



Stepping Out with Carers

Evaluation Summary

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Project Leader

Dr. Niki Koutrou- School of Sport & Exercise Sciences, University of Kent

N.Koutrou@kent.ac.uk

Researcher

Mr. Anees Ikramullah-School of Sport & Exercise Sciences, University of Kent

Ai233@kent.ac.uk



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1. Introduction

Physical activity is a key component of well-being, as it affects people's psychological state, physical health and community connectedness. There is evidence to suggest that physical activity and sport can also play a role in preventing mental health problems [1]. For example, engagement in physical activity can reduce someone's risk of depression by up to 30%, and thus, doctors may recommend physical activity to people suffering from depression [2]. Individuals in care are more likely to experience psychosocial adversity [3]. Physical activity, however, can increase individual's 'capacity to do well despite adverse experience' (p.37) [4]. In addition, physical activity can facilitate social integration and social cohesion through individual's participation in civil organisations such as physical activity groups, exercise clubs or community organisations [5]. However, there is evidence to suggest that disabled people who are looked after are more likely to experience a sense of being set apart from their community and feel a sense of isolation and loneliness [6]. A Norwegian study concluded that children in state care expressed a greater desire to be involved in extra-curricular activities compared with other children, however insufficient opportunities were noted as the main reason for not getting involved [7]. Other reasons that prevent disabled people and those who care for them to take part in exercise include health issues, financial problems as well as the lack of confidence that comes with the lack of connectedness to the outside world [8]. Past research has, however, neglected the profound effects of caring for someone with a disability to the immediate carers, such as their family members. Recent figures suggest that there are approximately 6.5 million carers in the UK, though most of them do not identify themselves as such, since they engage in helping someone in need who love out of their own free will [9]. However, this experience has adverse effects for the Carers themselves. Carers UK report that approximately 625,000 Carers suffer mental and physical ill-health, as a result of the demands and stress associated with caring [9]. The most striking thing of all, though, is that Carers have to go through these mental and physical challenges themselves with a lack of support to help them coping with the day-to day activities.

To help tackle these challenges, the Stepping Out with Carers Programme emerged.

2. What did the Stepping Out with Carers Involve?

Stepping out with Carers is a pilot programme that was launched with the support of Sport England to help Carers and the people they care for benefit from being physically active, through walking. The project focused specifically on carers and the disabled people they cared for, who were inactive. The programme aimed to take Carers away from their caring situation in the home, offering instead a relaxed environment to walk and talk in the outdoors-accompanied or not by the person they care for. Carer Support Organisations helped to spread the news about the event and the walks among their clients. Promotion of the event was made through Carer's news magazine, the facebook page of the Carer Support organisations, flyers at the premises of the organisation as well as through word of mouth initiatives. The programme encouraged 123 attendances by carers and 95 attendances by the people they care for to take part in eight specially designed and structured walks from April to October 2017 (many repeated the experience of the walks because of the pleasure and value they gained). In total 54 individual Carers attended alongside 39 people they care for. The walks were delivered across the Kent county and participants received support to engage in the walks from 11 Carer Support Workers and a team of 20 volunteer Ramblers who provided one-to-one support and helped the participants throughout the walks (please see appendix). As the project evolved, there was huge demand for repeat visits, which suggests bonding with the initiative, commitment and on-going health and social benefits for participants. Transport arrangements for the participants were provided by the organisers at no extra cost as well as refreshments during the walks, freeing the carers from any household and caring responsibilities for the duration of the day.



3. What makes Stepping Out Programme unique?

- Stepping Out with Carers emerged after some of the organisers identifying a gap in leisure provision for disabled people in the local area. The White Cliffs Walking Festival despite being a success, had great difficulty year after year in reaching people with a disability. Only one person in three years turned up for a walk specially designed as suitable. Thus, out of the need to identify the reasons of this lack of engagement, the programme aimed to reach carers and the people who were responsible for caring. Access to recreational walking that for most people is easily available can be denied to some sectors of society, including carers and those they care for. Thus, organisers strived to help remedy the lack of access to widely recognised physical, social and mental benefits that walking brings for those with caring responsibilities and for the people they care for.
- The programme aimed to release Carers away from the customary structure of their caring role and allowing them the opportunity to spend time with the person they cared for in a more relaxed way or attending the walks by themselves. This was not only facilitated by planning all aspects of transportation and accessibility to the walks, but also during the walks. A participant stated... *“we do see that on the walks, the carer does not push the wheelchair, one of the Ramblers would push the wheelchair, which means that the carer can go and chat to someone else on the walk, and you know they can have a shared experience that they don't get back home”* (Participant, focus group).
- Walking was chosen as an easily accessible outdoor activity to reduce the isolation of Carers, often associated with the sheer relentlessness of having to spend so much time necessarily indoors and without access to a wide range of activities and sociability.
- The walking sessions were regular, taking place once a month and scheduled well-in advance. Changes to the delivery of the walks were kept to a minimum.
- The walking sessions promoted connection with others. Organisers strived to create an empathetic and welcoming environment by providing group opportunities for walking with like-minded individuals. The peer-support element during the walks through the contributions of Kent Ramblers and Care Support Volunteers provided encouragement and was key to the success of the programme.
- Practical information and support to access the walking locations and facilities was offered to the participants.

- The selection of locations-a variety including seaside promenades, coastal walks, stately homes, renowned gardens-was a great pull allowing participants to discover new places
- The main participant target group (Carers) was encouraged to bring along the people for whom they cared if they wished or to come alone.
- Transport provision (mini buses, taxis, rail and bus fare) increased the inclusivity of the programme by allowing people with financial, mobility issues or with no access to a car to participate.
- The selection of wheelchair accessible sites and booking of transport for those in wheelchairs/mobility vehicles was key to the success of the programme, as confirmed by the interviewees. Lack of this provision would have been a missed opportunity for certain carers to attend either with or without the people they looked after.
- The presence of well-trained staff who were aware of the walks, available to direct people and happy to walk at the slower pace of some carer-walkers or people with a disability was key in increasing the inclusivity of the programme. The programme saw participants with many different disabilities, both mental and physical, taking part.
- Organisers and volunteers were upskilled by attending a Dementia awareness course in order to be able to deal with participants with different disabilities during the walks. This enabled them to experience mastery (a comprehensive knowledge or skill in a subject or activity) and increase their confidence in the delivery of the programme. Participants identified this as a key factor for the programme's success, particularly amongst carers who were participating with those they cared for. Having staff trained in supporting various disability groups allowed carers a mental freedom that the walks were designed to offer.

“Why should somebody, just because they have a condition be deprived of the absolute joy of being outside, moving. It's as simple as that”
(Participant, focus group).

4. How has the Programme Been Evaluated?

Organisers worked with researchers from the School of Sport & Exercise Sciences of the University of Kent to explore and evaluate the impact of 'Stepping out with Carers' on participants' physical activity levels, as well as social and emotional well-being. The researchers also looked at what impact transport and refreshments' provision as well as the selection of locations and walks' length had on facilitating participation on the walks. The effectiveness of the partnership between the local organisers, Carer Support Organisations and Kent Ramblers has also been explored. Understanding the experiences of people

involved in both delivering the programme and taking part in it allowed the evaluation team to explore the impact of Stepping out with Carers programme. The Evaluation team investigated the experiences of the organisers through focus groups. Evaluation of the participants' experiences was conducted through participant observations during two of the walks and through interviews.



5. What was the Impact and Reach of the Stepping out with Carers Programme?

The programme helped to reduce barriers for participants to engage in physical activity-walking and to reduce isolation in the following ways:

- At the one month follow up, participants reported feeling more confident going out and doing different things, and felt a better ability to cope with stress. A respondent summarises this point well by noting, *“well, I’m definitely more confident going walking. I mean, I’ll attempt a longer walk than I would’ve done before. And before I worried in case I wouldn’t be able to get there and back, whereas with this, I know that if anything happened, that I got stuck and couldn’t get back, that somebody there would help me, get me back somehow. It does help to have other people around you that are perhaps fitter than you”* (Participant D, interviews).

- Generally, participants reported feelings of ‘autonomous’ motivation to be social and physically active. ‘Autonomous’ motivation is associated with feelings of inner pleasure to engage in an activity because you enjoy it rather than being externally pressurised into it. Participants who reported this type of motivation suggested that they felt more empowered to organise their own walks with friends, and stimulated to become more social and develop social networks through the friendships they have formed during the walks.
- Interviewees also highlighted that the programme had improved their confidence and self-esteem by making them have an ‘**I can**’ attitude. This enabled them to seek further opportunities to maintain an active lifestyle. Participants reported gaining confidence by stepping outside their comfort zone through being supported to try new experiences. This is supported by data from the focus group. The impact of the walks on one of the participants could be summarised well in the following... “[...] *she’s come along to the walks and through the caring with confidence course has given her that self-esteem, and that confidence to interact with other people, that she’s taken that next step [into voluntary work] and it was the next chapter of her life*” (Participant, Focus Group). Thus, through improving their skills, participants’ perceived competence, mastery and self-esteem has increased.
- Additionally, participants felt more resilient and able to cope with their daily lives, by feeling part of a community through meeting people who were in the same situation as their own, **by having something to look forward to** and the opportunity to **get out of the house**, by making it easier for the participants to engage with the event through attending structured walking sessions. A participant noted: *“Taking part in it, keeps me connected with the carer groups who support the work I do”* (Participant E, observations). Another participant mentioned that *“knowing you’re not on your own and that there are other people that are in the same boat, and making friends with them. It was lovely, really nice”* (Participant B, interviews). This highlights the social and emotional benefits of the project. Having this empathetic environment has allowed carers to share ideas and stories about the experiences they have had when caring for someone. Where society might not always recognise the demanding work carried out by the individuals in their day-to-day lives, this environment recognised that work and offered a shared experience for those who have endured great hardship.
- Participants’ perceptions about physical activity were overall positive, as they reported an increased motivation to be active by ‘**Carrying on with the walking**’ and by being introduced to ‘**new ideas of engaging in physical activity**’ as well as by perceptions of reduced ‘**body pain**’ after engaging with the walks.

- The impact of the programme was enhanced by the role of Ramblers and Carer Support Volunteers, who were critical in creating a positive experience for the participants. Participants were pleased by the attentive, helpful and friendly attitude of the Ramblers and Care Support Volunteers. Participants' perceived social support was also increased by organisers and volunteers' awareness of how to deal with certain disabilities, such as dementia, and the well-planned accessibility for the participants to engage with the programme.
- The experiences of the organisers in caring for others as well as in organised walking have also created an empathetic environment and increased the perceived social support (feelings of someone being cared for and knowing of people who could help them) that was felt by the participants. This enabled participants to trust and identify with them. Working and interacting with people with lived experiences of Caring responsibilities meant that participants felt understood by those who were supporting them in their efforts to be active. As mentioned by one interviewee: *"Well it feel... It's very nice to meet up with people that are of similar sort of, they've got similar sort of problems to what I have..."* (Participant D, interviews).
- Participation in the programme enabled participants to meet new people and engage in knowledge-sharing activities, either related to their caring responsibilities or their awareness about specific types of disability, as well as about general aspects of their lives. This enabled the participants to build supportive social connections beyond the walking sessions that would potentially have a long-term impact in their lives. For instance, the exchange of information about different types of wheelchair or the latest research into new medication.
- Feelings of perceived isolation and loneliness were reduced with participation in the programme. Participants reported feelings of happiness and enjoyment while at the sessions. The impact of the programme in reducing isolation in the long-term was also evident in the development of friendships and social connections during the walks. As explained by a respondent... *"we do try to get out a lot more, don't we, since the programme...we wouldn't have done it if we hadn't come to the programme. I find we get really depressed being in the house all the time, whereas we've got something to look forward to and somewhere to go. I do try to walk to the shops again now, I walk through the park and that [can remove] now and try and take in a bit, and when I go out on a Monday to do a bit of shopping, I meet up with [...] that was another lady from the walks, and we go together. And my husband, who's disabled and her husband [...], who is also disabled, tend to spend time together as well when we're doing that, so it means they've got new friends as well"* (Participant B, interviews).

- The qualitative data collected throughout the programme suggested improvements to perceived mental wellbeing of the participants through reduced stress. This is summarised well in the following quote: *‘Well, [...], because he’s got Parkinsons, if he’s having a bad day, then any plans we’ve made go out the window because he can’t go anywhere, but with this, the way it was organised, it made it that much easier for us to get out the front door, knowing that we we’re going to find places where there was a disabled loo, and somewhere decent for us to eat or anywhere like that. That side of things and that stress of not having to organise that was all taken away from me. So it made it a lot easier for me as a carer. All I had to do was make sure he was okay and get him out the front door’* (Participant, interviews).
- Ramblers reported several benefits of being a volunteer including an increased sense of altruism, of giving something back as well as individual benefits such as improved confidence in dealing with people with various needs.



6. What was the Impact of the Selected Locations and associated facilities?

- Having access to various locations and seeing different parts of Kent is a strong pull as shown by the qualitative data. A participant summarises this point well by noting: *“Oh they (locations) were lovely, they were really nice locations. There was a lot of thought put into it and it was places that we’d not been to before. And we wouldn’t have gone if we hadn’t gone on these walks”* (Participant C, interviews).
- Participants reported positive feelings about the selected locations being well-thought after in terms of **‘accessibility’** and being **‘disability friendly’**. A participant noted: *“the places we walked were also accessible for the cared for wheelchairs, and we*

wouldn't have known that if we hadn't been with them. We wouldn't have attempted it because we didn't know a wheelchair would do that. Whereas they planned everything out before us and did it for us" (Participant B, interviews). The removal of the organisation aspect for participants was very important. Where carers are used to having to effectively run the lives of 2 people, those they care for and their own, this programme allowed them to have a "care-free" day where they could engage in a stimulating activity that is well planned and thought out on their behalf.

- Participants were positive about the existence of two walk lengths and the availability of places to sit down and rest for those who needed it. This is important for people who are inactive and for this target group that suffers from isolation, feelings of guilt could be experienced, if they perceive themselves as hindering others' involvement in physical activity. A participant suggests: *"I think that was very important because a lot of us couldn't do the longer walk. It made us feel better to know there was somewhere we could stop, and we didn't have to do that whole walk"* (Participant C, interviews). Despite this, some participants did note they could have done a longer walk if required, but recognised that logistically it was perhaps a step too far to organise an even longer walking group with the capacity of delivery that was on hand.
- Entrance fees in certain locations increased the expenditure of delivering the programme and taking part. Organisers were proactive in arranging packages to include entrance fees and refreshments for certain locations, in order to cap the cost to a minimum for the participants. One of the walks in Hole Park, which had an entrance fee seemed to be among those well-attended, which suggests that participants would perhaps be willing to pay a fee to visit national heritage sites, or unique locations to which they would not normally go, or have the resources to visit by themselves. Unique locations was deemed a strong motivation for attending the walks by many participants as they referred to the locations as **'beautiful'** and in areas they **'had never been before and probably wouldn't have gone there if it wasn't for the walks'**.
- Flexibility in the availability of walks for different ability levels was important for this target group. The contribution of Ramblers in pre-assessing the walks to determine what would be a reasonable distance for everyone was integral to achieving this. As pointed out in the focus group *"It's fundamental with so many different disabilities, and ability levels within that you wouldn't get, unless you were going to be that flexible, you wouldn't have the success that you have had"* (Participant, focus group). Another interviewee commented positively about the possibility of using a mini-bus or cab to reach the finish line of the walks when feeling less able to carry on with the walking.

- Contractual agreements with local taxi companies provided a cost-effective and efficient way to facilitate transport requests for participants with mobility difficulties. This enabled the organisers to pay the cost at a later day and added to the positive experience of the participants, since special assistance was provided by the drivers to people in wheelchairs. Economy of scale arose since organisers strived to provide mini-buses to areas with most participants attending each of the walks.
- Participants were positive about the availability of refreshments and particularly about not having to worry about preparing a meal for the person who were responsible for on the day of the event.
- Another key learning that emerged out of delivering the programme was '**having a little caring dog**' with them during the walks, which seemed to further '**break the ice**' and facilitate socialising between participants.



7. Practical challenges in Programme Delivery

- In the initial stages of the project, it was challenging for project partners to identify carer groups to work with locally, since Carers organisations are disparate and have a very local remit (Participant, focus group).
- Administrative burdens in running the project were noted by the organisers. Particularly, in projects like this, which involve participants with various needs, a high amount of administrative work could be generated to accommodate various requests.
- Effective communication between partners was found to be one of the main challenges in the initial stages of the project. A suggestion for this would be to have an early meeting amongst the various stakeholders, where clearly identifiable roles are

discussed and issued to individuals. From this, future meetings ought to be held with these roles in mind. The programme worked with the collaboration approach, but effective communication could have been stimulated by clearer definitions of the roles each organisation would take.

- Lack of ideas on how to support carers whose person they cared for could not make the walk due to deteriorating health on the day, therefore inhibiting participation of the carer. Perhaps, some funding to arrange for extra carers to look after those particularly ill could be offered but this would detract from the social element of bringing carers and those cared for together. There are organisations - signposted by the Carers Support organisations, who provide this respite care. We've found some carers prefer to stay home with the person their family member in the event of illness or difficulty anyway.
- The fact that there is a slight lack of signposting to other organised walking activities. It would be left to the individual participants to develop their social groups and formulate plans to go on walks, which isn't really a guaranteed sustainable participation impact of this programme.
- Challenges with the accessibility of some of the assisting venues, i.e. pubs and toilets was noted. Organisers were quite flexible in approaching alternative venues that could accommodate wheelchairs, however this may be an important factor hindering the selection of specific locations for future walks.
- Difficulties in pre-planning numbers for the refreshments were noted, since demands of being a Carer suggest that participation to the walks is quite unpredictable. Again, organisers were quite flexible and managed to accommodate last-minute increases in attendance, and this added to the learning for future similar events.
- The logistics of managing the delivery of the event once participant numbers increase further could be a burden in striving to accommodate the various needs of carers and the people they care for and facilitate participation.
- Limitations in reaching participants and communicating about the event. Word of Mouth seemed the most effective way of reaching potential participants directly. Thus, the impact of engagement and having good partnerships with local Carer Organisations is high, as it seemed to be the main way to reach potential participants and advertise the walks, either through their magazines, flyers, posters, social media and websites.



8. What was the Impact of the Partnership between the different stakeholder Groups?

- Qualitative data overall suggest positive feelings with the effectiveness of the partnership, which ensured a successful programme of events was delivered. The collaboration between project partners was good, as noted by different stakeholders. Interviewees reported positive feelings about each partner's contribution and part in programme delivery. The role of staff members focused on providing *administrative, financial and top-level marketing support, while volunteers were integral to ensuring high quality project delivery on the ground*. Carer Support Volunteers played a key role in reaching potential participants and supporting their engagement with the walks. Kent Ramblers' volunteers also played a key role in the delivery of the programme of events, supporting the participants on each day of the walks as well as in pre-assessing the routes to make sure are accessible for all attendees. Data from the focus group suggest that improvements in the partnership could be directed towards ensuring a better flow of information and general communications related to the delivery of the event.
- Communication issues and changes in commitment levels mid-way through from some of the projects partners who were responsible for communicating with participants posed a challenge to the delivery of the programme.
- From the perspective of the Carers' Support organisations, lack of funding, time availability, resources and contractual agreements elsewhere hindered further involvement from the Carers' associations, which are charity-based and rely on funding

to support their operations. Thus, support from the Carers organisations could be increased with increased funding.

- Lack of information in aspects related to project funds' administration was noted by some of the stakeholders. This led to initial preparation for delivery of the programme being rushed, however, such challenges were overcome at a later stage.
- As the project evolved, it was felt that some requests for administrative support were made at a short notice, and this has increased the perceived workload for volunteers than what was initially anticipated from their contribution.



9. Key Learning and Recommendations for Increased and Sustained Participation after the Programme

Based on the findings, the evaluation team developed the following recommendations for ensuring the project's sustainability and for adapting it to other areas to further support Carers and those they care for to become more active:

1. Qualitative data showed that participants attributed the main success of the programme as being organised for specifically themselves and being leisurely enough to accommodate their pace and unique needs. Participants were hesitant about joining walking Groups like Ramblers, as they felt they could not cope with the perceived "Sprint" Walking that Ramblers participate in. Perhaps, provision of more leisure walks to this target group from Ramblers or other walking groups, could further promote walking as an achievable, beneficial and sustainable method of being active.

2. The formation of informal social groups that were facilitated during the walks also helped to increase physical activity levels. Some of the participants reported going for walks more regularly than before the start of the programme, either by themselves or with friends-other members of the programme, who they met during the walks. Thus, social benefits and *Bonding* of social capital was one of the key successes of the programme. This, could perhaps be further enhanced by sharing contact details of all participants or by asking participants to share ideas of future places to walk in their local area that could be facilitated by their local Carer Organisations, or allowing them to suggest other ideas for maintaining an active lifestyle.
3. Pre-walk socialising at meeting points is a key aspect of the programme. This aspect enabled participants to interact, chat and mingle with people before they took off on the walk. Given the positivity surrounding the social benefits of the programme, this is a key time for this to occur. Participants were also positive about the opportunity to gather together after the walks and socialise with people they had not encountered during the walk itself, either due to them being at a more advanced physical activity level, walking at a faster pace or taking part in the lengthy route. Accessible meeting sites are key to ensuring the social aspect of the programme. They are also key to the further promotion of the project and for the transferability of this initiative into other areas of the country.
4. The programme would benefit from the creation of a clear exit route for the participants following the 8 walks. Participants reported a desire to continue walking, however lack of relevant walking opportunities and locations, as well as lack of awareness of ways to get involved prevented them from doing so.[Although



there was, in fact, a walk organised by Canterbury Ramblers in November as an off-shoot of the project].

5. Signposting to local health walks available and details about walking sessions could increase awareness among participants of ways to sustain an active lifestyle, so efforts to do so should be increased. There was some evidence that some of the participants joined Ramblers' groups after the programme, however exact numbers could not be provided. Some participants also stated that they are aware of local health walks run by the council, but this was not signposted from the Carer Walks Programme. Despite this some of this understanding of local health walks came about because participants were more pro-active in finding organised walks due to the inspiration of participating in this programme.
6. Weather conditions were also noted as a barrier preventing participants' continued engagement with walking after the programme. The programme could have further impact by the addition of organised winter health activities, which would help participants sustain their engagement with a healthy lifestyle. Participants reported taking part in other indoors winter activities such as crafts making, which despite being fun lack the health promotion aspect. The organisers are exploring the



possibility of singing and Bollywood dance as winter options for get-togethers and health.

7. Some non-regular attendees or first-time attendees stated they needed to arrange other support for the person they were responsible for. Organisations like Crossroads help with this but some services they provide are not affordable. The sustainability of the Stepping out with Carers programme could be further ensured, by providing access to discounted service and cost-effective ways for the Carers to arrange alternative support for the person they care for.

8. Some participants reported lack of awareness about the provision of transport, even though transport arrangements were made by the organisers. The impact of the programme would be enhanced by making communications clearer with the participants. For example, it should be clearer for participants that travel can be arranged for them to participate in the walks that are further away. The presentation of this information is key to reaching participants who are more hesitant due to financial or mobility barriers.
9. Upskilling volunteers and organisers further, for example by providing funding to attend courses such as first-aid, or awareness courses for different types of disabilities such as sensory impairment, sight impairment or autism courses could be of further benefit to the participants and would enhance its impact and sustainability as well as its transfer to other contexts. The organisers are in contact with a first aid and handling course provider who deals specifically in carer management.
10. The impact and reach of the programme could be further enhanced by providing carers organisations, or carers themselves with a redeemable voucher to use for respite walks such as these, to cover the costs of transport to and from the walk, and refreshments during the walk.



11. Funding provision is also critical for the sustainability of the programme as suggested by the interviewees. Without funding, necessary aspects of the success of the programme such as transport could not be provided, and this would prohibit participation of carers, particularly for those who care for a person with mobility difficulties.
12. Clarity in running projects of this kind is essential in ensuring sustainability. As noted by the interviewees, clarity is required in ensuring that the budget to run the project is more detailed and specific, in order to inform financial management and

establish budgeting parameters on the outset. Furthermore, it should be clear whether the project team has freedom to move money between budgeting categories provided that doing so is in the interests of beneficiaries and that the ability to deliver within the total budget is not jeopardised. Finally, interviewees highlighted the need for more clarity in establishing who will be paid for a service. This should be explicitly stated in the outset, particularly where payment is to be made to anyone involved in promoting the project. In terms of the allocation of funding, this should be made clear from the initial application stage and not upon application success. Having clearly established budgeting plans in place early on would be established with improved communication between partners who can identify their costs and roles in the delivery of the project before a clear budget is set.

13. The administrative burden for any future projects like Stepping Out with Carers could be substantially mitigated by providing clear and comprehensive written guidance on how to deal with certain issues and needs, to ensure more efficient and faster engagement with the running of the project.
14. Qualitative data suggest that in some cases volunteer expenses were not covered, despite them having to travel considerable distances. Future projects of this kind should ensure that budget is sufficient to ensure that volunteers are not left out of pocket, to ensure their retention and engagement with the project.
15. Prompt submission of invoices and incurred expenses should be ensured, and the budget holder should be made aware of what invoices to expect by the time an event takes place. This is essential for projects that are run on a tight budget to avoid overspending.
16. Insofar as possible, and certainly with any discretionary expenditure, agreement of the budget holder should be obtained in advance of commitment.
17. Qualitative data suggested that promotion of the event through the local Carer Support Organisations was the most effective way in reaching out participants. It was noted that, when Carer Support Organisations were less engaged with a specific walk due to other events running at the same time and staffing issues, attendance was dropped. To ensure sustainability of the programme, Carer Support Organisations should be supported through increased funding to being able to dedicate more time and resources into the Stepping out with Carers Programme. Funding for example, could enable Carer Support Organisations to pay a dedicated part-time member of staff or a specifically trained volunteer (often a former carer themselves with unique insight into the challenges of day to day life) to improve communication and reach.

18. Data from the interviews also suggest that future promotion and communications about the event could be enhanced by increasing the perceived **'feel good'** factor and the **'I can'** attitude for the participants. Some of potential participants may be hesitant to engage with the activity, as they may feel that it does not apply to their unique needs. A participant summarises this by noting: *"It was on a monthly flyer and someone said well why don't you give it a go, so I said oh yeah because I quite like walking, but I wouldn't have even thought about asking [...] if he wanted to come, if I hadn't have gone and see for myself other people in wheelchairs and that then prompted me to ask him if he wanted to come with us"* (Participant D, interviews). This could further enhance the impact and reach of this or other similar programmes. Thus, presentation of this information is also a key aspect to be looked at for future events and for the sustainability of Stepping Out with Carers programme.
19. Personalised supportive text messages to help participants engage and remind them of details of the walks, could also ease participation and help create feelings of connectedness and social support among them.



20. Challenges in engaging the local community and other volunteer groups to help with the walks were reported, perhaps due to lack of awareness of what this would involve. This, however, did not hinder the delivery of the programme, but to increase its impact and reach further, efforts should be directed towards engaging other local stakeholders and communicate about the programme's benefits further.
21. Taster sessions in other similar events could also be used as a communications and promotion tool to engage more carers and the disabled people they look after in the programme. Data from the focus group support this by noting: *"The rambling we did in carers' week was a test for that, because we were able to talk to the carers directly about the potential"* (Participant, focus group).

22. English Heritage sites could be used for future walks to cap the cost for carers. Data from the focus group suggested that people with certain disabilities with annual membership could access the sites with two carers for free. This could further facilitate the adaptability of the programme to other locations and contexts and reduce the cost of participation for the carers.
23. Data from the focus group suggested that for future walking sessions, refreshments could be provided in a Buffet style. This would ensure flexibility in accommodating last minute additions to participants' numbers, since this is important for Carers, whose participation is often unpredictable, as it depends on the health state of the person who they care for. Additionally, more healthy refreshment options could be added to ensure improvements in the physical state of the participants, since the primary aim of the project is to increase physical activity levels for Carers and to help them sustain an active lifestyle.
24. The use of public figures as Ambassadors could aid in the promotion of the project. This, perhaps would be more relevant in increasing awareness and involvement with the event among local stakeholders, sponsors and community groups, than in reaching carers and those who they care for, who are often hard to reach.
25. Project partners felt that this partnership model was effective, and this could ensure that a strong model for potential future rollout of the project could be ensured. It was felt that engagement with the pilot project enabled partners to understand better their roles and responsibilities, the resource requirements with regards to funding, facilities, equipment as well as human resources, and the costs involved in running the project.
26. Engagement in knowledge-sharing activities and partnerships with similar type of organisations across the country could help in adapting Stepping Out with Carers to different contexts. For example, organisations like the Jo Cox Foundation in Yorkshire, Age UK and Ramblers Groups across the country with good infrastructure in place could further facilitate the adaptability of this program and its reach to carers across the country.
27. With increased participants' numbers, logistical consideration should be made with walks running in different areas of the region, where possible to allow wider participation.
28. As noted by interviewees, adaptability of the project could also be achieved by providing coverage of the cost of a member of staff to project manage a larger programme across a region, or across England.
29. The success of the project was attributed to individuals with access to key sources of human (skills, experiences) and social (contacts and access to social networks)

capital. Thus, replication and adaptability of the project elsewhere is dependent on whether well-equipped individuals with both forms of capital could be identified in other parts of the country. If such human resources are not available, establishment of suitable administrative structures and guidance along with the possibility to consult the Kent team for knowledge-exchange could substitute for their absence and ensure adaptability.

“I wish this sort of thing had been around ten years ago, because carer and the person they care for, being able to go out and about together and feel accepted is quite a big thing” (Participant, focus group).



10. Conclusion

The Stepping out with Carers Programme delivered in Kent was well received among Carers and the people they care for. Walking was chosen as a simple and sustainable method of encouraging physical activity among inactive individuals. Participants reported feelings of increased confidence, competence and connectedness, as a result of taking part in the walks. Participants also reported positive attitudes about engaging in physical activity in a supportive social environment and an increased likelihood of continuing to do so-both for pleasure and health. The organisers emphasised social support as a key element of this programme in helping to reduce feelings of isolation and depression. A wider implementation and sustainability of the project depends on a number of factors relating to funding, having a motivated team in place, clear guidelines about what the project is intended to deliver, how delivery can best be achieved and what degree of flexibility is permitted, access to prompt advice and support where necessary as well as adequate forward planning to avoid uncertainty and rushed implementation. These elements will ensure that the impact and reach of Stepping Out with Carers is wider and transferable to other locations across the country.

“this was a pioneering scheme, and we’re hoping that if we had the funding for next year, everyone I’ve spoken to, all the carers I’ve spoken to are so enthusiastic about carrying on with this scheme if it’s possible and if the funding’s made available” (Participant, interviews)





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Appendix

ATTENDANCE NUMBERS ON THE “STEPPING OUT” CARERS’ WALKS 2017.

The Leas, Folkestone - March 31

Carers: 10
Cared for: 13
Caring Staff: 3
Walkers: 8

TOTAL: 34

Godington House, Ashford - April 28

Carers: 14
(Including 9 new attendees)
Cared for: 6
Caring Staff: 1
Walkers: 4

TOTAL: 25

The fall in attendance was due to capping participants' numbers as a result of funding had not yet been received.

Hole Park, Tenterden - May 26

Carers: 10
(Including 4 new attendees)
Cared for: 18
Caring Staff: 8
Walkers: 10

TOTAL: 46

Isle of Sheppey - June 30

Carers: 24
(Including 17 new attendees)
Cared for: 6
Caring Staff: 1
Walkers: 14

TOTAL: 45

Brogdale Orchard, Faversham - July 28

Carers: 15
(Including 3 new attendees)

Cared for: 9
Caring Staff: 6
Walkers: 8

TOTAL: 38

Deal, White Cliffs Walking Festival - August 25

Carers: 16
(Including 2 new attendees)
Cared for: 12
Caring Staff: 4
Walkers: 14

TOTAL: 46

HERNE BAY - Sept 29

Carers: 7
(Including 2 new attendees)
Cared for: 5
Caring Staff: 0
Walkers: 7

TOTAL: 19

Aylesford Abbey, Maidstone - October 27

Carers: 27
(Including 7 new attendees)
Cared for: 24
Caring Staff: 5
Walkers: 8

TOTAL: 64

Total numbers of carer attendances: 123
Total number of individual carers: 54

