night at the club, I think we've a membership of about forty five and I would say a third are men. But the men are much keener on the dancing than the ladies; much more enthusiastic... It's one of the few exceptions. I know what you're saying, men tend not to get involved.'</td>
<td>(M10: 81, Male, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'He does keep very physically active. I've got him into the curling on a Thursday and he's horrified. Again, it's this organised thing, because I'm making him go.'</td>
<td>(F18: 61, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'I've never been particularly full of any sport. I've always sort of worked physically on my own, either gardening or DIY.'</td>
<td>(M7: 66, Male, White British, PA)</td>
</tr>
</tbody>
</table>

(Continued on next page)
### Appendix 19 continued: Additional quotes to support findings presented in chapter four

<table>
<thead>
<tr>
<th>Category</th>
<th>Quote</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.2.9 Appealing to all ages</strong></td>
<td>'There are people who haven’t got jobs, for one reason or the other, er, who might well benefit from an activity that keeps them off daytime television and so on, and stimulates them into perhaps, er, learning something else for the sake of learning.'</td>
<td>(M7: 66, Male, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'Because you might be interested in going to some of these things and I might be interested, but it would be during the day, so I couldn’t go.'</td>
<td>(F31: 57, Female, White British, PA)</td>
</tr>
<tr>
<td><strong>4.2.10 Appealing to the uninterested</strong></td>
<td>'Well I’ve been here for a long time and we’ve never ever got them from the bungalows... I don’t know why it is that the people who lived in the bungalows wouldn’t come.'</td>
<td>(F19: 87, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'We have bingo on a Tuesday and there’s about fourteen, if not more, and we’ve invited every one of them. They know about it, but they’re not interested, are they?'</td>
<td>(F21: 59, Female, White British, NPA)</td>
</tr>
<tr>
<td><strong>4.2.11 Promotion and advertising</strong></td>
<td>'Ooh they sound good! Beaming smile, you know, let’s go and join that!'</td>
<td>(F36: 63, Female, White British, PA)</td>
</tr>
<tr>
<td><strong>4.3.1 It’s more about me</strong></td>
<td>'It’s part of me life; it’s just way of life for me. If I don’t do it, I feel as if I’ve missed out.'</td>
<td>(F37: 56, Female, White British, PA)</td>
</tr>
<tr>
<td><strong>4.3.1 It’s more about me (Discipline and routine)</strong></td>
<td>'It takes over who you are.'</td>
<td>(F1: 76, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'You’re fine if you’re already established, you get into a habit, don’t you? You know you’ve to come, so it’s not a problem.'</td>
<td>(F18: 61, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'It’s the reason to go out, I think, as you get older, you have to have a reason. It’s so easy to say ‘oh I can’t be bothered’, but if you’ve somewhere to go and a reason, you’ll go.'</td>
<td>(F16: 78, Female, White British, NPA)</td>
</tr>
</tbody>
</table>

(Continued on next page)
Appendix 19 continued: Additional quotes to support findings presented in chapter four

<table>
<thead>
<tr>
<th>Category</th>
<th>Quote</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.1 It’s more about me (Discipline and routine)</td>
<td>‘It gets me out. Get up, go into town, walk along to the hall. The main thing is getting you out of the house and doing something different.’</td>
<td>(F4: 74, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘I have somewhere to go every day. Weekends are quite dull really... You’ve got to be busy, you see. Sometimes I think I’ll just give it up and do nothing.’</td>
<td>(F15: 71, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>‘If you go out, you have a point to the day. You have to get up, you have to get dressed. I mean there have been times when I haven’t done any of that, you know. But that’s another story.’</td>
<td>(F26: 76, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘I think it was, part of it was, after I lost my husband and after a while I felt I needed to get out of t’ house, but I needed to have somewhere to go, apart from going to t’ children.’</td>
<td>(F16: 78, Female, White British, NPA)</td>
</tr>
<tr>
<td>4.3.1 It’s more about me (Responsibility)</td>
<td>‘No one wants to have the responsibility for the money, or what they think is, if they don’t raise enough money, will they be responsible for the shortfall?’</td>
<td>(F25: 59, Female, White British, PA)</td>
</tr>
<tr>
<td>4.3.1 It’s more about me (Learning something new)</td>
<td>‘My friend didn’t want to go to a classroom, but I like to learn.’</td>
<td>(F15: 71, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>‘I haven’t found it easy to learn. I can do it, but it’s getting it up there, so I’m up early and practising.’</td>
<td>(F36: 63, Female, White British, PA)</td>
</tr>
<tr>
<td>4.3.1 It’s more about me (Dog ownership)</td>
<td>‘My dog died and I stopped walking. I intended to go out without the dog, but I didn’t.’</td>
<td>(F4: 74, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘I have a dog, both daughters have dogs. It’s motivation for getting up in the morning. Two long walks: three quarters of an hour in the morning and, later on, an hour.’</td>
<td>(F39: 69, Female, White British)</td>
</tr>
<tr>
<td>4.3.2 My own ability</td>
<td>‘I could go out now, not having done anything for 3 months and quite easily walk 15 miles.’</td>
<td>(M14: 54, Male, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>‘And you feel you’ve got to do it while you can, don’t you?’</td>
<td>(F33: 66, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘I find it really sad that I can’t join in properly. I don’t know what else I can do... You need your health to do anything.’</td>
<td>(F40: 63, Female, White British, NPA)</td>
</tr>
</tbody>
</table>

(Continued on next page)
<table>
<thead>
<tr>
<th>Category</th>
<th>Quote</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.2 My own ability</td>
<td>'I can’t stand for T’ai Chi as I have a back problem. I’d feel embarrassed sitting down.'</td>
<td>(F26: 76, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'I’ve had trouble with my hip and not got back into walking. I’m waiting for treatment. I used to walk for miles.'</td>
<td>(F16: 78, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'I would like to try Nordic Walking if it would be slow. I don’t want to do it where there are people much faster than me. I can’t do that.'</td>
<td>(F40: 63, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'It’s too long a time. I can do short spells and I don’t want to go to t’ group and people say, ‘we’ll have to wait now because she’s dropped a mile’. I’m conscious that I would be holding people up.'</td>
<td>(F16: 78, Female, White British, NPA)</td>
</tr>
<tr>
<td>4.3.3 It’s good for me</td>
<td>'My breathing and asthma are better.'</td>
<td>(F46: 55, Female, South Asian, NPA)</td>
</tr>
<tr>
<td></td>
<td>'It’s brought [my husband’s] blood pressure down.'</td>
<td>(F17: 64, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'My father died before he was 50, with heart problems and there’s a lot of that in the family. I suppose that’s why I do it.'</td>
<td>(M12: 67, Male, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'Being able to keep going, keep doing everything you’ve always done. Working, dogs, chasing about here, there and everywhere. Yeah it is for me.'</td>
<td>(F31: 57, Female, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>'It keeps you young as well.'</td>
<td>(F23: 82, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'... even if it’s only in your head!'</td>
<td>(F19: 87, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'I need to exercise because I put weight on very easily. I need to get some weight off in an enjoyable way, with company, because I want a laugh as well.'</td>
<td>(M2: 80, Male, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>'I realised I’d put weight on, I couldn’t walk as fast. I noticed when I’d retired that I needed to do something about it.'</td>
<td>(F18: 61, Female, White British, NPA)</td>
</tr>
</tbody>
</table>

*(Continued on next page)*
Appendix 19 continued: Additional quotes to support findings presented in chapter four

<table>
<thead>
<tr>
<th>Category</th>
<th>Quote</th>
<th>Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.3 It’s good for me</td>
<td>‘It keeps you very mentally alert, wondering what you’re going to do next.’</td>
<td>(M10: 81, Male, White British, PA)</td>
</tr>
<tr>
<td></td>
<td>‘I enjoy walking and I think it’s good for mental health, more than anything.’</td>
<td>(F27: 72, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>‘I’ve felt a difference in calmness; that I’m not getting as het up as I could be.’</td>
<td>(F24: 64, Female, White British, NPA)</td>
</tr>
<tr>
<td></td>
<td>‘Sometimes I’m down and that affects motivation and activity... I find it hard to be consistent. I can go into a negative mode.’</td>
<td>(F41: 56, Female, White British, NPA)</td>
</tr>
</tbody>
</table>
Appendix 20: Consent form for action research study

Public views on increasing physical activity amongst older people

Consent Form
Action Research Group

Name of member:

Member code: Initial

I understand that my participation in the study is voluntary and that I am free to refuse any questions and to withdraw at any time from the Action Research Group without giving a reason and without detriment to any treatment/service.

I understand that the meetings of the Action Research Group will be audio-recorded.

I understand that anonymised direct quotes will be used in the write up of the study.

I agree that any data collected may be passed to other members of the research team and that personal information may be scrutinised by an authorised person and information will be treated as strictly confidential.

I understand that the audio recordings will not be used or made available for any other purpose than the research project and will be destroyed at the end of the study.

I would like to be named / prefer not to be named as co-researcher on this study
I will decide later whether I want to be named as co-researcher on this study.
(Delete as applicable.)

___________________________    ______________________
Name of participant    Date    Signature

___________________________    ______________________
Witnessed    Date    Signature

I confirm that I have fully explained the purpose and nature of this study.

Signed _______________________________ Date ____________________

The research to be carried out has been approved by the University of Manchester Research Ethics Committee.

Data information collected in this study will be processed in accordance with the Data Protection Act (1998).

380
Engaging people over 50 in physical activity
Lis Boulton
University of Manchester

Why this study?

• 150 minutes of physical activity per week brings significant health benefits.
• Many people are not achieving this, for a variety of reasons.
• Interventions to increase physical activity have not been very successful.
• So what if we asked older people what works for them?

(Continued on next page)
The Study

- 58 participants across Calderdale
- 10 Focus Groups
- 12 Interviews
- 44 women, 14 men
- Age range 54 – 87
- Masses and masses of data!

The Questions

- What encourages you to be physically active, or prevents you from being active?

- What would give you the kick to be more active?

(Continued on next page)
The Findings

• 4 main themes:
  - **Time and structure** – fitting physical activity in; advertising and information; flexibility; someone to go with; routine.
  - **Environmental factors** – access; instructors; home and outdoor environment.
  - **Health and wellbeing** – ill health; good for health; do it while I can.
  - **Personal qualities** – always been active; enjoyment; learning and development; achievement.

The Top Six

• Enjoyable - laughter and fun
• Affordable - selective about activities
• Sociable - making friends, getting out
• Flexible - busy lives
• Seasonal - doing more in the good weather
• Pleasant surroundings - outdoors and venues

All more important than it being good for me!

(Continued on next page)
What next?

• How can we use these findings to encourage more people to be more active?
• Small ‘Action Research Group’ to look at the findings and decide how to use them.
• Try something new – see if it works.
• Share the results and reap the rewards!

(All by September 2012...)

Appendix 21 continued: Slides presented at Neighbourhood Networking Day in March 2012
Appendix 22: Summary of findings produced for the Action Research Group

Findings from Study One

Promoting physical activity amongst older people

Elisabeth Boulton
PhD Research Study

1st May 2012

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

The study

Between 18th October 2011 and 5th April 2012, I spoke to 61 people in Calderdale, to ask for their views on engaging in physical activity. They ranged from age 49 to 87. 14 were men and 47 were women. I recruited participants through the Neighbourhood Schemes and at the Age UK Showcase of Activities Day at Northbridge Leisure Centre, Halifax on 5th October 2011. 34 participants regarded themselves as physically active, that is achieving 30 minutes a day of moderate intensity physical activity, on 5 or more days per week. 27 participants regarded themselves as physically inactive. In April 2012, I was asked to hold a focus group at the South Asian Ladies group and heard from 3 ladies, with the help of a translator.

In total, I carried out 12 individual interviews and held 11 focus group meetings. I used a set of guide questions for the interviews and focus groups, which were as follows:

• How physically active would you describe yourself as being?
• Tell me what physical activity you are doing at the moment / have done in the past. How long have you been doing this / did you do this for?
• What made you start doing this? What was the attraction?
• What makes you carry on doing it? What are / were the important elements that make you carry on?
• Can you tell me what would / did make you stop doing this?
• How important is the venue / location? Can you tell me the places where activities take / took place and what you think of them?
• Does the weather, the seasons, the time of day affect the activity that you do?
• What about physical activity that you do / did on your own? Can you tell me about this?
• (Hand out a list of interventions currently occurring in Calderdale and beyond)
  • Which of the interventions on the sheet do you think would be popular with older people? Why? What would need to be in place to make people come along?
  • Are there any interventions, which are not on the sheet, that you think would encourage older people to become more active?
  • What is the single most important factor that makes you / would make you be physically active? What gives you / would give you that kick to be active?

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

The Findings

I began transcribing the audio recordings of the interviews and focus groups in December, using a data analysis software package called NVivo9. This enabled me to assign codes to sections of the audio recordings and text, asking "What is this about? What is the participant saying here?" I was then able to group similar comments together and create an overall framework of five themes, or topic areas.

These five themes are:

- Time and structure (although I need a better name for this one!)
- Environmental factors
- Personal qualities and drivers
- Health and wellbeing
- Challenges

I will provide a summary of the issues that make up these five themes, below. NVivo9 also allowed me to see how many times a comment on a particular issue was made. The most frequently stated factors for engaging in physical activity provide a useful checklist for developing an intervention, or activity, or encouraging people to be more active. The top six factors are:

- Enjoyable
- Affordable
- Accessible
- Flexible
- Seasonal
- Sociable

All of these factors were more important than the knowledge that physical activity is good for a person's health!

The findings are summarised below and are presented in order of ‘most often mentioned’, down to ‘least often mentioned’, within each theme.

Time and Structure

Cost

Many activities cost money (attending groups, classes, gym membership) so people have to choose carefully what they engage in. Some participants spoke of wanting to do more activities, but that they were not able to afford to. There are specific examples of levels of income and cost of activities, which illustrate this.

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

“Some people might go to Tai Chi on a Monday, something else on a Wednesday, curling on a Thursday, or dancing and if you think it's £2.50 a session and you've got a husband who wants to go, there's £20 a week, £80 a month. It's a big chunk if people only have a State Pension; they can't afford to do it.” (Female, 64, physically active.)

Bus passes are linked here, as many spoke of not being able to get out and do as much without the bus pass. However, even though the transport is free, the activities are often not. Free activities, such as walking, or going out for the day on the bus and walking around, often involved paying for a meal, or drink. There is also the issue of the cost of hiring venues and tutors to lead classes and groups. Overheads need to be as low as possible, to make sure that attendees can cover the costs. Applying for funding from the Lottery, for example, is seen as too onerous by many groups.

Social element
This was a common answer to the question of why people engage in physical activity. Many participants described being alone, whether this was through bereavement or divorce. Having a group activity to go to was regarded as a lifeline in many cases. A smaller number of participants described suffering from depression and that the activities they attended gave them a reason to get dressed and leave the house.

“it got me back into feeling more like a human, if you like. Back into little social circles, gain me confidence and mixing with people”. (Female, 64, not physically active.)

Several participants had made new friends through the activities they attended. Seeing people they knew each week was an important motivator to continue.

Flexibility and variety
Participants did not want to have to sign up to taking part in an activity every week. Being able to take part on an ad hoc basis was important. Many of them had other commitments, including family who lived far away, who they would visit for long periods of time.

Variety within activities, as well as a variety of activities was regarded as important. Having different routines when one has been mastered; using different equipment in a gentle exercise class; trying different activities within the same session, were all quoted as examples of good variety, which kept people interested.

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

Having time for activity
This came from both angles. There were people who found that they had time for physical activity, as they had retired, and those who struggled to fit it in! A change in lifestyle is a good point at which to attract people into activities.

Prompts from others
Several participants had taken up more physical activity as a result of a recommendation from their GP, physiotherapist, Falls Prevention Service, or as a follow on from the Upbeat course for people with long term conditions. In the main, these people were engaging in gentle exercise classes or Tai Chi and were supplementing these classes with exercises on their own, at home. Prompts had also come from spouses, friends and neighbours. This was particularly the case for the men, who had been encouraged to come along to activities by their wives.

Having someone to go with
Whilst some participants described strong self-motivation to be active, the majority had started something new with a friend, neighbour, or spouse. One participant, who had gone to a group activity on her own, described the feeling of walking in on her own as ‘horrendous’. However, the friendliness of the group and of the leader in particular, helped her to feel welcome and has ensured that she continues to attend. Many participants said that they would not have started something new on their own.

Advertising and information
Many participants had attended Neighbourhood Schemes activities as a result of receiving a leaflet through the door. They came along to find out more. Some participants expressed that there was a general lack of information as to what activities were available and that it was important to give people as much information as possible about an activity. (See the notes for the Welcome and Retention Workshop.)

Trying something new
Taster sessions had been very popular with participants. For some it had been a route into a whole new social life, as a member of a bowling club. There was a suggestion that small groups of people from Neighbourhood Schemes could approach existing activity clubs to try activities out where they are, rather than always bringing tutors and activities into the schemes.

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

The opportunity to try something new (and something traditionally regarded as being aimed at younger people, e.g. canoeing and climbing) was a big draw for some participants.

“You should try anything at least once!” (South Asian Female, 66, not physically active.)

Some participants, particularly those who had not always been active, enjoyed the taster sessions that they had been to. This helped them to try an activity, before committing themselves to joining a group. Examples given were curling; Tai Chi; Zumba; Gentle Exercise.

**Independent activity**

Some participants did not like the social element of group activities, wishing instead to go at their own pace, in their own time. Not everyone will be attracted to a group activity.

“I know there are groups, but I like being on my own, going at my own pace, thinking my own thoughts, seeing what I want to see.” (Male, 66, physically active)

Others, who were group members, engaged in a significant amount of independent activity in addition to their group activity. Walking was the most popular independent activity, although many also walked regularly with friends.

**Routine**

Some participants needed an embedded routine to give them the ‘kick’ to engage in physical activity. For some this was walking a dog; going to the same activity every week; having someone rely on them to go; building in a walk to work or a swim at the start of the day.

**Activities that lead to physical activity**

Some participants had got into physical activity through attending a non-physical activity in a centre where physical activities were going on. For example, attending an Art class, which was then followed by Tai Chi, or dancing.

There was an idea that attracting people to become members through art and craft sessions might lead them to try the more physical activities that are on offer.

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

Environmental Factors

Outdoor environment
The beautiful surroundings and excellent walking opportunities that Calderdale offers were much cited by participants. Many participants talked about walking as much as they could, taking advantage of the good weather and local walk routes. Those participants who struggled with walking up and down the hills talked about walking along the canal, or going on easy walks that they could cut short if they needed to.

The outdoor environment brought feelings of wellbeing and ‘lifting of spirits’ to many participants. A small number of participants said that the time of year and the weather did not affect their physical activity. However, most participants agreed that they were more likely to be active when the days are longer; they did not like going out after dark. A small number of participants suffered from Seasonal Affective Disorder and found being active in the winter months a real challenge. Rain was not very likely to put people off, but rain and wind together would. Similarly, participants would not let the snow stop them being active, but ice was a real problem. Some participants said that they walk more in the snow, as they could not get their cars out!

Some participants liked the idea of a playground with equipment aimed at older people, such as the ones in Blackley, North Manchester; Lytham and Hyde Park. There is nothing like this available in Calderdale.

Group qualities
A welcoming atmosphere was particularly important to people who were trying something new on their own. Being met at the door by someone with a smile, who was genuinely pleased to see a new person, was a strong motivator for people to return.

Similarly, if a group was being led, it was important for that leader to demonstrate that everyone was welcome and accepted, regardless of how much they could participate. The Tai Chi instructor was particularly good at this, making sure that people stopped if a move was painful and making it clear that people could sit or stand, as they were able. Fear of not being able to keep up was cited by several participants as a reason for not taking part in an activity.

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

Access and transport
An important factor in taking part in organised activities was the availability of transport. Centres and venues need to be close to a bus stop, or have adequate parking. Again, the free bus pass was a strong motivating factor for people to take part in activities.

Where people took part in some activity alone, such as walking, transport was also important. Some participants expressed worry about not being able to get home, if they became tired or began to experience pain. They needed to plan to be able to get the bus back, if necessary.

The availability of transport impacted on the time of day that people were willing to go out. When buses became less frequent (evenings and weekends), participants were less willing to engage in activities where they would need to take the bus. One focus group discussed the idea of more isolated older people being picked up and taken to an activity. They thought that this might encourage people to engage in physical activity. Members of the group had tried encouraging people to come along, but this had not worked. They thought that a knock on the door and someone taking them might work. They were about to embark on a 'bring your neighbour along' campaign.

Access to venues was also important and this will be picked up below.

Home environment
Many participants talked about having to go out and walk at least twice a day to exercise their dogs. Some people borrowed other people’s dogs, to ensure that they went out for a walk. These people said that they would be unlikely to go out for a walk on their own. They walked for a purpose, rather than for the enjoyment of walking alone. One participant talked of her idea of developing a scheme to enable older people to keep a dog, even if they were worried about not being able to care for it long term.

Gardening and housework contributed to overall levels of physical activity for some participants, particularly when people enjoyed gardening or had an allotment. A small number of participants undertook a large amount of housework for their families.

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

Playing on the Nintendo Wii was discussed in several of the focus groups and interviews. Some groups had access to a Wii when they met and others had them at home. Some participants played with their grandchildren. Interestingly, whenever the Wii was mentioned, participants became very animated and there was a good deal of laughter.

Looking after grandchildren was cited by a small number of participants as something that required them to be very physically active, particularly with young grandchildren.

**Time of day**
In the main, participants seemed to be more likely to get out and be active in the mornings and afternoons. Possibly a larger number in the morning, yet most of the group activities appeared to be in the afternoons! For some participants, there was an element of wanting to get activity ‘over with’ early in the day, so that the rest of the day was free.

**Venue**
The venue for activities should be accessible to all, avoiding stairs and remote locations wherever possible. The temperature was very important to some participants and had been the factor that turned them off an activity, if the room was too hot or too cold. Cleanliness and good repair were also important.

**Readily available**
Activities that were available in local venues, close to where people lived appeared to be popular. Participants liked the idea that they could attend an activity around the corner, rather than taking a bus into town.

Venues and centres that were open across the week were also important. The Table Tennis Centre is open all week and every evening.

“Where else can you go to do some active sport, with a bit of competitiveness about it, on a wet Wednesday morning in December? Eh?” (Male, 72, physically active.)

(Continued on next page)
Personal Qualities and Drivers

Enjoyment
This would appear to be the strongest motivating factor for participants to engage in physical activity. This was true for those who attended group activities and those who were active on their own. Many spoke of the difficulty in putting why they were active into words “I just enjoy it!” being a common response. Many of the participants laughed as they were talking about the activities that brought them great enjoyment. Similarly, some were put off taking part in an activity or group, where they perceived that others took it too seriously. Curling, Zumba, and Gentle Exercise seemed to produce the most laughter. An ability to laugh at yourself appears to be an important factor! Activities that involved music also brought great enjoyment and a strong sense of wellbeing, particularly amongst the Singing for Fun group.

Importance of a particular activity
For many participants, the driver to engage in physical activity was the specific activity itself. Examples of this were bowls; table tennis; walking; dancing and Tai Chi. They were not necessarily driven to take part in order to keep fit, but because of a love of the activity itself.

Learning and developing
This could be learning and developing a new skill, or building on an existing skill. This came out particularly strongly in the Table Tennis sessions. All of the players had played when they were younger. Some had continued throughout their lives and some had come back to it after they had retired. They talked about the importance of being mentally alert and having skill to implement a strategy to win. The players at the Bowling Club also talked about skill and strategy. There was also a link here to the arts and crafts type of activities and the importance of learning a new skill that “keeps minds and hands busy”. (Male, 66, physically active.)

Being occupied / getting out of the house
For a significant number of participants, their involvement in physical activities was driven by a need to get out of the house and to occupy their time. Having a group to go to, or an activity to do, gave them the ‘kick’ to get themselves up, dressed and out. This was particularly important to those participants who lived alone.

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

“I see somebody other than me own four walls and that's what it's about. It's going back into an empty house and everything's silent. That's t'worst.” (Female, 78, not physically active.)

Some participants made sure they had something to do and somewhere to go every day of the week. This was not always easy, as limited budgets restricted the number of opportunities that people could take advantage of.

**Having responsibility**
There were several sides to this issue. Once they had retired and brought up their children, some participants did not want to commit to regular involvement in groups or activities. They appreciated the freedom that they had and did not want the responsibility of committee membership.

On the other hand, there were a small number who enjoyed sharing their skills and knowledge, who were very willing to commit their time to ensuring that activities were available in their local communities. They felt a sense of achievement and reward for their contribution.

There were also people who agreed to help out in the short term and found themselves with more responsibility than they would have liked, a year down the line. There was some discussion about the need to achieve a balance between low-key, low-commitment activities and the need to ensure that groups are sustainable. The example of the group who walk together in Southowram could be a useful one.

**Always been active**
Some participants had always been physically active and this meant that they did not need to make any special effort to take part in activities after retirement. They were aiming to maintain a level of fitness that they had achieved throughout their lives. Some of these participants found it very hard to pinpoint what it was that made them be physically active. Often, they found it very easy to be active and appreciated that they were lucky. Good habits established early on are clearly important.

**Competitive**
Competition was important for those who played bowls and table tennis, as well as for the participants who had taken up curling. Other participants spoke of a dislike of competition and that the perception of some activities as being competitive had put them off taking part.

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

**Sense of achievement**
Whether it be from learning a new dance routine; completing a sponsored walk; remembering some Tai Chi movements between classes; or just walking through a door to a new group on their own, the sense of achievement that people experienced was a great incentive to continue to take part in an activity. Feeling good about what they had achieved was a strong driver.

**Attitude of mind**
Some participants felt that they were physically active, because they had set their minds to be so. They had decided that it was important to make themselves be active. They felt that it was a conscious choice to be active. This was often linked to the idea that they were fortunate to be well enough to be active and that they should make the most of this, for as long as possible.

**Part of my life - who I am**
For a small number of participants, being physically active was a significant part of their identity. They could not imagine giving up any of the activities that they were engaged in. Often, these people were engaged in several sporting activities, as well as being generally active in everyday life.

**Disciplined / Feel ought to do it**
Some participants felt that they ought to be more active and engaged in physical activities as a result of feeling guilty if they didn't! They knew that it was good for them, so made themselves do it.
Several participants liked the idea of committing to a group, or to a friend, as this provided them with the discipline that they felt was needed.

“If you’re at home, you don’t do it on your own. But as a group, we all enjoy it don’t we? Otherwise none of us would do exercise.” (Female, 59, not physically active.)

**Going back to an activity done when younger**
All of the participants I spoke to at the Table Tennis Club had played when they were younger. Some had continued to play throughout their lives, but the majority came back to it upon retirement, when they were looking for an activity to begin. This was also the case for some people who had gone back to swimming. Thinking about what people enjoyed in the past could be a good way to embed new patterns of physical activity.

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

Health and Wellbeing

Good for health - physically and mentally
For a significant number of participants, keeping fit was the a driver to engage in physical activity. Keeping going and avoiding ill health were linked to this. They wanted to be able to carry on doing all the things that they were doing and saw that they needed to remain fit for this to happen. Some said that the physical activity kept them young!

Mental wellbeing was a strong driver for many. Many participants described feelings of wellbeing and achievement when they had engaged in some physical activity. They wanted to carry on, as it made them feel good.

Mental stimulation was also important to many. The need to keep the mind active, as well as the body, was often cited. This stimulation was achieved through thinking out strategy in games such as bowls, table tennis and curling. Concentrating in order to learn the movements in Tai Chi and dancing also provided welcome mental stimulation.

Some participants cited weight control as an important reason for engaging in physical activity, whether this was to maintain weight, or to lose weight.
A small number of participants talked about the need to keep their upper body strong. They described having noticed deterioration in their strength after retirement and a desire to build their strength back up.
Participants who attended Tai Chi classes, or who carried out some of the movements at home, described improvements in their balance and how this made them feel more confident.

Frustration at ill health preventing activity
A significant number of participants were frustrated by certain health conditions, which stopped them from being as physically active as they would have liked to be. Problems with hips, knees and lungs stopped some from being able to walk as far as they would like. Arthritis, injuries and heart conditions have slowed others down.
Feeling that they could not keep up with others prevented some participants from taking part in physical activities. This was expressed particularly in relation to walking groups. What if they fell behind? They did not want to hold everybody up and become an annoyance.

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

The fear of falling stopped some participants walking when the roads and pavements were icy or there were wet leaves on the ground. Only small number of participants cited this issue, but those that did were very concerned about it and expressed falling as one of the worst things that could happen to them.

Feeling too tired to be physically active was mentioned in relation to illnesses that caused people to be lacking in energy and stamina.

Not as active as used to be
Many participants described their current levels of physical activity in relation to their previous levels of activity. They had had to slow down and cut down on the amount of activity they were doing. There was some frustration at their bodies not keeping up with their desires!

Mood and mental health
Some people's ability to engage in physical activity was linked closely to their mood and mental health. Depression prevented some from getting out of the house and being active.

“You've to get ready to come out of the house; a commitment to come out of the house; it takes 2 hours out of the day that you would otherwise have no plans for. Initiative to get washed and changed and make the effort to make yourself presentable.” (Female, 72, physically active.)

Do it while I can - fortunate to be fit
Amongst some participants there was a feeling of making the most of their current good health and being active whilst they were still able to. They saw themselves as fortunate to be fit, compared to others whose poor health prevented them from being physically active.

Challenges
A number of challenges arose during the focus group discussions and interviews. These did not fit within the other four themes, as issues which might encourage, or prevent engagement in physical activity, but were rather related to difficulties that the Neighbourhood Schemes were facing.

Involving men
The balance of men and women who took part in this study is a good reflection of the balance within the Neighbourhood Schemes. There are far more female

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

members of the schemes than there are male. Five out of the seven men who were recruited through the Neighbourhood Schemes were there with their wives.
Men that I recruited from outside the Neighbourhood Schemes membership were working to support the schemes (two); had an interest in a particular activity (four) or had, again, been encouraged to come by a spouse (one).
Many of the male participants spoke about being involved in team sports when they were younger, working men, but that this had stopped (or at least reduced) when they retired. The men who were supporting the schemes wondered why there were so few men involved in the Schemes' group activities, when many men do engage in group activities when they are younger. What changes for these men?
Further work is needed to find out why men do not engage in the physical activities run by the Neighbourhood Schemes and what could be done to increase the numbers of men participating in activities.

Maintaining groups
Participants who were also active committee members raised concerns about how to ensure that the new Neighbourhood Schemes continued to be viable once the initial support from the Council came to an end.
Difficulties in attracting new members from local communities were cited, particularly in attracting residents from sheltered housing schemes and local estates. Why is the response rate to leaflet drops so low? What else might encourage people to come and join the schemes?
Further work is needed to see if alternative methods of promotion, or alternative content of promotional material, would attract more people to the schemes.

Wide age range
There was an often stated view that grouping people together from 50 years of age to 100 was not appropriate. The age range is too wide. There are large numbers of people still working in their 50s, who cannot take advantage of the opportunities that are available through the Neighbourhood Schemes, as they take place during the day. Some feedback had been received by a participant from a person in their 50s who did not want to spend their time with "old 'uns", yet the people in their 60s and 70s felt far from old!

(Continued on next page)
Appendix 22 continued: Summary of findings produced for the Action Research Group

Should the activities be badged for 'over 50s'? Should they be targeted at retired people? What about people of working age who are out of work, but would benefit from the activities that are on offer? How important is age, as an issue for the schemes? How are the schemes managing this, in reality? Is the badging putting potential members off?

Further work is needed here to look into this issue.

Conclusion and Next Steps

This document provides a brief overview of the main themes and issues that arose in the focus groups and interviews. Undoubtedly, there will be other challenges that committee members in the schemes are struggling with.

The initial meeting of the Action Research Group, on Friday 11th May, will be concerned with hearing about these challenges and discussing how the findings presented here might help to address them. A further meeting will be arranged to agree an intervention that can be tested across the two Neighbourhood Schemes, within the timescale agreed.
Appendix 23: Calderdale Council Social Care structure
High Five
Over 50s Group

Come for a free taster!

"I feel like my body and joints open up with exercise. I'm happy in myself as well."

"I feel like my head is refreshed."

Tuesdays 2 - 3pm
Mount Tabor Methodist Church
‘Jump for Joy’ Gentle Exercise

Followed by refreshments and a chat.

"I come because it gets me out of the house; it makes me happy."

"I was nervous about going, but they made me very welcome."

"I suffer from asthma and I feel a lot better after doing the exercise."

Worried about coming on your own? Call 01422 393794 to arrange to meet someone when you come, or just to find out more.

Activities cost £2 per session after the free taster and there’s lots more going on!
Appendix 25: High Five Mount Tabor leaflet

Distributed to 150 homes in Mount Tabor in July 2012

High Five
Over 50s Group

Come for a free taster!

“"It's a bit of fun and I don't have to commit myself.""

Tuesdays 2 - 3pm
Mount Tabor Methodist
Church
‘Jump for Joy’ Gentle
Exercise

“"She's trying to get us to exercise and
we're all laughing!""

Followed by refreshments and a chat.

“"I was nervous about going,
but they made me very welcome.""

“Every shape and size is right. It doesn’t matter
how much, or how little you can do.""

Worried about coming on your own? Call 01422 393794 to arrange to
meet someone when you come, or just to find out more.

Activities cost £2 per session after the free taster
and there's lots more going on!
Appendix 26: Reach Out leaflet for local residential areas

Distributed to 168 flats and 70 housing association properties in July 2012.

Reach Out
Over 50s Club

Come for a free taster!

"She's trying to get us to exercise and we're all killing ourselves laughing!"

St. Paul's Methodist Church
Fridays 1.00 - 2.15pm
A drink and a chat before
Gentle Exercise

"It's a bit of fun and I don't have to commit myself."

2.30 - 3.30pm
Craft activities - painting,
beading, sewing, card making

"I was nervous about going, but they made me very welcome."

Worried about coming on your own? Call 01422 393794 to arrange to meet someone when you come, or just to find out more.

On the Sowerby Bridge bus route - stop on Tuel Lane. Free street parking.
Activities cost £3 per session after the free taster.
Appendix 27: Follow-up questionnaire

Delivered in July 2012 to all properties in Mount Tabor and Sowerby Bridge who received a leaflet in July 2012

We are a group of people who organise activities for people over 50 in this area. We are all over 50 ourselves and do this voluntarily. We receive no funding, but try to cover our costs with membership fees and a small charge to attend an activity.

We would love to have more people coming to our activities and hope that you will take a few minutes to answer some questions that will help us.

1. Have you heard of High Five before? Yes / No
2. Did you read the leaflet that we put through your door? Yes / No
3. Are you over 50? Yes / No (go to Q. 7)
4. Have you attended any of our activities? Yes / No
   If not, can you tell us why not? (Tick all that apply.)
   Didn’t appeal to me
   Cannot attend at those times
   Ill health prevents me from attending
   No one to go with
   Don’t want to go on my own
   Too hard for me to get to
   Can’t afford it
   Other reason:

5. What would encourage you to come along? (e.g. someone to go with.)

6. What would you like to see on offer at High Five? Remember we are a low cost group!

7. Did you pass our leaflet on to anyone over 50 who you thought would like to try our activities? (e.g. parent; grandparent; neighbour.) Yes / No

Many thanks for your help. There is a pre-paid envelope for you to return this to a researcher at the University of Manchester, who is helping us to increase our membership numbers.
<table>
<thead>
<tr>
<th>Action</th>
<th>People Responsible</th>
<th>Date agreed</th>
<th>Due date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Amend the existing leaflets and posters to focus on fun, low cost, flexibility, accessibility and the social aspects of the activities for distribution in discreet areas within the Neighbourhood Schemes communities.</td>
<td>Lis Boulton (Researcher) - designing and producing material. Pauline Commons (Reach Out) – supplying information for leaflets and posters. Sue Watson (High Five) - supplying information for leaflets and posters.</td>
<td>30th May 2012</td>
<td>14th June 2012</td>
</tr>
<tr>
<td>2 Amend the existing leaflets and posters to focus on health benefits and attempt to engage the GP practices in the two communities, to promote the Schemes’ activities.</td>
<td>Lis Boulton (Researcher) - designing and producing material. Pauline Commons (Reach Out) – supplying information for leaflets and posters. Sue Watson (High Five) - supplying information for leaflets and posters.</td>
<td>30th May 2012</td>
<td>14th June 2012</td>
</tr>
<tr>
<td>3 Amend the existing leaflets and posters with a view to attracting men to the Schemes’ activities.</td>
<td>Lis Boulton (Researcher) - designing and producing material. Pauline Commons (Reach Out) – supplying information for leaflets and posters. Sue Watson (High Five) - supplying information for leaflets and posters.</td>
<td>30th May 2012</td>
<td>14th June 2012</td>
</tr>
<tr>
<td>4 Produce an anonymised questionnaire for delivery to the addresses receiving flyers, asking if they have heard of the Schemes; have attended any of the activities and if not, why not.</td>
<td>Lis Boulton (Researcher)</td>
<td>30th May 2012</td>
<td>29th June 2012</td>
</tr>
</tbody>
</table>

(Continued on next page)
## Appendix 28 continued: Action plan developed by the Action Research Group in May and June 2012

<table>
<thead>
<tr>
<th>No.</th>
<th>Action Plan</th>
<th>Responsible Parties</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Secure ethical approval from the University of Manchester and a produce questionnaire for approval.</td>
<td>Lis Boulton (Researcher)</td>
<td>30th May 2012</td>
<td>5th July 2012</td>
</tr>
<tr>
<td>6</td>
<td>When new people attend an activity, welcome them as usual, asking them how they heard about the activity and if they live locally. Make a note of what the new person said and whether the amended publicity had a positive effect.</td>
<td>Sue Watson Brian Chapman Wendy Hodgson Joan Royle Pauline Commons</td>
<td>30th May 2012</td>
<td>30th September 2012</td>
</tr>
<tr>
<td>7</td>
<td>Review and approve amended flyers and agree on numbers to be produced.</td>
<td>Lis Boulton Sue Watson Brian Chapman Joan Royle Pauline Commons Colin Bradley Sheila Jackson</td>
<td>26th June 2012</td>
<td>26th June 2012</td>
</tr>
<tr>
<td>8</td>
<td>Print agreed number of copies for distribution.</td>
<td>Lis Boulton</td>
<td>26th June 2012</td>
<td>5th July 2012</td>
</tr>
<tr>
<td>9</td>
<td>Deliver 150 leaflets to Mount Tabor area.</td>
<td>Beth Maiden Lis Boulton</td>
<td>26th June 2012</td>
<td>13th July 2012</td>
</tr>
<tr>
<td>10</td>
<td>Find out how many leaflets to produce for GP practices, chemists and dentists in Mount Tabor area.</td>
<td>Sue Watson</td>
<td>26th June 2012</td>
<td>5th July 2012</td>
</tr>
<tr>
<td>11</td>
<td>Deliver leaflets to GP practices, chemists and dentists in Mount Tabor area.</td>
<td>Sue Watson Brian Chapman Wendy Hodgson</td>
<td>26th June 2012</td>
<td>20th July 2012</td>
</tr>
<tr>
<td>12</td>
<td>Deliver leaflets to 168 flats in Tuel Lane</td>
<td>Joan Royle Pauline Commons Colin Bradley Sheila Jackson</td>
<td>26th June 2012</td>
<td>13th July 2012</td>
</tr>
<tr>
<td>13</td>
<td>Deliver 100 leaflets to Bairstow Mount and Willowfield Road area (flats and bungalows). NB 22 delivered.</td>
<td>Joan Royle Pauline Commons</td>
<td>26th June 2012</td>
<td>13th July 2012</td>
</tr>
<tr>
<td>14</td>
<td>Deliver 20 A5 flyers and 6 A4 posters to the Bowling Clubs in the area covered by Reach Out.</td>
<td>Joan Royle Pauline Commons Colin Bradley Sheila Jackson</td>
<td>26th June 2012</td>
<td>20th July 2012</td>
</tr>
</tbody>
</table>

*(Continued on next page)*
Appendix 28 continued: Action plan developed by the Action Research Group in May and June 2012

<table>
<thead>
<tr>
<th></th>
<th>Activity Description</th>
<th>Responsible Parties</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Deliver leaflets to Allen House and Station Road GP practices; chemists and dentists in the area covered by Reach Out.</td>
<td>Joan Royle, Pauline Commons, Colin Bradley, Sheila Jackson</td>
<td>26th June 2012, 20th July 2012</td>
</tr>
<tr>
<td>16</td>
<td>Deliver follow-up questionnaires to addresses that have received a leaflet.</td>
<td>Lis Boulton, High Five members, Reach Out members</td>
<td>30th May 2012, 27th July 2012</td>
</tr>
<tr>
<td>17</td>
<td>High Five committee to discuss walks, agree dates and look to promote these later in the summer.</td>
<td>Sue Watson</td>
<td>26th June 2012, 31st July 2012</td>
</tr>
</tbody>
</table>
Appendix 29: Questionnaire responses summary

Summary of responses to the questionnaires

High Five
150 questionnaires delivered to homes in Mount Tabor.
26 returned (17%).
- 6 said they had not heard of High Five.
- 8 said that they had not read the leaflet that was put through the door.
- 4 were under 50.
- 1 said that the Group did not appeal to them.
- 6 were too busy, or could not attend at that time.
- 4 were still working.
- 0 were too ill to attend.
- 0 gave no one to go with as a reason.
- 5 were too busy, or could not attend at that time.
- 4 did attend the Group.
- 1 said that the venue was too churchy and the Group too cliquey.
- 1 said they were not ready to be defined by their age.

Reach Out
(238 questionnaires delivered to homes in Sowerby Bridge)
14 returned from the flats (168 delivered)
- 6 said they had not heard of Reach Out.
- 5 said that they had not read the leaflet that was put through the door.
- 0 were under 50.
- 2 said that the Group did not appeal to them.
- 1 was too busy, or could not attend at that time.
- 1 was too ill to attend.
- 2 gave no one to go with as a reason.
- 2 gave no reasons at all (no boxes ticked).
- 3 did attend the Group.
- 1 said they were not ready to be defined by their age – large amount of useful feedback included.

6 returned from Willowfield / Bairstow Mount (70 delivered)
- 4 said they had not heard of Reach Out.
- 1 said that they had not read the leaflet that was put through the door.
- 0 were under 50.
- 0 said that the Group did not appeal to them.
- 2 were too busy, or could not attend at that time.
- 2 were too ill to attend.
- 2 gave no reasons at all (no boxes ticked).
- 1 had attended the Group.
- 1 said that the venue was too churchy and the Group too cliquey.
Appendix 30: Mount Tabor population density map

50+ plus population by postcode

Source: NHS Patient Register May 2011
Appendix 31: Minutes of third Action Research Group meeting

Action Research Group

Final Meeting 28th September 2012

Present: Joan Royle; Sheila Jackson; Pauline Commons; Brian Chapman; Sue Watson and Lis Boulton

Apologies: Paul Mansley and Beth Maiden

Review of Action Plan

Most actions had been undertaken, but it was not clear how many GP practices; dentists or chemists had been left with leaflets in either area.

Action: Sue to find out if and where Beryl took leaflets to.
Action: Pauline to find out where Anne delivered leaflets to.

The bowling clubs in the area covered by Reach Out were not visited with leaflets, as the person responsible for this action left the club.

Lis did not produce a poster for curling at High Five, as there was not time before her holiday. However, a very good poster was produced by a member of High Five.

How was it for you?

Reach Out Gentle Exercise class has 7 new members.
3 of these came through contacting the Neighbourhood Schemes Team and had responded to the leaflets.
1 came from Willowfield, in response to the leaflets.
1 was recommended by Social Services.
2 sisters came, but we don’t know where they heard about the group.

High Five has 6 new members of the Gentle Exercise class at Mount Tabor.
1 was brought by the NS Team and had responded to the leaflet.

(Continued on next page)
Appendix 31 continued: Minutes of third Action Research Group meeting

1 came with a neighbour.
1 came with her sister.
1 came in response to the leaflet.
2 came through Age UK, who had put up one of our posters.

It was felt that the posters and leaflets created a buzz in the village and got people talking.

Both Reach Out and High Five members think this increase in numbers is greater than they have achieved in any other similar period.

Questionnaires

High Five: 26 out of 150 questionnaires were returned (17%). It was felt that this was very, very good.

Reach Out: 14 out of 168 returned for the flats (8%), but we do not know what percentage of people over 50 live in the flats.

Reach Out: Willowfield and Bairstow Mount: 6 out of 70 returned (8%). However, it is not clear how many were delivered at Willowfield and some could have been missed. The development is very higgledy piggledy!

A detailed breakdown of the responses is available in a separate document, but the overriding issue that came out of looking at these questionnaires was that some people over 50 do not wish to be defined by their age and would not identify and engage with a group exclusively for over 50s. This was true for those in their 50s and 60s, as well as those nearer to 80. There was also a discussion about whether some people are put off by the church venue.

What have you learned?

Some people have perceptions of the groups and activities that we do not feel are accurate representations of who we are and what we do.

(Continued on next page)
Appendix 31 continued: Minutes of third Action Research Group meeting

The ‘over 50s’ label, whilst it identifies who the groups are aimed at, has not always been useful. Some people think they are too young for it and others that they are too old.

We cannot attract people from 50 to 100 with a single type of promotion.

We need to think about who we want to attract to the groups. Are we aiming at younger people (i.e. in their 50s) to ensure that the groups meet the needs and wishes of this age group and are sustained in the long term? Or are we concerned with attracting those people a little older, who would also benefit from being more active and involved?

Both groups would like to attract the younger age group.

We need to think about how our promotional material is presented and include images of younger people, having fun, doing the activities. “We’ve not all got short, grey, permed hair!” The promotional material will require ‘bespoke’ design, depending on the activity and who we are intending to attract.

There are still very small numbers of men attending the group activities and they do not attend for long. Learning from the Age UK Fit as a Fiddle projects suggests that men would be more likely to attend men-only activities and this could be looked at in the future.

It was worthwhile changing the promotional material, as there are several new people attending Gentle Exercise in both areas, but we still don’t feel that we’ve hit the nail on the head yet. There is more work to be done. The leaflets were a good first stab and we’ve learned something from them.

The area covered by Reach Out is very large and it is difficult to know where to target. Focusing on areas where we knew older people lived has had a positive effect, as we know that people responded to the leaflets and posters. Focusing on the flats, which are right next to St. Paul’s did not work so well, but we are not sure why. We do not know what percentage of residents are over 50.

(Continued on next page)
Putting the Neighbourhood Schemes Team telephone number on the leaflets did work, but not quite how Reach Out members thought it would. They were anticipating phone calls to go and visit, or meet new members before the activities.

This aspect of receiving referrals and introducing new people to the groups will need some clarification. Different approaches were used (NS Team bringing people along; RO members being asked to look out for a new person), which may have suited the new member, but caused some confusion for RO members. This issue is not a major one and improved communication will resolve it easily. RO members would be happy to meet new people in Sowerby Bridge and bring them up, or go and pick them up from home.

Next steps for the Groups

Reach Out intend to remove the ‘over 50s’ tag and find a different way of presenting the group. This may focus on ‘retired’, or ‘time on your hands’, or ‘active lifestyle’, or ‘keeping mind and body active’. The group will change their constitution to remove the age limit and will welcome anyone over 16 (as High Five already do, in theory). It was felt that if people under 50 were happy to come, then they would be very welcome.

Reach Out would like to find a different venue for the activities in Sowerby Bridge. Whilst St Paul’s is a great building and has essential storage space for equipment, it is not ideally located and some people may be put off by it being a church venue. They will contact the Neighbourhood Schemes Team for some advice and help, with a view to finding a venue in the centre of Sowerby Bridge, on the flat and on the bus routes.

Reach Out will develop a new leaflet, with the help of current members, which will not have an age limit on. They will look at the leaflets used in this study and decide whether to use any of the quotes again. They will keep the NS Team number on, as this did work. A phrase such as ‘All welcome’ will be used.

It is unlikely that Reach Out and High Five will keep in touch without someone to bring them together, although they acknowledge that there is value in sharing experiences and learning from each other. The areas being covered by the two groups are significantly different, however, to methods may not be successfully transferred.
Appendix 31 continued: Minutes of third Action Research Group meeting

There is also benefit acknowledged in sharing knowledge and experience with the other neighbourhood schemes and we will present the findings of this study at the Neighbourhood Networking event on 17th October.

(Next steps for High Five to be discussed with Sue at a later date, as Sue and Brian had to leave early.)

(Next steps for the Neighbourhood Schemes Team to be discussed with Paul and Beth on 9th October, as they were unable to attend this meeting.)

Next steps for the study

Lis will speak to members of the Action Research Group individually, to see if they have any further comments to add about their involvement.

The study will be presented at the Neighbourhood Networking event on 17th October, where we will share what we have learned and what the groups will try next.

The study will be presented at an European conference on Mobility and Exercise (MobEx), to be held in January 2013, in Manchester. Lis would like to incorporate some film of Action Research Group members, talking about their involvement in the study and (hopefully) saying that is was worthwhile!

Lis has made a start on writing up the PhD, which will be 80,000 words. This should be submitted by the end of 2013. The PhD will include recommendations for policy and practice and will not be a purely academic exercise. It is anticipated that two journal articles will be produced and that further conferences will be attended to present the findings of the study.
Appendix 32: Final ARG Action Plan

Final Action Plan for Promoting Physical Activity amongst Older People study.

The Action Research Group met on 28th September and had follow-up discussion in the two weeks following this date. The actions that we have agreed for the next 6 months are as follows:

<table>
<thead>
<tr>
<th>Action</th>
<th>People Responsible</th>
<th>Due date</th>
<th>Date agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Look for alternative premises to hold the Friday sessions, which is closer to the Wharf Street bus stops. Preferably not a church venue.</td>
<td>Joan Royle, Pauline Commons, Sheila Jackson (Reach Out) Beth Maiden (NST)</td>
<td>31st December 2012</td>
</tr>
<tr>
<td>2</td>
<td>Consider amending constitution to remove the Over 50s label.</td>
<td>Joan Royle, Pauline Commons, Sheila Jackson (Reach Out)</td>
<td>31st January 2013</td>
</tr>
<tr>
<td>3</td>
<td>Reintroduce taster sessions to attract new members.</td>
<td>Joan Royle, Pauline Commons, Sheila Jackson (Reach Out)</td>
<td>31st March 2013</td>
</tr>
<tr>
<td>4</td>
<td>Seek support from Neighbourhood Schemes Team with actions 1 – 3.</td>
<td>Joan Royle, Pauline Commons, Sheila Jackson (Reach Out)</td>
<td>31st March 2013</td>
</tr>
<tr>
<td>5</td>
<td>Involve whole committee in developing leaflets to promote activities. •Focus on activities and not on age. •Keep Neighbourhood Schemes telephone number on.</td>
<td>Joan Royle, Pauline Commons, Sheila Jackson (Reach Out)</td>
<td>31st January 2013</td>
</tr>
<tr>
<td>6</td>
<td>Decide and agree on geographical areas to target with promotional material.</td>
<td>Joan Royle, Pauline Commons, Sheila Jackson (Reach Out)</td>
<td>31st January 2013</td>
</tr>
</tbody>
</table>

(Continued on next page)
## Appendix 32 continued: Final ARG Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>People Responsible</th>
<th>Due date</th>
<th>Date agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>7  Consider altering art and craft sessions to involve working on a project together.</td>
<td>Joan Royle, Pauline Commons, Sheila Jackson (Reach Out)</td>
<td>31st December 2012</td>
<td>11th October 2012</td>
</tr>
<tr>
<td>8  Produce new leaflets for High Five Kurling and Gentle Exercise, using the same design.</td>
<td>Lis Boulton (Researcher)</td>
<td>9th November 2012</td>
<td>11th October 2012</td>
</tr>
<tr>
<td>9  Distribute Gentle Exercise and Kurling leaflets to houses in Norton Tower.</td>
<td>Sue Watson, Pauline Craig (High Five)</td>
<td>30th November 2012</td>
<td>11th October 2012</td>
</tr>
<tr>
<td>10 Consider ways in which to appeal to people in their 50s, to expand activities into the evenings.</td>
<td>Sue Watson, Pauline Craig and High Five committee</td>
<td>31st March 2013</td>
<td>11th October 2012</td>
</tr>
<tr>
<td>11 Continue to promote activities at community events run by other groups and organisations.</td>
<td>Sue Watson (High Five)</td>
<td>Ongoing</td>
<td>28th September 2012</td>
</tr>
<tr>
<td>12 Continue to promote activities in newsletters produced by other groups and organisations.</td>
<td>Sue Watson (High Five)</td>
<td>Ongoing</td>
<td>28th September 2012</td>
</tr>
<tr>
<td>13 Establish a quarterly meeting of Neighbourhood Schemes committee members to share ideas and support each other. Agenda to include:</td>
<td>Paul Mansley (NST)</td>
<td>31st December 2012</td>
<td>11th October 2012</td>
</tr>
<tr>
<td></td>
<td>• What have you been doing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What has gone well?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What has not gone so well?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What can we learn from each other?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 33: Reach Out leaflet from April 2014

Reach Out

St Peter’s Community Centre Mondays 1.30 – 2.30pm TAI CHI
Jubilee Refreshment Rooms, Sowerby Bridge Railway Station
1st and 3rd Thursdays 11.00am – 1.00pm KNIT AND NATTER
St Paul’s Methodist Church Fridays 1.00 – 3.30pm
GENTLE EXERCISE
Various other activities

We have many opportunities for you to show your talents, learn new skills and take part in other adventurous and light hearted FUN.

Taster sessions are available FREE OF CHARGE

WHY NOT drop in for a coffee and see what we have to offer.

For more information call: 07710 812680
e-mail: sbreachout@yahoo.co.uk

Or check out our web-site: http://sbreachout.clubz.com
Appendix 34: High Five Scottish Dancing leaflet from April 2014

Dance away your Winter Blues at High Five’s Scottish Country Dancing Class

No experience necessary – just a sense of fun
No partner or special clothes necessary – just a pair of soft shoes

Highgate Methodist Church    Thursdays 1:30 to 3:30pm
£3 per session
For further details contact    pellonhighfive@gmail.com
07407 531 481
High Five Scottish Dancing Class

Thursday 10\textsuperscript{th} January 1-30 to 3-30

(that includes a refreshment break)

Highgate Methodist Church £3-00

You don’t need a partner or special clothes.

Just bring a pair of soft shoes.
HIGH FIVE OVER 50's GROUP

INDOOR KURLING

Fancy a go at Kurling?

A warm welcome awaits you at the new High Five’s indoor activity, so come along and enjoy yourself, meet new friends and have some fun.

Place: Highgate Methodist Church, Pellon, Halifax
Date: Wednesday 5th September
Time: 13:30—15:00
Price: £3 per session (first session free)
Light refreshments provided

A project sponsored through the Community First Neighbourhood Matched Fund Programme Administered by CDF for the Office of Civil Society
I'm singing in the rain
We hope you have managed to sing your way through all the winter downpours. (If you have Tricia would probably like to hear from you!)

Spring is almost upon us
WOW another year has passed. It has been a challenging year but it has also been a year of achievements. We have had a grant from the Lottery Fund which has kept us going and also given opportunities.

“Take Good Care of Yourself, You Belong to Me”
I have learned so much this year about the importance of keeping active & fit & how it can enhance our lives. The other thing which has impressed itself upon me is that we all need to keep involved & in some way to serve others. To give time & energy to others is emotionally & mentally healthy.

Like Topsy we just grew
Our classes are growing. We started Scottish Dancing just before our AGM last year & our second Tai Chi class shortly afterwards. There have been times when numbers were down & we worried about the difference between the cost & income. For that reason we are going to close in August when so many of you are on holiday or minding grandchildren. It also gives those of us who are volunteer tutors time to catch our breath & to go on holiday without feeling guilty. At the moment our classes seem to be thriving.

Spring is almost upon us
WOW another year has passed. It has been a challenging year but it has also been a year of achievements. We have had a grant from the Lottery Fund which has kept us going and also given opportunities.

“Take Good Care of Yourself, You Belong to Me”
I have learned so much this year about the importance of keeping active & fit & how it can enhance our lives. The other thing which has impressed itself upon me is that we all need to keep involved & in some way to serve others. To give time & energy to others is emotionally & mentally healthy.

Like Topsy we just grew
Our classes are growing. We started Scottish Dancing just before our AGM last year & our second Tai Chi class shortly afterwards. There have been times when numbers were down & we worried about the difference between the cost & income. For that reason we are going to close in August when so many of you are on holiday or minding grandchildren. It also gives those of us who are volunteer tutors time to catch our breath & to go on holiday without feeling guilty. At the moment our classes seem to be thriving.

Knit one, purl one or plant one.
One of our committee members suggested that we could start a Knit & Natter group or for those who are enthusiastic about gardening a meeting to discuss or learn about different gardening techniques. What do you think?
We would need someone willing to be responsible for opening up or maybe designing a programme for a Gardening group.
Because of loss of committee members & illness on our committee we are going to have to call upon you increasingly to help us with practical things - like purchasing & organising catering so that the few of us who are left don’t have to worry about that. Maybe some of you are whiz kids on the computer & could produce the occasional poster.

We give you extra!!!!!
Lloyds Banking Group have been very supportive of our endeavours. We have a lovely newsletter. By the time you receive this George & I will have been to the bank on Mar 7th with our buckets !!!!! We have the wonderful privilege of benefitting from one of Lloyds dress down days. We hope to take literature & photos with us so that those who contribute will learn more about who we are & what we do. We may find that some have older relatives who live locally & would benefit from coming to our activities.

(Continued on next page)
FIVE ALIVE
March / April 2014 Newsletter – AGM Edition

Forward March
In May we hope to do a promotions event with support from the Neighbourhood Schemes Team (who set us up in the first place). They are very anxious that we have more members in the hope that we might find a new committee member amongst them. Who will join us in the days before the event to help deliver leaflets through doors? We will need some help with catering. It will take the form of a "Come & try it session". Maybe we could have taster sessions of art, Kurling, dancing, Tai Chi etc. We would love to hear your ideas & suggestions.

"Well Goodness Gracious Me"
To help us to deliver safer exercise & also because our insurers demand it we need those who take part in the more physical classes to fill in a health questionnaire. None of us are medical practitioners. The form is a reminder that if you take part in these classes & have certain conditions you should check with your GP.

Help The AGED !!!!
At our AGM we are holding a cake stall, not this time to raise money for High Five. This one is to support AGE UK who have always be very supportive of us.

What next?
If we want to apply for a grant later in the year we have to have a project which the grant will support. What do you think of Pilates? Would you or someone you know be interested in joining a class?

Well all that remains is to say happy Birthday High Five and to hope that we all have a healthy and active year with lots of giggles and chuckling.

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Activity</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>11.30</td>
<td>Tai Chi</td>
<td>Highgate</td>
</tr>
<tr>
<td>Monday</td>
<td>1.00</td>
<td>Singing</td>
<td>Highgate</td>
</tr>
<tr>
<td>Tuesday</td>
<td>10.00</td>
<td>Gentle Exercise</td>
<td>Highgate</td>
</tr>
<tr>
<td>Tuesday</td>
<td>10.45</td>
<td>Tai Chi</td>
<td>St Columba’s</td>
</tr>
<tr>
<td>Tuesday</td>
<td>2.00</td>
<td>Gentle Exercise</td>
<td>Mount Tabor</td>
</tr>
<tr>
<td>Wednesday</td>
<td>1.30</td>
<td>Kurling</td>
<td>Highgate</td>
</tr>
<tr>
<td>Thursday</td>
<td>12.00</td>
<td>Art</td>
<td>Rye Lane Network Centre</td>
</tr>
<tr>
<td>Thursday</td>
<td>1.30</td>
<td>Scottish Dancing</td>
<td>Highgate</td>
</tr>
</tbody>
</table>

Contact us - Phone 07407531481 or email pellonhighfive@gmail.com
Appendix 38: High Five website screenshots from April 2014

Welcome to Pellon’s High Five

Improving the wellbeing of people over 50 in Pellon, Halifax

High Five
Pellon’s 50+ community group

Home
About us
News
What’s on
Get involved!
Membership
Newsletter
Contact us

pellonhighfive@gmail.com
07407 531 481

Subscribe
Enter your email address to join our blog!

We run activities throughout the week, including...

Singing for fun  •  Country dancing  •  Tai Chi
Art  •  Gentle exercise to music

Click here to find out what’s on

About us

High Five is a community group based in Pellon, Halifax. We have been going for three years and run a programme of fun and healthy activities throughout the week.

All are welcome to come and join us. You’ll make new friends, try new things, get fitter and most importantly of all, have fun!

We are a membership organisation, with membership costing just £3 per year (2014). Click here to find out more.

• What’s on
• Get Involved
• Contact us
• Read the latest news on our blog

(Continued on next page)
Appendix 38 continued: High Five website screenshots from April 2014

About us

High Five is a community group based in Pethon, Halifax. We have been going for three years and run a programme of fun and healthy activities throughout the week.

All are welcome to come and join us. You’ll make new friends, try new things, get fitter and most importantly of all, have fun!

We are a membership organisation, with membership costing just £3 per year (2014). Click here to find out more.

- What’s on
- Get involved
- Contact us
- Read the latest news on our blog

(Continued on next page)
About us

High Five is a community group based in Peldon, Halton. We have been going for three years and run a programme of fun and healthy activities throughout the week.

All are welcome to come and join us. You’ll make new friends, try new things, get fitter and most importantly of all, have fun!

We are a membership organisation, with membership costing just £3 per year (2014). Click here to find out more.

- What’s on
- Get involved
- Contact us
- Read the latest news on our blog

peldonhighfive@gmail.com
07407 531 481

Subscribe

Enter your email address to receive news from High Five!

SUBSCRIBE

Community links