



***Mentro Allan/Venture Out: Lived Experiences of Physical Activity in Outdoor Environments***

**University of Bath &  
Countryside & Community Research Institute**

**Final Report to  
Sport Wales**

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The Research Team was contracted to produce 6-monthly reports for Sport Wales throughout the duration of the research project. These reports covered the periods January to June and July to December, respectively, per annum.

This fifth and final report covers the research period 1 January to 31 April 2011 and also brings together the key overall findings from the project as a whole.

### **Glossary - as used by Mentro Allan National Partnership Evaluation Support Team <sup>1</sup>**

**Registered participants:** All participants register when they join an activity, and are termed 'registered participants'. Participants are only removed from the register if they indicate that they are no longer going to attend or if they move away from the area. For some reporting purposes, however (see for example, Mentro Allan Partnership Evaluation Support Team 6 Month Report, June 2009), 'registered participants' are those who have 'had any contact with Mentro Allan projects. If the person leaves the project, then they are still included'.

**Active participants:** people who have taken part in an activity. These are counted each quarter, and the total number of individuals who have been active at some point during the quarter/year is reported in the Quarterly Reports.

**Adults and young people:** When describing target groups, Mentro Allan uses the age range 14-25 (or 30 for Ynys Mon) to describe young people. However, this is not consistent with the physical activity level key performance indicator. For young people

<sup>1</sup> Based on the Mentro Allan National Partnership Evaluation Support Team Report, April 2009.

under 16, the recommendation is for 5 or more days per week with at least 60 minutes of moderate or vigorous physical activity per day. In order to be commensurate with the evaluation report where adults are defined as either "16 or over" and children as "under 16", this Research Team Report will adopt the same definition.

## Research team definitions

'**Participants**' is the generic term used to refer to participants within our research project (including registered and active participants, Project Coordinators, Local Partnership members, and so on) where these are not distinguished by specific role within the report.

'**Beneficiaries**' is the term used by project staff to refer to registered and active participants, and is the term employed by the Research Team.

'**Project manager/leader**' is the term used generally by projects for the individual who works in the lead organisation and line manages the Project Coordinator.

The definition of **physical activity** utilised here is basic one used by Caspersen *et al.* (1985: 126) who define it as: 'any bodily movement produced by skeletal muscles that results in energy expenditure'.

This is often distinguished from **exercise**, which implies an *intention* to move, often with a structured, repetitive pattern and a goal of health and/or fitness. The NHS (2007) defines exercise as: physical exertion of the body. The aim of exercise is to achieve a beneficial level of fitness and health, both physically and mentally. The NHS subdivides exercise into 3 categories:

- **Light exercise** generally allows you to talk at the same time. Examples of light exercise include going for a walk, doing some light housework or gardening.
- **Moderate exercise** should make you feel slightly out of breath. You should feel slightly worn out, but not to the point where it is unbearable. Examples of moderate exercise are going for a brisk walk or walking up a hill.
- **Vigorous exercise** should make you breathe rapidly, and you should feel like you are just at the point where you are pushing your body's boundaries without doing yourself any harm. Jogging, cycling, swimming and weight training are considered under this definition to be all vigorous forms of exercise.

Mentoro Allan employs its own specific definitions of the different intensities of exercise, see for example the flashcard incorporated in the PAL form (see Appendix 1)

The working definition of physical activity *policy* used by the Research Team is:

..a formal statement that defines physical activity as a priority area, states specific population targets and provides a specific plan or framework for action. It describes the procedures of institutions in the government, non-government and private sector to promote physical activity in the population, and defines the accountabilities of the involved partners. (Schoppe et al., 2004: 9)

## Acronyms

<b>BLF</b>	Big Lottery Fund
<b>CCRI</b>	Countryside & Community Research Institute, Universities of the West of England and of Gloucestershire
<b>CSI</b>	Community Sport Initiative
<b>CST</b>	Central Support Team (Research & Evaluation staff from SCW and WCVA)
<b>ESG</b>	Evaluation Steering Group
<b>KPI</b>	Key Performance Indicator(s)
<b>MA</b>	Mentro Allan
<b>MANP</b>	Mentro Allan National Partnership
<b>PAL</b>	Physical Activity Level (forms)
<b>PAR</b>	Participatory Action Research
<b>PCs</b>	Project Co-ordinators
<b>RT</b>	Research Team (the Bath University and CCRI combined team)
<b>SCW</b>	Sports Council Wales (now Sport Wales)
<b>SW</b>	Sport Wales (formerly SCW)
<b>WCVA</b>	Welsh Council for Voluntary Action

## Executive Summary

The Mentro Allan (MA) programme in Wales was one element of a UK-wide programme funded by the Big Lottery Fund (BLF), entitled the Community Sport Initiative (CSI), which aims: 'to increase physical activity amongst people who experience barriers to participation'. The CSI was developed differently in each UK country and has focused on engaging 'marginalised' groups in formally run sports activities. In Wales, however, a decision was made to focus on encouraging general 'physical activity' rather than specific involvement in 'sports'.

The MA programme has supported and monitored 15 projects across Wales, providing practical support to a range of more 'sedentary' groups (e.g. the over 50s, young single mothers, people with physical disabilities or with mental health problems, carers, young people, people from Black Minority and Ethnic communities).

The programme was funded for five years, and was actively supported by a diverse network of local and national partners. Its distinctive features were its:

- aim to motivate a diverse range of sedentary groups to become more active;
- focus on physical activity in the outdoors environment;
- use of action research to involve its participants in achieving behaviour change;
- gathering of evidence of what does and does not work in practice.

A national partnership was formed in March 2005 to lead the development and direction of the Mentro Allan programme. The national partnership organisations had a Wales-wide remit and collectively had experience and expertise in the development of informal and formal sport and physical activity, community development, public health, countryside management, research and evaluation. The members of the national partnership were:

- Sport Wales (lead organisation)
- Countryside Council for Wales
- National Public Health Service
- Wales Council for Voluntary Action
- Welsh Local Government Association

One distinctive aspect of Mentro Allan was the strong emphasis placed upon gathering evidence and learning about successful approaches that help more sedentary people raise and sustain their levels of physical activity. Participatory Action Research (PAR) was integral to the Programme, focusing on the use of participatory methods to inform the development of local activities, and the extraction and reporting of learning both to and at Programme level. In addition, an academic research team was contracted by Sport Wales to undertake a research project investigating experiences of behaviour change within the MA programme. The research was funded from 1 April 2009 to 31 July 2011. The Team reported to the Research and Evaluation Office of Sport Wales, and liaised with Mr Richard Harry, Senior Research & Evaluation Officer.

The Research Team comprised:

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Project Director

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full-time Research Fellow (qualitative)

**Dr Michael Clark**

CCRI

Research Fellow (quantitative data analyst)

The aim of the research project as a whole, as commissioned by Sport Wales, was to examine whether and in what ways the Mentro Allan Programme was successful in increasing and sustaining increased physical activity levels amongst target groups of relatively inactive people in Wales.

The research brief provided an exciting opportunity to undertake a relatively novel approach to this kind of evaluative research, for at the core of the research was the opportunity to capture the experiences and 'voices' of individuals and social groups from different backgrounds, to chart their perceptions and perspectives in order to facilitate understanding of what they themselves considered was likely to stimulate engagement with physical activity and to encourage sustained participation. Rather than imposing Sport Wales' or the Research Team's conceptual framework upon participants, therefore, we wanted to hear from the participants themselves and to undertake the qualitative element of the research as inductively as possible.

In the report we use the generic term 'participants' to refer to participants generally within the research project, including registered and active participants in the activities, Project Coordinators and other staff, local partnership members, and so on, where these are not distinguished by specific role within the report; see also section 1.7 Ethical considerations below. 'Beneficiaries' was the term used by Mentro Allan project staff to refer to registered and active participants in the activities and we have retained this terminology.

A quantitative dimension was also incorporated into the research design in terms of analysing quantitative data collected by the MA Central Support Team via their Physical Activity Level (PAL) forms and attendance records for each project throughout the duration of the MA Programme. Chapter 2 provides the full report on the quantitative data.

Mentro Allan targeted specific demographic groups ('target groups'), which are considered to be generally less active than the wider population in Wales. Fifteen Projects initially were granted funding for four years to increase the physical activity levels of their target group(s), making use of the local outdoor environment. Subsequently one of these Projects terminated, leaving 14 Projects in total (see Chapter 1, Table 1 for details), all of which were researched by the Research Team, including via extended fieldwork with six Projects (see Chapter 1, Table 2 for details), selected in agreement with the Mentro Allan Evaluation Steering Group.

Within the overall research aim, four key learning outcomes (KLOs) were established by the National Partnership in order to structure the research, from initial design through to reporting.

We summarise below the key themes that emerged from the qualitative research project, described under each of the KLOs and their sub-questions. It should be noted that the qualitative data are based primarily on the accounts of participants. We then provide a summary of the key findings that emerged from the quantitative data, collected by the MA Central Support Team.



## The Key Learning Outcomes

### 1 KLO1: How do people in different sedentary groups change their behaviour to get active and stay active?

#### 1.1 What sort of things cause people to take the first steps towards change?

The findings relating to this question were structured into three overarching themes for analytic purposes: external factors, internal factors, and factors linking internal and external elements. External factors focused upon 'referral' of beneficiaries by a key person, together with the advertising and promotion of the physical activity opportunities to potential beneficiaries. Internal factors cohered around beneficiaries' own health concerns and issues, their perception of new opportunities for involvement in physical activity, and the attraction of the social aspects of participation. Factors linking both internal and external factors focused upon the need to raise awareness of opportunities for undertaking physical activity, the benefits of providing 'value-added' activities, where something other than just physical activity was offered to beneficiaries in order to attract them (for example nature walks, or conservation activities), and the perceived advantages (for some groups) of having a female instructor or leader, particularly for all-female groups.

#### **Key points of practice:**

- Provide clear, regularly updated information regarding opportunities
- Facilitate the social aspects of activities
- Provide 'value-added activities' with elements additional to physical activity
- Consider the gender of the instructor/leader

#### **Key issues relating to target groups**

- Ensure an effective referral system is in place (whether formal or informal) for people with disabilities, mental health issues, and some older people
- An informal approach to engaging young people may be more productive
- Consider outreach promotional activity in order to engage those with disabilities and mental health issues, particularly if they are not involved with support services

#### 1.2 What are the barriers that have to be overcome to achieve change?

The key barriers that were reported were cost, particularly costs of transport to the outdoor venues where these were not 'doorstep' locations, and of the activities themselves where a charge was made for these. Transport problems were similarly highlighted as considerable barriers to participation, in both urban and rural areas, and participants suggested potential ways of tackling the transport barrier, such as the use of car-sharing and car pools, ring-fencing project funding for the provision of transport, and paying a mileage allowance to volunteers for transporting beneficiaries to activities.

For some BME groups, language issues emerged as somewhat of a barrier to engagement, where instructors for example did not speak the same language as members of the activity group(s). Not all BME groups experienced such problems, however. A lack of appropriate 'alternative' (non competitive sport) opportunities was signalled by beneficiaries as constituting something of a barrier, together with a lack of information regarding the opportunities actually available. For those with children, particularly those from economically-disadvantaged groups, a lack of childcare provision acted as an important barrier to participation. Means of tackling the childcare barrier were suggested by participants, for example, linking with existing schemes that already provided childcare, such as Sure Start and Flying Start schemes, the provision of family-

friendly activities where the whole family could take part, and the ring-fencing of project funding for the provision of childcare.

For some potential beneficiaries a lack of self-efficacy and belief in their own capabilities operated as mechanisms for self-exclusion and thus barriers to participation. For young people in particular, social and peer pressure, and certain subcultural practices - such as smoking, alcohol and drugs - were reported as barriers to sustained participation. Stereotypical thinking about what was 'appropriate' for certain social groups was found to constitute a barrier to participation, with class-based and gender-based stereotypes being particularly salient, but also social constructions of 'locals' vs 'outsiders' operating to exclude people from certain activities. Some GPs' attitudes were found to act as barriers to the participation of their patients when the former failed to refer patients on to the programme. Negative social constructions of disability and mental health groups as lacking the capabilities to engage in certain physical activities also acted as a barrier to participation.

It also emerged that the attitudes of some carers and support workers could operate as barriers to participation in the MA activities by their clients, although health and safety concerns and requirements often worked as constraints that carers and support workers were obliged to take into account. These included, for example, the need for specialist equipment, the security of clients and also the support workers' own health problems and potential injury risk. Furthermore, many support workers indicated that they were unable to take on the increased workload and responsibilities required for engaging their clients in physical activity. Means of tackling the 'carers barrier' were suggested, such as making efforts to match client and carer/support worker in terms of physical activity capabilities and preferences, and treating carers/support workers as a separate 'target group'.

**Key points of practice:**

- Reduce barriers of cost (of transport and activities), particularly for those on benefits or low incomes, for BME groups and for young parents
- Take into account language needs for those without English/Welsh as a first language
- Address transport and childcare needs, and where possible those of carers/support workers
- Provide 'alternative' physical activities rather than only traditional, 'school games-type', competitive, team-based sports
- Challenge prejudice and negative stereotyping - based on gender, age, ethnicity, 'class', dis/ability, mental health issues

**Key issues relating to target groups**

- Language support may be required for some BME groups
- Communication support may be required for those with learning disabilities

### **1.3 What motivates and de-motivates people in the course of behaviour change?**

We sought participants' views on what motivated and de-motivated people, in their experience. Motivating factors were indicated as the attraction of the immediate locality, paying for and thus valuing the activities offered, together with the personal relevance of activities to beneficiaries, and whether both 'mainstream sporty' and 'alternative' activities were provided. For some beneficiaries, having 'non-sporty' physical activities was a motivating force, as they felt alienated from more mainstream, 'school games' types of sports, as was also indicated in the PAL data, where organised sports were found

to be the least popular physical activity (see 5.7 below). Social and hedonic<sup>2</sup> incentives were also highlighted as strong motivating factors, along with goal-setting and a sense of achievement. In contrast, de-motivating factors included the cost of participation, boredom with the activities, and for some, the perception of environmental and conservation-related activities as 'work' and therefore undesirable. A lack of consistency in and predictability of provision was also indicated as very de-motivating. Towards the end of the Programme, the fact that MA projects were 'slowing down' was experienced as de-motivating by some beneficiaries. Individuals' experiences of injury and pain during and following the physical activities were, not surprisingly, experienced as de-motivating.

**Key points of practice:**

- Maximise usage of the attractions of the locality, including 'doorstep' locations
- Provide 'alternative' as well as more mainstream, 'school games-type', team-based sporty activities as these former attract beneficiaries and sustain their commitment
- Use goal-setting and staged levels of activity to sustain motivation
- Ensure consistency in, and predictability of activity provision so that beneficiaries know what will happen, where, and when

**Key issues relating to target groups**

- Young people and disability groups in particular expressed a preference for 'non-traditional' non 'school games' type sporty activities (including exciting 'adventure-type' outdoor pursuits)

## **2 KLO2: What support do people in different sedentary groups need to get involved, change their behaviour and sustain that change?**

### **2.1 What types of social/group/professional support do people find helpful?**

The original research question drafted by the National Partnership was: what services and support do individuals and groups need to be provided with, in order to progress their activity, so many participants suggested 'services' and tangible forms of support initially. For analytic purposes, we subdivided the types of support into two categories: support for initial engagement and support for continued participation, whilst recognising the interconnectedness and overlapping nature of these categories. With regard to support for initial engagement, participants highlighted the need for informational support, language support for some (but not all) BME groups, the provision of incentives such as 'freebies', consultation and dialogue with beneficiaries in order to ascertain preferred activities, the provision of specialist clothing, and of specialist training for project staff. Support for continued participation included incentives and rewards for achieving progress, communication support (for example for groups with learning disabilities), and support in undertaking the organisation and planning of activities. Again, consistency in and reliability of provision were signalled as important to beneficiaries. Tangible support in the form of equipment was also highlighted, as was the facilitating of social support via a group ethos. In relation to interpersonal support, motivational support from project staff and other workers, such as volunteers was emphasized, although so too were the dangers of 'over-support' and dependency, particularly given the need for sustainability of physical activity participation beyond the life of the Mentro Allan programme.

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<sup>2</sup> Relating to pleasure

**Key points of practice:**

- Engage in consultation and dialogue with beneficiaries to ascertain their needs and preferences
- Provide incentives for engagement & continuation such as 'freebies'
- Provide specialist training for staff in the use of equipment and in relation to working with groups with special needs
- Provide specialist equipment
- Provide appropriate levels of support to beneficiaries from staff & other workers

**Key issues relating to target groups**

- Language support may be needed for some BME groups
- Communication support may be needed for those with learning disabilities

## 2.2 What practical needs have to be catered for both short and long term?

Informational needs were again highlighted in this domain, including the need for advertising and promotion of activities, and for effective signposting to other existing activity provision in order to ensure sustainability of the activity beyond the life of the MA project itself. Material support was also highlighted in relation to practical needs, such as the provision of transport, equipment and also facilities such as public conveniences. Health and safety needs were seen as key areas, particularly (but not exclusively) for special needs groups.

**Key points:**

- Ensure that accurate and updated information is provided to potential and existing beneficiaries
- Facilitate signposting to and linking with existing provision, particularly with regard to sustainability of physical activities
- If possible, provide reliable and affordable transport
- Ensure the provision of appropriate equipment and facilities in order to ensure that activities take place safely
- Consider health & safety requirements in order for activities to take place safely

**Key issues relating to target groups**

- Affordable, reliable transport is a key requirement, particularly for those on low incomes
- Special health & safety provision may be required for those with physical and learning disabilities, and for those with mental health issues

## 2.3 What ways of running physical activities are the most successful?

Participants found this particular sub-question difficult (if not impossible) to answer given the myriad of ways in which 'successful' could be measured or at least judged, and so tended to focus upon what 'worked well' in the projects with which they were familiar. Perhaps not surprisingly, beneficiaries and project staff sometimes diverged in their conceptualisations of, and criteria for 'success', as did steering group members. Facilitating individuals and groups in sustaining their physical activity post the MA Programme was certainly highlighted as indicative of a measure of 'success' by some project staff. For those partnership members with more reductionist goals, the number of beneficiaries registered with a particular project might, for example, constitute a criterion for 'success'. For others, however, including many beneficiaries interviewed, criteria for success were viewed as relating more to the smooth and efficient running of the project and its activities and the predictability of provision.

Some of the key themes that emerged were: the need for local consultation and also integration with existing local provision, together with the need for forward planning in order to provide variety and stimulation in the activities offered. The importance of having appropriate, well-trained instructors, leaders and volunteers was noted as salient. For some women's groups, the availability of single gender activities/sessions was important in ensuring 'success', as was the consistency of provision. Including physical activity as just one component of activities was considered by many to lead to a greater chance of 'success' in terms of sustaining numbers of active beneficiaries.

**Key points of practice:**

- Consider carefully the benefits of integration with existing local provision when setting up activities so as not to compete with other providers
- Provide appropriately trained instructors, leaders & volunteers
- Provide other 'add-on' activities alongside physical activity, to attract beneficiaries and sustain their participation

**Key issues relating to target groups**

- Female leaders/instructors may be needed/preferable for some all-female groups

**3 KLO3: What effect does an outdoor location have on people's experience of physical activity? Does this make a difference to staying active?**

**3.1 How does an outdoor location improve the chances of behaviour change?**

Whilst this specific sub-question was not amenable to investigation via the qualitative element of the research project, given the question's causal focus, nevertheless an earlier research question posed by the National Partnership concerning the impact of 'place' and the outdoors generally, did generate a great deal of rich data. We also sought participants' perceptions of whether, and in what ways, an outdoor location improved the chances of behaviour change. Many participants, perhaps not surprisingly, tended to conflate the 'natural' and the 'outdoor' element of the environment when reporting on the influence of the 'outdoor location'.

Clayton & Opatow (2003: 6) use the term 'natural environment' in relation to 'environments in which the influence of humans is minimal or non-obvious, to living components of that environment (such as trees...), and to non-animate natural environmental features'. Analogously, Project Coordinators' definitions of 'outdoor location' appeared to depend on the perceived degree of noticeable human 'interference' on the 'natural' processes of the environment.

With regard to the general impact of the outdoors on participants' experiences, the weather was signalled as having a great impact. Privacy requirements were raised as important, particularly by some female BME groups. Accessibility and mobility factors were highlighted as salient, including time constraints on travel. The appreciation of nature, the sensory pleasures of the outdoors, together with the experience of freedom, all featured as key benefits of participation in the outdoors, and for some beneficiaries, appreciation and conservation of the 'natural' environment were important motivating experiences.

**Key points of practice:**

- Make contingency plans regarding weather conditions, so that some activities can be 'weatherproofed', changed to suit meteorological conditions, or moved indoors
- Take into account the accessibility of outdoor locations when planning locations - e.g. use 'doorstop' locations where possible; accessibility via public transport routes is important for many beneficiaries
- Make the most of the sensory benefits of the outdoors - the sensory dimension and freedom experience were cited by beneficiaries as being particularly motivating

**Key issues relating to target groups**

*- The privacy needs of some female BME groups should be taken into account when utilising outdoor locations*

**3.2 What are the disadvantages and how are they successfully overcome?**

Whilst participants did indicate some of the disadvantages, they were not always able to identify how these had been or could be successfully overcome. One of the principal disadvantages of the outdoor location was reported as exposure to (poor) weather, and the provision of well-designed, outdoor, covered spaces was suggested as a means to overcoming the disadvantages of outdoor physical activity in inclement weather. Accessibility problems were again highlighted, particularly due to poor transport provision, but also due to fears of trespassing on private countryside. For some BME groups, there was a fear of racism and victimisation when out in the open countryside. For some BME groups also however, being away from 'surveillance' by members of their own community was seen as an advantage of physical activity participation in the 'wider countryside', in contrast to being in the outdoors more generally. For some older people, disability, and mental health groups, difficult terrain was indicated as a great disadvantage, leading to fears of falling. For some groups, moving immediately to the outdoors was found to be too challenging and problematic. So, for example, for those with disabilities and/or mental health issues, accessing rural areas and the wider countryside was seen as too challenging as a first step; a problem that could be overcome by providing local 'transition spaces', such as an outdoor garden or local park in order to 'acclimatise' beneficiaries more gradually to the wider outdoors.

**Key points of practice:**

*- Contingency plans may be needed to 'weatherproof' some activities, revise how they are undertaken or even move them indoors where possible*  
*- Take into account the accessibility of the outdoor locations & trespass anxieties of beneficiaries, by for example providing transport, guides, maps*  
*- Use 'stepped' transition activities & locations to 'acclimatise' beneficiaries to more challenging activities and locations*

**Key issues relating to target groups**

*- Take into account the privacy needs of some female BME groups & also BME fears of racism when in the wider countryside*  
*- For some older people, those with disabilities and mental health issues, special provision may be required when activities take place on more challenging terrain; for example a guide person or 'walking buddy' could be provided*  
*- Use 'stepped' transition activities & locations, particularly for those with disabilities and/or mental health issues*

**3.3 What role does the outdoors play in helping people sustain their change?**

This also proved a difficult question for participants to answer, as it overlapped considerably with the first sub-question of KLO3 in participants' minds. Participants therefore sometimes conflated the two questions. Again, from a qualitative perspective, it was not possible to attribute causal mechanisms to the role of the outdoors in helping people sustain a change in behaviour, but we could explore in-depth participants' experiences of the outdoors and how they reported these as influencing sustained behaviour change.

The role attributed to the outdoors varied widely, often depending upon people's actual motivations to sustain their engagement with physical activity. Again, the complex relationships between 'outdoors', 'natural' and 'countryside' environments came into play, with participants sometimes conflating these different elements. For example, for some people it was the 'natural environment' that acted as a positive motivating force, rather than the 'outdoor environment'. For other participants, being outdoors was of no particular significance, whilst some found that the 'open countryside' location enhanced social interaction and feelings of inclusion. The aesthetic and sensory elements of the outdoors were again emphasized as beneficial in helping people sustain behaviour change, as was the outdoors as a learning environment, and a 'healthy space'.

**Key points of practice:**

- Consider making use of 'open countryside' locations to enhance social interaction in a 'relaxed' space
- Make use of the benefits of the aesthetic and sensory dimension of the outdoors, e.g. provide sensory stimulation opportunities, not just visual but also other senses
- Make use of the outdoors as a 'healthy space' and a 'learning environment' by providing opportunities other than just physical activity

**Key issues relating to target groups**

- Maximise the benefits of the sensory dimensions of the outdoors for those with sensory impairments or disabilities, e.g. haptic and olfactory experiences
- Make use of the outdoors as a 'healthy space' and a 'learning environment', particularly for young people and those with disabilities and/or learning difficulties, by providing activities other than just physical activity

**4 KLO4: What partnership, management and service delivery arrangements work best to support long term behaviour change?**

**Partnership and management issues arising from MA**

An earlier question posed by the National Partnership related to the identification of partnership and management issues arising from MA, and participants highlighted the need for clarity of aims and objectives, together with the need for MA projects to link effectively with existing provision. Other issues that emerged as salient under this heading were: the role of the lead organisation, and of voluntary and statutory organisations, and the mode of operation of steering group partnerships. Differences between strategic and operational management were noted by participants, along with the problems engendered by territorial disputes and 'cross-border' battles in some areas. Criteria for judging 'success' in partnership, management and service delivery arrangements were found to differ widely at programme- as well as project-level.

**Key points of practice:**

- Ensure clarity and agreement regarding aims and objectives at the inception of the Programme; revisit and revise these as necessary throughout the duration of the Programme and communicate to all stakeholders
- Consider the integration of activities with existing local provision
- Consider carefully the role of the lead organisation and how its aims and objectives mesh with the Programme as a whole
- Ensure effective and regular communication between steering group and project
- Ensure clarity and agreement regarding conceptions of 'success'; revisit and revise these as necessary throughout the duration of the Programme and communicate to all stakeholders

#### **4.1 In what ways have your partnership arrangements influenced the chances of reaching, involving and sustaining positive behaviour change in your target group(s)?**

We found that participants were not always able to answer this question directly, but tended to give more general responses as to what worked well with partnership arrangements, and the areas in which these could have been improved. Participants were often unsure as to the ways in which actual partnership arrangements themselves had influenced the chances of reaching and involving target group(s) and sustaining any positive behaviour change, but instead suggested more globally what made for a 'successful' partnership. This included having shared aims and objectives with partners, having a single target group focus (for some projects) in order to enhance the relevance to both beneficiaries and to other stakeholders such as partners. Ensuring effective referrals via partners, and sharing information, resources and training opportunities were also signalled as important. More challenging partnership relationships were also reported where aims and objectives were found to differ substantially between different partners in the partnership. Just as concepts of 'success' varied greatly between individuals and groups, concepts of 'sustainability' were found to differ widely between participants, particularly at different levels of the MA Programme.

##### **Key points of practice:**

- *Negotiate and agree on shared aims and objectives between projects and partners*
- *Focus on a single target group or small number of groups as most appropriate to the specific project*
- *Ensure effective referral processes (whether formal or informal) are in operation*
- *Share information, resources and training opportunities between partners*
- *Ensure clarity and agreement regarding conceptions of 'sustainability'; revisit and revise these as necessary throughout the duration of the Programme and communicate to all stakeholders*

#### **4.2 What changes have been made to improve the impact of your project?**

This proved a challenging question for participants to answer as it was sometimes difficult, if not impossible, to ascertain which changes had actually resulted in improving the impact of a project, due to the lack of a 'control group' amongst other factors. It was also noted as difficult to distinguish between the 'impact' of a project and other criteria for the 'success' of a project. Participants did identify changes that they considered to be general improvements to the management of projects, without being sure that these necessarily improved the project's impact. 'Impact' was also assessed along a variety of criteria, including, for some projects, the geographical spread, and the number of target groups with which the project worked. Changes reported included revisions to the strategic and operational balance, changes to steering group composition, the development of key contacts, sharpening the focus of some projects, and also widening the focus of others, and providing flexibility in relation to the activities offered.

##### **Key points of practice:**

- *Make changes in the balance between strategic and operational management as required at different stages of the project's lifecycle; this may require changes in steering group composition at appropriate junctures*
- *Develop key contacts locally and regionally*
- *Be adaptable: be willing to make changes in target group focus if required and to make changes in activities offered better to suit beneficiaries' needs and preferences*



### 4.3 Can you identify some 'golden rules' for creating a successful framework to support long term behaviour change in your sedentary group(s)?

A core 'golden rule' was noted as effective communication of aims and objectives to all participants in projects and also in the programme more widely. The role of partnerships was also seen as key, and the importance of establishing good partnerships relationships, and engaging with strategically- and operationally-oriented partners was reported. Participants recommended taking advantage of linking opportunities with other local providers, developing a wide network of partners and getting to know organisational key contacts. They also suggested becoming involved and known in local networks, and to become familiar with other projects/schemes in order to enhance learning and good practice. Regarding service delivery, it was felt important to establish good relationships with service providers, to be prepared to negotiate charges with service providers, to make links with existing provision, and to consider income-generation to fund sustainability of a project. Again, the benefits of incorporating physical activity as just one component within activities offered was noted as likely to support long-term behaviour change.

#### **Key points of practice:**

##### **At Programme level:**

- *Communicate clearly and from its inception the aims and objectives of the Programme*
- *Develop good working partnerships at Programme level*
- *Share good practice across projects*

##### **At Project level:**

- *Integrate with existing local provision*
- *Engage in local networking*
- *Develop good working partnerships at project level with partners interested in the target group(s)*
- *Develop good working relationships with service providers*
- *Offer other activities alongside physical activities*

## 5 The quantitative data analysis

The Research Team was commissioned by Sport Wales to assess both the PAL (Physical Activity Level) data (including participation rates, activity levels and some socio-economic characteristics) and attendance data, for the scheme as a whole and for individual Projects. The quantitative research design and data collection were organised and carried out by the Central Support Team, rather than by the Research Team itself, with the latter undertaking data analysis only. A key aim was to gain an understanding of the extent of changes in people's behaviour as a result of joining the MA scheme. In order to render a diverse set of data commensurate for aggregate and comparative analysis an 'activity index' was devised by the Research Team to allow comparisons of activity both between projects and longitudinally, as well as comparisons with other important data sets, for example relating to national benchmarks of performance. The quantitative results are presented in full in Chapter 2.

### 5.1 Introduction

- This element of the report is based on attendance data and Physical Activity Level (PAL) data provided to the Research Team from each of the 14 Mentro Allan projects.
- 7,691 people are recorded as attending the Mentro Allan Scheme, collectively recorded as having attended 87,609 sessions.

- The largest number of sessions attended was at Flintshire and Wrexham (15,978 attendances) followed by Greater Bargoed and Gilfach (14,591 attendances).
- Some 55.8% of those recorded as having attended a partnership project filled out at least one PAL form (4,209 people).
- The number of PAL forms, attendees and attendances varies considerably by partnership project and is more variable amongst those under 16 than those aged 16 and over.

## **5.2 PAL form analysis: full data**

- An *activity index* was developed to allow data on PAL forms to be compared. It is based on government guidelines for the minimum requirements for healthy exercise of 5 x 30 minutes of moderate or vigorous exercise per week for those aged 16 and over, and 5 x 60 minutes for those under 16.
- Whilst there were 9 PAL stages in the MA programme overall, these started at different times and were completed at different time periods in different projects. Successive PAL periods are therefore sequential rather than temporally comparable. The number of people filling out PAL forms at successive stages diminished considerably.
- Of those people under 16 who filled out a PAL 1 form, 7.8% of them were already meeting at least the minimum exercise requirement. Some 65.5% of this cohort was achieving an activity index of zero.
- Of those people aged 16 and over who filled out a PAL 1 form, 23.1% of them were already meeting at least the minimum exercise requirement. Some 49.1% of this cohort were achieving an activity index of zero.
- There is no evidence to suggest that these profiles are different from those of the Welsh population as a whole and these figures suggest that Mentro Allan was fairly successful at targeting sedentary people.
- Some 30.3% of under 16s who filled out a PAL 1 form, also filled out a PAL 2 form. Of these, 61.2% had made no change to their activity levels and 17.5% were doing less exercise at PAL 2 stage. Of all those under 16s filling out a PAL 1 form, 6.3% of them had increased their activity overall by PAL 2.
- Some 39% of those aged 16 and over who filled out a PAL 1 form also filled out a PAL 2 form. Of these, 42.4% had made no change to their activity levels and 22.9% were doing less exercise. Of all those beneficiaries of 16 and over filling out a PAL 1 form, 13.7% of them had increased their activity overall by PAL 2.
- Only 2.7% of the under 16s and 7.7% of those aged 16 and over who filled out a PAL 1 form progressed as far as filling out a PAL 4 form.
- The MA programme has had a larger positive impact on those of 16 and over relative to those of under 16, in terms of the achievement of government healthy exercise guidelines.
- Amongst those who completed more than one PAL form, physical activity levels amongst that cohort rose.

## **5.3 The profiles of the participants by project partnerships**

- There appears to be very little correlation between the relative popularity of each project and the base residential population from which the project might have been expected to draw.
- In order, the partnership projects that had a higher proportion of those of 16 years and over meeting the exercise requirement than in the PAL 1 population as a whole were: Greater Bargoed and Gilfach, Pembroke Dock, Newport, Powys - Dyfi Valley, Anglesey and Swansea.
- Both the City of Cardiff and the Vale of Glamorgan partnership project and the Anglesey project were successful at achieving their stated aims of targeting women.
- The City of Cardiff and the Vale of Glamorgan project and the Newport project were both successful in targeting BME groups.

- The City of Cardiff project was successful in its stated intentions of targeting disabled groups.
- The targeting of particular age groups met with mixed success.
- Overall, most projects successfully targeted their target groups with regard to age, gender, ethnicity and disability.

#### **5.4 PAL Data and demographic characteristics: gender**

- Of those 16 and over only, 68.9% of those who filled out a PAL 1 form were women (compared to 51.1% in the Welsh adult population). The MA programme successfully targeted women due to effective targeting at project level.
- The proportion of women who filled out successive PAL forms declined and in successive PAL stages the proportion of males meeting the exercise requirement increased considerably more than did that of females.

#### **5.5 PAL Data and demographic characteristics: age**

- There are lower proportions of children and older adults in the PAL 1 population than there are in the Wales population as a whole.
- A smaller proportion of children (under 16) meet the minimum exercise requirement than any other age group, and the greatest proportion of those who do meet the minimum exercise requirement are amongst the youth (16 – 18) and young adult (19 – 25) age groups.
- In all age cohorts, active exercise increases as a proportion of all of those filling out successive PAL forms.

#### **5.6 PAL Data and demographic characteristics: ethnicity**

- Some 25.1% of those filling out a PAL 1 form considered themselves to be from an ethnic minority group. This compares with 4.75% of the Welsh population as a whole who are classed as ethnic minorities. MA has been successful in targeting the ethnic minority population due to effective targeting at a project level.
- Fewer ethnic minority adults were meeting the minimum exercise requirement at PAL 1 stage than the PAL 1 population as a whole.
- The adult ethnic minority population declines at successive PAL stages more quickly than the ethnic majority population.
- The proportion of the adult ethnic minority population meeting the minimum exercise requirement also remained below that of the ethnic majority population for each of the first four PAL stages

#### **5.7 PAL Data and demographic characteristics: disability**

- Some 26.8% of those adults filling out a PAL 1 form considered themselves to be disabled, compared to 23% of the Welsh population as a whole.
- Some 13.8% of adult disabled people were meeting the minimum exercise requirement at PAL 1 stage compared to 26.6% who did not consider themselves to be disabled.
- At successive PAL stages, the proportion of those who consider themselves to be disabled increases, but the proportion of those who met the minimum exercise requirement remains constantly below those who did not consider themselves to be disabled.

#### **5.8 Different types of activity undertaken: those 16 years of age and over**

- In order, indoor activity, outdoor activity and domestic activity are the most popular forms of moderate and vigorous activity amongst the adult population at PAL 1 stage.
- Outdoor activity increases most significantly across different PAL stages.

- Competitive sport is the least popular activity and gets proportionately less popular at successive PAL stages.

## 5.9 Attendance data and their relationship with PAL data

- Amongst those aged 16 and over, the proportion of people who met the minimum exercise requirement does not increase consistently with increased attendance at projects at PAL 1 and 2 stages, but it does at subsequent PAL stages.
- For those under 16, there is no relationship between meeting the minimum exercise requirement and frequency of attendance at PAL projects, at any stage.

## 6 Key themes

The following key themes emerged across several Key Learning Outcomes, supported by the qualitative and also in some cases the quantitative findings.

- 6.1 The need to reduce **barriers of cost** by as far as possible providing free or reduced-cost:
- Transport
  - Childcare
  - Activities
  - Specialist equipment & clothing

The use of appropriate 'doorstep' locations, where available, could help mitigate barriers relating to transport costs.

- 6.2 **Informational** needs: potential and actual beneficiaries need to be provided with clear, accurate, and regularly updated information regarding what opportunities are available, where and when, what these will involve and what will be required of beneficiaries;
- 6.3 It is important to ensure **integration or linking with existing activity provision**, in order to avoid competing with such provision and also better to enhance the sustainability of the activity beyond the life of the particular project or programme;
- 6.4 There is a need to ensure **consistency of provision** in relation to the activities, in terms of what activities will take place, where, and when, so that beneficiaries can 'count on' these activities going ahead, and not be disappointed. They will then be more likely to remain motivated to continue participation;
- 6.5 There are advantages in providing **'value-added' or multiple outcome activities** alongside the physical activities in order both to engage beneficiaries and to sustain their engagement over the longer term. Activities such as local history walks, bird/animal-watching, or nature walks were portrayed in this domain;
- 6.6 There is a demonstrated need to provide **'alternative' physical activities** outside of 'mainstream', traditional, 'school games' types of sports. These latter kinds of traditional sports were less likely to engage beneficiaries (particularly young people) initially and to sustain their engagement over the longer term.

Activities described as '**outdoor pursuits**'<sup>3</sup> and '**alternative activities**' were found to be much more appealing and engaging;

- 6.7 The advantages of having '**incidental physical activity**' as a component of an overarching activity were signalled. Activities such as gardening, environmental and conservation work were portrayed in this domain, where beneficiaries indicated the benefits of undertaking particular activities, which included 'disguised' physical activity and so did not feel as though the whole focus was upon physical activity *per se*;
- 6.8 Organisers should address specific **cultural and subcultural** needs and preferences by consulting with members of the sub/cultural groups concerned when planning and devising activities. This relates not only to ethnic cultural groups, but to others such as youth subcultures, for example. So, scheduling of activity sessions to take into account religious or other cultural activities was noted as important, as were the kinds of activities considered appropriate, and the privacy of the locations in which activities were offered. Similarly, creating an ambience not redolent of compulsory school-based 'games and PE' was particularly important for many younger people;
- 6.9 Organisers should take into account the impact of the **weather** when devising outdoor activities. Whilst the great majority of participants emphasized the advantages of participating in the outdoors, inclement weather had a major deleterious impact upon motivation. 'Weather proofing' activities by, for example, having a sheltered area in which to undertake outdoor activities, having contingency plans for alternative activities in case of bad weather, or having an indoor location as a 'back-up' venue, could help counteract the disadvantages of inclement weather;
- 6.10 The advantages of using a '**stepped, graduated approach**', in developing beneficiaries' fitness levels and confidence over time, were highlighted. This could include using a 'stepped' approach to outdoor locations, where beneficiaries first become accustomed to 'safe', familiar doorstep outdoor locations such as a park, before venturing out into the 'wider outdoors' of the countryside.

### **Management issues**

- 6.11 The need for clarity of communication regarding the overall aims and objectives of the programme, to all stakeholders from the very inception of the programme, was signalled as crucial to its successful operation;
- 6.12 The need for clarity of, and agreement on, criteria for success, sustainability and other key concepts within the programme, and within projects, was emphasized;
- 6.13 The need for linkage or integration with existing local provision as appropriate was highlighted, so that projects and activities were not set up in competition with extant activities, and had a greater chance of achieving sustainability after the completion of the MA programme;

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<sup>3</sup> See Appendix 3 for Sport Wales' categorisation of outdoor pursuits.

- 6.14 The need to establish shared aims and objectives between partner organisations was signalled as key to the smooth operation not only of projects, but of the programme as a whole;
- 6.15 Partner organisations need to establish clarity regarding the role of their steering groups in relation to the strategic and operational elements of the running of projects, and to be flexible in moving between these two elements over the lifetime of a project, dependent upon the needs and priorities at different points in a project's lifecycle. Steering group membership may need to be revised in order to ensure such flexibility.

# CHAPTER 1

## Introduction and overview

### 1.1 Introduction

The Mentro Allan (MA) programme in Wales was one element of a UK-wide programme funded by the Big Lottery Fund (BLF), entitled the Community Sport Initiative (CSI), which aims: 'to increase physical activity amongst people who experience barriers to participation'. The CSI was developed differently in each UK country and as the name suggests, has focused on engaging 'marginalised' social groups in formally run sports activities. In Wales, however, a decision was made to focus on encouraging general 'physical activity' rather than specific involvement in 'sports'.

The MA programme has supported and monitored 15 projects across Wales, providing practical support to a range of more 'sedentary' groups (e.g. the over 50s, young single mothers, people with physical disabilities or with mental health problems, carers, young people, people from Black Minority and Ethnic communities). The programme was funded for five years, and was actively supported by a diverse network of local and national partners. Its distinctive features were its:

- aim to motivate a diverse range of sedentary groups to become more active;
- focus on physical activity in the outdoors environment;
- use of action research to involve its participants in achieving behaviour change;
- gathering of evidence of what does and does not work in practice.

A national partnership was formed in March 2005 to lead the development and direction of the Mentro Allan programme. The national partnership organisations had a Wales-wide remit and collectively had experience of, and expertise in the development of informal and formal sport and physical activity, community development, public health, countryside management, research and evaluation. The members were:

- Sport Wales (lead organisation)
- Countryside Council for Wales
- Public Health Wales
- Wales Council for Voluntary Action
- Welsh Local Government Association

Projects were tailor-made to respond to the needs and interests of the different groups, with participatory action research being used both to assist the design and delivery of appropriate activities and to draw out transferable learning that could be utilised to influence future policy and practice. Using the reflective practice which is central to the action research method, many of those involved locally and nationally were able to contribute observations and insights into the way the programme worked in practice. These data were gathered, analysed and discussed at several interactive seminars.

One distinctive aspect of Mentro Allan was the strong emphasis placed upon gathering evidence and learning about successful approaches that help more sedentary people raise and sustain their levels of physical activity. As part of this, an academic research team was contracted by Sport Wales to undertake a research project investigating experiences of behaviour change within the MA programme. The research was funded from 1 April 2009 to 31 July 2011. The Team reported to the Research and Evaluation Office of Sport Wales, and liaised with Mr Richard Harry, Senior Research & Evaluation Officer.

During 2010 the research had to be suspended for 3 months due to employment issues regarding the full-time researcher, Dr Leledaki, at the University of Exeter. These issues subsequently led to Sport Wales agreeing to the transfer of the contract and the employment of the full-time researcher to the University of the West of England. The 3-month suspension period meant that in order to fit in all the extended fieldwork visits within the original timeframe, in the second year of the research project some of the other data collection visits (such as Project Review Visits and Cluster Meetings) had to be combined. The Project Director, Dr Allen-Collinson, moved from the University of Exeter (the original contract-holder) to the University of Bath in January 2011. The multi-institutional research team comprised:

**Dr Jacquelyn Allen-Collinson**

Department of Education, Bath University (formerly of Exeter University)  
Project Director

**Professor Nigel Curry**

Director, Countryside & Community Research Institute (CCRI), University of the West of England  
Quantitative Lead

**Dr Aspasia Leledaki**

CCRI (formerly of Exeter University)  
Full-time Research Fellow (qualitative)

**Dr Michael Clark**

CCRI, University of Gloucestershire  
Research Fellow (quantitative data analyst)

## **1.2 Aims and objectives of the research**

The agreed aim of the research, established by the National Partnership, was to examine whether and in what ways the Mentro Allan (MA) Programme was successful in increasing and sustaining increased physical activity levels amongst groups of relatively inactive people in Wales, primarily via seeking the views of the participants themselves and other stakeholders in the Programme. The MA Programme was part of a wider Big Lottery Fund programme, with one project operating in each of the 'home' countries.

The research brief provided an exciting opportunity to undertake a relatively novel approach to this kind of evaluative research for at the core of the research was the opportunity to capture the experiences and 'voices' of individuals and social groups from different backgrounds, to chart their perceptions and perspectives in order to facilitate understanding of what they themselves considered was likely to stimulate engagement with physical activity and to encourage sustained participation. Rather than imposing Sport Wales' or the Research Team's conceptual framework upon participants, therefore, we wanted to hear from the participants themselves and to undertake the qualitative element of the research as inductively as possible (proceeding from specific cases to more general theorisation, rather than vice versa).

'Participants' is the generic term used to refer to participants within the research project, including registered and active participants, Project Coordinators, Local Partnership members, and so on, where these are not distinguished by specific role within the report; see also section 1.7 Ethical considerations below. 'Beneficiaries' is the term that was used by project staff to refer to registered and active participants, and is thus the term employed by the Research Team.

## **1.3 The Key Learning Outcomes (KLOs)**

In relation to the overarching aim, four key questions with sub-questions were posed by Sport Wales, based on four Key Learning Outcomes (KLOs), agreed by the Mentro Allan



National Partnership. The questions were subsequently revised part way through the research project as 'clarified' versions, agreed by the National Partnership in order better to convey what learning it wished to draw out of the programme. The revised questions, advised to the Research Team in summer 2010, were thus:

### **1.3.1 How do people in different sedentary groups change their behaviour to get active and stay active?**

- What sort of things cause people to take the first steps towards change?
- What are the barriers that have to be overcome to achieve change?
- What motivates and demotivates people in the course of behaviour change?

### **1.3.2 What support do people in different sedentary groups need to get involved change their behaviour and sustain that change?**

- What types of social / group / professional support do people find helpful?
- What practical needs have to be catered for both short and long term?
- What ways of running physical activities are the most successful?

### **1.3.3 What effect does an outdoor location<sup>4</sup> have on people's experience of physical activity? Does this make a difference to staying active?**

- How does an outdoor location improve the chances of behaviour change?
- What are the disadvantages and how are they successfully overcome?
- What role does the outdoors play in helping people sustain their change?

### **1.3.4 What partnership, management and service delivery arrangements work best to support long term behaviour change?**

- In what ways have your partnership arrangements influenced the chances of reaching, involving and sustaining positive behaviour change in your target group(s)?
- What changes have been made to improve the impact of your project?
- Can you identify some 'golden rules' for creating a successful framework to support long term behaviour change in your sedentary group(s)?

As the KLOs were revised subsequent to the engagement of the Research Team, some of the questions subsequently posed were more amenable than others to investigation via a qualitative approach, and this is noted where relevant under the separate KLO chapters below.

## **1.4 Participatory Action Research (PAR)**

The MA Programme was designed as an action research programme, and the projects themselves were therefore engaged in undertaking action research. Distinct from the Bath/CCRI Research Team's research contract, a separate action research project was in place from the inception of the MA Programme, led by the Central Support Team and guided by the Evaluation Steering Group. The PAR focused on the use of participatory methods to inform the development of local activities, and the extraction and reporting of learning both to and at Programme level. As part of the PAR, it was the intention to train all local Project staff in some form of action research methods. This training was provided by consultants previously involved in the Welsh Assembly Government's Sustainable Health Action Research Programme. These consultants became part of the

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<sup>4</sup> According to the BLF's guidance: "the natural environment refers to any outdoors location where the key features are dominated by open land, vegetation or coast and waterways. This includes urban parks and open spaces but excludes facilities such as sports pitches, swimming pools and skateboard parks" (Mentor Allan Briefing Paper Action Research Issue 1, 2010: 3). The wording of KLO3 was revised by the National Partnership in order to focus more widely upon the outdoor location rather than the 'natural' environment.

Central Support Team (CST) and prepared practical guidance on action research techniques, together with one-to-one tuition and support to help Project staff implement these methods with their target groups. For full details of the PAR project, see the Mentro Allan Briefing Paper Action Research Issue 1 (2010). In October 2010, the Bath/CCRRI Team was asked to seek the views of beneficiaries and other participants regarding their experiences of being involved in the ongoing evaluation process of MA, including the PAR. As is considered good practice with such participatory forms of research, feedback from the participants themselves on the research processes and the research project itself is also important (Allen-Collinson et al. 2005), and the PAR Team undertook to garner feedback on their own project. Data relating to feedback on the PAR are also incorporated in this report (see Chapter 7), and direct quotations from the PAR Team’s Briefing Papers are indicated in italics throughout the data sections, with our thanks for this information.

### 1.5 The ‘target groups’ and the projects

Mentro Allan targeted specific demographic groups (‘target groups’), considered to be generally less active than the wider population in Wales. For details of the range of ‘target groups’ targeted by the projects, see Table 1 below. It should be emphasized that the Research Team’s brief was to address the KLOs and not to structure research findings by ‘target group’, but thematically across these groups in relation to the KLOs, as so many issues are common to a range of groups and stakeholders. In addition, as is common to social research in general, there are considerable ethical and representational implications in attributing comments to an individual *qua* member of a specific ‘target group’ (particularly as her/his comments may not be representative of that group), not only with regard to anonymity concerns but also to potential negative labelling of that particular social group. In this latter regard, and in agreement with Sport Wales, we have striven to maintain an ‘ethics of care’ towards all our participants.

In relation to the report’s findings, it should be emphasized that our data - both qualitative and quantitative - relate to specific groups of beneficiaries engaged in MA, rather than to such groups in the Welsh population more generally, and the limits of generalisability should thus be borne in mind. The MA programme sought to target specific demographic groups considered to be generally less active than the wider population, and to offer them opportunities to engage in physical activity in the outdoors. See section 1.6.3 below, for further discussion of the limitations and delimitations of the research.

Fifteen Projects initially were granted funding for four years to increase the physical activity levels of their target group or groups, making use of the local outdoor environment. Subsequently one of these Projects terminated, leaving 14 Projects in total (see Table 1) to be researched by the Research Team, including via extended fieldwork with six Projects (see Table 2), selected in agreement with the Evaluation Steering Group.

Table 1: The Mentro Allan Projects

<b>Abbreviation</b>	<b>Name of Project</b>	<b>Primary target group(s)*</b>
Bar	Greater Bargoed and Gilfach	People on low incomes
Bri	Bridgend	Older people
C and T	Caerphilly and Torfaen	Hard to reach groups, including over 50s, disadvantaged young people, and residents with low-level mental health concerns
C and V	City of Cardiff and the Vale of Glamorgan	Black and Minority Ethnic groups, particularly women (aged 18 - 64)
CAR	City of Cardiff	Children and adults with disabilities
DYF	Powys - Dyfi Valley	People experiencing rural isolation

F and W	Flintshire and Wrexham	People with physical & learning difficulties
MBG	Merthyr Tydfil and Blaenau Gwent	People with mental health problems
NEW	Newport	Black and Minority Ethnic groups
NPT	Neath Port Talbot	Young people (11-25) at risk of disengagement
Pemb	Pembroke Dock	Young people (11-25) living in Pembroke Dock
RCT	Rhondda Cynon Taf	People on low incomes
SWA	Swansea - City & County	Carers In Year 1: Young Carers; Parent Carers; BME Carers; Carers of people with mental health problems; Carers of the elderly
YNY	Anglesey	Young women aged 16-30 years

\* as listed on Mentro Allan website at 1 June 2011; some Projects revised their target groups part way through the Project lifecycle to respond to changing needs

Table 2: The six Projects selected for extended fieldwork

C and V	City of Cardiff and the Vale of Glamorgan
DYF	Powys - Dyfi Valley
F and W	Flintshire and Wrexham
NPT	Neath Port Talbot
RCT	Rhondda Cynon Taf
YNY	Anglesey

## 1.6 Methodologies

The research was undertaken via a mixed methods approach, generating both qualitative and quantitative data, and underpinned by two methodological stances. For those with an interest in the research approaches adopted, these are discussed in more detail under separate headings below, together with the methods utilised within each methodological strand. It should be noted that the quantitative research element of MA had already been in place for over 2 years before the Research Team commenced analysing the quantitative data gathered by the projects; see Chapter 2 for full details of the quantitative data. It should be noted that the qualitative data are presented verbatim, better to represent how participants themselves expressed their feelings and experiences; only where the sense was impossible to ascertain have comments been 'tidied up'.

**1.6.1 Interpretivism and the qualitative approach:** the qualitative research approach adopted here sits within the interpretivist paradigm, with its focus upon understanding, interpretation and meaning. From an ontological perspective, interpretivism holds to the multiple realities and multiple truths inherent in human understanding, meanings and experience. Analogous to post-positivism, interpretivism heavily critiques some of the inadequacies of positivism with regard to understanding human experience *in context*. The key aim of an interpretive research project is to seek to understand individuals' meanings, experiences and also behaviours within particular contexts.

This paradigm was thus particularly appropriate when seeking to discover and chart the realities and subjective lived experiences of different individuals and social groups within the Mentro Allan programme. A phenomenological perspective was also adopted within the research from design through to data collection and analysis, employing both the

theoretical and methodological insights of sociological phenomenology (see Allen-Collinson 2011, for a general discussion of this perspective).

In order to investigate and analyse participants' subjective and lived-body experiences, their attitudes, beliefs, feelings and motivations, qualitative data were accessed via ethnographic methods, involving extended participant observation with six selected Projects, together with observation, in-depth interviews (primarily semi-structured but also including unstructured conversational interviews (Amis 2005)), and focus groups. These methods were employed to collect data from a variety of stakeholders, including physical activity participants themselves (beneficiaries), their carers, support workers, project coordinators and staff, local steering group members, local/national partnership members. The key aim was to allow participants to portray their own lived experiences and to identify what was significant to *them*, rather than imposing the researchers' or Sport Wales' framework of interest upon them. Repeat interviews, as well as participant observation were utilised in order to incorporate a longitudinal element to the research, to record the developmental and evolutionary aspects of the projects and the individuals involved.

Whilst declaring her research role overtly, Dr Leledaki, the full-time researcher on the research project, 'embedded' herself into six Projects and their activities in a manner akin to a 'complete member researcher' (CMR). She also maintained a reflective research diary to record her own experiences, including for example the particular ethos of a group, group dynamics, and the social cohesion of group members. One of the Projects (Bridgend) selected initially by the Evaluation Steering Group in May 2009 for in-depth fieldwork had subsequently to be changed and the ESG agreed a replacement Project.

In-depth qualitative interviews, including 'group' interviews with two participants, were undertaken with the following:

Project staff:	44
Others involved with projects (service providers, volunteers & support workers):	34
Beneficiaries	68
Steering group members	23

Most interviews were of at least one hour's duration, and lasted up to a maximum of five hours. Interviews were transcribed verbatim by Dr Leledaki in conjunction with a specialist audio transcriber. Commensurate with the interpretivist stance adopted, we viewed the transcripts as contextual, theoretical constructions rather than any 'objective' representations of reality (Lapadat 2000); a co-production between researcher, researched and transcriber.

A detailed breakdown of research locations, project review visits and attendance at meetings is provided in Appendix 2.

The data included in the following chapters thus derive from a range of research sites, including extended participant observation with Projects, Project Review Visits, visits to local steering groups, and participant observation or observation at various venues, including cluster meetings and evaluation seminars, interviews, and informal conversations over a period of two years.

It should be remembered that, as is common with all forms of research based on reporting (including questionnaires, surveys, interviews), participants tend to be most vocal in relation to issues and areas regarded as either problematic or very positive. Where participants are generally satisfied or relatively neutral about a particular aspect, they tend to be less vocal.

**1.6.2 Positivism and the quantitative approach:** the quantitative element of the Research Team's work was concerned to assess both the PAL (physical activity level) data (including participation rates, activity levels and some socio-economic characteristics) and attendance data, for the scheme as a whole and for individual Projects. These data were collected within the MA scheme as a whole, rather than by the Research Team itself and then the data were forwarded on to the Team. A key aim was to gain an understanding of the extent of changes in people's behaviour as a result of joining the MA scheme. In order to render a diverse set of data commensurate for aggregate and comparative analysis an 'activity index' was devised by the Research Team to allow comparisons of activity both between projects and longitudinally, as well as comparisons with other data, for example relating to national benchmarks of performance. The quantitative results are presented in Chapter 2, but also, where appropriate, reference is made to the quantitative findings as contextual background to the qualitative research findings provided in Chapters 3-6. Linkages between the qualitative and quantitative findings are presented in Chapter 8.

### **1.6.3 Limitations and delimitations of the research**

In relation to the report's findings, it should be emphasized that our data - both qualitative and quantitative - relate to specific groups of beneficiaries engaged in MA, rather than to such groups in the Welsh population more generally. The limits of generalisability should thus be borne in mind. As the purpose of the research was to gain rich, in-depth data from participants on the MA programme, generalisability of findings to the wider Welsh population was not a research aim or criterion for evaluation. The MA programme sought to target specific demographic groups considered to be generally less active than the wider Welsh population, and to offer them opportunities to engage in specific kinds of physical activities in the outdoors. Participants are thus, to some extent, 'self-selecting' within the research project, in that they have chosen to take part in the kinds of activities offered by MA: primarily 'outdoor pursuits'<sup>5</sup> and other more 'alternative' type activities, rather than the more traditional, competitive 'school games' forms of physical activity. On various criteria, therefore, the individuals and groups participating in the MA programme cannot be considered as representative of the wider Welsh population, or of their 'target groups' more generally in the Welsh population.

## **1.7 Ethical considerations**

The research project as a whole was approved by the ethics committee of the University of Exeter (the organisation where the Project Director, Dr Allen-Collinson, was employed when the project commenced). The following Chapters incorporate qualitative data which address each of the four research questions. Participant quotes are provided verbatim other than where grammatical or syntactical corrections have been made in order to facilitate meaning. Identifying characteristics, including place names and other details have been omitted in order to provide confidentiality and protect anonymity. Where confidentiality and anonymity are not compromised by the inclusion of a participant's role (such as beneficiary, Project Coordinator, project staff, etc), this information has been provided. Drafts of all reports (interim and final) were forwarded to Project Coordinators (PCs) for 'member checking' prior to submission to Sport Wales. Where PCs have requested that identifying characteristics or other details be removed from the report, this has been undertaken. Participants' consent has been obtained for the inclusion of any photographs where they are identifiable. In the case of the photographs, PCs provided these to the full-time researcher, Dr Leledaki, along with their own descriptions and interpretations of some of the content and context. This supporting text has been included alongside the photos. PCs obtained formal consent from all the people included in the photos, as part of their projects' 'ethical delivery'.



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<sup>5</sup> See Appendix 3 for Sport Wales' categorisation of these

## CHAPTER 2 The quantitative results

### 2.1. Introduction to the quantitative analysis

#### 2.1.1 *The nature of the quantitative data*

This report provides a summative assessment of the quantitative data provided to the research team by the Mentro Allan project. There are two datasets. The first is attendance data which records the number of times individuals who attended any of the partnership projects did so. Related to these data are a set of registration forms that requested information about a series of demographic characteristics of participants – although not all registrations provided these data fully. More detail of these partnership projects can be found in section 3 of this report.

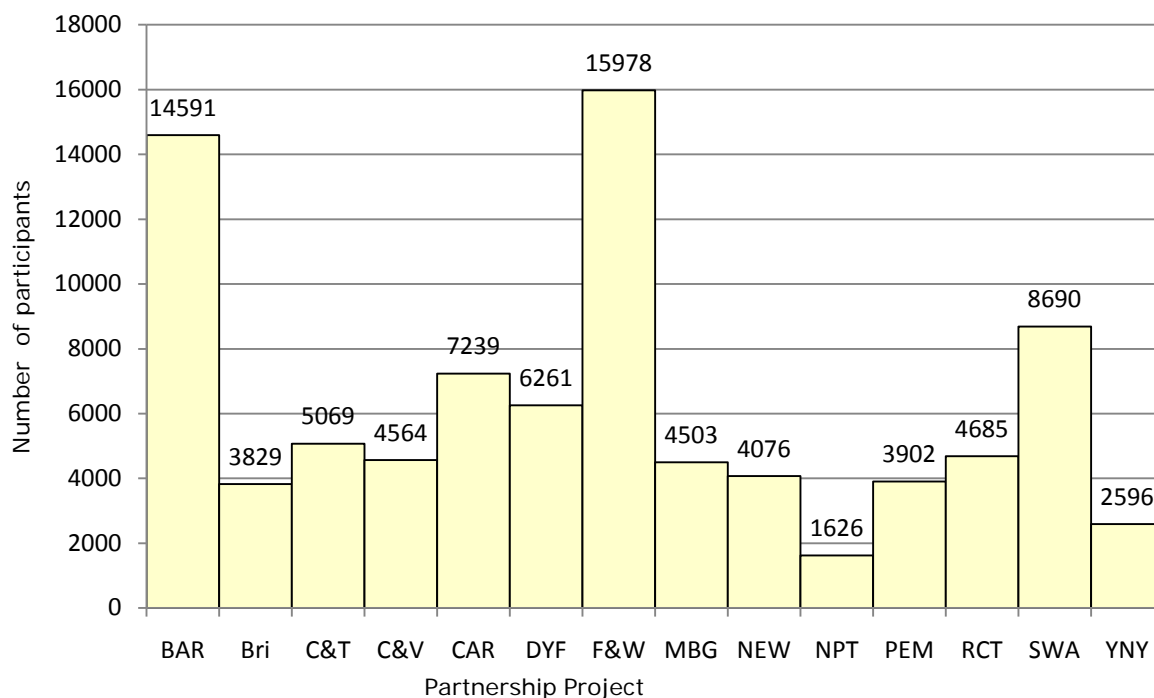
The second set of data is that relating to the Physical Activity Level (PAL) forms that were to be filled in by participants at different stages in the life of each partnership project. There was a maximum of 9 PAL stages. Many (although not all) of those filling out PAL forms also provided a range of demographic data about themselves.

The demographic information from these two separate sources provides useful information by which to describe participants in a number of different ways and these demographic characteristics are considered fully in sections 4 – 7 of this report. Both sets are incomplete because not everyone filled out all of the demographic data on either the registration or PAL forms. They also have some limitations in that not all who registered actually attended a partnership project and the PAL form does not give any indication of the frequency of attendance.

Because no one dataset has clear advantages over the other in terms of demographic profiling, the PAL demographic data have been used in sections 4 – 7 to allow comparisons with the PAL activity reported in section 2. A regression analysis that allows some comparison of the two demographic datasets is presented at the end of section 2. They are broadly commensurate.

Each participant in each of the partnership projects was assigned a unique reference number and this is common both to the attendance data and the PAL data. A total of 7,691 people was recorded as having attended one or more sessions at a partnership project and together they were recorded as having attended a total of 87,609 sessions. These are distributed across the partnership projects as in figure 1.1 below.

Figure 1.1 – total attendances at each partnership project throughout the duration of Mentro Allan (number)



Project key:

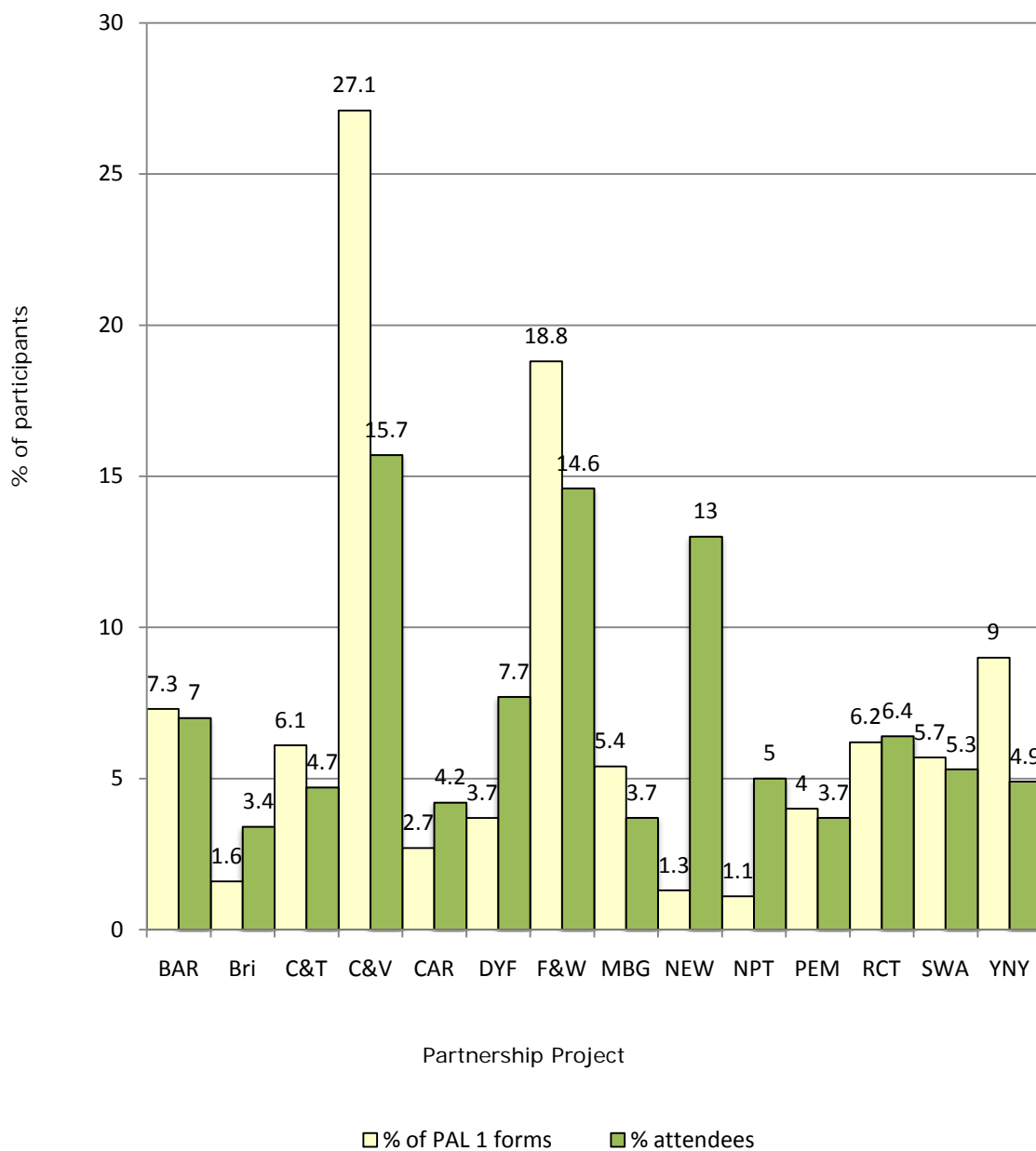
Bar	Greater Bargoed and Gilfach
Bri	Bridgend
C and T	Caerphilly and Torfaen
C and V	City of Cardiff and the Vale of Glamorgan
CAR	City of Cardiff
DYF	Powys - Dyfi Valley
F and W	Flintshire and Wrexham

MBG	Merthyr Tydfil and Blaenau Gwent
NEW	Newport
NPT	Neath Port Talbot
Pemb	Pembroke Dock
RCT	Rhondda Cynon Taf
SWA	Swansea
YNY	Anglesey

The total number of people filling out PAL forms was lower than the number that was recorded simply as attending a partnership project. Altogether 4,573 people filled out a PAL 1 form (fewer filled out subsequent PAL forms), just over 55% of whom were recorded as having attended at least one partnership project session. The nature of the activity and characteristics of those who filled out at least one PAL form is explored fully in section 2 of this report

The extent to which people filled in a PAL form on the one hand, and were recorded as having attended a partnership project on the other, varies by project. This is shown in figure 1.2, where the relative proportion of people filling in PAL forms across all partnership projects (shown in yellow) is compared with the relative proportion of people attending at each partnership project (green).

Figure 1.2 – total proportion of PAL 1 returns of all Mentro Allan participants who returned them, by partnership project, compared to total proportion of those recorded as having attended at each partnership project (%)

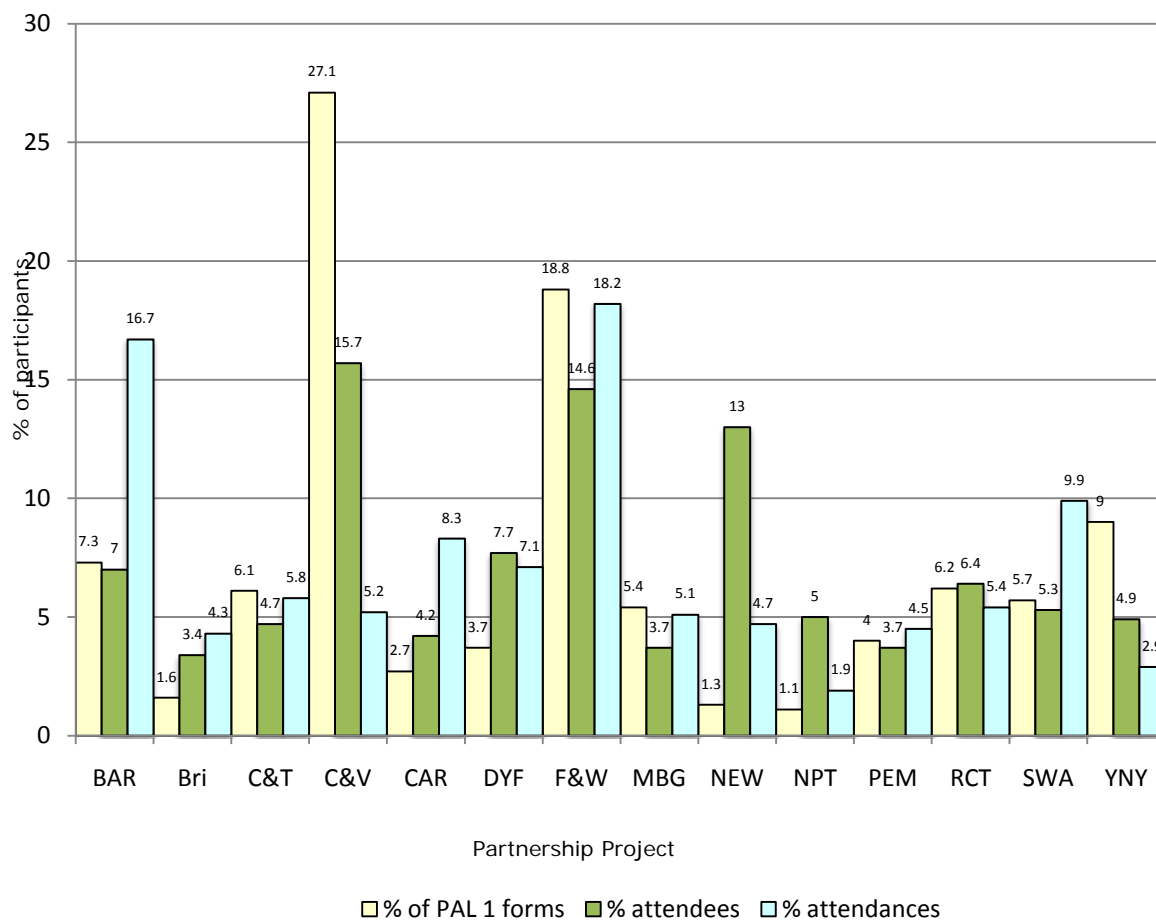


Thus, for example, 27.1% of all PAL 1 forms were filled in at the City of Cardiff and the Vale of Glamorgan partnership project but only 15.7% of attendances were recorded as being there. Conversely, only 1.3% of PAL 1 forms were completed at the Newport project, but 13% of all of those who attended all partnership projects did so at the Newport project.

The situation is further complicated by the fact that each person recorded as attending at each partnership project is recorded as attending a different number of times. The number of attendances varies by project in a different way to the number of people recorded as attending at each project which in turn is different by project than the number of people filling out a PAL 1 form. This is shown in figure 1.3 below.



Figure 1.3 – total proportion of PAL 1 returns of all Mentro Allan participants who returned them, by partnership project, compared to total proportion of those recorded as having attended at each partnership project and the total number of attendances (%)



Here, the relative proportion of people filling in PAL forms across all partnership projects is shown in yellow, the relative proportion of people attending at each partnership project is shown in green and the total number of attendances at each partnership project is shown in blue. Thus, for example, 27.1% of all PAL forms were filled in at the City of Cardiff and the Vale of Glamorgan partnership project, 15.7% of all people attending Mentro Allan partnership projects were recorded as being here, but only 5.2% of total attendances were recorded as being there. Conversely, only 7.3% of all PAL forms were filled in at the Greater Bargoed and Gilfach partnership project, approximately the same number of attendees were recorded as being at this project (7.0%) but 16.7% of all attendances were recorded as being there.

It would seem from these baseline data that different regimes of PAL form filling pertained at different partnership projects and this must be borne in mind in the interpretation of PAL data undertaken in this report: it cannot be considered to be fully representative of all participants recorded as attending all partnership projects.

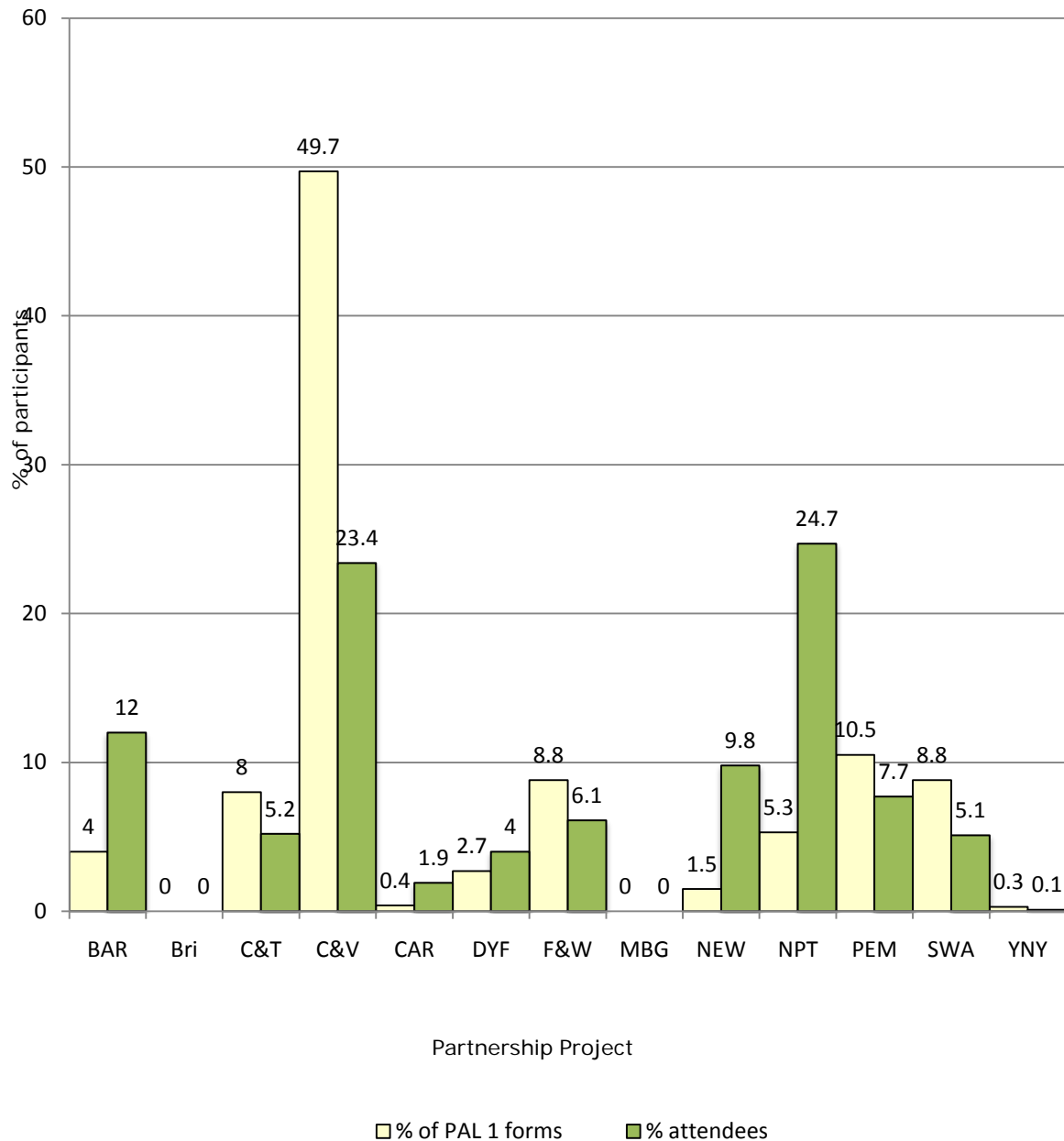
In addition, the number of people attending projects and their frequency of attendance are quite different by different partnership project.

A final characteristic of the datasets that is important to their analysis is the distinction between those aged under 16 and those aged 16 and over. This is because each of these age groups is subject to a different minimum healthy exercise requirement which is described more fully in section 2 below. In short, the minimum exercise requirement for

people under 16 is 5 x 60 minutes moderate or vigorous exercised a week and for those of 16 and over, this is 5 x 30 minutes.

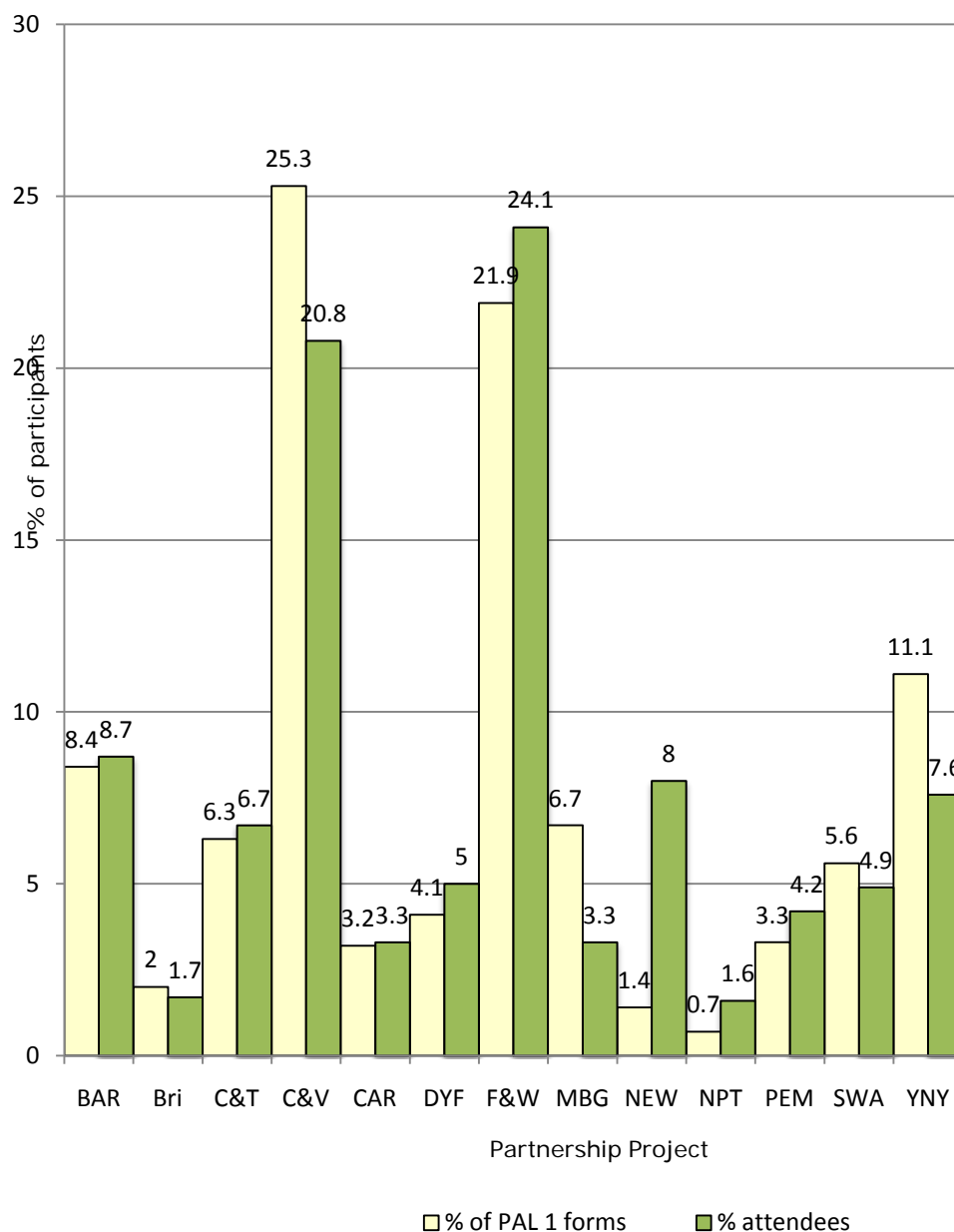
The relationship between those that filled in PAL forms and those that attended is shown in figure 1.4 for those under 16 and those of 16 and over in figure 1.5.

Figure 1.4 – total proportion of PAL 1 returns of all Mentro Allan participants who were under 16 when they filled in their first PAL form, by partnership project, compared to total proportion of those recorded as having attended at each partnership project, who were under 16 at the time of their first attendance (%)<sup>1</sup>.



<sup>1</sup> No separate age data were available for RCT to populate figures 1.4 and 1.5

Figure 1.5 – total proportion of PAL 1 returns of all Mentro Allan participants who were 16 and over when they filled in their first PAL form, by partnership project, compared to total proportion of those recorded as having attended at each partnership project, who were 16 and over at the time of their first attendance (%).



Here, broadly similar patterns are observed as in figure 1.2 for both people under 16 and those aged 16 and over, but the differences amongst the under 16s tends to be more extreme. Thus for example, nearly half (49.7%) of all PAL 1 forms completed by (or for) under 16s were completed in the City of Cardiff and the Vale of Glamorgan partnership project, but fewer than a quarter (23.4%) of those under 16 across the whole of the Mentro Allan project were recorded as attendees. Conversely, the Neath Port Talbot partnership project accounted for only 5.3% of those under 16 who filled out a PAL 1 form but nearly a quarter of all attendees were recorded as attending at that partnership project.

The relationship between attendance data, PAL data and the minimum exercise requirement is considered more fully in section 8 of this report.

### **2.1.2 The structure of the report.**

Having examined the relationship between PAL data and attendance data in this first section, section 2 examines the full PAL data in more detail. This explores the behaviour of all of those who filled in PAL forms, from one PAL stage to the next, in terms of changes in activity patterns across PAL periods and the extent to which those who filled in PAL forms were meeting the minimum exercise requirement at different stages in the PAL process.

Section 3 then explores a number of characteristics of the Mentro Allan partnership projects comparatively, including levels of attendance and PAL form filling at each project, the extent to which the target groups for each project were apparent in PAL and attendance data and the age, gender and ethnicity profiles of participants by project.

Section 4 explores the activity characteristics of those filling in PAL forms, in terms of both activity profiles and the meeting of the minimum exercise requirement, by gender and section 5 undertakes the same kind of exploration by age, section 6 by ethnicity and section 7 by disability.

Section 8 examines the different types of activity that have been undertaken by all adults who filled out PAL forms and how these changed at different PAL stages. Section 9, as has been noted above, examines relationship between attendance data, PAL data and the minimum exercise requirement.

## 2.2. PAL form analysis: full data

### 2.2.1 Introduction: an Activity Index

The PAL (physical activity level) data were collected on a form that asked participants a series of questions about their physical activity during the 7 days prior to filling in the form. All PAL data therefore are snapshots of activity taken in the 7 days prior to form filling and do not represent a continuous level of activity over time. A fuller impression of overall activity is contained in the attendance data. The PAL questionnaires were intended to be self-administered and so to the extent that they were, they represent the subjective estimates and claims of participants rather than any measured levels of activity.

Participants filled in a form at the commencement of the scheme (PAL 1) and then additional PAL forms at approximately 6 monthly intervals. In total there are 9 PAL periods, although the number of individuals who filled in PAL forms continuously beyond PAL 4 is small in number and we do not analyse them separately in this report.

The PAL form data on activity were collected in 56 different descriptive categories per form (or 42 different categories on later forms). Because these categories are descriptive and changed across two sets of forms, it has been necessary to apply some form of interval scale weighting to these categories to allow them to be assessed in an aggregate way. We have termed this an *Activity Index*. This has been derived by giving an index score value to different levels of activity. Different score values for different participants can then be summed so that total levels of activity for different participants can be compared. The scoring is shown in figure 2.1 below.

Figure 2.1 – the PAL Activity Index

<b>Light Exercise</b>	<b>Index Score Value for those under 16</b>	<b>Index Score Value for those 16 and over</b>
None/Under 30 mins	0	0
30-60 mins	0	0
Over 60 mins	0	0
<b>Moderate or Vigorous Exercise</b>		
None/Under 30 mins	0	0
30-60 mins	0	3
Over 60 mins	4	4

This index requires some explanation and qualification. The weighting was discussed and agreed with Sport Wales and the data collection team after a number of different weighting approaches were piloted with the data. The following points should be noted in explaining the operation of the Activity Index.

- The fulcrum of this analysis lies in determining the performance of participants against government targets for healthy exercise (5x 30 minutes of moderate or vigorous exercise a week for people of 16 years and older and 5 x 60 minutes of moderate or vigorous exercise for people under 16 years of age (Department of Health, 2004)). Because of this, it was felt inappropriate to accord any positive index at all to the 'light' exercise category. This was done in earlier pilots of the Index but it was found to be possible to meet government targets without undertaking any moderate or vigorous activity at all, and so it was agreed that these weightings would be set to zero.

Further, whilst 30 – 60 minutes of moderate or vigorous exercise makes a positive contribution to government targets for those aged 16 and over, it makes

no contribution to the targets for those under 16. It is the duration of exercise for more than 60 minutes for this cohort that is critical. Because of this, the index for 30-60 minutes of moderate or vigorous exercise for those under 16 also must be set to zero as this does not contribute to the exercise target.

It should be noted, however, that considerable amounts of light activity (and moderate or vigorous activity of less than 60 minutes for those under 16) are recorded on the PAL forms, which undoubtedly make some contributions to people's healthy activity profiles, particularly in combination with other moderate and vigorous activity within these profiles.

- Because the government guidelines distinguish healthy exercise targets between those under 16 and those of 16 and over, the analysis of these two age cohorts has been conducted separately below. One complication to this bifurcation is that some of the participants changed category during the course of the Mentro Allan: they became 16 whilst participants. In these cases we have used the date of birth data at the completion of the first PAL form to define their age category.
- The indices were set at 3 and 4 for the two 'scoring' categories of moderate and vigorous activity of those aged 16 and over, for two reasons. Firstly, they allow for the introduction of lower values in the light activity category should a closer investigation of this area be required. Secondly they were set at 3 and 4 (as opposed to, for example, 3 and 6) because the two scoring categories are continuous rather than separate. Thus, someone undertaking 59 minutes of activity scoring a 3 can be set against someone undertaking 61 minutes of activity scoring a 4. It is recognised, however, that someone scoring a 3 could be undertaking only 30 minutes of activity and someone scoring a 4 could be undertaking several hours of activity. These extremes are less likely than a degree of 'clustering' of the data.
- For those aged under 16 there is only one 'scorable' exercise category: over 60 minutes of moderate or vigorous exercise. This is scored a 4 to be commensurate with the interval scale measure of those aged 16 and over.
- In defining all of the exercise time categories in figure 2.1 it must be recognised that they contain significant time variations within them. The analysis is inevitably quite 'blunt' as a result.
- The PAL forms changed during the course of data collection. The first PAL form asked respondents to distinguish (for both 'light' and 'moderate or vigorous', exercise) between undertaking 'no activity' and 'less than 30 minutes activity'. The second form collapsed these two categories into one. The earlier forms have therefore had to be aggregated into this latter category. We have no way of knowing how many people in this category take no exercise at all or 29 minutes of activity. Since none of the possibilities in this category, however, impact upon the government targets there are no consequences of this change for the analysis produced below.
- The PAL forms asked for participants to express their *own* views on activity levels. In the context in which this reporting has taken place (that exercise is perceived as a 'good thing' to do) other research (Harrell, 1985, Chasen-Taber et al, 2002, Mette and Jørgensen, 2003) suggests that these reports can have a tendency to be exaggerated.
- PAL forms were filled in by those other than the participants in a number of cases (for example for small children or the disabled). Whilst the data remain the views

of the participants, the fact that they are provided by third parties does allow them to have been subjected to varying interpretations.

- A number of those filling in PAL forms were confused about their function and purpose. This point is considered further in section 7.1.3 below.
- PAL forms were filled in in sequence but at different times both within and between projects. The gaps between successive PAL forms were also different between projects. The PAL data are thus best seen as being sequential rather than of any common temporal frame. This point is considered further in section 2.2.6 below.
- Where we have compared PAL activity data by the characteristics of participants (for example, age, gender, disability and ethnicity), we have been able to use only those returns that have contained participant characteristics. This comprises approximately 85% of the total number of returns. This includes all data from the RCT as no demographic data were available from this project partnership at the time of the writing of the report

In the context of these data characteristics, the activity index can be applied to an individual's activity profile. For example, if over one week, a person did 3 days of between 30 and 60 minutes of moderate or vigorous activity and 4 days of over 60 minutes of moderate or vigorous activity their activity index score would be 3 days x 3 plus 4 days x 4 – an index of 25 for the week as a whole (the PAL period). This approach can be challenged in relation to the relativities of the indices used but the interval scales have been chosen to reflect a *relative* difference in activity levels across the six categories of activity level. This is the only means by which the data can be rendered summative. A further consideration of the characteristics of the data used for the analyses in this section of the report is to be produced by the WCVA, who were responsible for collecting the data.

### **2.2.2 PAL 1: a Profile of the Starting Point**

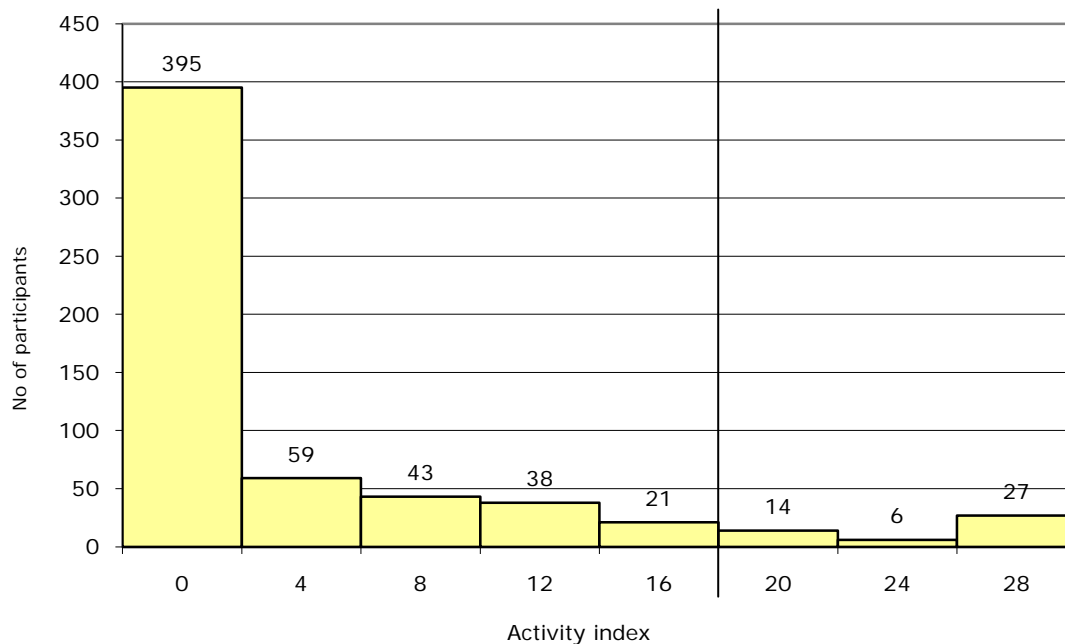
This index can be applied across all of the PAL returns, but because the quantitative analysis is required to undertake a range of demographic breakdowns of the data, the overall PAL assessment in this section has been undertaken only with the returns that provide some element of demographic information as well – age, gender, disability, ethnicity and first language. The number of participants providing some element of demographic data at PAL 1 stage was 4,289, 603 of whom were under 16 and 3,686 of whom were 16 and over.

#### *The under 16 years of age population*

Broadly, the minimum exercise requirement stipulated by the Welsh Health Survey (20011) for under 16s (the 5 x 60 requirement) can be approximated to an activity index of 20 or 5 times the daily index of 4 for those undertaking at least 60 minutes of exercise a day. All of the other categories of activity score zero in the index.

Of the 603 participants who were under 16 at their point of enrolment onto the scheme, some 7.8% of them were achieving the minimum exercise requirement or more when they joined the scheme. The overall profile of activity indices of those who were under 16 at the point of joining the scheme is shown in figure 2.2. Some 65.5% of under 16s were achieving an activity index of zero.

Figure 2.2 – Mentro Allan: activity index profiles for participants under the age of 16 who filled in PAL1 forms (the vertical line represents the government guideline level of activity)



n = 603

It is not yet possible to compare this activity rate with that for under 16s in the Welsh population as a whole because the two pieces of research exploring this issue - the 5 x 60 process evaluation and the 5 x 60 PhD have yet to publish their results (Sport Wales, 2011a).

*The population of 16 years of age and over*

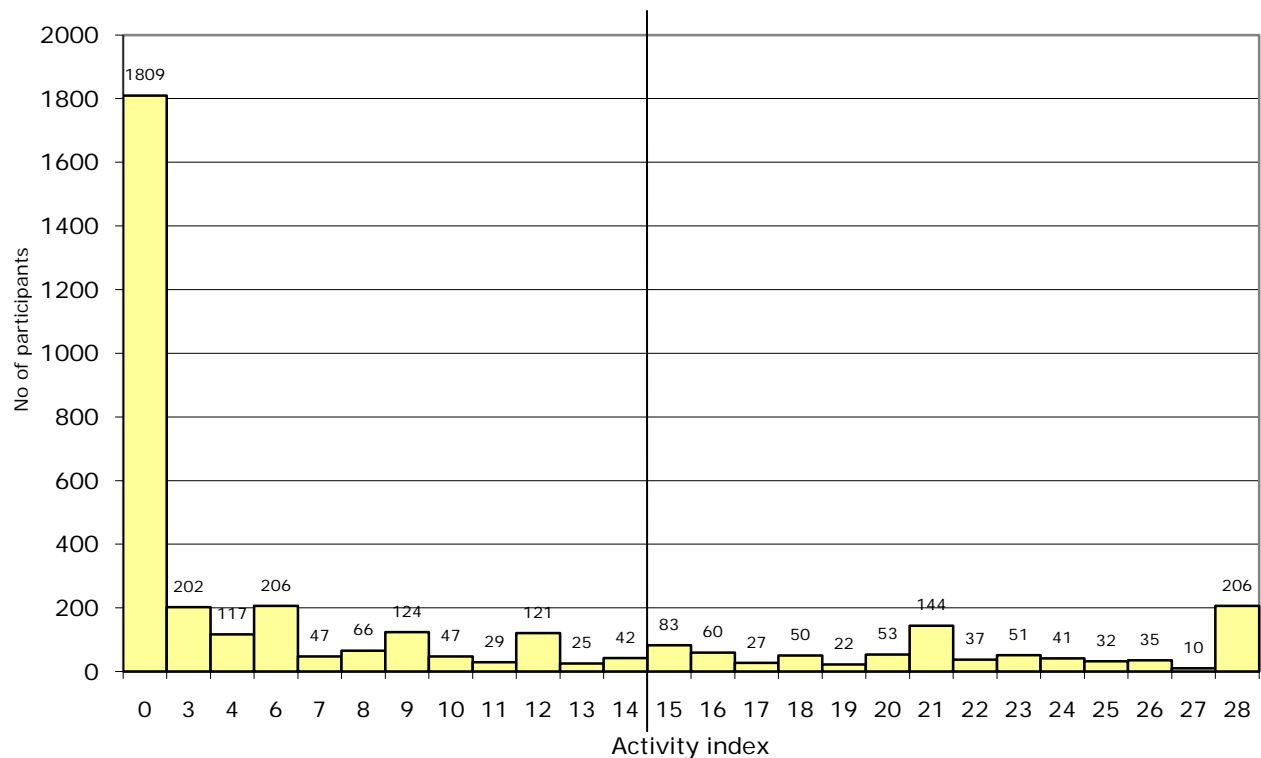
Broadly, the minimum exercise requirement stipulated by the Welsh Health Survey (2011) for those in the population of 16 and over (the 5 x 30 requirement) can be approximated to an activity index of 15 or 5 times the daily index of 3 for those undertaking between 30 and 60 minutes of exercise a day. This, of course can be made up of indices of both 3 and 4 from figure 2.1 above, depending on how many days of the week each of these activities is undertaken.

Of the 3,686 participants who were 16 and over at their point of enrolment onto the scheme, some 23.1% of them were achieving the minimum exercise requirement or more when they joined the scheme. The overall profile of activity indices of those who were 16 or over at the point of joining the scheme, is shown in figure 2.3. Some 49.1% of those who were 16 or over at the point of joining the scheme were achieving an activity index of zero.

A comparable figure for the Welsh population as a whole is not definitive as different measures are used across different agencies and surveys. Sport Wales' (2011b) Active Adults Survey of 2008/09 shows that 56% of the Welsh adult population took some active part in sport and physical recreation at some point in the four weeks prior to the survey. Whilst this is not a good surrogate activity profile measure for the population as a whole, it is specifically Welsh and because this figure necessarily requires one active participation within four weeks, it can be reasonably expected that the proportion of the Welsh population taking part in 5 x 30 exercise on a weekly basis will be considerably lower than this.



Figure 2.3 – Mentro Allan: activity index profiles for participants aged 16 or over who filled in PAL1 forms (the vertical line represents the government guideline level of activity)



n = 3,686

For Great Britain as a whole Department of Health (2009) data suggests that 40% of men and 20% of women nationally, regularly achieve this 5 x 30 target. Sport England (2010) note that 16.3% of the English population undertake moderately intensive sport for three times 30 minutes a week. From these national estimates there is no available evidence to suggest that those filling in PAL forms had significantly different exercise profiles that the population of Wales as a whole.

### 2.2.3: The Transition from PAL 1 to PAL 2

This section examines the number of people who filled out a PAL 1 form who went on to fill in a PAL 2 form. Again, these are examined by the under 16 and 16 and over cohort separately, because of the different activity requirements of each cohort.

#### *The under 16 years of age population*

Figure 2.4 examines, again using the Activity Index, changes in activity between the PAL 1 weekly activity profile and the PAL 2 weekly activity profile of all those people aged under 16 who filled in a PAL 2 form. The headline statistic here is that of the 603 under 16 year olds for whom full information is available who filled in a PAL 1 form, 182 went on to fill in a PAL 2 form: some 69.8 % of participants who were under 16 did not progress to the PAL 2 questionnaire.

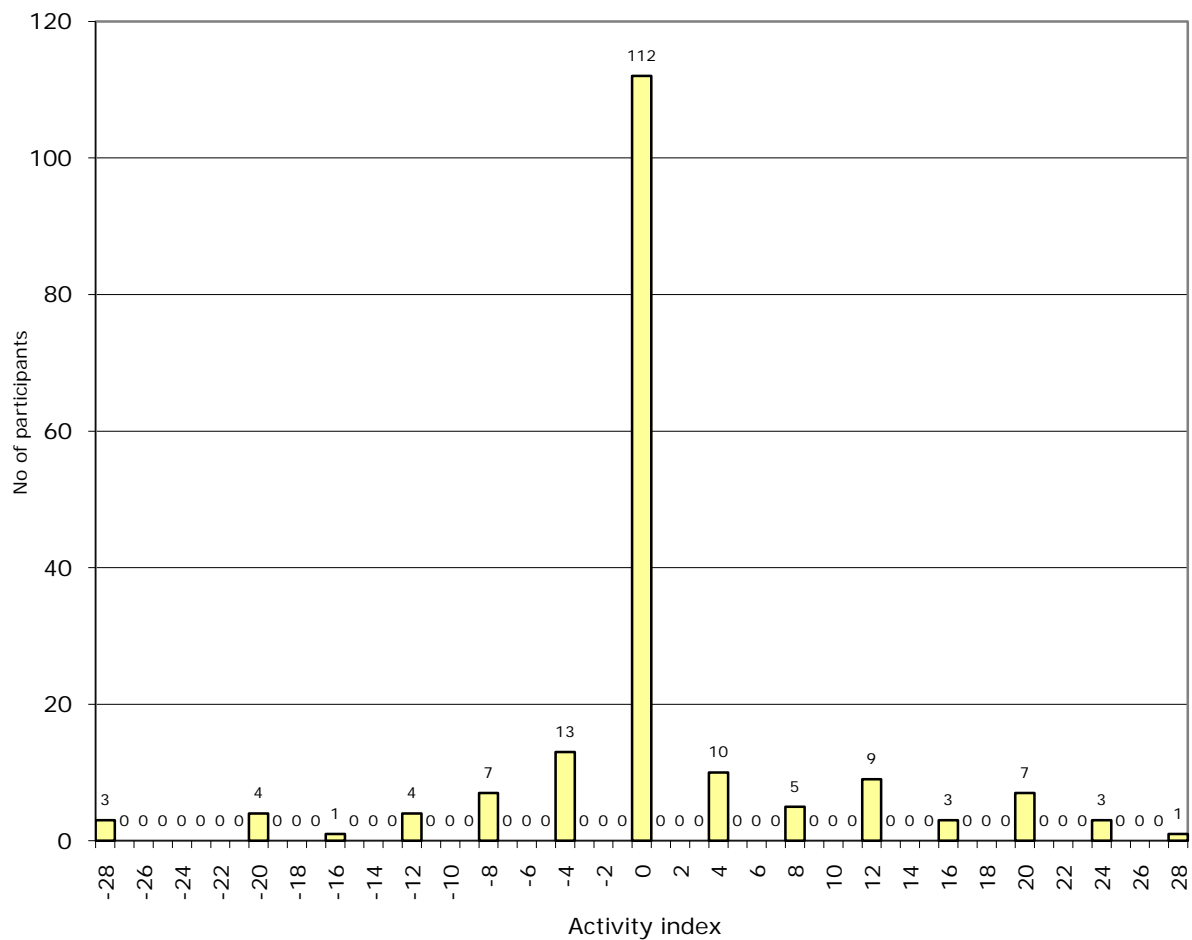
Of these 182 people under 16, 112 (61.6 % of them) had made no change to their claimed activity levels between PAL 1 and PAL 2. A further 32 of them (17.5%) actually had reduced their claimed activity levels overall and as a subset of these 37.5%, 12

people (6.6% of the total PAL 2 population who were under 16) had reduced their weekly claimed activity levels by more than ten Activity Indices.

Conversely, some 38 (20.9%) of people aged under 16 who completed PAL 2 forms had increased their weekly Activity Index, some 23 (12.6%) of the total PAL 2 population who were under 16) of whom had increased their weekly activity by 10 or more activity indices a week.

If these data are compared to the base population of the under 16 age group PAL 1 population for whom full information is available, then of 603 people who filed in a PAL 1 form, 6.3% of them were recorded as increasing their activity overall by the PAL 2 form stage, although this figure does not take into account the 69.8% of people under 16 who filled in a PAL 1 form but did not fill in a PAL 2 form, for whom no data are available.

Figure 2 4: the MA individual participant population distribution of changes in the Activity Index Score between PAL 1 and PAL 2 for those under the age of 16



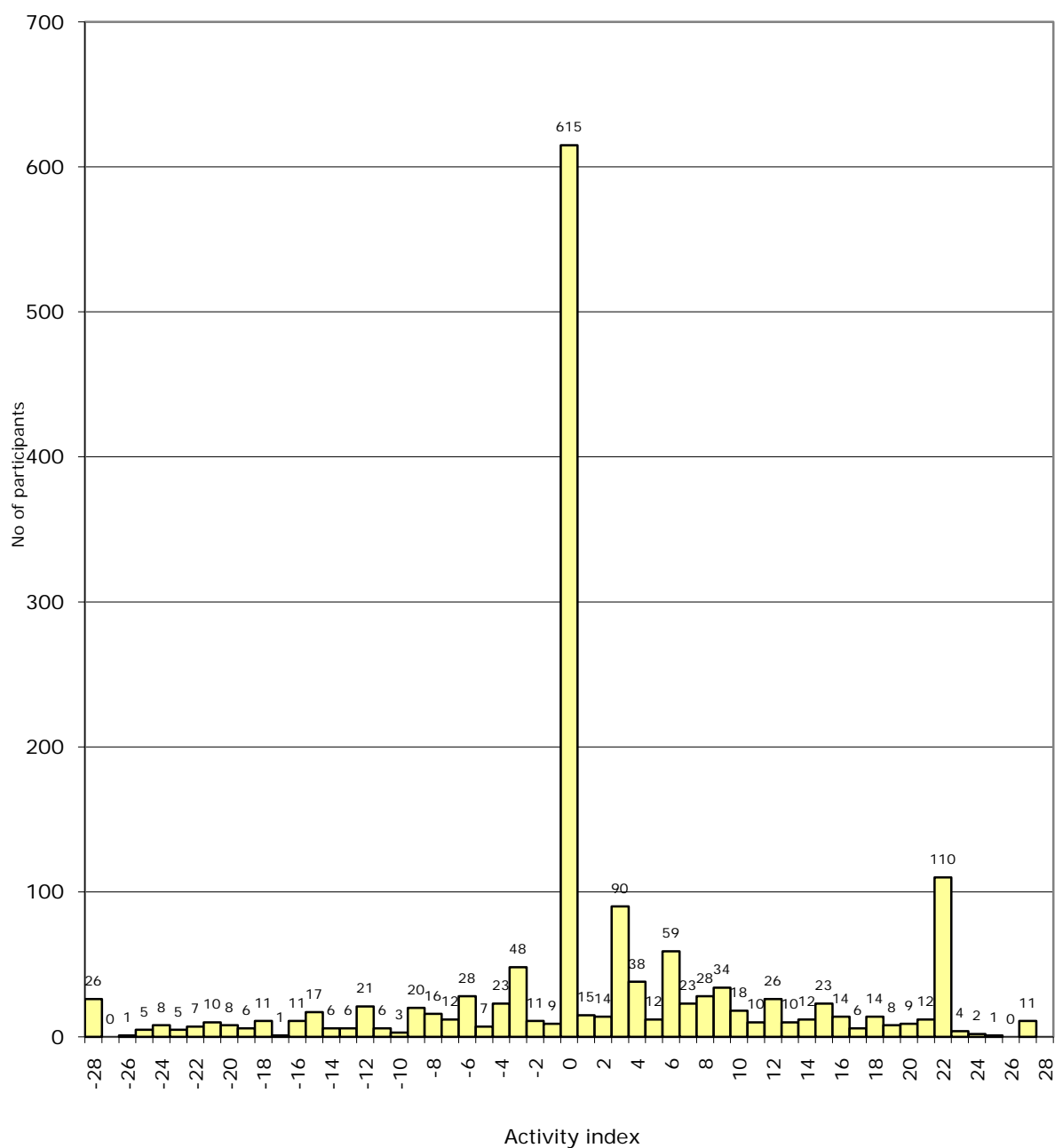
n = 182

Within this figure, some progress can be observed amongst those who scored an activity index of zero at PAL 1 stage. Whilst some 72.7% of those who had an activity index of zero at PAL 1 stage and also went on to fill in a PAL 2 form still had an activity index of zero at PAL 2 stage, the other 27.3% had increased their activity index. Some 14.2% of those who had an activity index of zero at PAL 1 stage and also went on to fill in a PAL 2 form had increased their activity index by 10 or more activity indices a week. This would suggest that those who had an activity index of 0 at PAL one stage have increased their activity slightly more than those who had a positive activity index at PAL 1 stage.

*The population of 16 years of age and over*

Figure 2.5 examines, again using the Activity Index, changes in activity between the PAL 1 weekly activity profile and the PAL 2 weekly activity profile of all those people aged 16 and over who filled in a PAL 2 form. The headline statistic here is that of the 3,686 of those aged 16 and over for whom full information is available who filled in a PAL 1 form, 1,451 went on to fill in a PAL 2 form: some 61% of participants did not progress to the PAL 2 questionnaire.

*Figure 2.5: the MA individual participant population distribution of changes in the Activity Index Score between PAL 1 and PAL 2 for those aged 16 and over.*



n = 1451

Of these 1,451 people, 615 of them (42.4%) had made no change to their claimed activity levels between PAL 1 and PAL 2. A further 332 of them (22.9%) actually had reduced their claimed activity levels overall and as a subset of these 22.9%, 155 people (10.7% of the total PAL 2 population who were 16 and over) had reduced their weekly claimed activity levels by more than ten Activity Indices.

Conversely, some 504 (34.7%) people who completed PAL 2 forms had increased their weekly Activity Index, some 181 (12.5% of the total PAL 2 population who were 16 and over) of whom had increased their weekly activity by 10 or more Activity Indices a week.

If these data are compared to the base population of the 16 and over PAL 1 population for whom full information is available, then of 3,686 people who filed in a PAL 1 form, 13.7% of them were recorded as increasing their activity overall by the PAL 2 form stage, although this figure does not take into account the 61% of people of 16 and over who filled in a PAL 1 form but did not fill in a PAL 2 form, for whom no data are available.

Within this figure for those of 16 and over, some progress can be observed amongst those who scored an activity index of zero at PAL 1 stage. Whilst some 69.5% of those who had an activity index of zero at PAL 1 stage and also went on to fill in a PAL 2 form still had an activity index of zero at PAL 2 stage, the other 30.5% had increased their activity index. Some 11.3% of those who had an activity index of zero at PAL 1 stage and also went on to fill in a PAL 2 form had increased their activity index by 10 or more activity indices a week. This would suggest, unlike for the under 16s, that those of 16 and over who had an activity index of 0 at PAL one stage have increased their activity slightly less than those who had a positive activity index at PAL 1 stage.

#### **2.2.4 The transition from PAL 1 to PAL 3**

##### *The under 16 years of age population*

Figure 2.6 examines, again using the Activity Index, changes in activity between the PAL 1 weekly activity profile and the PAL 3 weekly activity profile of all those people aged under 16 who filled in a PAL 3 form.

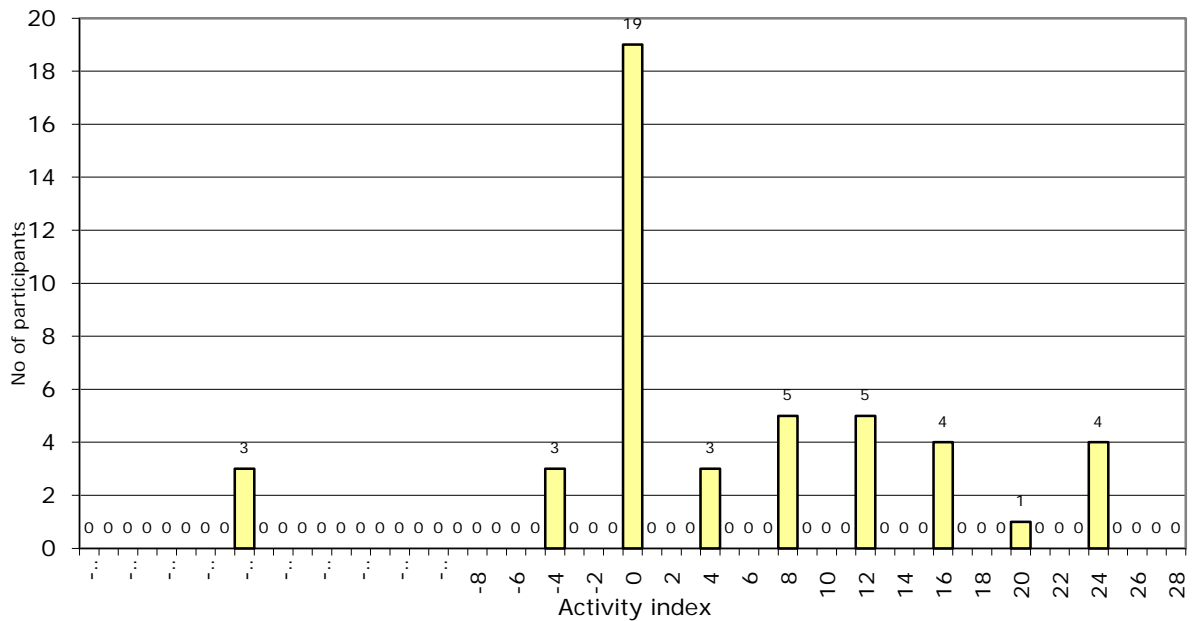
The headline statistic here is that of the 603 under 16 year olds for whom full information is available who filled in a PAL 1 form, 47 went on to fill in a PAL 3 form: some 92.2 % of participants who were under 16 did not progress to the PAL 3 questionnaire.

Of these 47 people under 16, 19 (40.4% of them) had made no change to their claimed activity levels between PAL 1 and PAL 3. A further 6 of them (12.8%) actually had reduced their claimed activity levels overall and as a subset of these 50%, 3 people (6.4% of the total PAL 3 population who were under 16) had reduced their weekly claimed activity levels by more than ten Activity Indices.

Conversely, some 22 (46.8%) of people aged under 16 who completed PAL 3 forms had increased their weekly Activity Index, some 14 (29.8% of the total PAL 3 population who were under 16) of whom had increased their weekly activity by 10 or more Activity Indices a week.

If these data are compared to the base population of the under 16 age group PAL 1 population for whom full information is available, then of 603 people who filed in a PAL 1 form, 3.7% of them were recorded as increasing their activity overall by the PAL 3 form stage, although this figure does not take into account the 92.2% of people under 16 who filled in a PAL 1 form but did not fill in a PAL 3 form, for whom no data are available.

Figure 2. 6: the MA individual participant population distribution of changes in the Activity Index Score between PAL 1 and PAL 3 for those under the age of 16

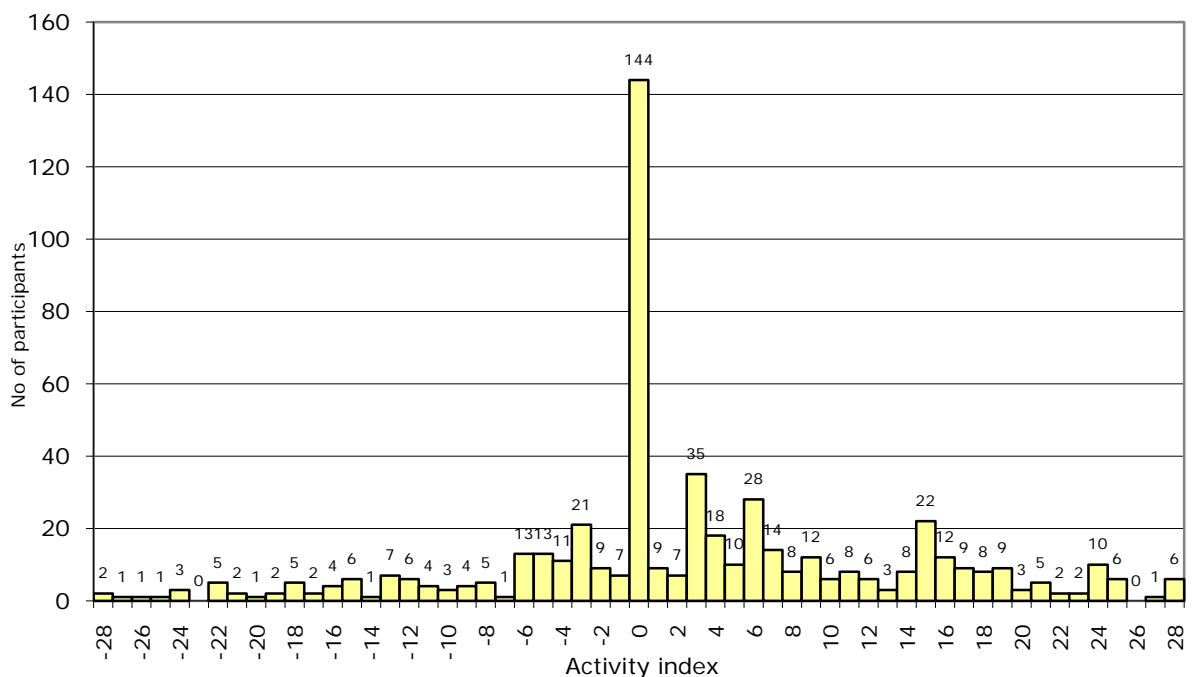


n = 47

The population of 16 years of age and over

Figure 2.7 examines, using the Activity Index, changes in activity between the PAL 1 weekly activity profile and the PAL 3 weekly activity profile of all those people who filed in a PAL 3 form aged 16 and over. The headline statistic here is that of the 3,686 people aged 16 and over for whom full information is available who filled in a PAL 1 form, 551 went on to fill in a PAL 3 form: some 85.1% of participants did not progress to completing the PAL 3 questionnaire.

Figure 2. 7: the MA individual participant population distribution of changes in the Activity Index Score between PAL 1 and PAL 3 for those aged 16 and over.



n = 551

Some 267 (47.5%) people aged 16 and over who completed PAL 3 forms had increased their weekly Activity Index, some 151 (27.4% of the total PAL 3 population aged 16 and over) of whom has increased their weekly activity by 10 or more Activity Indices a week.

Conversely, of these 551 people aged 16 and over, 144 of them (26.1%) had made no change to their claimed activity levels between PAL 1 and PAL 3. A further 140 of them (25.4%) actually had reduced their claimed activity levels overall and as a subset of these 25.4%, 53 (9.6% of the total PAL 3 population) had reduced their weekly claimed activity levels by more than ten Activity Indices.

### 2.2.5 The transition from PAL 1 to Pal 4 and beyond.

#### The under 16 years of age population

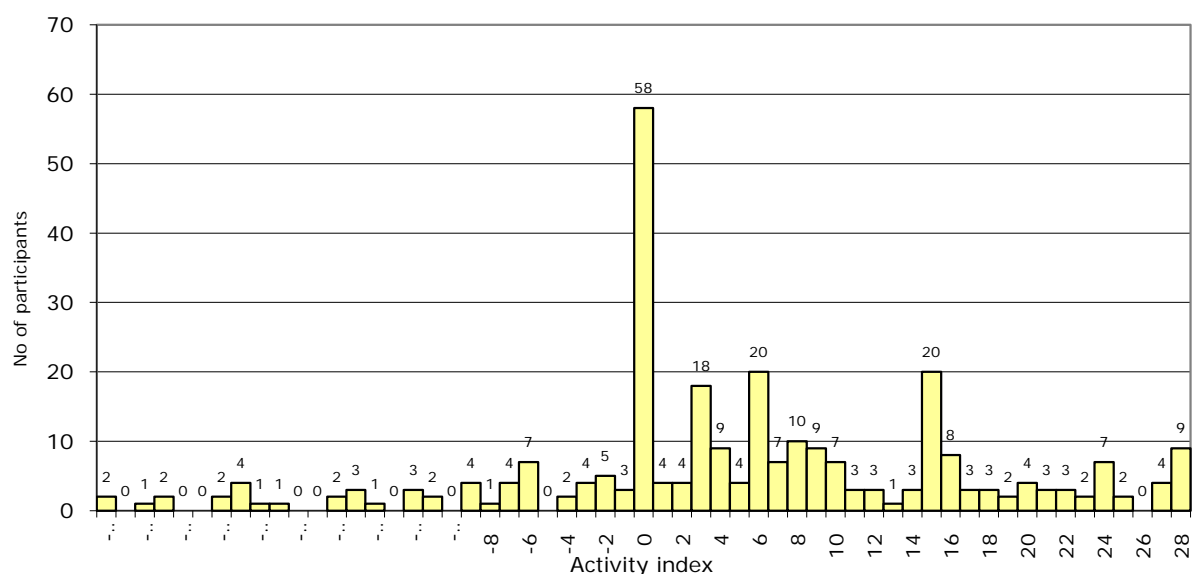
The headline statistic here is that of the 603 under 16 year olds for whom full information is available who filled in a PAL 1 form, 14 went on to fill in a PAL 4 form: some 97.7% of participants who were under 16 did not progress to the PAL 4 questionnaire.

Of these 14 people under 16, 6 (42.9% of them) had made no change to their claimed activity levels between PAL 1 and PAL 4. One of them (7.1%) had reduced her/his claimed activity levels overall and the other 7 (50%) had increased theirs. Of 603 people who filed in a PAL 1 form, 1.2% of them were recorded as increasing their activity overall by the PAL 4 form stage, although this figure does not take into account the 97.7% of people under 16 who filled in a PAL 1 form but did not fill in a PAL 4 form, for whom no data are available.

#### The population of 16 years of age and over

Of the 3,686 people aged 16 and over for whom full information is available who filled in a PAL 1 form, 284 went on to fill in a PAL 4 form: some 92.3% of participants did not progress to completing the PAL 4 questionnaire. The distribution of the changes in their activity index is shown in figure 2.8.

Figure 2.8: the MA individual participant population distribution of changes in the Activity Index Score between PAL 1 and PAL 4 for those aged 16 and over.



n = 284

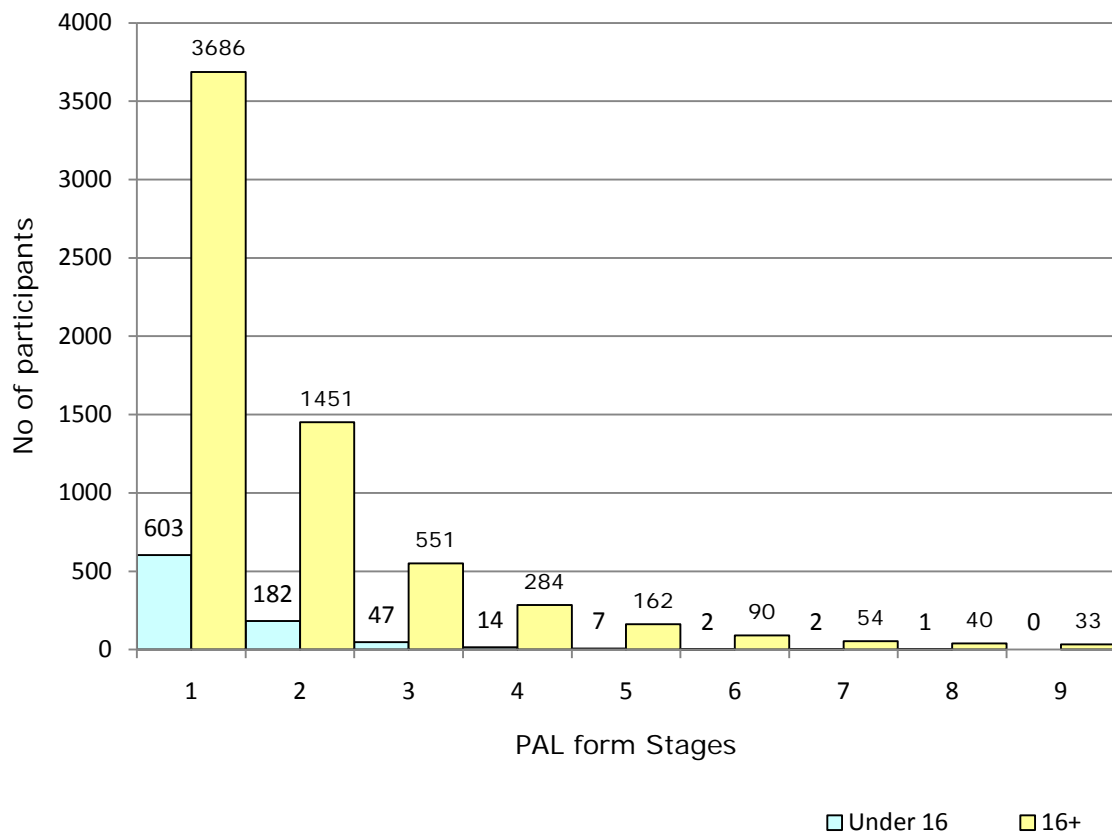
Of these 284 people aged 16 and over, 58 of them (20.4%) had made no change to their claimed activity levels between PAL 1 and PAL 4. A further 54 of them (19%) actually had reduced their claimed activity levels overall and as a subset of these 19%, 24 (8.5% of the total PAL 4 population) had reduced their weekly claimed activity levels by more than ten Activity Indices.

Conversely, some 162 (57.0%) people aged 16 and over who completed PAL 4 forms had increased their weekly Activity Index, some 87 (30.6% of the total PAL 4 population aged 16 and over) of whom has increased their weekly activity by 10 or more Activity Indices a week.

### 2.2.6 Beyond PAL 4 and the full PAL cycle

Beyond PAL 4 the number of people who filled in subsequent PAL forms is sufficiently small for the detail of analysis carried out above, not to be meaningful. A summary of the numbers filling in PAL forms subsequent to PAL 4 is presented in figure 2.9

Figure 2.9 - the total number of people filling PAL forms, by those under 16 and those aged 16 and over.



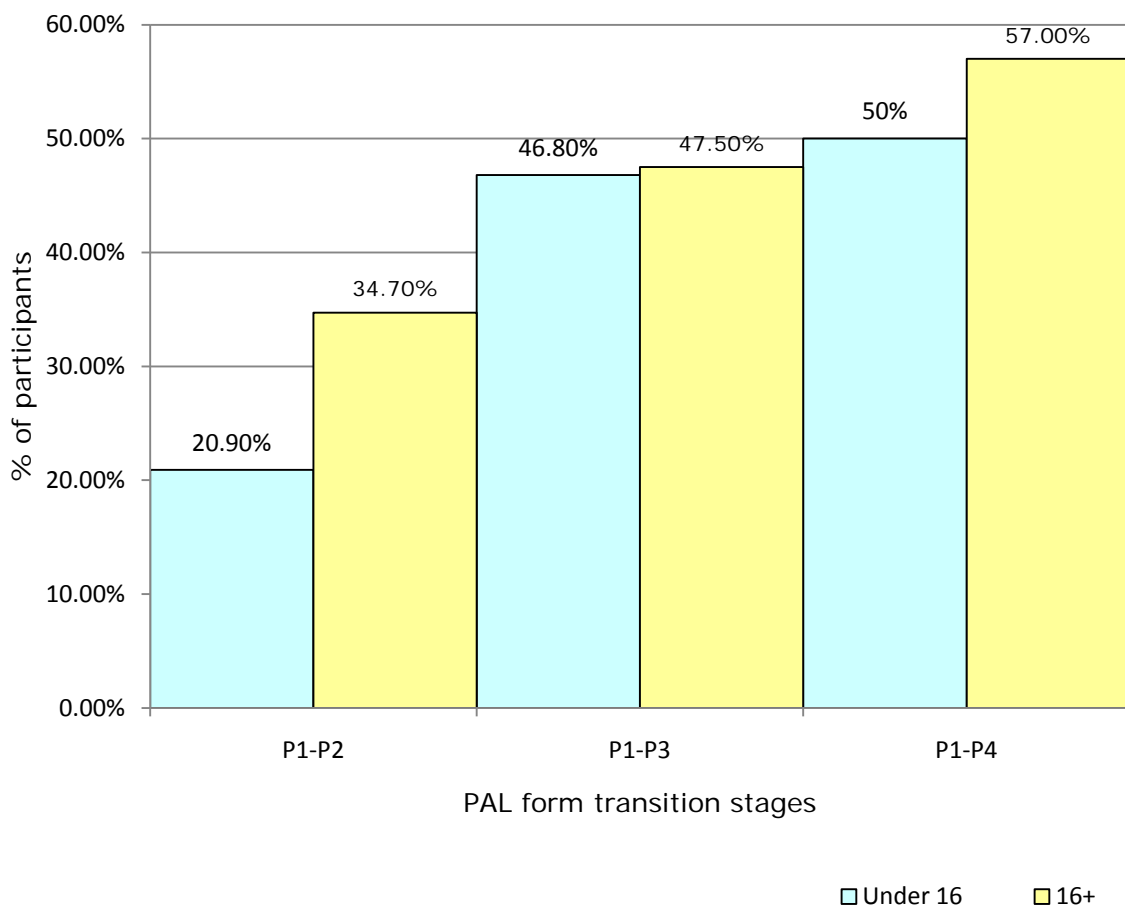
n = 603 for the under 16s  
3686 for the 16 and over participants

Looking at these data for nine time periods overall, clearly the number of people filling out PAL forms as a statement of continuing involvement in the MA programme over time declines at each stage in the manner described in figure 2.9, such that from a total of 4,289 people originally filling out a PAL 1 form, only 33 people filed out a PAL 9 form. This is to be expected and was planned for.

Where there are sufficient data to examine the transition between the PAL stages (effectively between PAL 1 and PAL 4) the number of those people under 16 who do not change their activity patterns at all between PAL stages, declines, but only by about 50%. Amongst those of 16 and over, those that do not change their activity patterns at all declined by more than 100%. It could be said here that the MA programme has and a larger positive impact on those of 16 and over relative to those of under 16, but only necessarily in terms of the achievement of government guidelines.

There is a consistent decline amongst under 16s of those reducing their activity levels from one PAL stage to the next, but no clear pattern amongst those of 16 years and over. The most significant behaviour change in progressing from one PAL stage to the next is the proportion of people increasing their activity. This is summarised in figure 2.10 below. Increases in activity are greater proportionately at each successive PAL stage, for both under 16s and those of 16 and over.

Figure 2.10 – the proportion of participants filling in forms at each PAL stage who increase their Activity Index scores from one PAL stage to the next, through the PAL 1 – PAL 2, PAL 1 – PAL 3 and PAL 1 – PAL 4 transitions

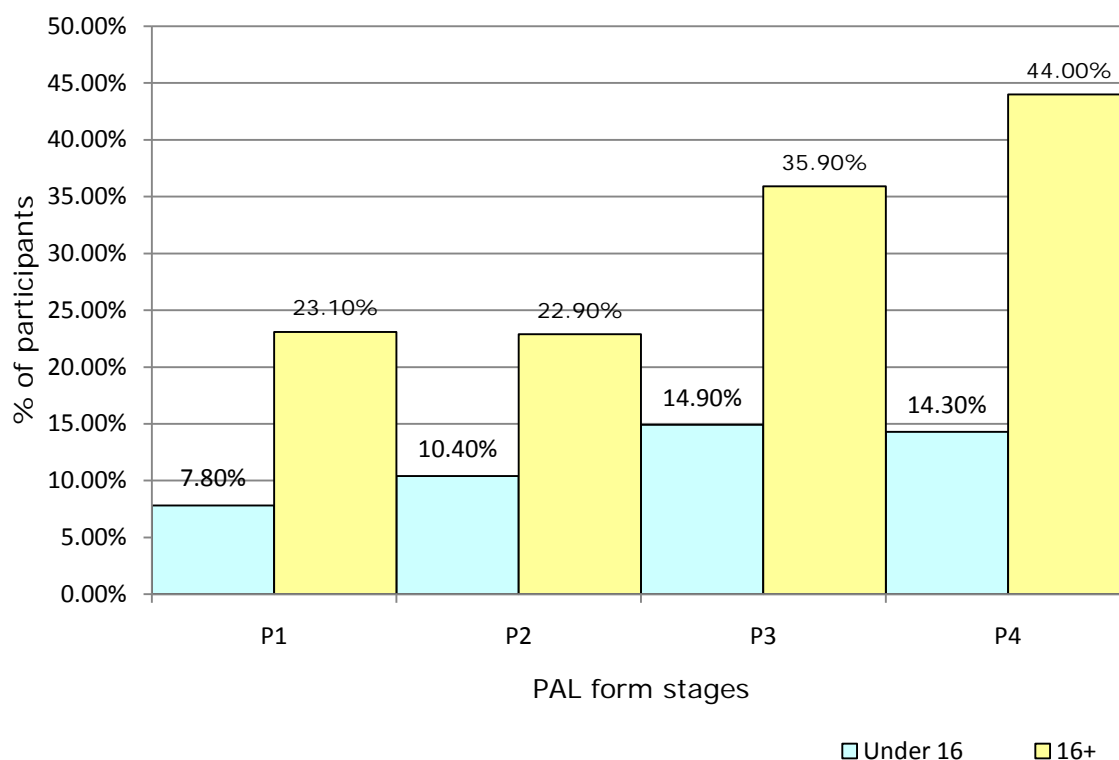


Of those who filled in PAL 1 forms and subsequently those who filled in PAL 2, PAL 3 or PAL 4 forms, the number who succeeded in meeting or passing government guidelines at each stage broadly increased during the progression.

This was most marked amongst those aged 16 and over as can be seen in figure 2.11, but there was some increase in those under the age of 16, with a slight fallback at PAL 4 stage.



Figure 2.11 – the proportion of participants filling in forms at each PAL stage who are achieving government minimum exercise requirements at each stage.



A note also should be made concerning the temporality of the PAL data. Whilst the move from PAL 1 through to PAL 9 is clearly sequential, each of the 'wave' of PAL forms (for example all of the PAL 1s) were filled in at different times: each project start date was different and therefore the PAL sequence started at different times for each project. The start dates for each project are shown in figure 2.12 below, using the first point for which there is a record of attendance as the assumed start date of the project.

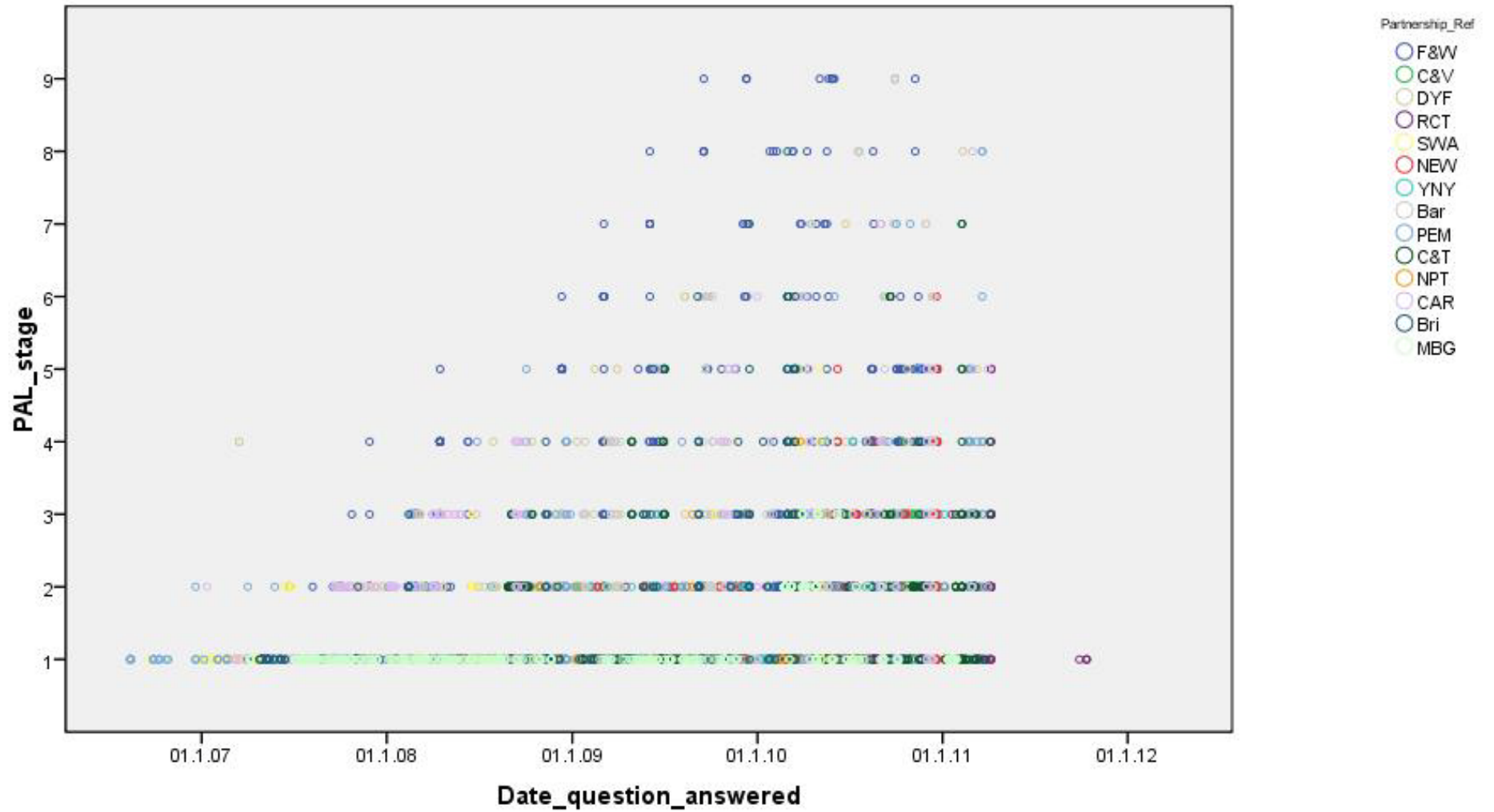
Figure 2.12 – the start dates of each of the 14 partner projects within Mentro Allen (indexed by quarter from the first start date which was Pembrokeshire in the third quarter of 2006)

		Start date
Pemb	Pembroke Dock	0
CAR	City of Cardiff	2
DYF	Powys - Dyfi Valley	2
SWA	Swansea	2
Bri	Bridgend	3
F and W	Flintshire and Wrexham	3
NEW	Newport	3
MBG	Merthyr Tydfil and Blaenau Gwent	3
Bar	Greater Bargoed and Gilfach	4
C and V	City of Cardiff and the Vale of Glamorgan	4
YNY	Anglesey	4
NPT	Neath Port Talbot	5
RCT	Rhondda Cynon Taf	5
C and T	Caerphilly and Torfaen	7

But also within each project, the forms were filled in at different times from the start of the project and there were different durations between each PAL stage for each project. This is represented in figure 2.13 overleaf. Whilst the density of data in this diagram is too great to be able to identify each PAL form entry individually, it does provide a good representation of the range of time over which each individual PAL 'wave' was completed.

As a result of this, the PAL data presented in this section are best seen as being sequential rather than of any common temporal frame.

Figure 2.13 – the scatter of dates over which different PAL forms were returned across the whole of the Mentro Allan project.



### **2.2.7 What influences PAL form filling and registration?**

In this section, the demographic characteristics of those who filled out both registration forms and PAL forms are introduced. Despite the limitations of both of these datasets outlined in section 1.1 above, the registration data are used as proxies for those attending one or more partnership projects and a linear regression model is applied to them to assess the relative strength of gender, age, ethnicity and disability on attendance. These results are then compared to the summaries of the demographic data drawn from the PAL forms that are detailed more fully in section 4 – 7 inclusive.

A linear regression model was applied to all of the attendance data for which there was participant information about age, gender, disability and ethnicity. The purpose of this analysis was to examine the extent to which different demographic characteristics (the independent variables) have particular influences over the total level of attendances (the dependent variable).

The 'best fit' of the attendance data was actually to regress the independent variables against the logarithmic representation of the attendance data, so the dependent variable was taken as the log of total attendances. The four independent variables included, coded as follows:

Age (Continuous)

Gender (M=1, F=2)

Disability (Disabled=1, Not disabled=0)

Ethnicity (non white =1, white =0)

The R-square value of the regression indicates the extent to which the four independent variables taken together 'explain' the changes in attendance levels<sup>1</sup>. This value was 0.084, suggesting that the four independent variables together, account for only 8% of the changes in attendance levels. This is a weak level of explanation which suggests that the explanatory power of the regression analysis overall is limited. This could be due to other factors than these demographic ones being stronger influences over attendance. It also is likely to be due to significant amounts of 'missing' data in individual returns. This latter factor ultimately limits the value of statistical analysis with both the PAL and attendance datasets.

Within these constraints, the relationship between gender and attendance is not significant when modelled alongside the other three variables. The coefficients indicate that attendance rate is higher where the age of the attendee increases, and where the attendee is disabled but reduces in relation to ethnic minority groups.

In summary, being disabled seems to have the strongest positive influence on attendance, and attendance also seems to increase with age but is a less strong influence than disability. Gender appears to have no particular influence on attendance and being in an ethnic minority group appears to have a negative influence on attendance. This is consistent with the PAL data analyses contained in sections 3- 6 of this report.

This is consistent with the PAL data analyses contained in sections 4- 7 of this report. In these sections, the proportion of all people filing out PAL forms who considered

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<sup>1</sup> Tolerance statistics were computed to test for multi-collinearity, cases with inflated residuals were removed from the model to avoid the under or over-estimation of parameters and scatter plots and normal probability plots were examined to check for normality and homoscedasticity

themselves to be disabled increased noticeably with successive stages of PAL form filling (section 7). There were no consistent increases or reductions in PAL form filling across all age bands: different ages behaved differently. Thus, for example, there were a smaller proportion of children and youths in the PAL 4 cohort than in the PAL 1 cohort but a larger proportion of older adults. Older adults tended to stick with PAL form filling more than other age groups (section 5). Within the PAL forms, however, the proportion of females who filled in successive PAL forms declined relative to males, but they were a larger proportion of the total PAL form filling population to begin with (section 4). For ethnic minorities in the PAL data (section 6) their proportion declines in the PAL population as a whole at successive PAL stages.

In this comparison, all of the 'directions of movement' of the PAL data are consistent with the regressing analysis with the possible exception of age which shows a clear shift from females to males at successive PAL stages. In general however, the results are mutually reinforcing, given that the independent variables in the regression equations only explain 8% of attendance patterns anyway.

## 2.3. The profiles of the participants by project partnerships

### 2.3.1 The project partnerships

In the Metro Allan project as a whole, there was a total of 14 partnership projects each of which is shown geographically in figure 3.1 below, together with their titles and codings<sup>1</sup>.

Figure 3.1 – the Project Partnerships: locations and codings.

Bar	Greater Bargoed and Gilfach
Bri	Bridgend
C and T	Caerphilly and Torfaen
C and V	City of Cardiff and the Vale of Glamorgan
CAR	City of Cardiff
DYF	Powys - Dyfi Valley
F and W	Flintshire and Wrexham
MBG	Merthyr Tydfil and Blaenau Gwent
NEW	Newport
NPT	Neath Port Talbot
Pemb	Pembroke Dock
RCT	Rhondda Cynon Taf
SWA	Swansea
YNY	Anglesey



Of these, the six projects that were selected for detailed qualitative analysis are set out in figure 3.2 below.

Figure 3.2 The six Projects selected for extended fieldwork

C and V	City of Cardiff and the Vale of Glamorgan
DYF	Powys - Dyfi Valley
F and W	Flintshire and Wrexham
NPT	Neath Port Talbot
RCT	Rhondda Cynon Taf
YNY	Anglesey

<sup>1</sup> RCT has been omitted from this analysis where PAL data is involved because the data did not contain demographic information.

In this section as a whole, an assessment is undertaken of the demographic profiles of all 14 projects, again distinguishing those who were under 16 when they filled in their first PAL form and those of 16 and over, because of their different minimum exercise requirements.

In the Mentro Allan project as a whole, demographic information was collected from two sources, PAL forms and registration forms. Both provide incomplete pictures of the demographic profiles of those attending Mentro Allan partnership projects for two reasons. Firstly, not all people who filled out registration forms or PAL forms provided full demographic information so the returns in both datasets are incomplete. Secondly, neither information set provides a particularly good indication of who actually attended a specific Metro Allan partnership project. A proportion of those who registered never actually attended a partnership project at all and those filling out PAL forms did not necessarily attend with any regularity. Within the limitations in both demographic datasets, the PAL demographic information is used here to provide continuity with section 2 of the report.

The thrust of this assessment lies in examining the extent to which the individual partnership projects were successful at attracting the target groups of the population that they were seeking to attract, as specified by them. These target groups are set out in figure 3.3 below, as listed on the Mentro Allan website at 1 June 2011: some projects did change their target groups part way through the project lifecycle.

*Figure 3.3 – the original target groups of the Welsh population set for each project*

<i>Project</i>	<i>Target Group</i>
Bar	People on low incomes
Bri	Older people
C and T	Hard to reach groups, including over 50s, disadvantaged young people, and residents with low-level mental health concerns
C and V	Black and Minority Ethnic groups, particularly women (aged 18 - 64)
CAR	Children and adults with disabilities
DYF	People experiencing rural isolation
F and W	People with physical & learning difficulties and their carers
MBG	People with mental health problems
NEW	Black and Minority Ethnic groups
NPT	Young people (11-25) at risk of disengagement
Pemb	Young people (11-25) living in Pembroke Dock
RCT	People on low incomes
SWA	Carers In Year 1: Young Carers; Parent Carers; BME Carers; Carers of people with mental health problems; Carers of the elderly
YNY	Young women aged 16-30 years

In summary, the following findings in relation to targeting which are explored more fully below, are:

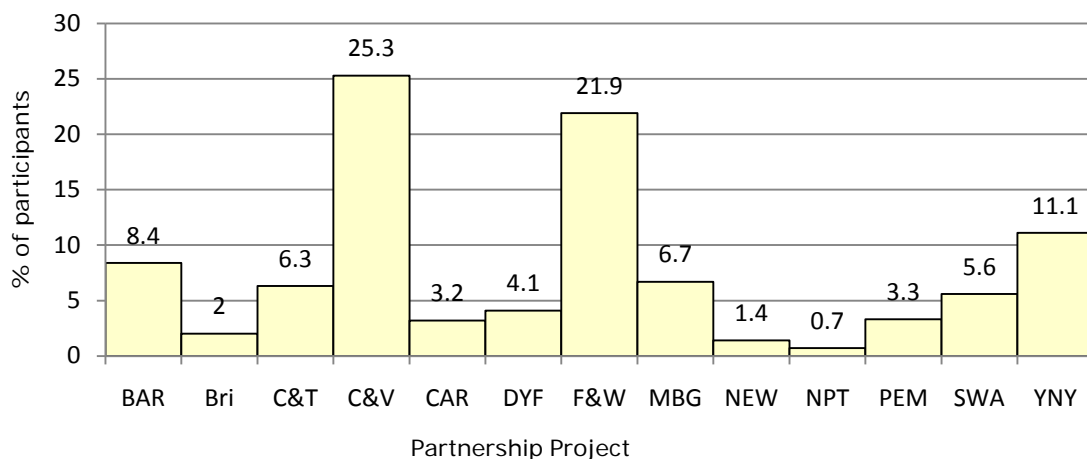
- Partnership projects targeting gender (C and V and YNY) were successful, but some that did not target genders still had significant gender unequalness amongst participants.
- Partnership projects targeting ethnic minorities (C and V, New, and Swa) were successful in their targeting. Across the Mentro Allan Project as a whole the proportion of BMEs was much higher than in the Welsh population as a whole.

- Whilst the language of targeting disabled people is less precise than for other groups CAR was successful at targeting the disabled, but MBG, SWA, C and T and F and W had more mixed success.
- CAR was particularly successful at targeting young people: nearly half of those under 16 filled in PAK forms for this partnership project. The two other partnership projects that targeted young people NPT and Pemb attracted only around 10% each of the younger people who filled out PAL forms across the whole of the Mentro Allan project.

### 2.3.2 The profiles of the partnership projects: aged 16 and over

Of the 3,686 people aged 16 and over who filled out a PAL 1 form, they were distributed across the Partnership Projects as in figure 3.4 below. Nearly all of the 3686 people aged 16 and over who filled out PAL 1 forms also provided full demographic information. Where there are significant shortfalls in any one aspect of these data in the returns for any one partnership project, these are noted in the appropriate section below. Apart from these, it was the norm in individual partnership projects to have a response rate to each demographic question responded to by those aged 16 and over, in excess of 95%.

Figure 3.4 – total proportion of PAL 1 returns of those of 16 years and older by Partnership Project (%)



It is clear from figure 9.4 above that, for those who are 16 and over, the most 'popular' projects at PAL one stage in terms of the number of people filling in a form was the City of Cardiff and the Vale of Glamorgan project (931 PAL registrations), followed by the Flintshire and Wrexham project (806 PAL registrations). Of the rest only the Anglesey project secured more than 10% of the share of all of those registering at PAL 1 stage.

There appears to be very little correlation between the relative popularity of each project and the base residential population from which the project might have been expected to draw: apart from the Cardiff and the Vale of Glamorgan project there is no clear correlation with the number of people who filled in a PAL 1 form and the density or 'urbanity' of the resident population. The project at Rhondda Cynon Taf recorded only one PAL 1 completion and only 21 were registered at Neath Port Talbot.

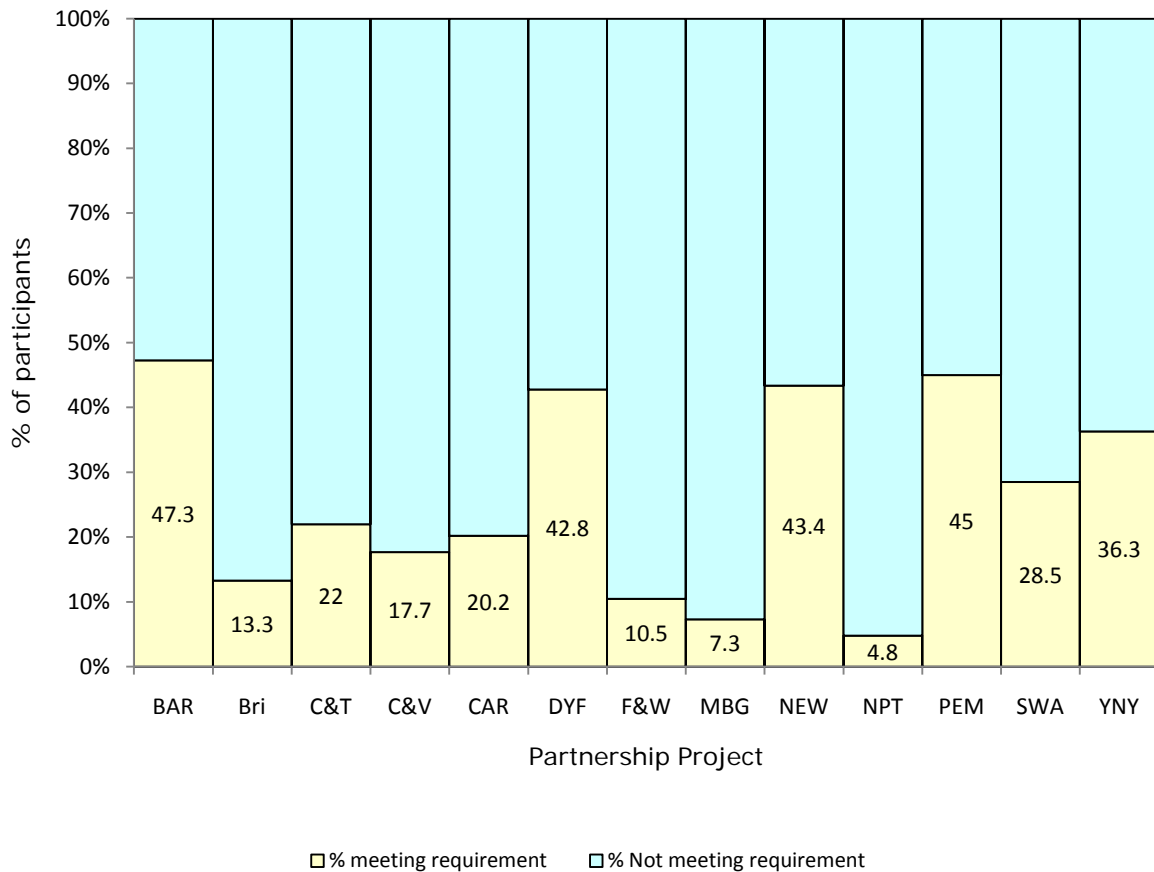
Of those who filled in an PAL 1 form and who were aged 16 and over, the proportion who met the minimum exercise requirement (5 x 30 minutes minimum a week) is shown in figure 3.5 below. Here, the highest proportion of these adults who were meeting the exercise requirement was in Greater Bargoed and Gilfach, where 47.3% of those filling out PAL 1 forms were already meeting the exercise requirement compared to 23.1% of the PAL1 population as a whole. In order, the other partnership projects that also had a higher proportion of those meeting the exercise requirement than in the PAL 1



population as a whole were: Pembroke Dock, Newport, Powys - Dyfi Valley, Anglesey and Swansea.

The lowest level of achievement of the minimum exercise requirement was recorded in Merthyr Tydfil and Blaenau Gwent (7.3% of the PAL 1 participants were meeting the minimum exercise requirement) as well as in Rhondda Cynon Taf and Neath Port Talbot although in the cases of the latter two, the number of those filling in PAL 1 forms is too low for the minimum exercise figure to be meaningful.

Figure 3.5 - Proportion of those of 16 years and older in each partnership project making a PAL 1 return who were achieving the minimum exercise requirement or more at PAL 1 stage (%)



The gender balance across all partnership projects is shown in figure 3.6 below. Two of the projects had stated gender emphases in the target groups that they were aiming to attract. City of Cardiff and the Vale of Glamorgan was seeing to attract “black and minority ethnic groups, particularly women” (aged 18 - 64) and Anglesey targeted young women aged 16-30 years. Both of these projects appeared to be successful in this targeting in that 81.8% of people of 16 and over in the former project who filled out a PAL 1 form were women and in Anglesey, this figure was 100%. However, women were in the considerable majority in other projects too. Over 80% of PAL 1 registrants also were women in Bridgend, Powys - Dyfi Valley, Newport and Anglesey and over 70% were women in Greater Bargoed and Gilfach.

Conversely, in Neath Port Talbot, some 85.7% of PAL 1 registrants were men and in Pembroke Dock, nearly 70% were men. There is no evidence from the PAL or attendance data to suggest why these deviations from the gender mix of the base populations should be like it is in those projects that did not target one or other of the genders explicitly.

Figure 3.6 – the gender balance across all Partnership Projects of those of 16 years and older by PAL 1 form (%)

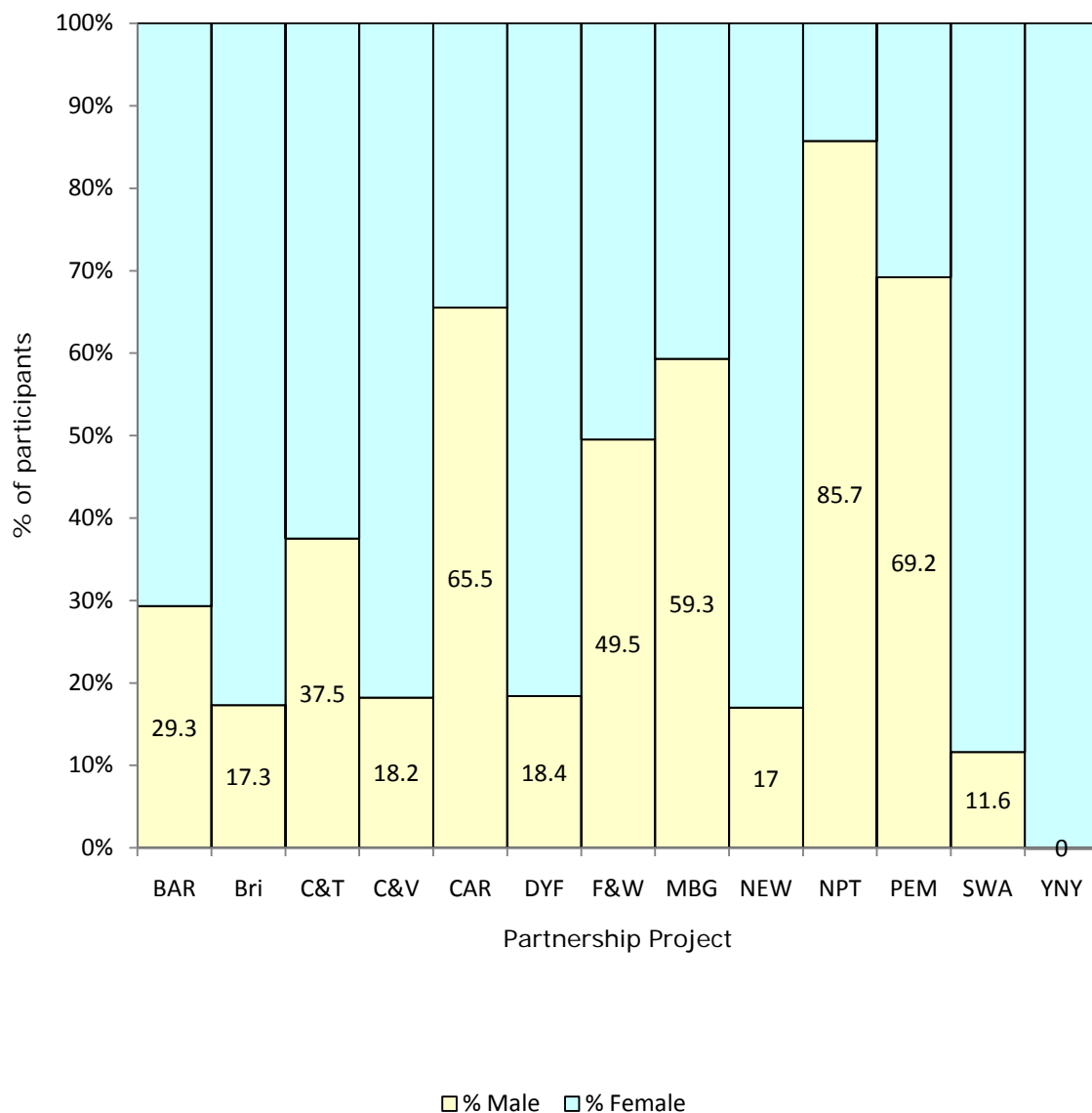


Figure 3.7 below shows the ethnic composition of the partnership projects. Three of the projects identified different aspects of BME groups as part or all of their targeting. The City of Cardiff and the Vale of Glamorgan project was concerned to target “Black and Minority Ethnic groups, particularly women (aged 18 - 64)”, Newport targeted BME groups in general and Swansea had BME carers amongst its target groups. Using the PAL 1 completions data alone, these projects appear to have been successful as such targeting. Some 86.3% of those who filled in a PAL 1 form in the City of Cardiff and the Vale of Glamorgan considered themselves to belong to an ethnic minority and 96.2% in the Newport project did. Whilst the proportion of PAL1 form fillers in the Swansea project who considered themselves to be an ethnic minority is much lower than these proportions, BME carers were only one of a number of targeted groups in that particular project.

BME representation is low in the other partner projects (although it is 10.1% in City of Cardiff and 7.2 in Powys, Dyfi Valley) and there is no evidence from the quantitative data to suggest that the BME proportions are any different than those found in the base populations from which project recruitment is drawn.

Figure 3.7 – the ethnic composition across all Partnership Projects of those of 16 years and older by PAL 1 form (%)

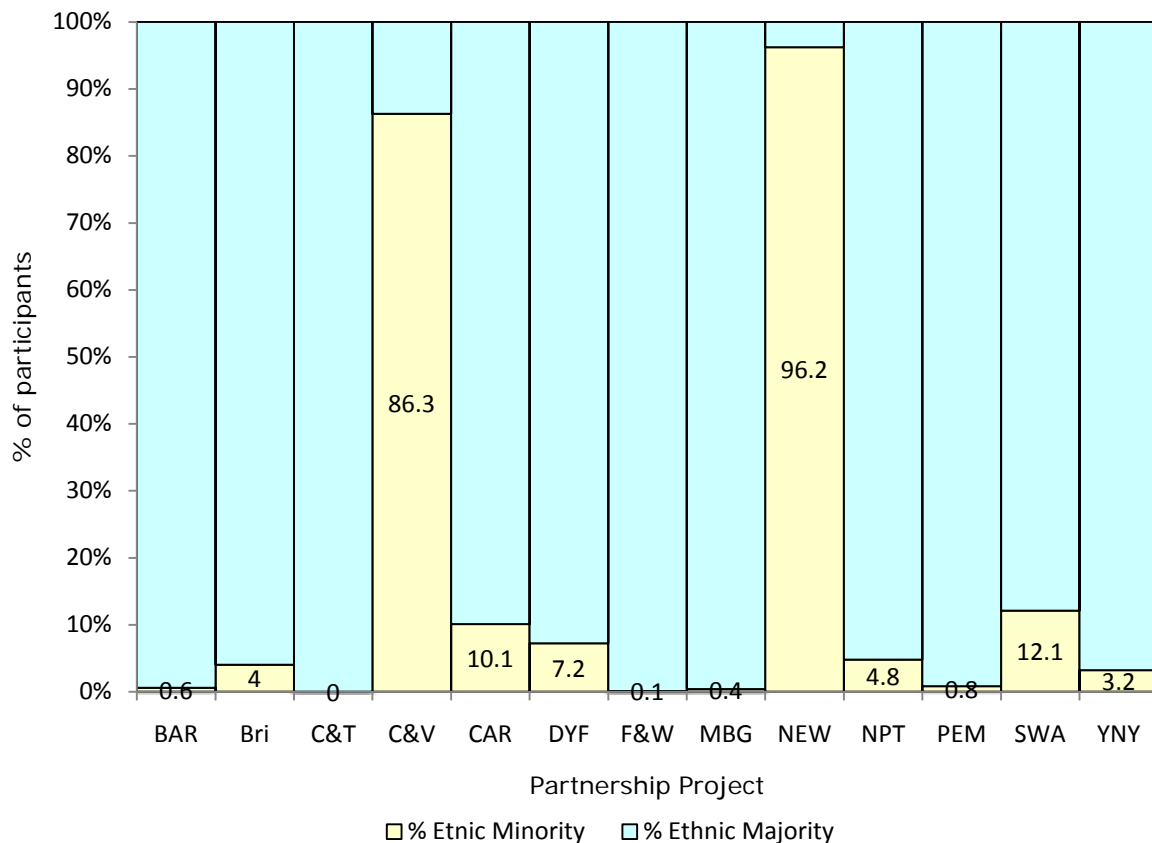


Figure 3.8 below indicates the profile of those across the partner projects that considered themselves to be disabled. Here the language of targeting is a little less precise than for the other demographic characteristics. Thus Caerphilly and Torfaen targeted “hard to reach groups” and “residents with low-level mental health concerns” in addition to other groups, City of Cardiff was concerned solely to target “children and adults with disabilities”, Flintshire and Wrexham was concerned solely with “people with physical & learning difficulties”, Merthyr Tydfil and Blaenau Gwent was concerned to target solely “people with mental health problems”, and Swansea with “carers of people with mental health problems” but as only one of several targeted groups.

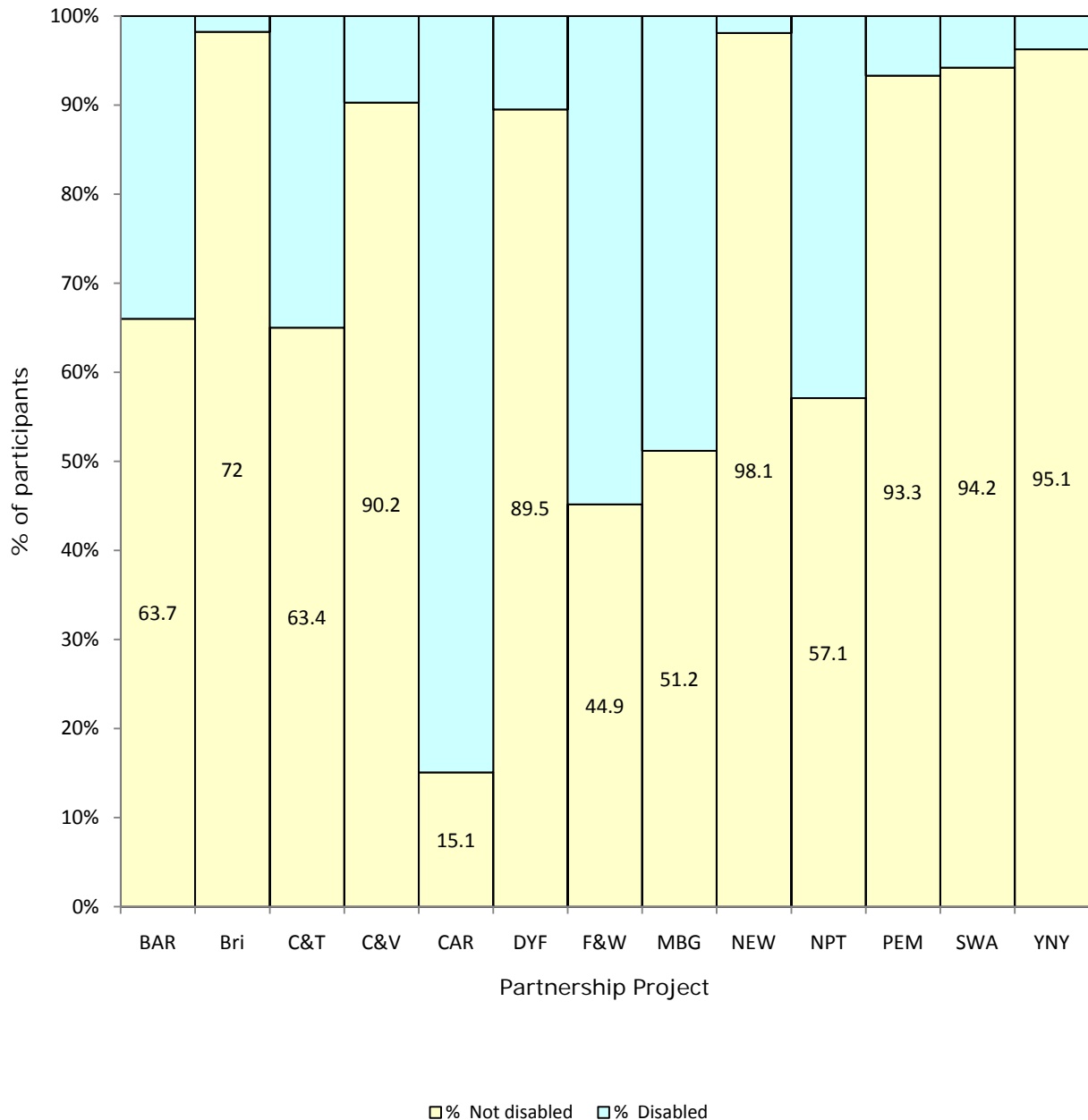
In interpreting the PAL 1 data on disability by project, it should be borne in mind that the questions required people to respond with their own *perceptions* of disability which will differ by individual. Also, in these disability profiles, there was a non-response rate to the disability question of 26.7% in Bridgend and of 10.5% in Merthyr Tydfil and Blaenau Gwent.

Within these caveats, the City of Cardiff, set out specifically to target disabled groups and was successful at doing so. Some 84.9% of those filling in PAL 1 forms on this project considered themselves to be disabled. Merthyr Tydfil and Blaenau Gwent also targeted only disabled people but those filling in PAL 1 forms were in the minority on the project (but only just): they comprised 48.8% of the PAL form fillers. Flintshire and Wrexham was the other project to target solely the disabled and here they comprised 55.1% of those who filled in the PAL 1 form.

Of the others that targeted the disabled as only part of their targeting, Swansea attracted only a small proportion of participants who perceived themselves to be disabled (5.8%) and Caerphilly and Torfaen had 34.1% of their PAL 1 form fillers who

considered themselves to be disabled. Of the other projects, Newport had only 1.9% of PAL 1 form fillers who considered themselves to be disabled whilst the target group in this project was solely BME groups. Clearly from figure 3.7 above, and 3.8 below a very small proportion of BME participants at Newport considered themselves also to be disabled, although this is based on a relatively small number of PAL forms.

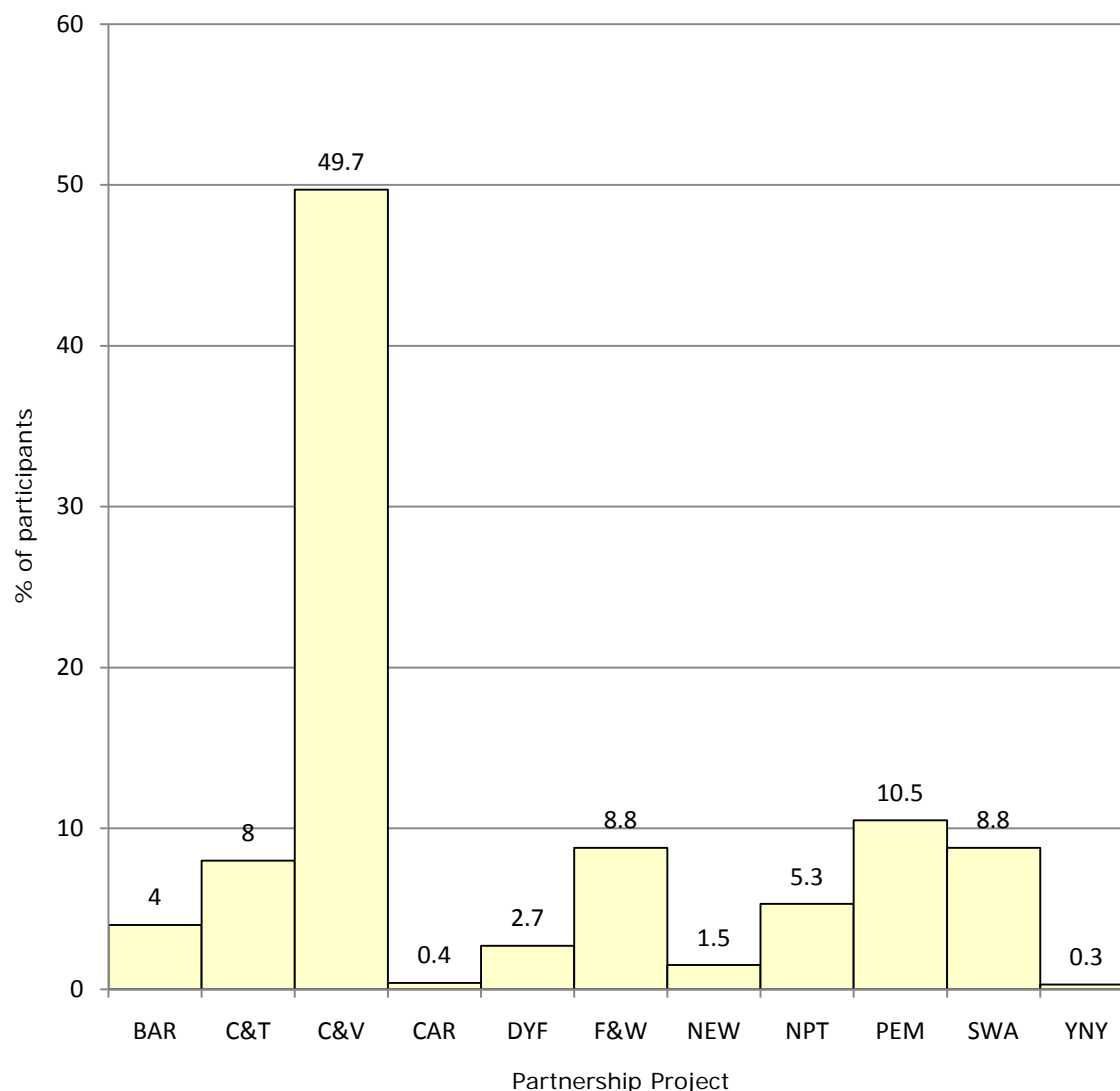
Figure 3.8 – the disability balance across all Partnership Projects of those of 16 years and older by PAL 1 form (%)



### 2.3.3 The profiles of participants in the partnership projects: under 16s

Of the 602 people aged under 16 who filled out a PAL 1 form, they were distributed across the Partnership Projects as in Figure 3.9 below. No data were offered on the under 16 PAL 1 forms in Bridgend, Merthyr Tydfil and Blaenau Gwent, and Rhondda Cynon Taf.

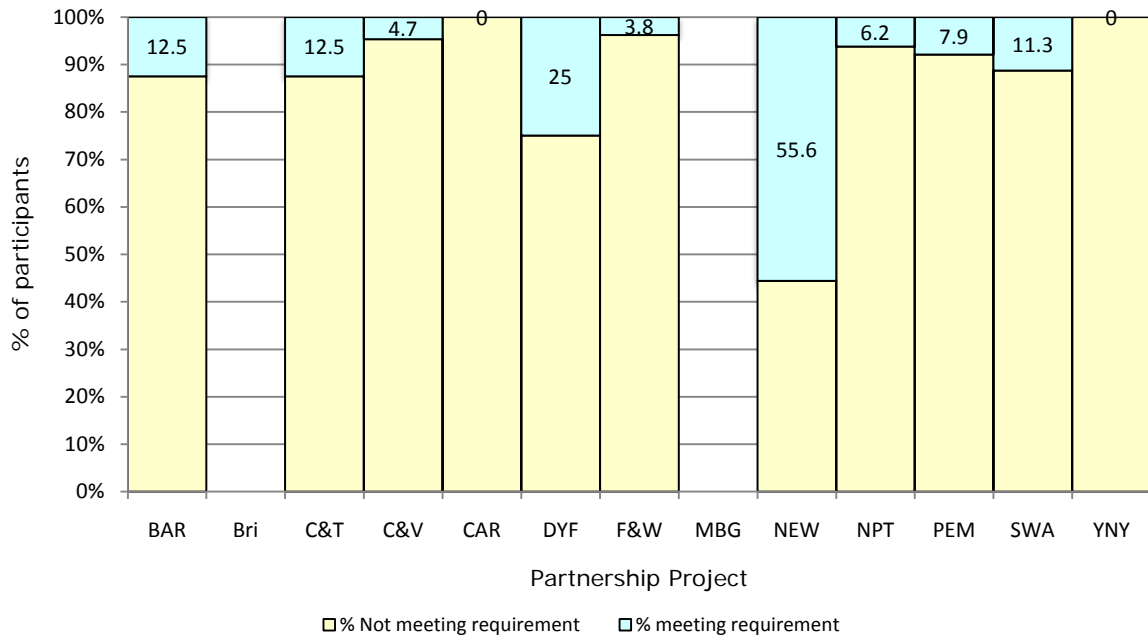
Figure 3.9 – total proportion of PAL 1 returns of those under 16 by Partnership Project (%)



From figure 3.10, nearly half of all young people under 16 on Mento Allan who filled out a PAL 1 form were on the City of Cardiff and the Vale of Glamorgan project. Apart from in Pembroke Dock (10.5%), none of the other projects comprised more than 10% of those under 16 taking part in Mento Allan as a whole.

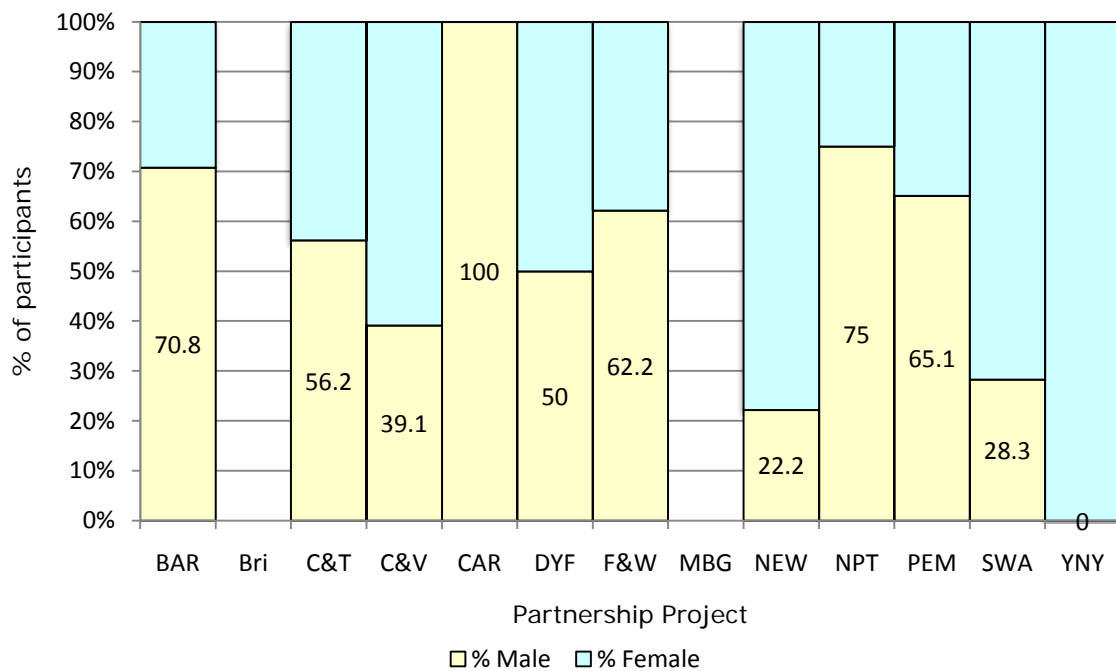
Of those under 16 achieving the Government minimum exercise requirement (5 x 60), the highest proportion was in Newport (which targeted BME groups) where 55.6% of the under 16s met the minimum exercise requirement. These comprised only 1.5% of the young people on Mento Allan as a whole, however. Some 25% of these under 16 PAL 1 form-fillers in Powys - Dyfi Valley met the minimum exercise requirement, although they comprised only 2.7% of the Mento Allan population of those under 16. Where there was the main concentration of those under 16 – in City of Cardiff and the Vale of Glamorgan, only 4.7% of those under 16 were meeting the minimum exercise requirement.

Figure 3.10 - Proportion of those under 16 in each partnership project making a PAL 1 return who were achieving the minimum exercise requirement or more at PAL 1 stage (%)



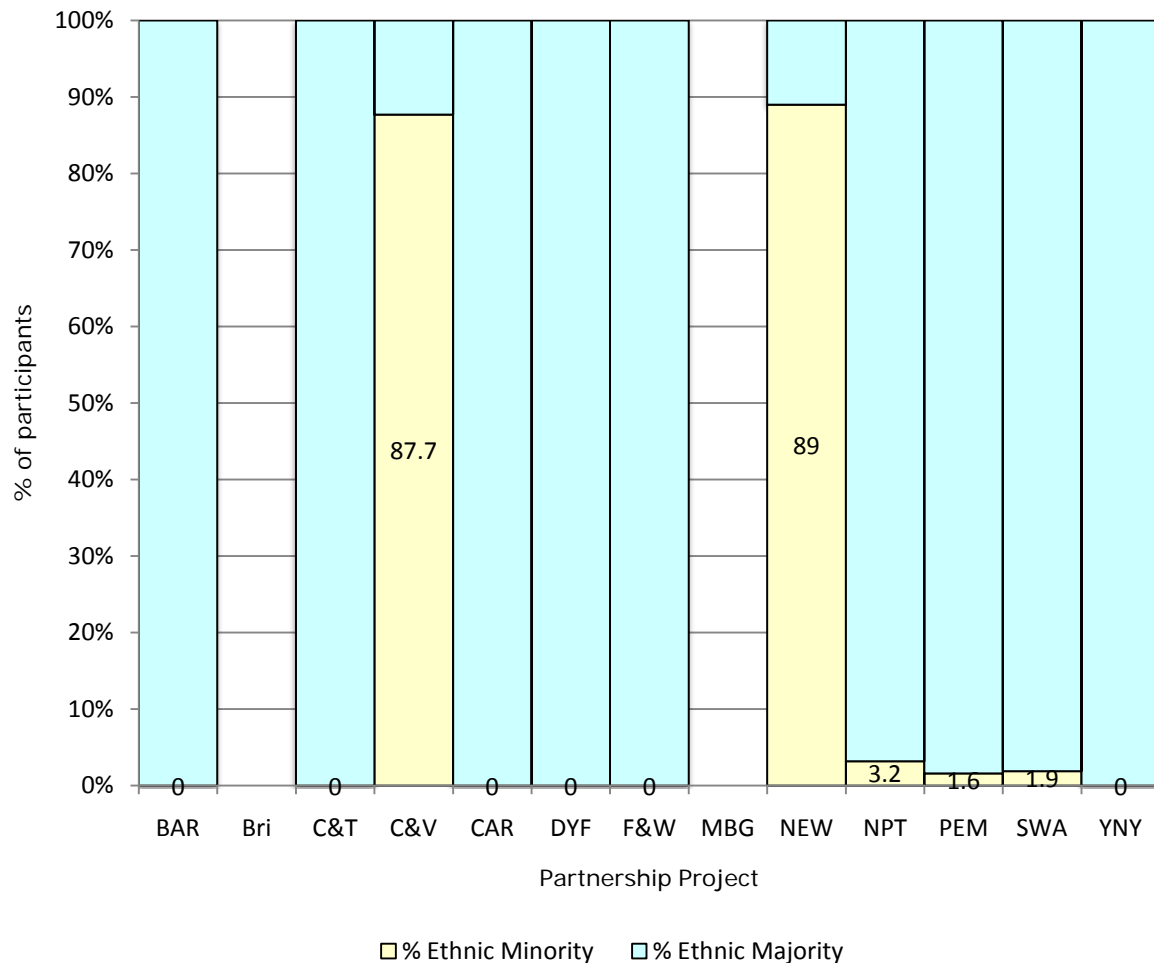
The gender balance of those under 16 is shown in figure 3.11 below. In Newport, 77.8% of the under 16 participants were girls (Newport targeted BME groups) and 71.7% of under 16s in Swansea were girls. In City of Cardiff and the Vale of Glamorgan, 60.9% of under 16s were girls but in all other projects, the majority of under 16 Participants were boys. In the City of Cardiff, all of the under 16 PAL 1 form-fillers were boys, and none of them was meeting the minimum exercise requirement, but they did comprise only 0.4% of the Mentro Allan under 16 population.

Figure 3.11 – the gender balance of under 16s across all Partnership Projects by PAL 1 form (%)



In terms of the ethnic composition of the under 16 population who filled out PAL 1 forms, (see figure 3.12 below) those that considered they were an ethnic minority registered in any numbers in only two projects - City of Cardiff and the Vale of Glamorgan (87.7 of all under 16s) and Newport (89% of all under 16s). Both of these targeted BME groups. In a further three projects – Neath Port Talbot, Pembroke Dock and Swansea – there was a small proportion of under 16s who considered themselves to be ethnic minorities, but in all other projects, nobody registered as an ethnic minority amongst the under 16s when they filed in a PAL 1 form.

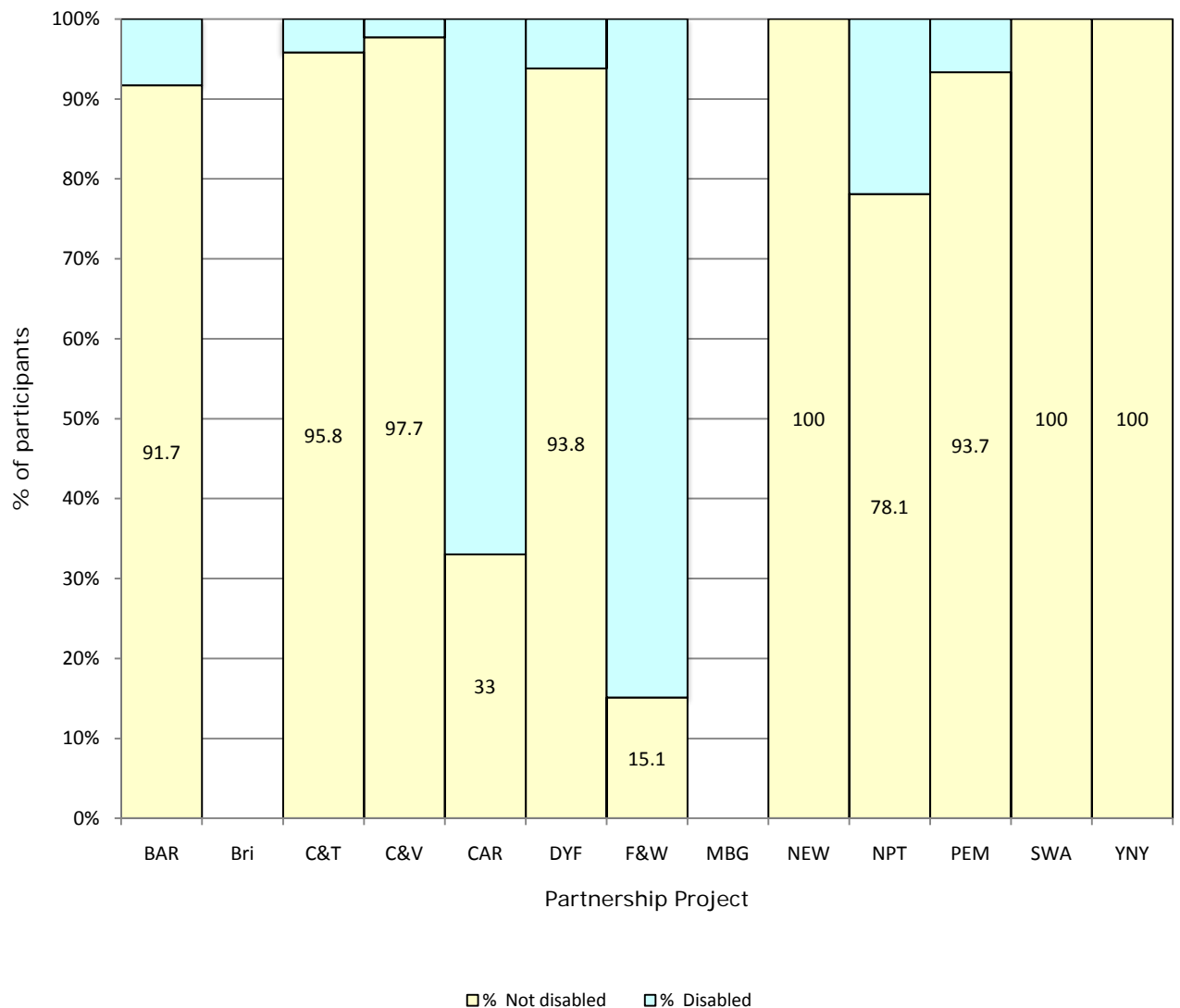
Figure 3.12 – the ethnic composition of under 16s across all Partnership Projects by PAL 1 form (%)



In terms of the disability composition of the under 16 population who filled out PAL 1 forms, those that considered that they had any form of disability registered in any numbers in only two projects - City of Cardiff (67% of all under 16s were considered to have disabilities) and Flintshire and Wrexham (84.9% of all under 16s were considered to have disabilities). Both of these targeted disabled groups. These data can be seen in figure 3.13 below. Merthyr Tydfil and Blaenau Gwent also targeted disabled groups but no PAL data were returned from this project for the under 16s.

In a further five projects – Greater Bargoed and Gilfach, Caerphilly and Torfaen, City of Cardiff and the Vale of Glamorgan, Powys - Dyfi Valley, Neath Port Talbot and Pembroke Dock, – there was a small proportion of under 16s who considered themselves to be disabled, although they comprised less than 10% of each project in each case. In all other projects, nobody registered as disabled the under 16s when they filed in a PAL 1 form.

Figure 3.13 – the disability balance of under 16s across all Partnership Projects by PAL 1 form (%)



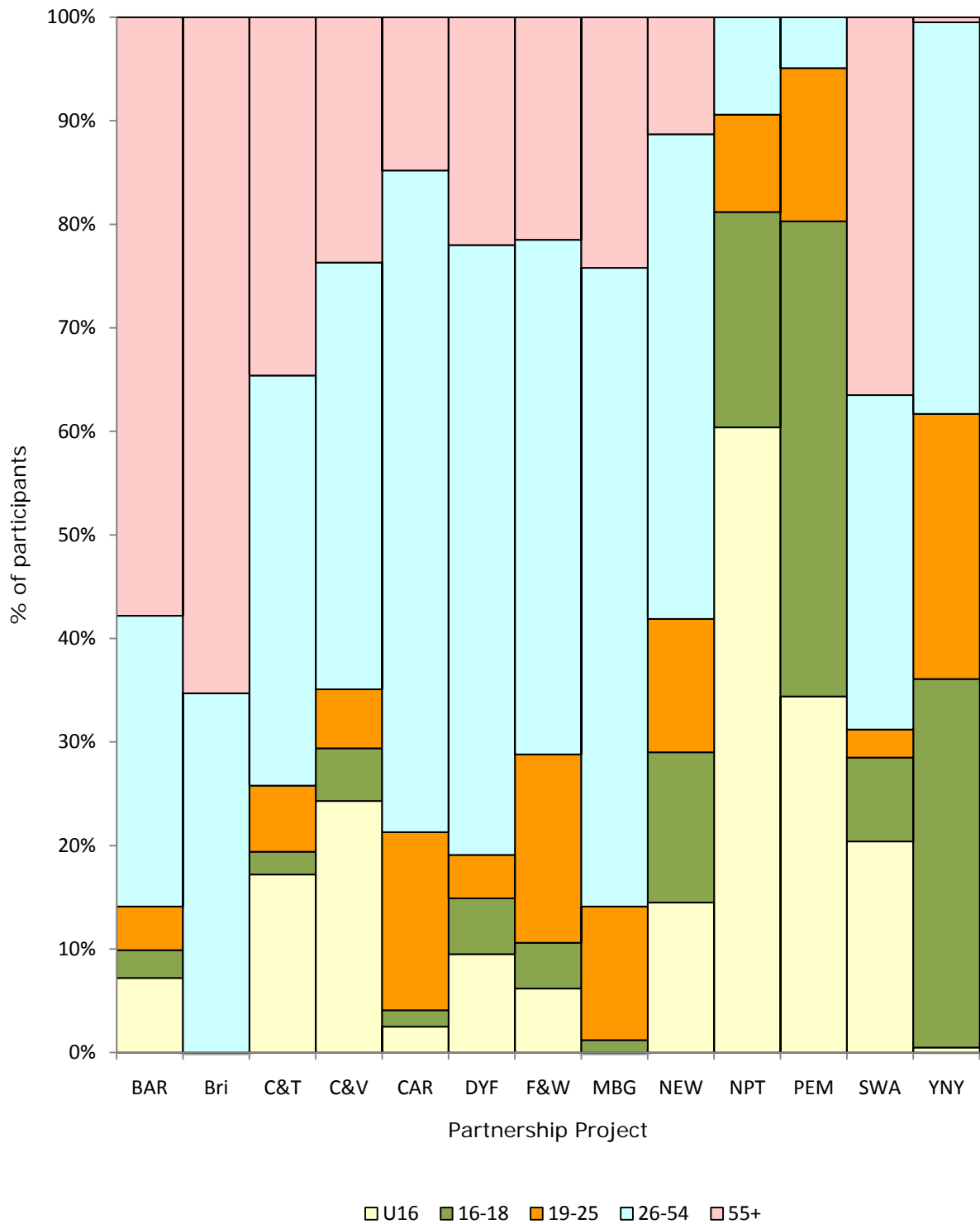
### 2.3.4 The profiles of participants the partnership projects: the total population of participants

In examining the age distribution of the partnership projects, all data have been combined in figure 3.14 below. Some projects did target particular age groups. The Caerphilly and Torfaen project targeted “hard to reach groups, including over 50s”, the City of Cardiff and the Vale of Glamorgan project targeted “Black and Minority Ethnic groups, particularly women (aged 18 - 64)”, Neath Port Talbot targeted “young people (11-25) at risk of disengagement” and Pembroke Dock targeted “young people (11-25) living in Pembroke Dock”. Finally, Anglesey targeted “young women aged 16-30 years”

Of these, figure 3.14 suggests that the Caerphilly and Torfaen project was reasonably successful at attracting the over 55s but not in as great a proportion as in Greater Bargoed and Gilfach, Bridgend, or Swansea. Neath Port Talbot and Pembroke Dock were both very successful at attracting 11 -25 year olds. In the case of the former, 90.6% of all those filling in PAL 1 forms was 25 or under and in the case of the latter, this proportion was 95.1% Nobody in either of these projects was aged 55 or over. Finally, it is impossible to gauge the success of the Anglesey project as the age bands within which the information was collected do not correspond to the age banding of the target group.



Figure 3.14 – the age distribution across all Partnership Projects by PAL 1 form (%)



## **2.4. PAL Data and demographic characteristics: gender**

Using the same activity index profiling as presented in section 2 above, differences between genders can be explored.

### **2.4.1 Gender profiles at PAL 1 stage**

Taking those of 16 or over only, of those filling in the PAL 1 form who provided valid responses, 68.9% were female and 31.1% were male. This is not representative of the Welsh population as a whole which, using mid 2009 data estimates, was 51.1% female and 48.9% male (Office for National Statistics, 2010). It therefore might be concluded that there is an overrepresentation of women on the MA programme, relative to the population as a whole. To the extent that women were a targeted component of the MA programme (for example, young mothers) this could be considered a successful part of the programme. Some 24.3% of women and 20.5% of men *did* meet the minimum exercise requirement at PAL 1 stage. It could be inferred from this that MA at PAL 1 stage was more successful at targeting sedentary women than sedentary men.

### **2.4.2 Gender profiles at PAL 2 stage.**

Amongst those aged 16 and over, by PAL stage 2, the proportion of women amongst those people who filled out PAL 2 forms had fallen to 63.1%, and men had risen to 36.9%. At this stage, the number of women meeting the minimum exercise requirement or above had fallen to 23.4% but the number of men meeting the minimum exercise requirement or above had risen to 22.0%. The rate of progression from PAL 1 to PAL 2 is therefore slightly lower for women than for men.

Of those aged 16 and over filling in PAL 2 forms, a slightly smaller proportion of women (74.1%) than men (78.2%) showed no change in their activity index from PAL 1 to PAL 2. This gender balance is reflected in those who were taking less exercise at the PAL 2 form filling stage than the PAL 1 form filling stage. Some 12.6% of women were taking less exercise at PAL 2 than at PAL 1 and for men, this figure was 9.1%. Clearly, then, more women than men are taking increased amounts of exercise at PAL 2 stage, 13.3% of women and 12.7% of men were taking more exercise at PAL 2 stage than at PAL 1 stage.

### **2.4.3 Gender profiles at PAL 3 stage.**

Amongst those aged 16 and over, by PAL stage 3 the proportion of women amongst participants had remained relatively constant at 63.5%, and men at 36.5%. At this stage, the number of women meeting the minimum exercise requirement had risen to 33.7% but the number of men meeting the minimum exercise requirement had risen to 39.8%. The rate of progression from PAL 2 to PAL 3 is about the same for women as for men.

Of those filling in PAL 3 forms, a slightly larger proportion of women (67.1%) than men (63.2%) showed no change in their activity index from PAL 1 to PAL 3. Some 12.3% of women were taking less exercise at PAL 3 than at PAL 1 stage and for men, this figure was 10.0%. Some 20.6% of women and 26.9% of men were doing more exercise at PAL 3 stage than at PAL 1 stage. In this transition it is the men who are increasing their exercise levels relatively more than women.

### **2.4.4 Gender profiles at PAL 4 stage.**

Amongst those aged 16 and over, by PAL stage 4, the proportion of women amongst participants had remained relatively constant at 63.7%, and 36.3%. At this stage, the

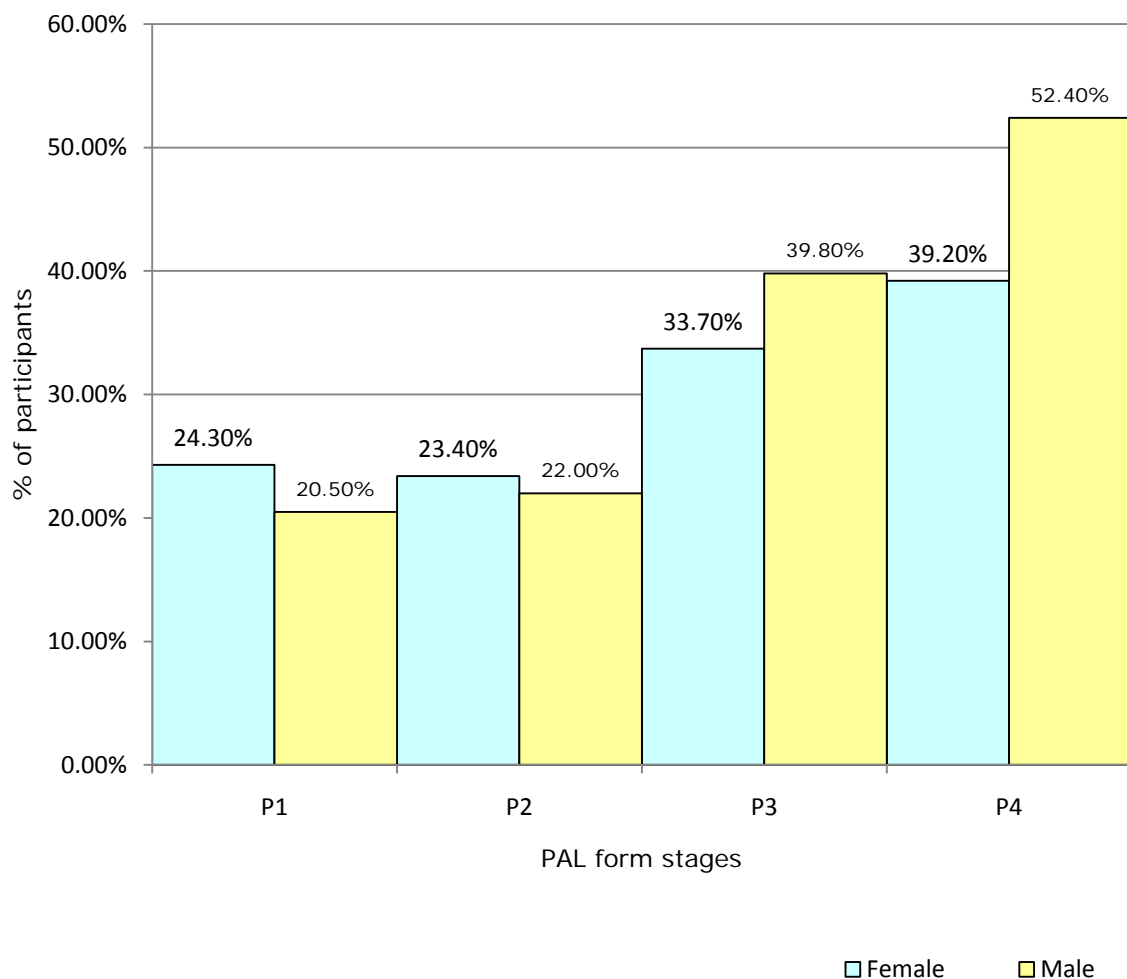
number of women meeting the minimum exercise requirement had risen to 39.2% but the number of men meeting the minimum exercise requirement had risen to 52.4%%.

Of those filling in PAL 4 forms, again a slightly larger proportion of women (61.9%) than men (56.3%) showed no change in their activity index from PAL 1 to PAL 4. Some 12.2% of women were taking less exercise at PAL 4 than at PAL 1 stage and for men, this figure was 7.8%. Some 26.0% of women and 35.9% of men were doing more exercise at PAL 4 stage than at PAL 1 stage. here again in the transition to PAL 4 it is the men who are increasing their exercise levels relatively more than women.

### 2.4.5 Salient Gender Characteristics

The most significant gender characteristic across the PAL transitions from 1 – 4, of those aged 16 or over, is the proportion of each gender who filled in a form at these stages, who met the minimum exercise requirement. The proportion of males meeting the exercise requirement increases considerably more than females. This is shown in figure 4.1 below. These changes are also reflected in the transitional behaviour between PAL form filling across males and females separately, as noted in each of the sub sections above.

Figure 4.1 – the proportion of participants aged 16 and over, filling in forms at each PAL stage who are achieving government standards at each stage.

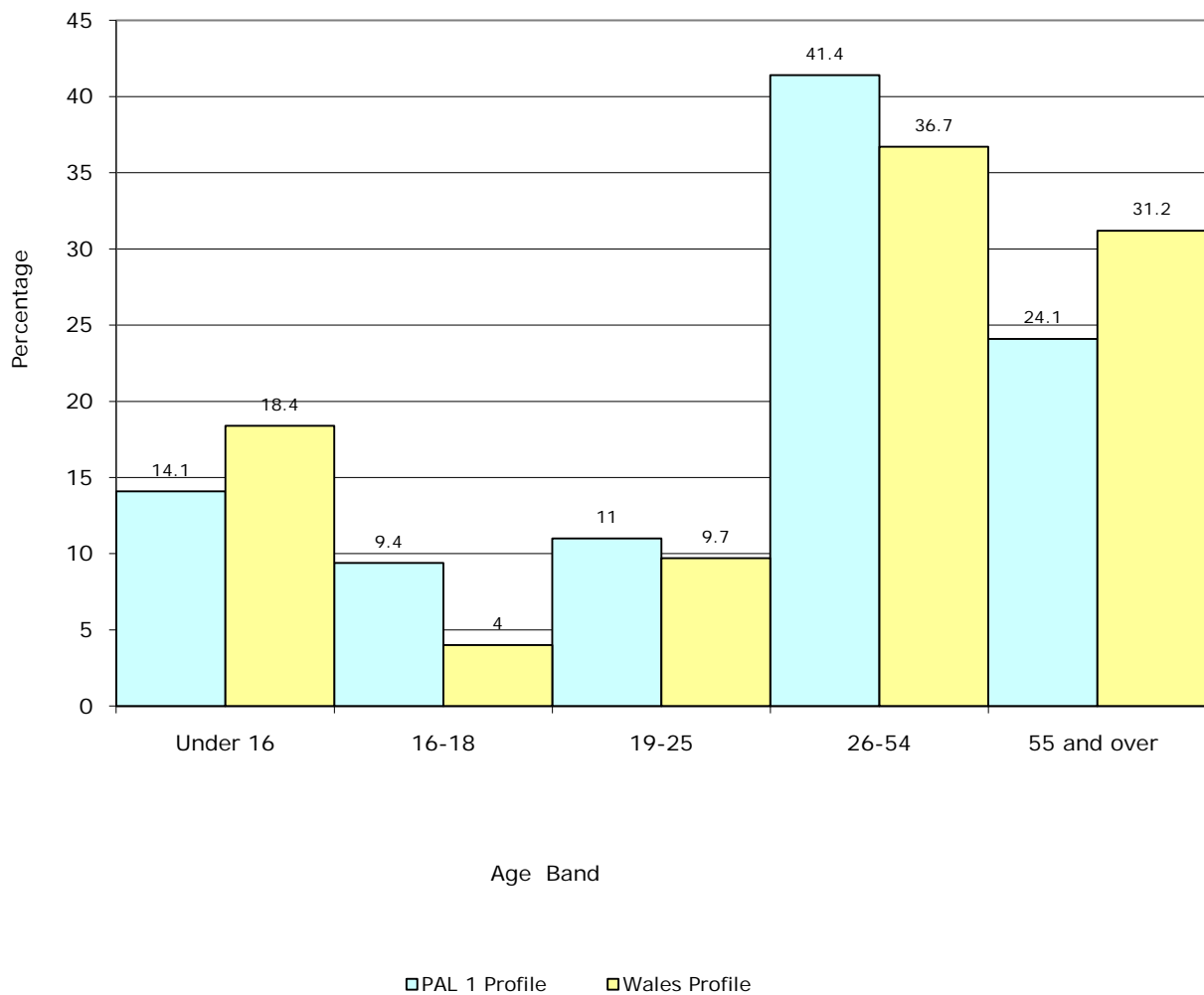


## 2.5. PAL Data and demographic characteristics: age

### 2.5.1 Age profiles at PAL 1 stage

The age<sup>1</sup> profile of those filling PAL 1 forms compared to the equivalent population profile of Wales as a whole is shown in figure 5.1 below<sup>2</sup>.

Figure 5.1 – the age profile of all those people filling in PAL 1 forms compared to the age profile of Wales as a whole.



Source for Welsh Data : Office for National Statistics (2010)

Here we have assumed these bandings to represent different stages in the lifecycle:

Under 16	child
16 - 18	youth
19 - 25	young adult
25 - 54	adult
55 and over	older adult

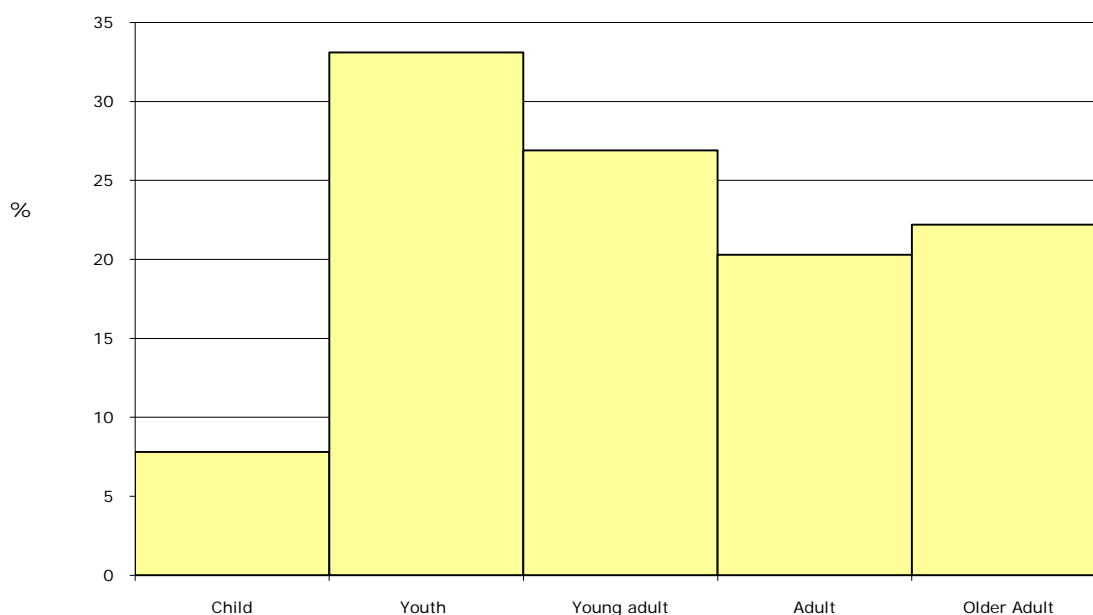
<sup>1</sup> Age at the time of registration on the scheme.

<sup>2</sup> Whilst the research team did not devise these bandings – and they are certainly of quite uneven intervals - they could be considered as lifecycle stages and we have assumed this in the analysis as noted in the text.

Using these bandings, there are lower proportions of children and older adults in the PAL 1 population than there are in Wales as a whole, indicating that they are underrepresented on the Mentro Allan scheme as a whole. Research suggests (Adam, 2008, Henley Centre, 2005; Inchley *et al*, 2008 for children and Brown *et al* 2009 for older people ) that these groups contain higher proportions of sedentary people than other stages in the lifecycle suggesting that Mentro Allan is perhaps not fully targeting these sedentary groups. The other three stages in the lifecycle – youth, young adult and adult – less sedentary than the other two groups in the population as a whole are overrepresented in the Mentro Allan population, relative to the Welsh population as a whole.

Of those who filled in PAL 1 forms however, the proportion of people at different stages in the life cycle who meet the Department of Health’s 5 x 30 exercise requirement (for those who are aged 16 and over) or 5 x 60 exercise requirement (for those under 16) as has been defined in section 2 above do not conform to the above pattern. This is displayed in figure 5.2 below. In particular here children are significantly lower achievers of the exercise requirement than any other age group but it must be noted here that their exercise requirement is twice that of all other age groups. Youths contain the highest proportion of all age groups that meet the exercise requirement.

*Figure 5.2 – percentage of those who filled in the PAL 1 form, by stages in the life cycle, who meet the Department of Health exercise requirement*



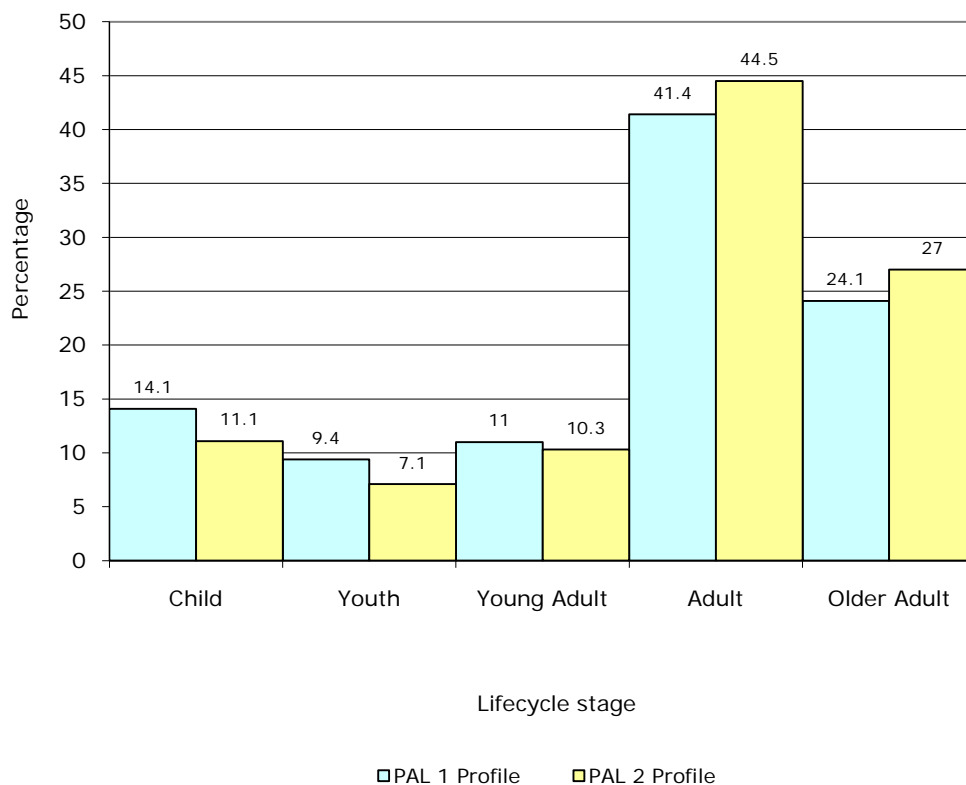
n = 4289

### **2.5.2 Age profiles in the transition from PAL 1 to PAL 2**

At the point of filling in the PAL 2 forms, a total of 1632 people provided information about their age. The lifecycle distribution of those filling in PAL 2 forms compared to those filling in PAL 1 forms is shown in figure 4.3.

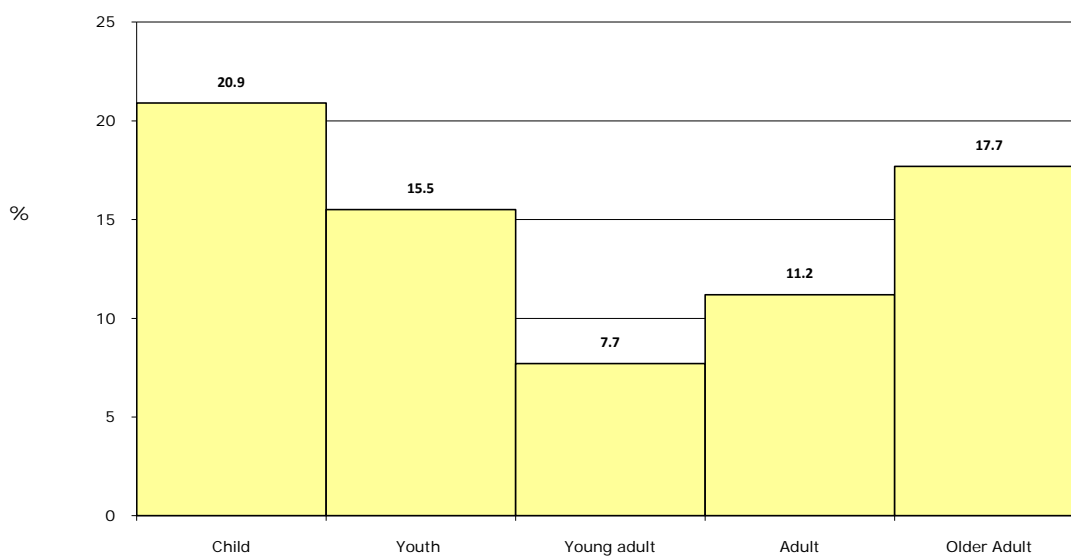
Here it can be seen that there is a smaller proportion of children, youths and young adults in the PAL 2 cohort compared to the PAL 1 cohort and a correspondingly higher proportion of adults and older adults: there is a greater proportion of younger people dropping out of filling in PAL forms between PAL 1 and PAL 2 than older people.

Figure 5.3 – lifecycle distribution of those filling in PAL 2 forms compared to those filling in PAL 1 forms (percent)



The lifecycle profile of those who were taking more exercise at the PAL 2 form filling stage than the PAL 1 form filling stage is shown in figure 5.4

Figure 5.4 – different stages in the lifecycle taking more exercise at PAL 2 stage compared to PAL 1 stage (percentage of each group)



Here, it would appear that children and older adults are the most successful of the lifecycle groups at increasing their exercise as a result of activity on the Mentro Allan programme between PAL 1 and PAL 2 stages.

### 2.5.3 From PAL 1 to PAL 3: age profiles

Some 598 people who filled out PAL 3 forms provided information about their age. The lifecycle distribution of those filling in PAL 3 forms compared to those filling in PAL 1 forms is shown in figure 5.5.

Here it can be seen that there is a smaller proportion of children, youths and (to a very small degree) young adults in the PAL 3 cohort compared to the PAL 1 cohort and a correspondingly higher proportion of older adults. The proportion of adults has remained constant. Older adults in particular have a tendency to ‘stick with’ Mentro Allan compared to other stages in the lifecycle. As with the transition from PAL 1 to PAL 2, there is a greater proportion of younger people dropping out of Mentro Allan between PAL 1 and PAL 3 than older people.

Figure 5.5 – lifecycle distribution of those filling in PAL 3 forms compared to those filling in PAL 1 forms (percent)

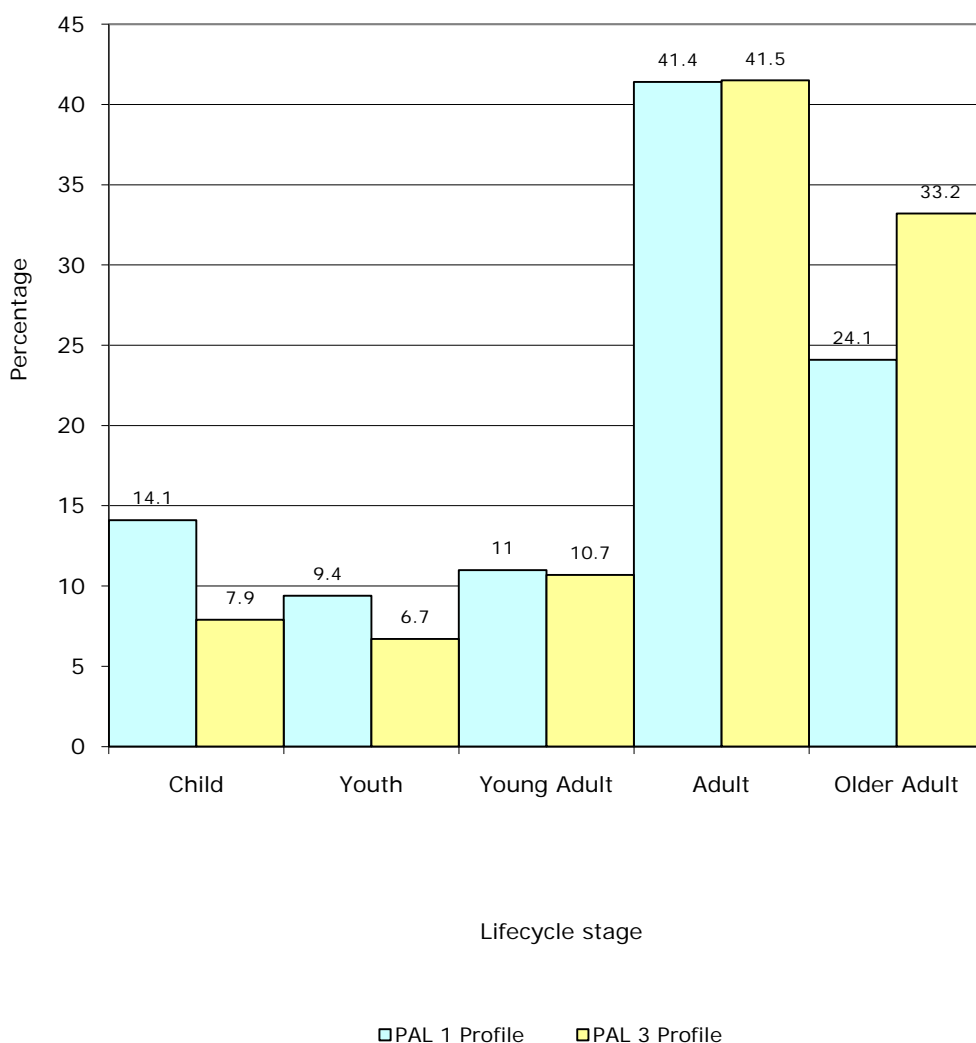
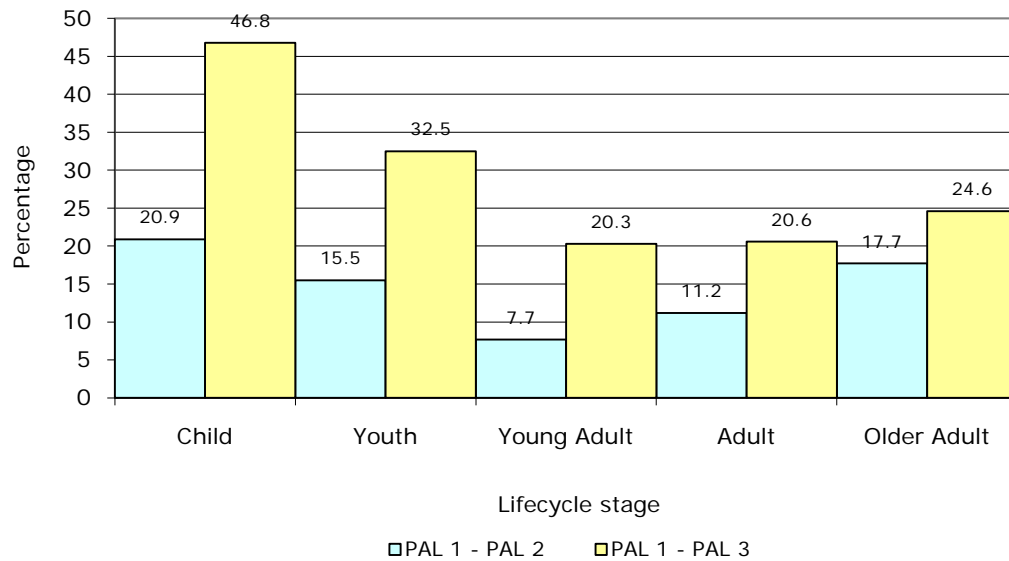


Figure 5.6 shows, in the blue columns, the proportion of the population in each of the lifecycle categories that took more exercise at PAL 2 stage than at PAL 1 stage. The yellow column shows those people at different stages in the lifecycle who took more exercise at PAL 3 stage than at PAL 1 stage.

Figure 5.6: those taking more exercise, by stages in the lifecycle, between PAL 1 and PAL 2 stages, compared with those at PAL1 and PAL 3 stages (percent)

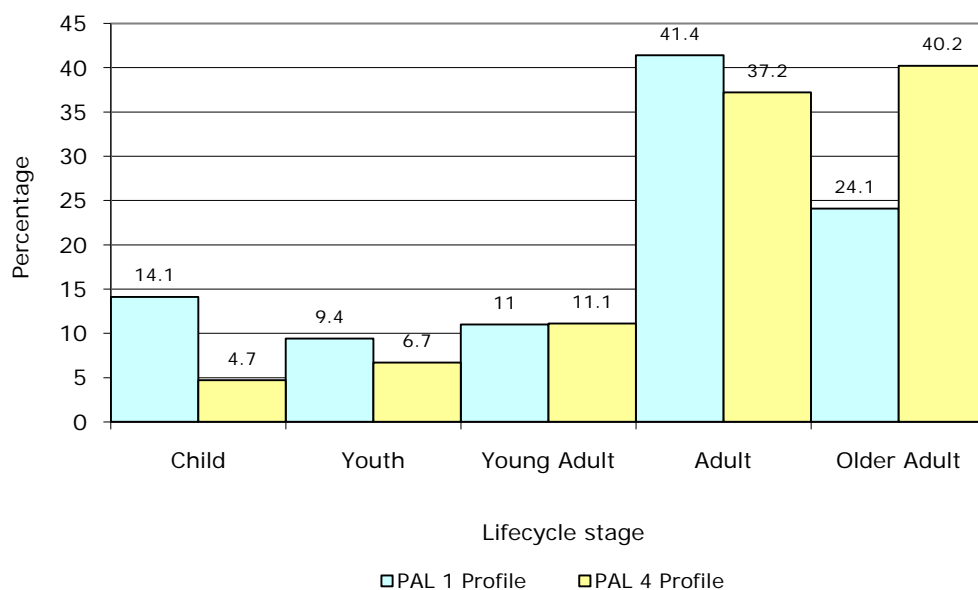


In all stages in the lifecycle, active exercise increases within the cohort between stages PAL 2 and PAL 3. This suggests that those progressing to PAL 3 are proportionately more likely to increase their exercise levels across all age cohorts.

#### 2.5.4 From PAL 1 to PAL 4: age profiles

Some 298 people who filled out PAL 4 forms provided information about their age. The lifecycle distribution of those filling in PAL 4 forms compared to those filling in PAL 1 forms is shown in figure 5.7. Here there is a smaller proportion of children and youths in the PAL 4 cohort compared to the PAL 1 cohort, and approximately the same proportion of young adults. There is a smaller proportion of adults in the PAL 4 cohort than the PAL 1 cohort but a considerably greater proportion of older adults. As with the PAL 3 stage, older adults in particular have a tendency to 'stick with' filling in PAL forms compared to other stages in the lifecycle.

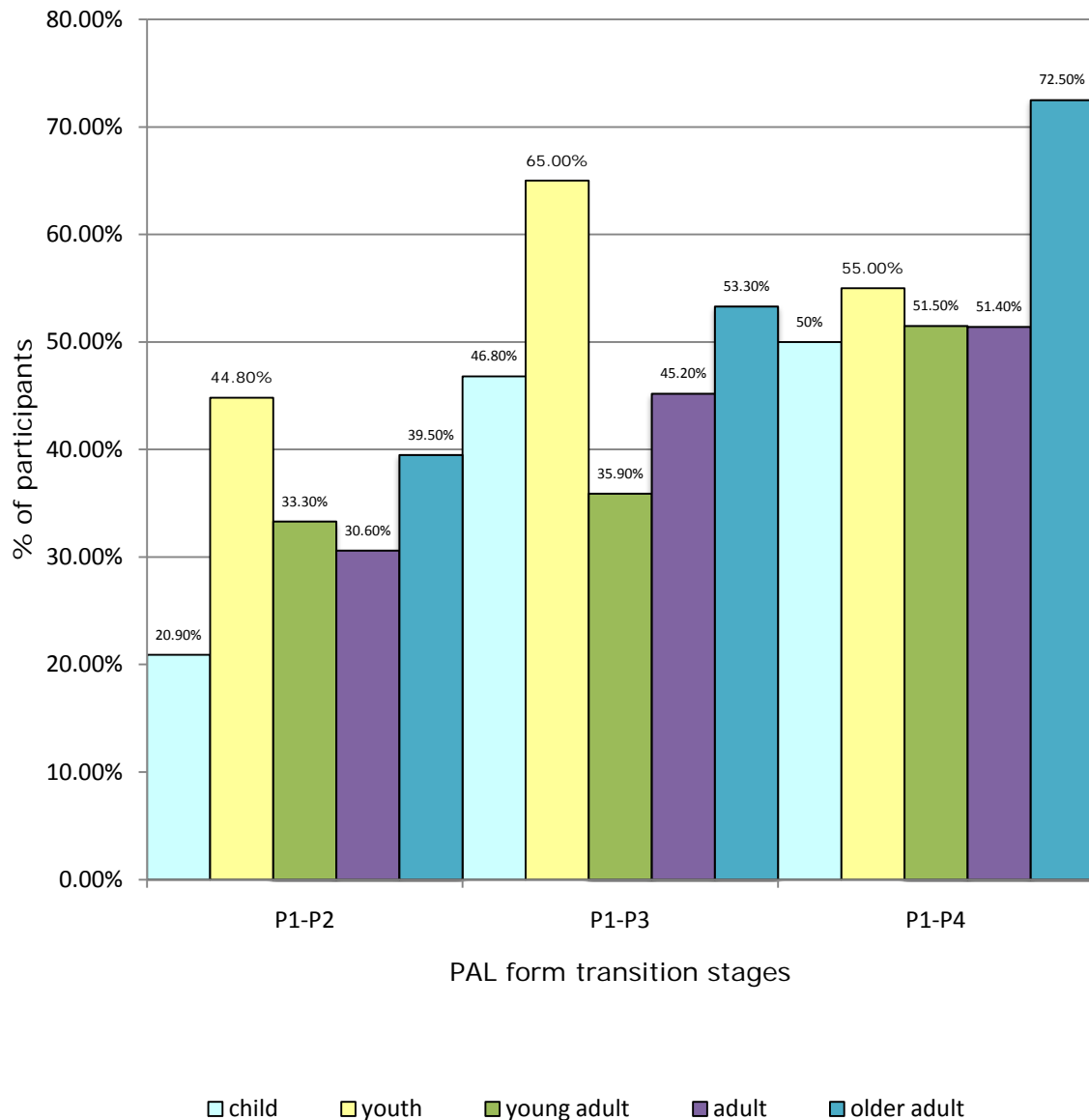
Figure 5.7 – lifecycle distribution of those filling in PAL 4 forms compared to those filling in PAL 1 forms (percent)





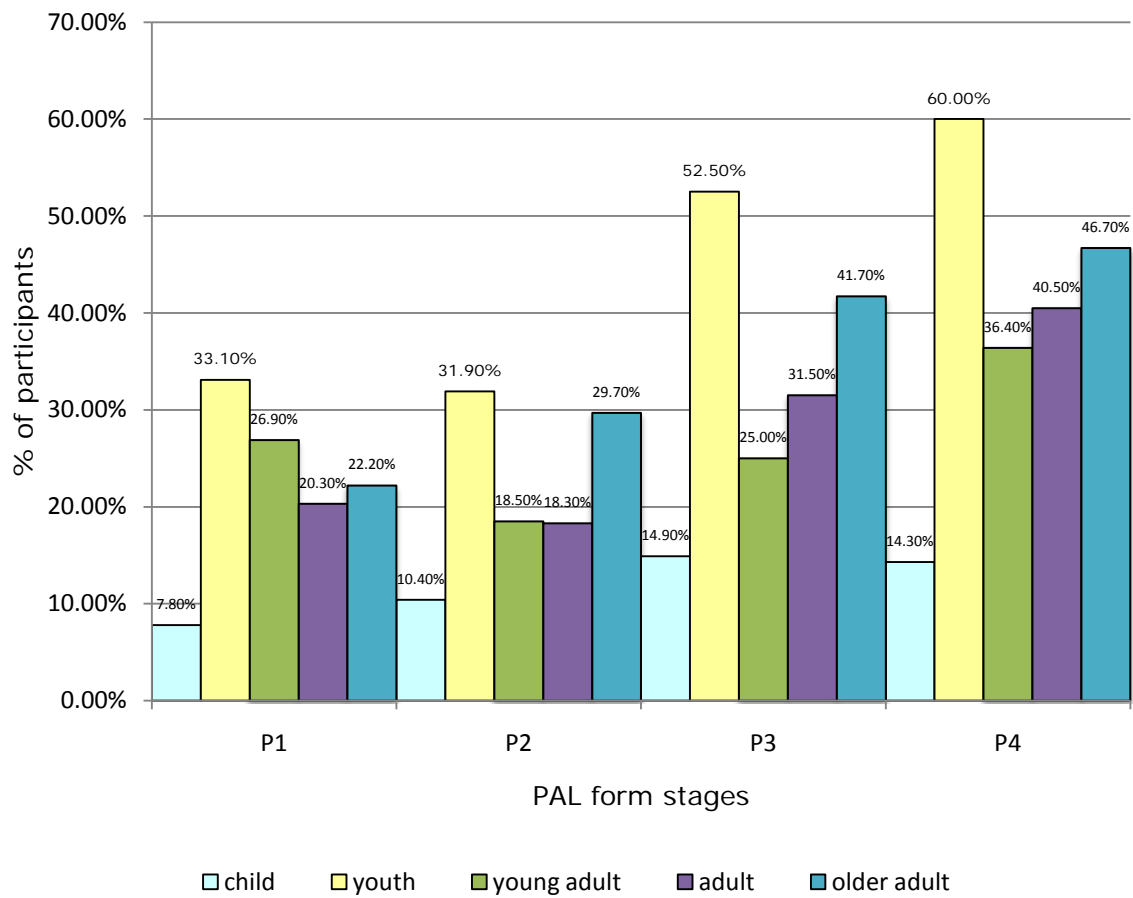
In all stages in the lifecycle, active exercise increases within the cohort between stages PAL 1 through to PAL 4 with the exception of the youth stage in the lifecycle. This is shown in figure 5.8 below.

Figure 5.8 – the proportion of participants at each stage in the lifecycle filling in forms at each PAL stage who increase their Activity Index scores from one PAL stage to the next, through the PAL 1 – PAL 2, PAL 1 – PAL 3 and PAL 1 – PAL 4 transitions



The proportion of those meeting the government minimum exercise requirement at each of the PAL stages also changes over the different PAL stages differentially, by stages in the lifecycle. This is shown in figure 5.9 below. Within the limitation of the number of people filling in successive PAL forms decreasing considerably at each PAL stage, the proportion of children meeting the minimum exercise requirement increases least, and indeed falls back at PAL 4 stage, possibly because their minimum exercise requirement is twice that of all other stages in the lifecycle. The proportion of youths meeting the minimum exercise requirement increases the most, but the increase in older adults meeting the minimum exercise requirement is the most consistent.

Figure 5.9 – the proportion of participants filling in forms at each PAL stage who are achieving government minimum exercise requirements at each stage by different age cohorts



## 2.6. PAL Data and demographic characteristics: ethnicity

Using the same activity index profiling as presented in section 2 above, differences between ethnic groupings can be explored.

### 2.6.1 Ethnicity profiles at PAL 1 stage

Of the 3,686 people aged 16 and over who filled out a PAL 1 form, 25.1% considered themselves to be from an ethnic minority group. This statistic is not directly comparable with Welsh national data, as these latter data use different ethnic categorisations. Nationally the ethnic profile of Wales (Office for National Statistics 2010) was as indicated in Figure 6.1 below. Even allowing for these differences in categorisation it is reasonable to assume that those who filled in PAL 1 forms were collectively of a very different ethnic makeup than the population as a whole as they comprised over a quarter (25.1%) of the PAL 1 population compared 4.75% of the Welsh population as a whole.

Figure 6.1 – the ethnic distribution of the Welsh Population in 2010

White: British	94.73
White: Irish	0.52
All other ethnic groups	4.75

Source: *Office for National Statistics, 2010*

It can be concluded from this that Mentro Allan has been successful in targeting the ethnic minority population.

Taking those of 16 or over only, of those filling in the PAL 1 form who provided valid responses, some 18.8% of ethnic minority people were meeting the minimum exercise requirement at PAL 1 stage compared to 24.5% amongst the ethnic majority population.

### 2.6.2 Ethnic profiles at PAL 2 stage.

Amongst those aged 16 and over, by PAL stage 2, the proportion of ethnic minorities amongst participants had fallen to 19.9%, and ethnic majorities to 80.1%. At this stage, the number of ethnic minority people meeting the minimum exercise requirement or above had fallen to 10.8% whereas amongst ethnic majority people, it had risen slightly to 25.9%

Of those aged 16 and over filling in PAL 2 forms, those showing no change in their activity index between PAL 1 and PAL 2, was roughly the same between the ethnic minority and ethnic majority populations (75% and 75.8% respectively)

Some 18.8% of ethnic minority people were taking less exercise at PAL 2 than at PAL 1 and for ethnic majority people, this figure was 9.5%. Some 6.2% of ethnic minority people were taking more exercise at PAL 2 than PAL 1, whereas 14.8% of ethnic majority people were. It would appear from these data that of those people over 16 who progressed from PAL 1 to PAL 2 the ethnic minority population has a smaller proportion of people who meet minimum exercise requirements and a smaller proportion of people who improve their performance between PAL 1 and PAL 2 than the ethnic majority population.

### 2.6.3 Ethnicity profiles at PAL 3 stage.

Amongst those aged 16 and over, by PAL stage 3 the proportion of the ethnic minority population who filled in a PAL form scheme had fallen to 12.2% but within this group, those meeting the minimum exercise requirement had risen from 10.8% at PAL 2 stage

to 14.9% at PAL 3 stage. For ethnic majority people, the proportion meeting the minimum exercise requirement has risen from 25.9% at PAL 2 to 38.8% at PAL 3.

Of those aged 16 and over filling in PAL 3 forms, 77.6% of ethnic minority people showed no change in their activity index between PAL 1 and PAL 3, compared with 64.0% of the ethnic majority population. Some 14.9% of ethnic minority people were taking less exercise at PAL 2 stage relative to PAL 1 stage and 11.0% of ethnic majority people were. Finally, 7.5% of ethnic minority people and 25.0% of ethnic majority people were taking more exercise at PAL 3 stage compared at PAL 1 stage. In this transition it is again the ethnic majority population that is increasing its exercise levels relatively more than the ethnic minority population.

**2.6.4 Gender profiles at PAL 4 stage.**

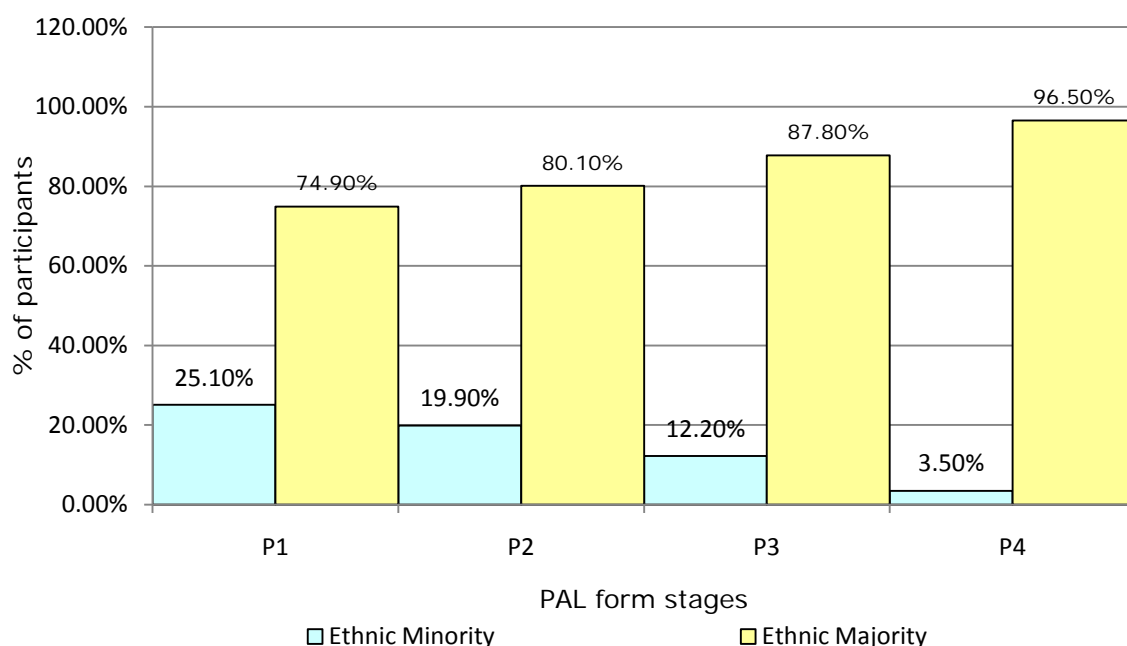
Amongst those aged 16 and over, by PAL stage 4, the proportion of the ethnic minority population filling out forms had fallen to 3.5%, 30.0% of whom were meeting the exercise requirement. Some 44.5% of the ethnic majority population was meeting the exercise requirement at this stage.

Of those aged 16 and over filling in PAL 4 forms 60% of both ethnic populations showed no change in their activity index between PAL 1 and PAL 4. Some 30% of the ethnic minority population was doing less exercise at PAL 4 compared to PAL 1 and for the ethnic majority population, this was 9.9%. Some 30.3% of the ethnic majority population was doing more exercise at PAL 4 compared to PAL 1 but only 10.0% of the ethnic minority population was.

**2.6.5 Salient Ethnicity Characteristics**

The most significant ethnicity characteristic across the PAL transitions from 1 – 4, of those aged 16 or over, is the decline in the ethnic minority population as a proportion of those filling in the forms. This is shown in figure 6.2 below. The proportion of the ethnic minority population meeting the minimum exercise requirement also remained below that of the ethnic majority population for each of the four PAL stages.

Figure 5.2 – the proportion of participants filling in forms at each PAL stage who classed themselves as being a member of the ethnic minority population.



## **2.7. PAL Data and demographic characteristics: disability**

Using the same activity index profiling as presented in section 2 above, differences between disabled and non-disabled people can be explored.

### ***2.7.1 Disability profiles at PAL 1 stage***

Of the 3,686 people aged 16 and over who filled out a PAL 1 form, 3,611 of them responded to the question on disability. Of these, 26.8% of them considered themselves to be disabled. This corresponds to 23% of the Welsh population as a whole (Office for national statistics 2011) who reported in 2001 having a limiting long-term illness or disability which restricted their daily activities. Despite high rates of disability in Wales, only 12 per cent of the population rated their general health as 'not good'. It might be concluded from this that the Mentro Allan partner projects attracted a slightly higher proportion of disabled people than are to be found in the Welsh population as a whole.

Taking those of 16 or over only, of those filling in the PAL 1 form who provided valid responses, some 13.8% of disabled people were meeting the minimum exercise requirement at PAL 1 stage compared to 26.6% of those people over 16 who did not consider themselves to be disabled.

### ***2.7.2 Disability profiles at PAL 2, 3 and 4 stages.***

Of those aged 16 and over, by PAL stage 2, the proportion who considered themselves to be disabled amongst participants had risen significantly to 35.6%. At this stage, a higher proportion of people considering themselves to be disabled than at PAL stage 1 were meeting the minimum exercise requirement or above. It had risen to 14.7%.

By PAL 3 stage, the proportion of those people who considered themselves to be disabled amongst participants had risen further to 42.6% and 21.9% of them were meeting the minimum exercise requirement or above. By PAL 4 stage 46.6% of those filling out the form considered themselves disabled and 26.5% of them were meeting the minimum exercise requirement.

### ***2.7.3 Salient disability characteristics***

The most significant disability characteristic across the PAL transitions from 1 – 4, of those aged 16 or over, is the increase in their proportion of all of those who filled out PAL forms over the sequence. This is shown in figure 7.1 below. The proportion of those who considered themselves disabled who met the minimum exercise requirement remained constantly below those who did not (see figure 7.2), however, even though the relative proportions of these who met the minimum exercise requirement 'closed the gap' between the disabled and non-disabled at each PAL stage.

Figure 7.1 – the proportion of participants filling in forms at each PAL stage who classed themselves as being disabled.

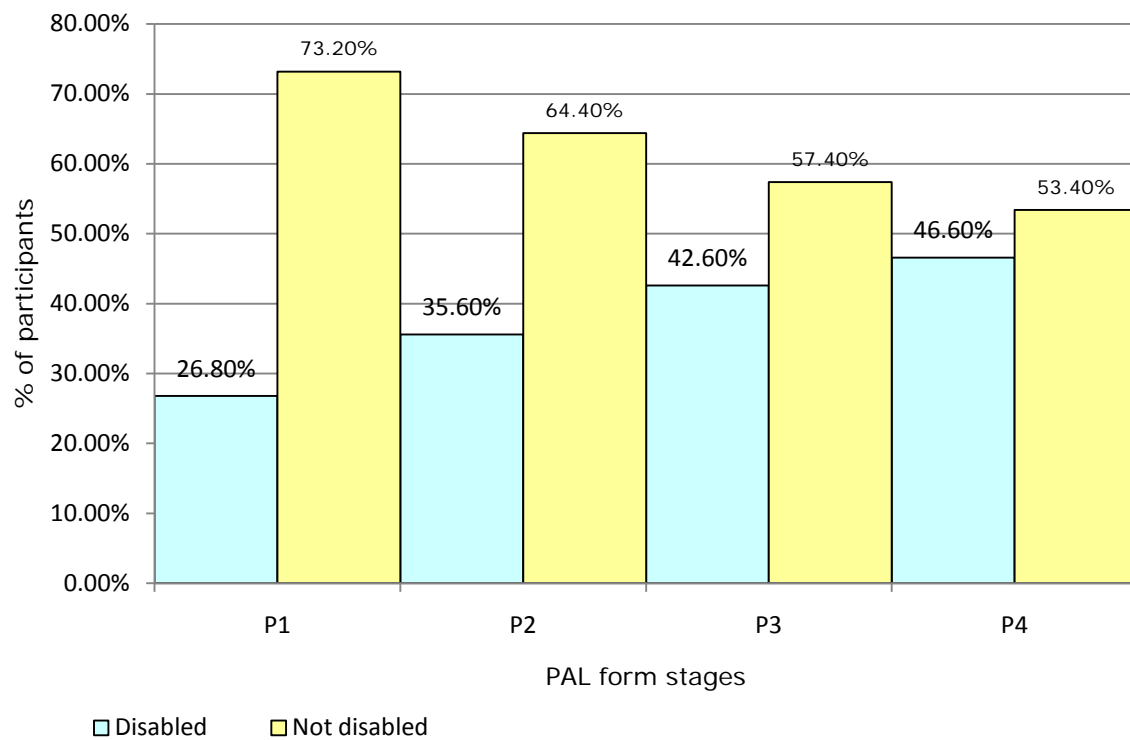
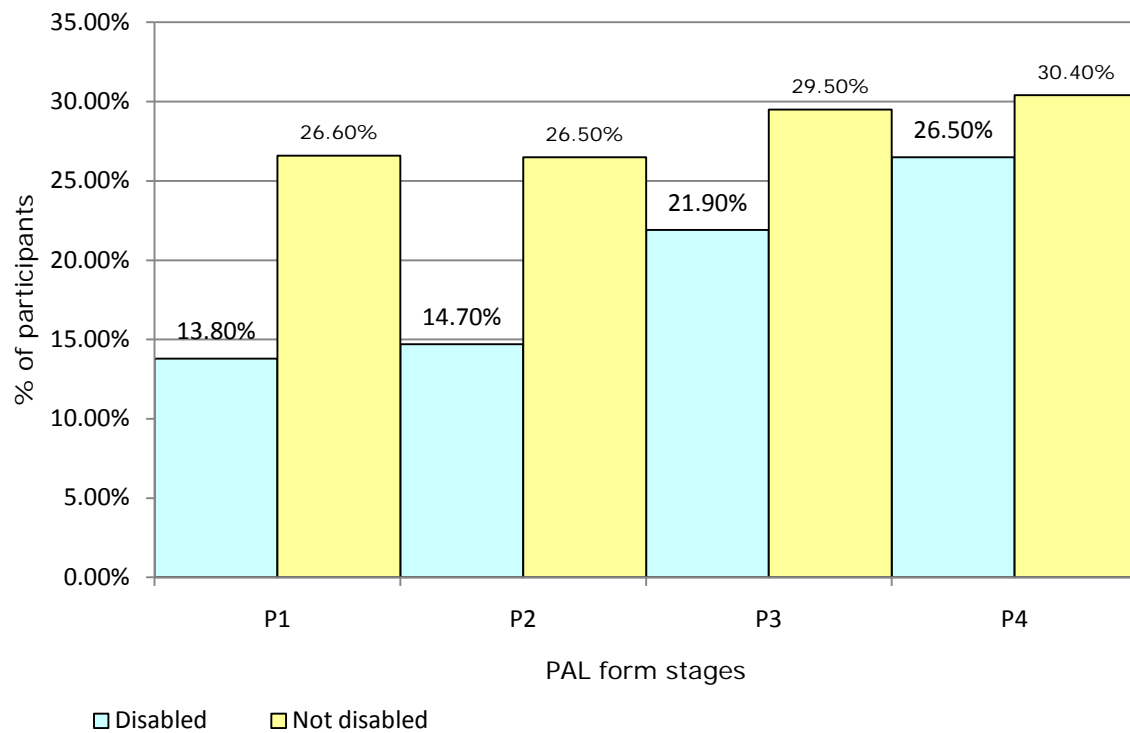


Figure 7.2 – the proportions of participants filling in forms at each PAL stage who claimed that they were meeting the minimum exercise requirement.



## 2.8. Different types of activity undertaken: those aged 16 and over

### 2.8.1 Activities from the PAL data

On the PAL forms, all participants were asked to specify how many days a week upon which they undertook moderate or vigorous activity to the level of their daily minimum exercise requirement (30 minutes for adults), they spent undertaking different types of such activity. It is thus possible to examine the relative 'popularity' of each of six different types of moderate and vigorous activity at each PAL stage. The six types of activity articulated in the questionnaire are coded as in figure 8.1 below. This coding is used in the subsequent analysis.

Figure 8.1 – the moderate and vigorous activity types identified in the PAL form

CS	Competitive sport (e.g. tennis, gymnastics, athletics, football)
ARI	Active recreation indoors (e.g. aerobics, swimming, dancing for fitness or pleasure)
ARO	Active recreation outdoors (e.g. cycling, walking, sailing, jogging for fitness or pleasure)
AT	Active travel (e.g. walking or cycling to get somewhere)
D	Domestic or non sport activity (e.g. housework, gardening)
W/S	Part of your work/school

Figure 8.2 below shows the relative popularity of the different types of moderate or vigorous activity at PAL 1 stage for those aged 16 and over. For a clearer picture of these relativities, the percentage of people aged 16 and over who filled out a PAL 1 form who did not undertake any of these activities to the required 30 minutes is omitted in figure 8.3

Figure 8.2 – the relative popularity of different types of moderate or vigorous activity amongst those of 16 and over at PAL 1 stage (%)

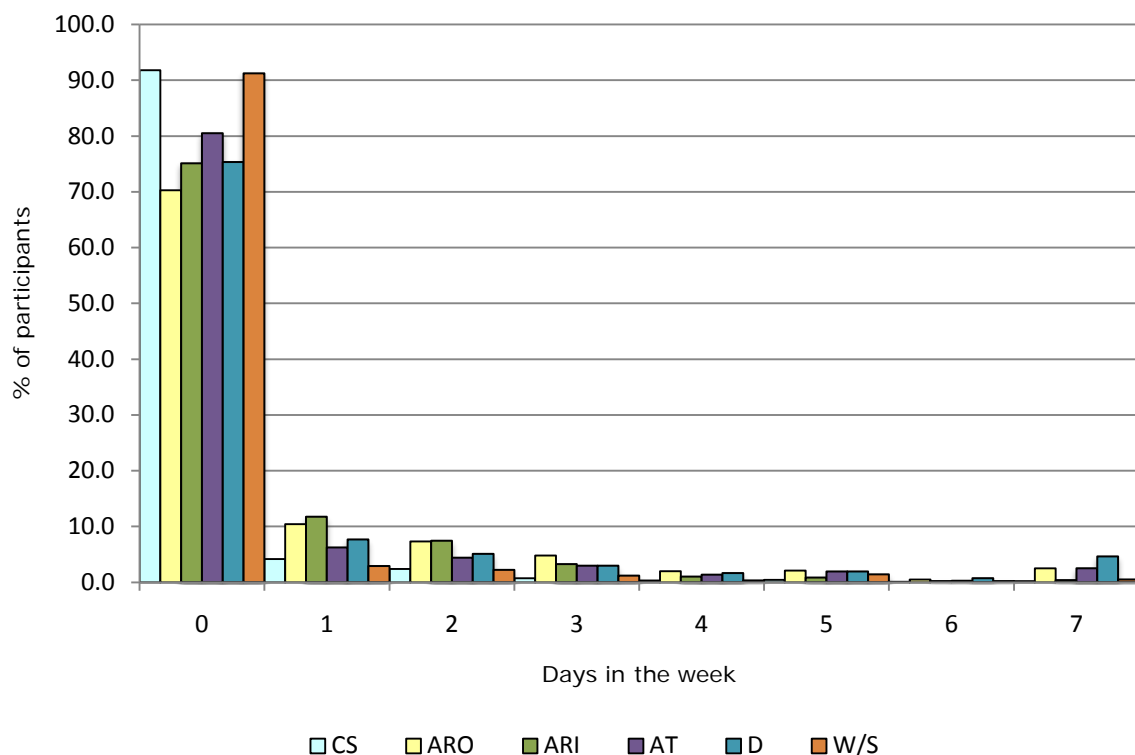
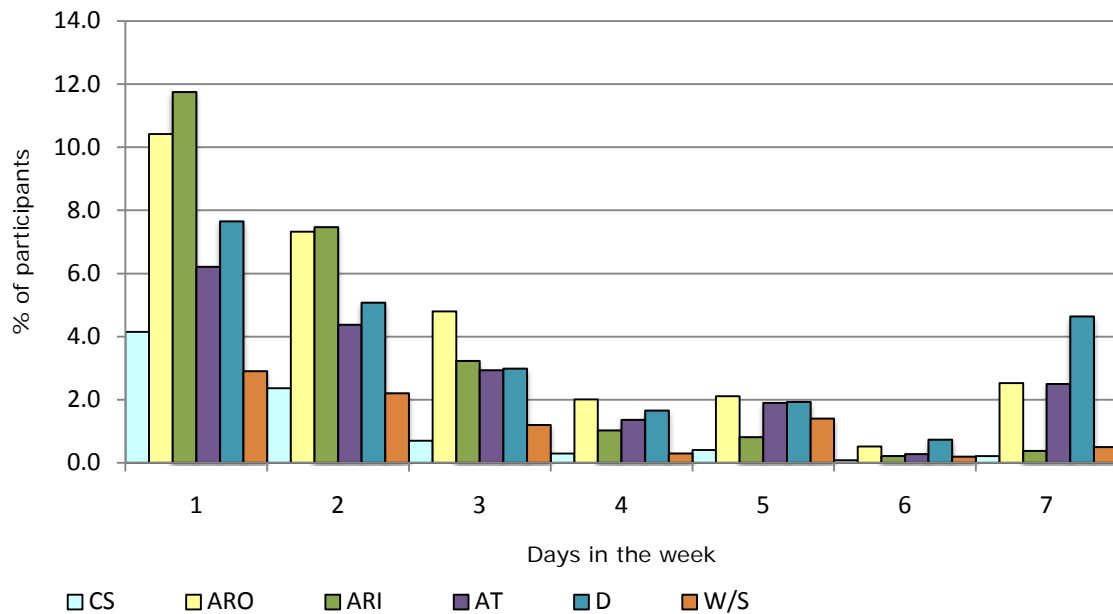


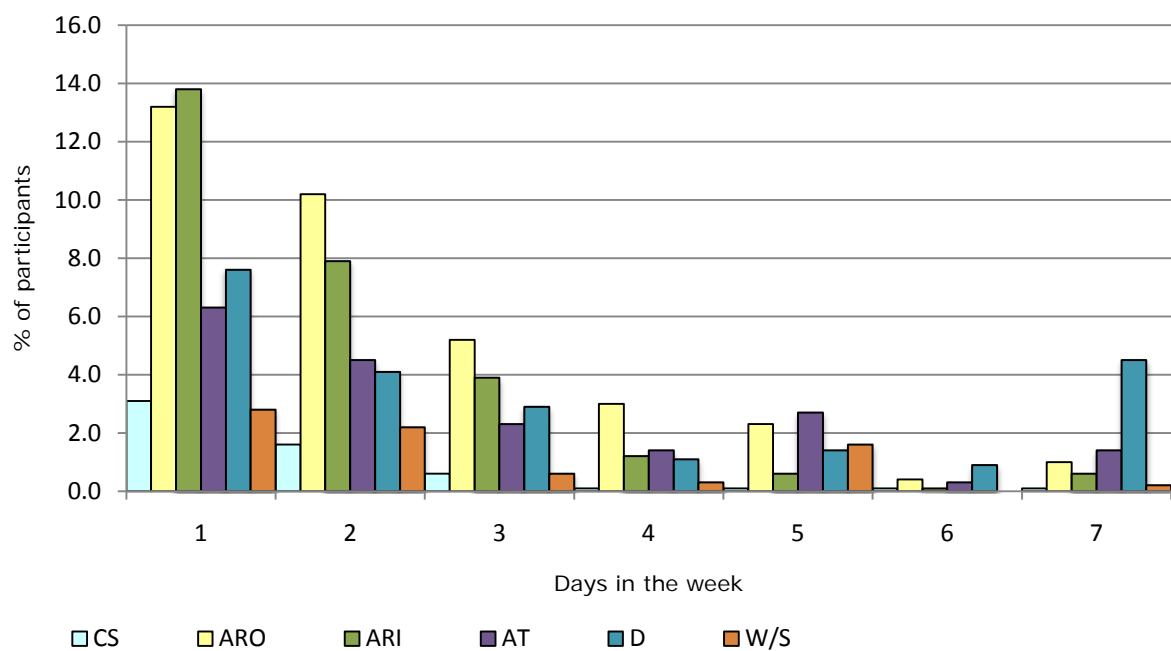
Figure 8.3 – the relative popularity of different types of moderate or vigorous activity amongst those of 16 and over who undertook at least 30 minutes of exercise in any one of these activities at PAL 1 stage (%)



From figure 8.3 it can be seen that in order, indoor activity, outdoor activity and domestic activity are the most popular forms of moderate and vigorous activity at PAL 1 stage and domestic activity decreases the least in terms of the number of days in the week it is carried out to the degree that it contributes to the minimum daily exercise requirement. Competitive sport is undertaken least frequently in terms of the number of days in the week it is undertaken.

The corresponding profile of activities at PAL 2 stage is in figure 8.4 below.

Figure 8.4 – the relative popularity of different types of moderate or vigorous activity amongst those of 16 and over who undertook at least 30 minutes of exercise in any one of these activities at PAL 2 stage (%)

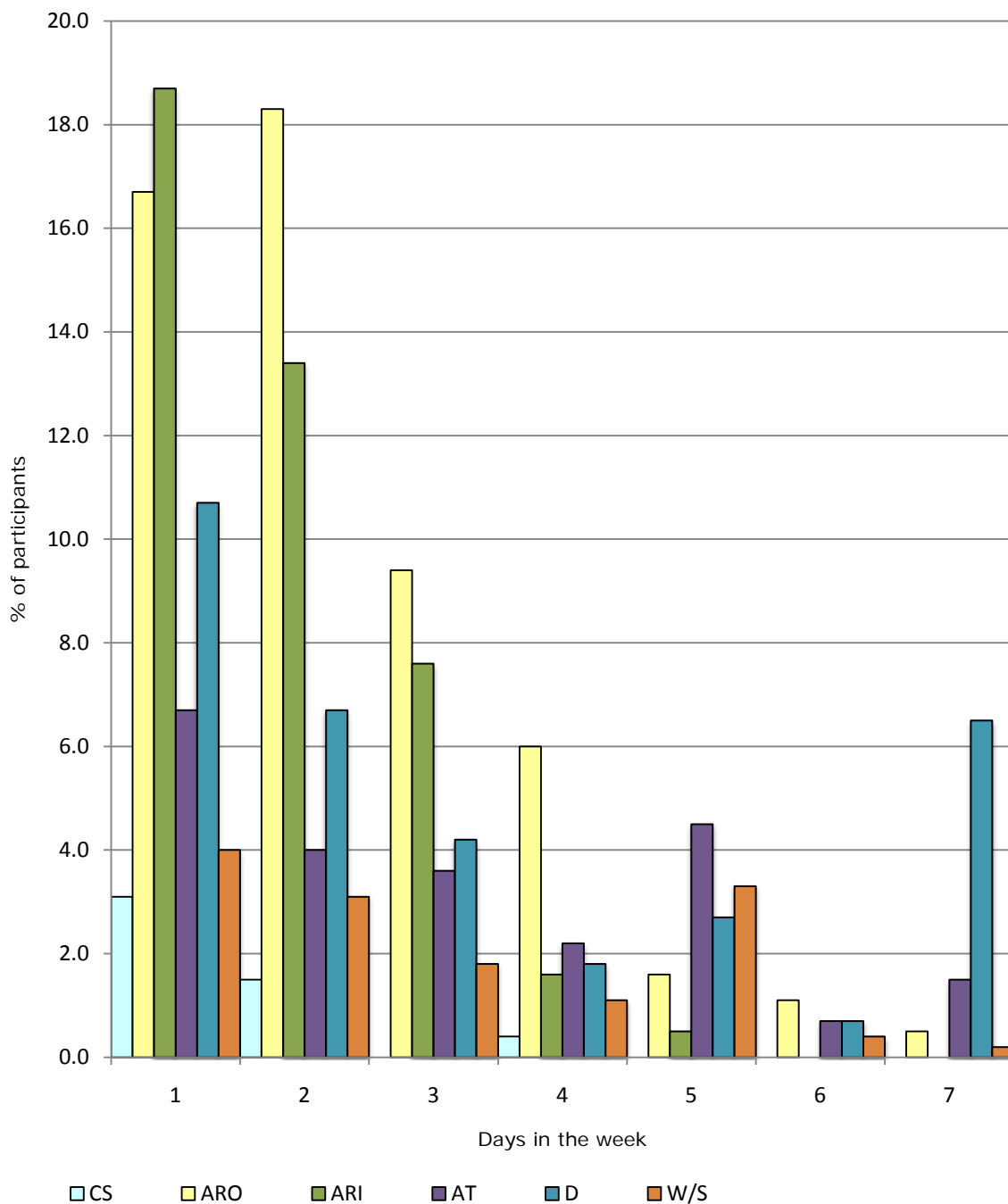




Here, the patterns of activity type appear similar to those observed at PAL 1 stage except that outdoor activity appears to be becoming increasingly popular between PAL 1 and PAL 2 stages.

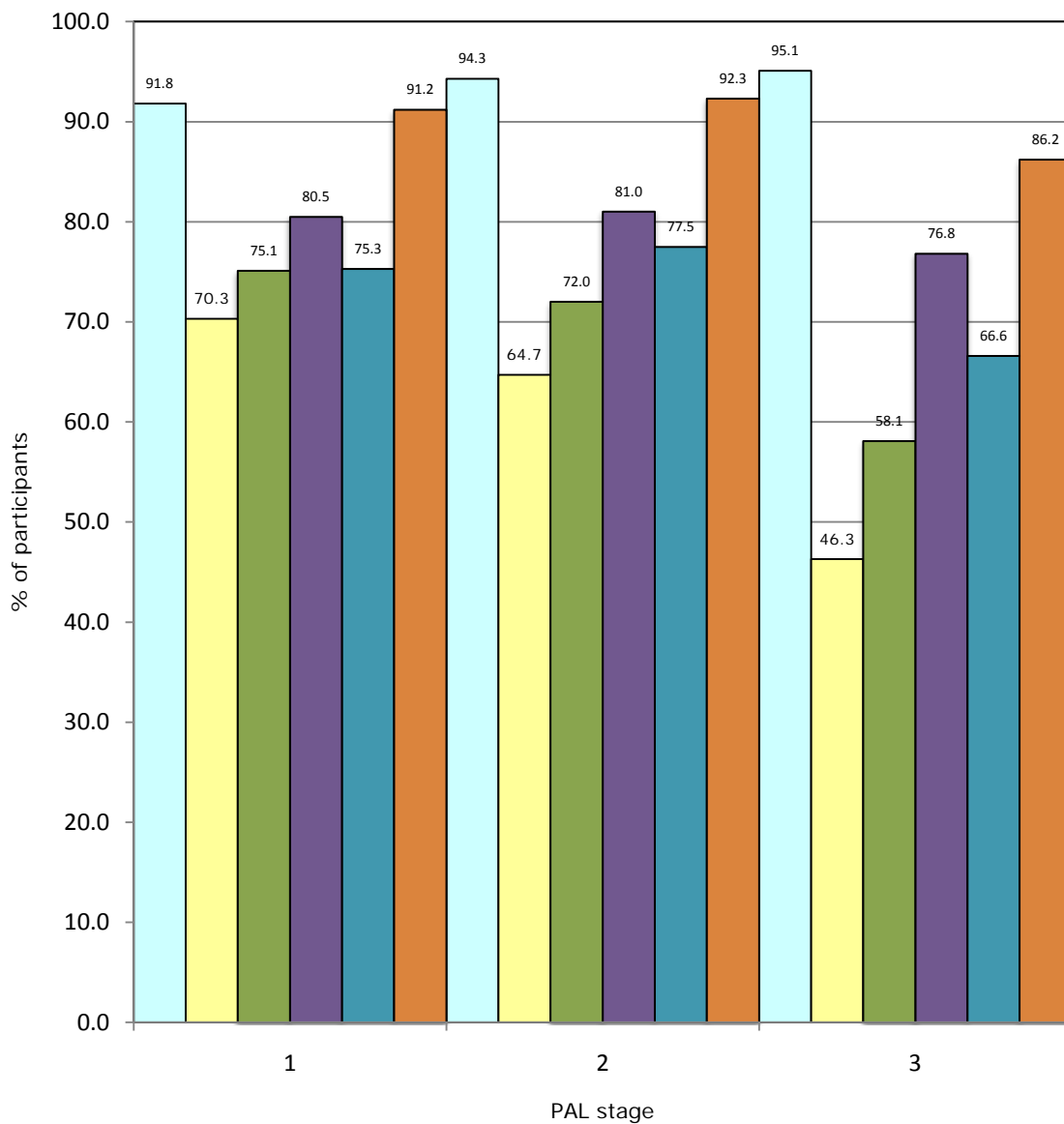
The corresponding profile of activities at PAL 3 stage is in figure 8.5 below. Here again, outdoor activity appears to be increasing in popularity as each PAL stage progresses, with slight increases in the popularity of active travel.

Figure 8.5 – the relative popularity of different types of moderate or vigorous activity amongst those of 16 and over who undertook at least 30 minutes of exercise in any one of these activities at PAL 3 stage (%)



The overall pattern of the proportion of people *not* undertaking these activities at each of the PAL stages also can be explored. This is set out in figure 8.6 below. Here, participation in competitive sport remains consistently the highest area of non-participation in each of the three PAL stages. Indeed, non-participation in competitive sport increased across each PAL stage. Non-participation in active outdoor recreation reduces at each PAL stage, as does non-participation in active indoor recreation. All other activities show no consistent trend over each PAL stage. The reasons for this are not evident from the data.

Figure 8.6 – the relative distribution of all of those of 16 and over who filled in a PAL form that undertook none of these activities at each of the PAL stages. (%)



□ CS   □ ARO   □ ARI   □ AT   □ D   □ W/S

### **2.8.2 Activities from the attendance data**

Whilst a range of activities is noted in the attendance data, the vast majority of attendances have no identified activity associated with them at all. Some 99.7% of all attendances have no activity associated with them in the fourth quarter of 2006 for example and even the highest specification of activities against attendances, in the second quarter of 2010, has no information about 77.25% of attendances. In 5 of the 19 quarters for which attendance information is available, more than 90% of the attendance data have no activity recorded against them and in 17 of the 19 quarters more than 80% of the attendance data have no activity recorded against them.

Because of these data 'gaps' it would be misleading to attempt to describe an activity pattern from the attendance data.

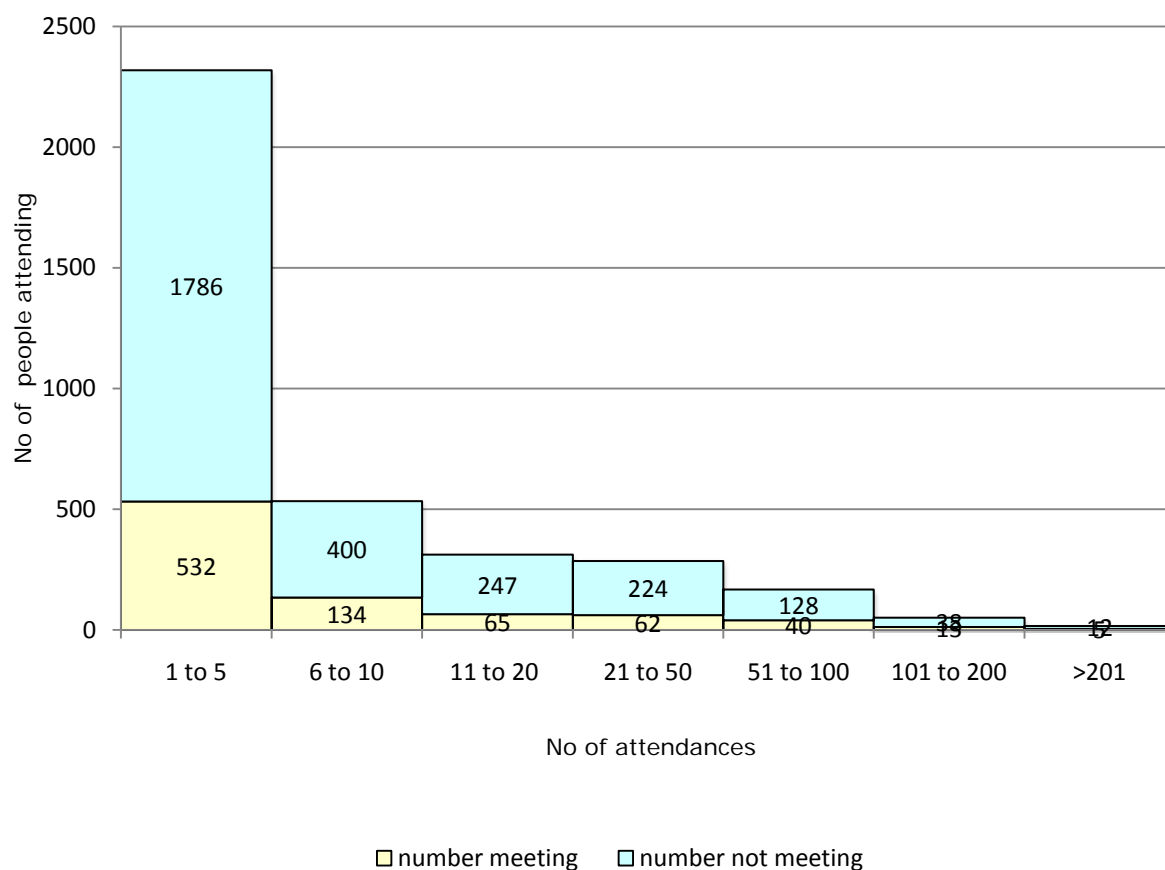
## 2.9 Attendance data and their relationship with PAL data

### 2.9.1 PAL data and attendance data amongst those aged 16 and over.

PAL data give a good indication of those who registered for one of the Mentro Allan projects, and how their number and demographic profile changed at subsequent PAL stages. Attendance data, however gives an insight into how frequently those who registered with a project by filling out a PAL form took part in the project activities: how often they attended. Figure 9.1 explains this relationship.

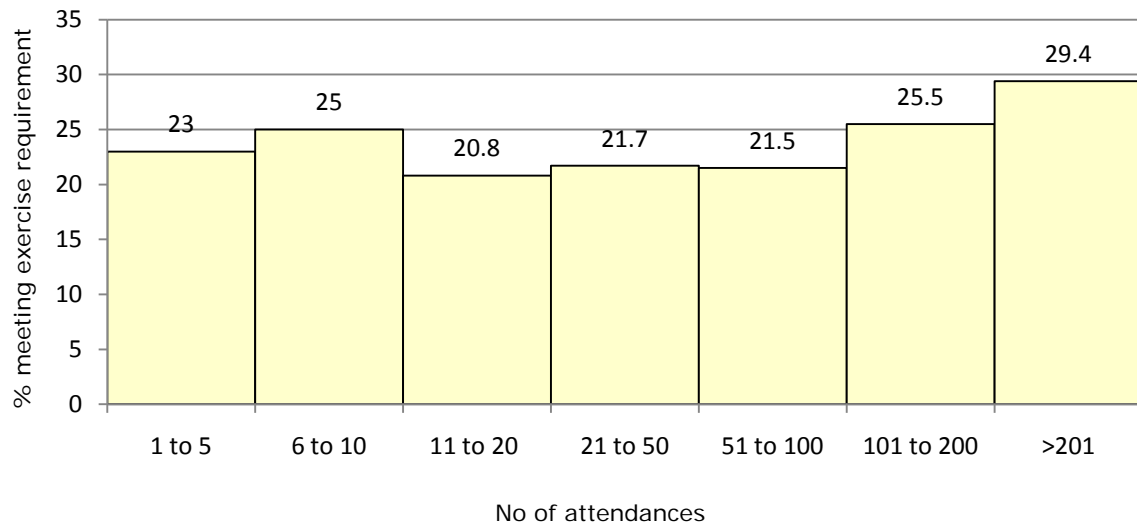
In figure 9.1, the majority of those of 16 years old and above who filled out a PAL 1 form attended the project between 1 and 5 times. Some 2,318 people attended between 1 and 5 times, and 532 (23%) of these people were meeting the minimum exercise requirement of 5 x 30 minutes of exercise a week. Clearly, as the frequency of attendances increases, so the number of people attending at these frequencies, diminishes. Thus, the number of people of 16 years and older attending their project more than 201 times, who also filled out a PAL 1 form reduced to 17.

Figure 9.1 – the frequency of attendances at partner projects by those who met the minimum exercise requirement and those who did not of those of 16 years and older who filled in a PAL 1 form (%)



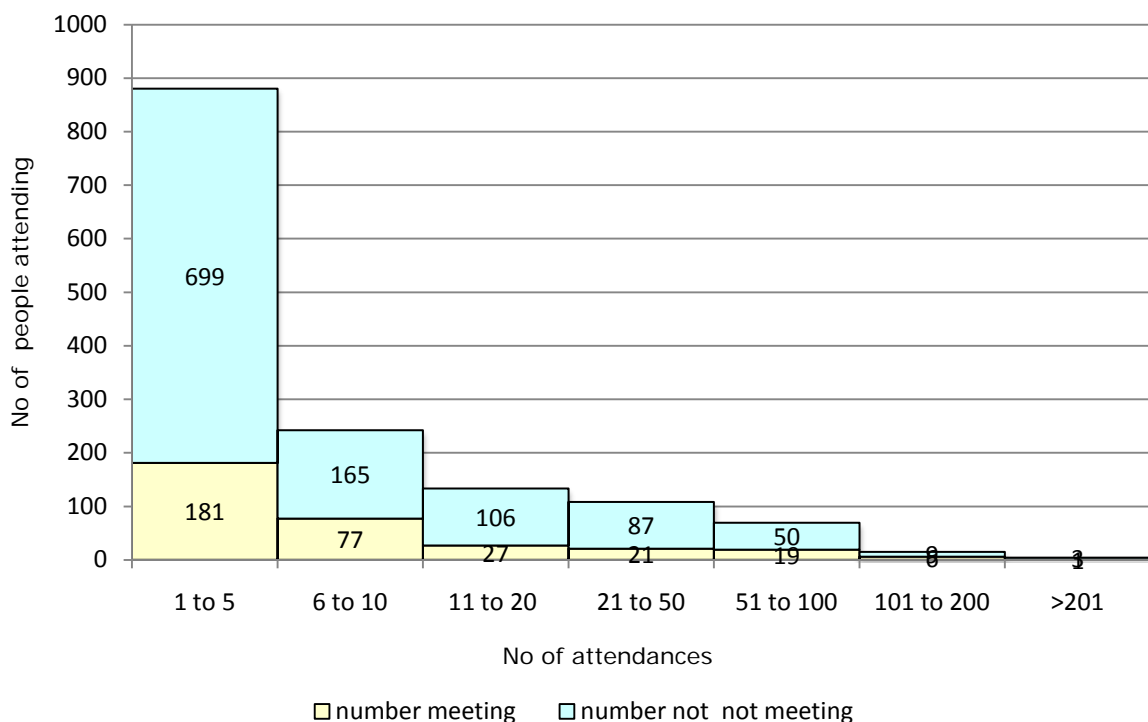
Interestingly, however, the proportion of people who met the minimum exercise requirement does not increase consistently with increased attendance at PAL 1 stage. This proportion is shown in figure 9.2 below. Once attendances increase beyond 51, however, the proportion of people meeting the minimum exercise requirement does increase with frequency of attendance.

Figure 9.2 – the proportion of those of 16 and over who filled in a PAL 1 form meeting the minimum exercise requirement in relation to how frequently they attended their project (%).



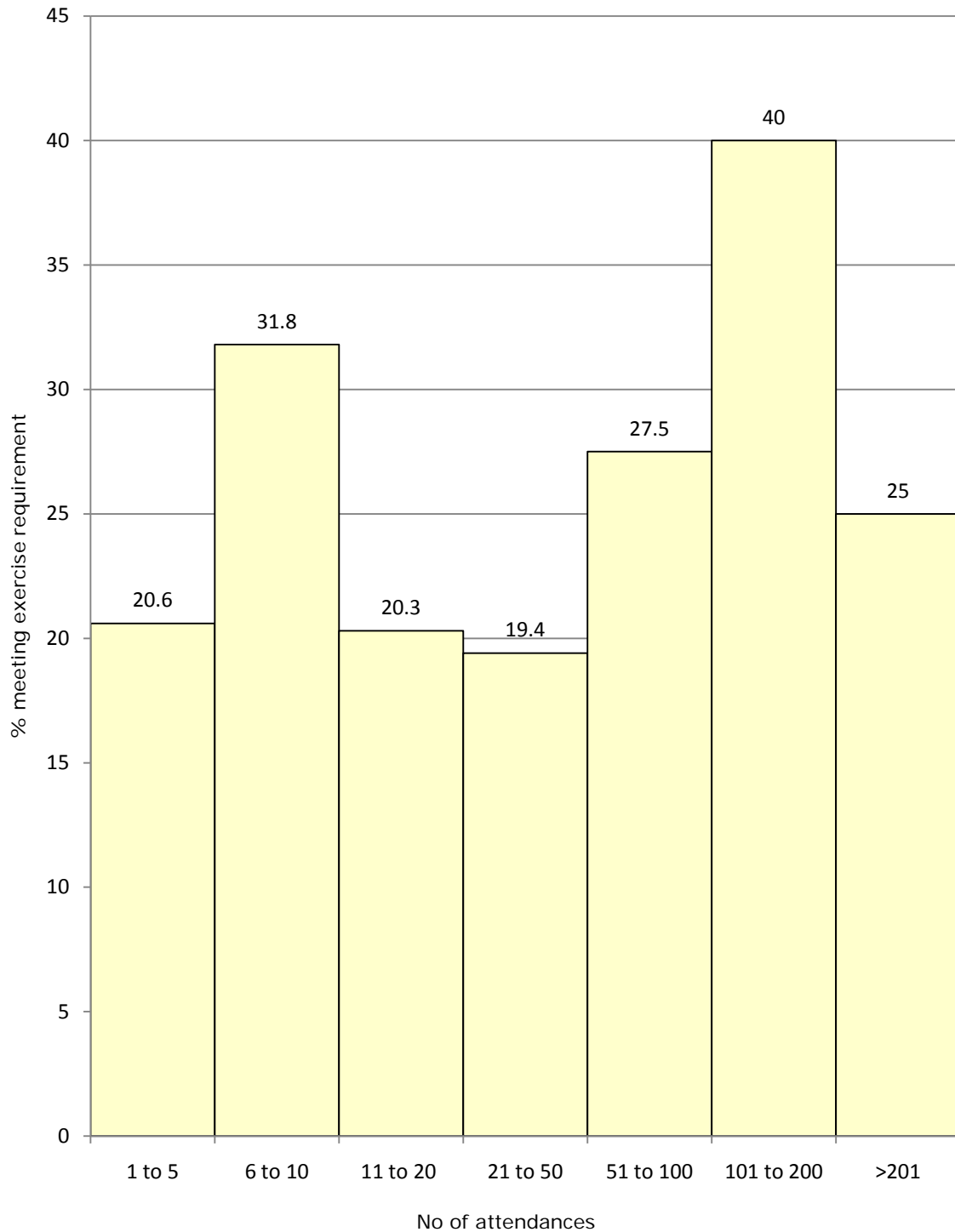
The situation does change at PAL 2 stage – see figure 9.3. Some 880 people of 16 years and older who filled out a PAL 2 form attended the project between 1 and 5 times. Some 20.6% of these people were meeting the minimum exercise requirement of 5 x 30 minutes of exercise a week, proportionately fewer than at PAL 1 stage. Clearly again at PAL 2 stage, as the frequency of attendances increases, so the number of people attending at these frequencies, diminishes. Thus, the number of people of 16 years and older attending their project more than 201 times, who also filled out a PAL 2 form reduced to 4.

Figure 9.3 – the frequency of attendances at partner projects by those who met the minimum exercise requirement and those who did not of those of 16 years and older who filled in a PAL 2 form (%)



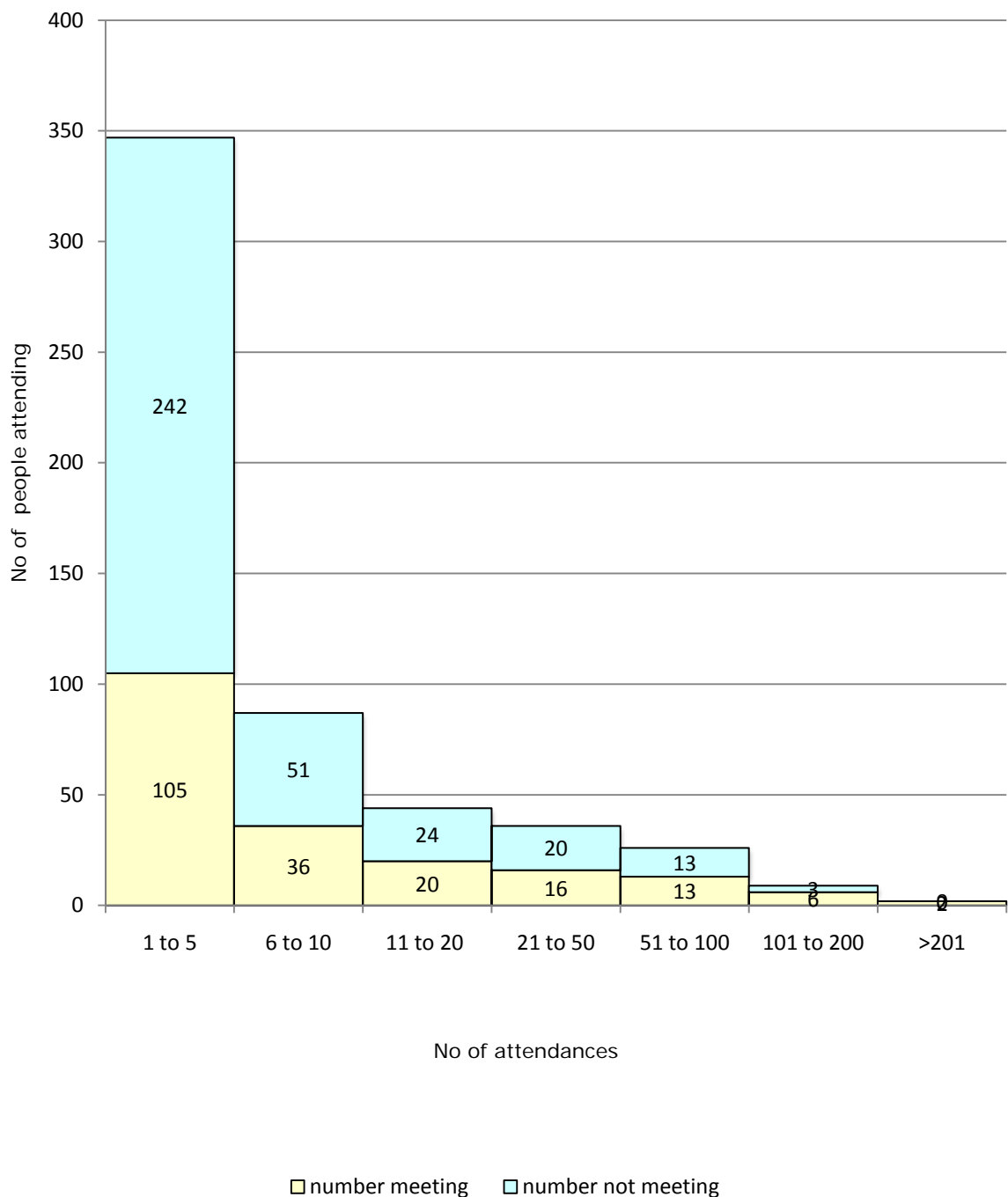
As with PAL stage 1, the proportion of people who met the minimum exercise requirement does not increase consistently with increased attendance at PAL 2 stage. This proportion is shown in figure 9.4 below.

Figure 9.4 – the proportion of those of 16 and over who filled in a PAL 2 form meeting the minimum exercise requirement in relation to how frequently they attended their project (%).



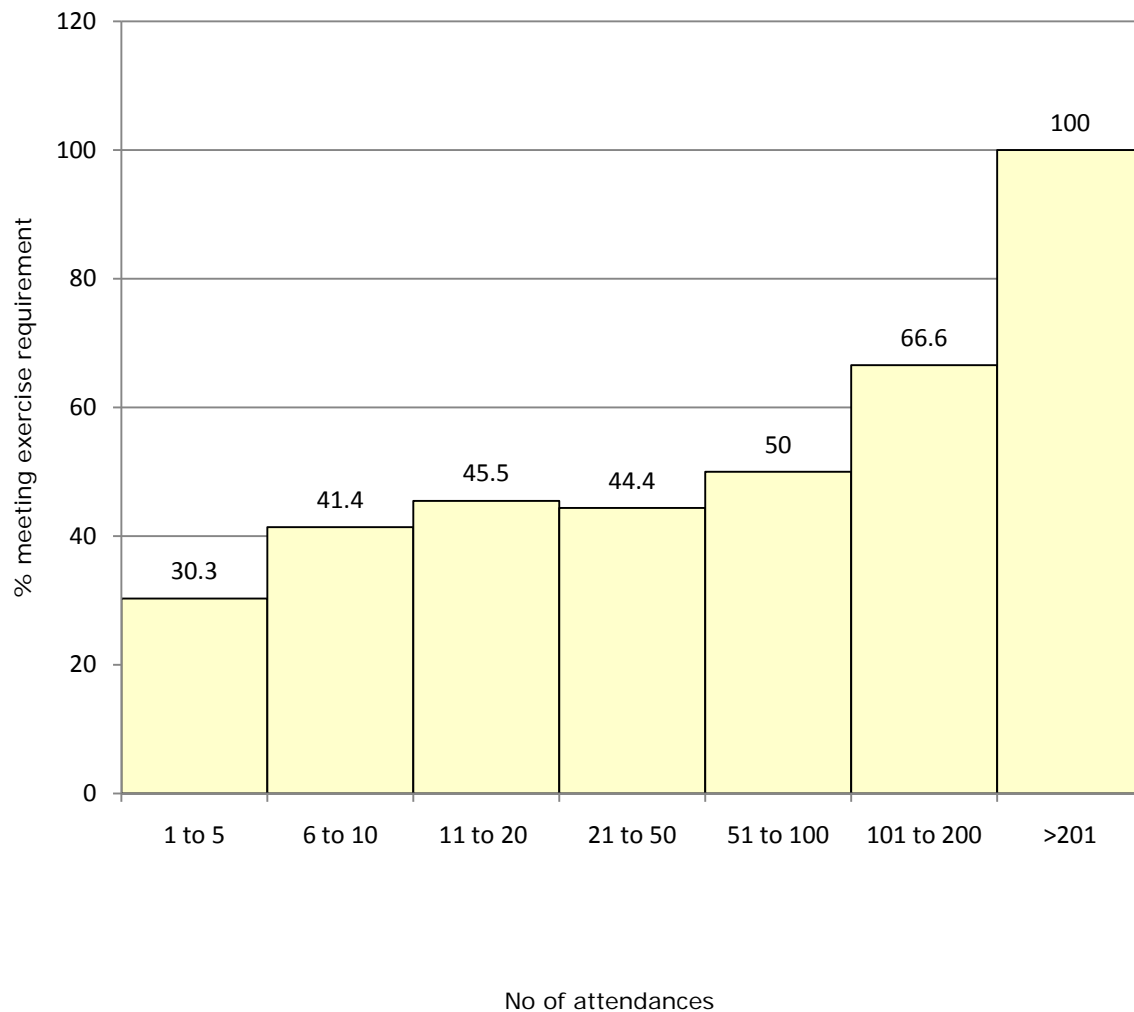
At PAL 3 stage, some 347 people of 16 years and older who filled out a PAL 3 form attended the project between 1 and 5 times. This is shown in figure 9.5 below. Some 30.3% of these people were meeting the minimum exercise requirement of 5 x 30 minutes of exercise a week, proportionately more than at PAL 1 and PAL 2 stages. Clearly again at PAL 3 stage, as the frequency of attendances increases, so the number of people attending at these frequencies, diminishes. Thus, the number of people of 16 years and older attending their project more than 201 times, who also filled out a PAL 3 form reduced to 2.

Figure 9.5 – the frequency of attendances at partner projects by those who met the minimum exercise requirement and those who did not of those of 16 years and older who filled in a PAL 3 form (%)



In a departure from PAL stages 1 and 2, the proportion of people aged 16 and over who met the minimum exercise requirement does increase reasonably consistently with increased attendance at PAL 3 stage. This proportion is shown in figure 9.6 below although it should be noted that the two most frequent categories of attendance are based on small amounts of data. By PAL 3 stage it would appear that both longevity on the project and higher frequencies of attendance have a positive influence on meeting the minimum exercise requirements amongst those of 16 years and older,

*Figure 9.6 – the proportion of those of 16 and over who filled in a PAL 3 form meeting the minimum exercise requirement in relation to how frequently they attended their project (%).*



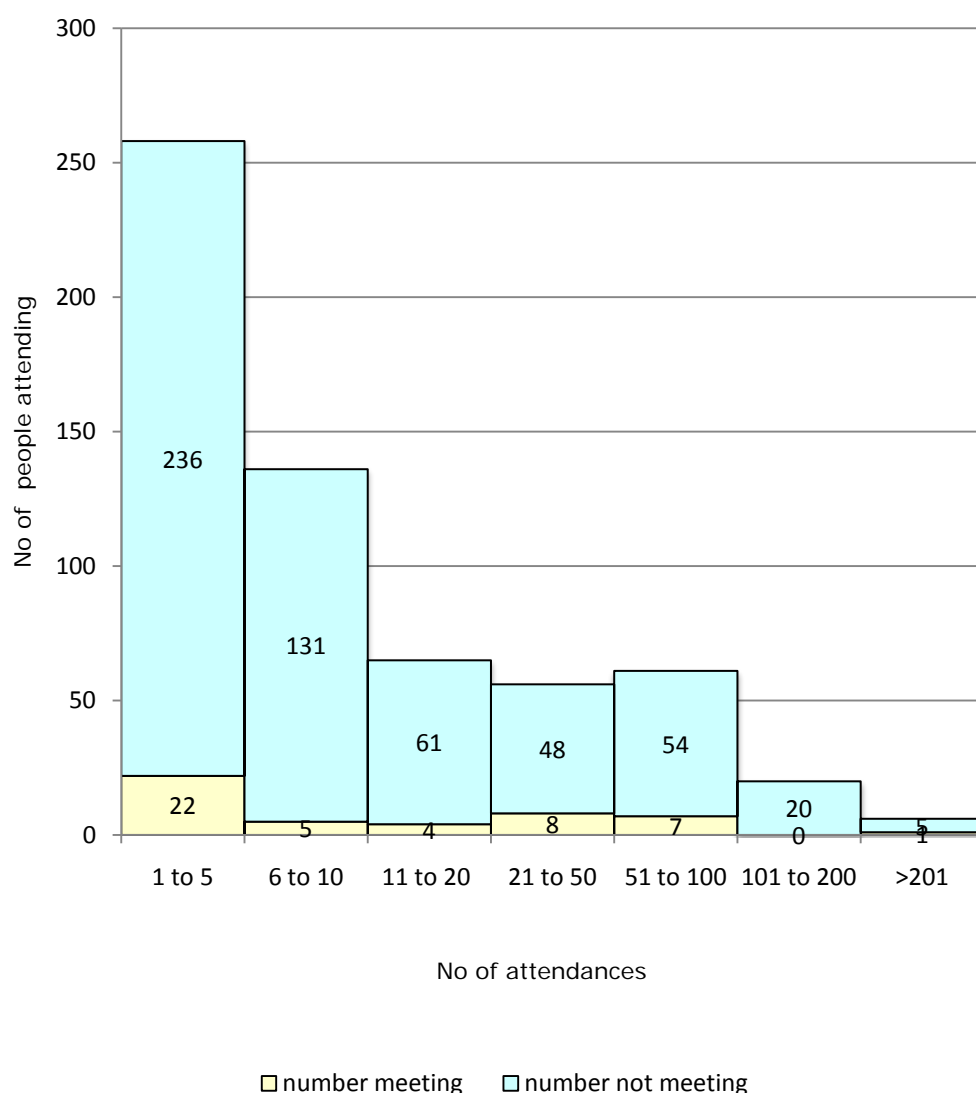
If figures 9.2 and 9.6 are compared, an indication can be given of the relationship between the frequency of attendance and meeting the minimum exercise requirement as individual participants progress through the sequence of filling in PAL forms from the PAL 1 to the PAL 3 stage. As has been noted above, at PAL 1 stage (figure 9.2) there is little relationship between frequency of attendance and the meeting of the minimum exercise requirement until very regular attendance has occurred – a level above 51 attendances. By PAL 3 stage, however, (figure 9.6) there is a much more direct relationship between frequency of attendance and the achievement of the minimum exercise requirement. Across all levels of attendance, the minimum exercise requirement increases with frequency of attendance.



### 2.9.2 PAL data and attendance data amongst those aged under 16.

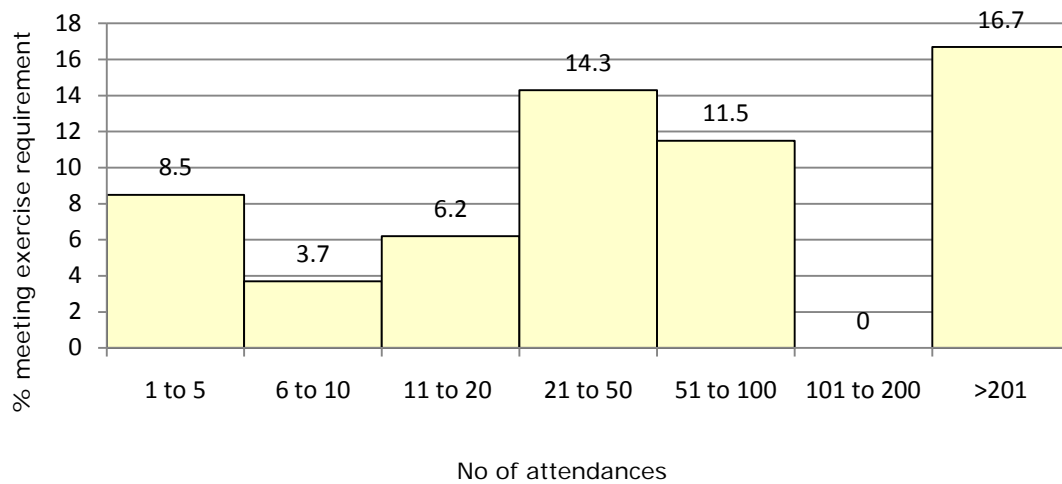
In figure 9.7, the majority of those of under 16 years old who filled out a PAL 1 form attended the project between 1 and 5 times. Some 258 people attended between 1 and 5 times, and 22 (8.5%) of these people under 16 were meeting the minimum exercise requirement of 5 x 60 minutes of exercise a week. In general, as the frequency of attendances increases, so the number of people attending at these frequencies diminishes. There is a slight exception to this in that more people under 16 attended their projects between 50 and 100 times than attended between 21 and 50 times. The number of people under 16 years attending their project more than 201 times, who also filled out a PAL 1 form reduced to 6.

Figure 9.7 – the frequency of attendances at partner projects by those who met the minimum exercise requirement and those who did not of those of under 16 years of age who filled in a PAL 1 form (%)



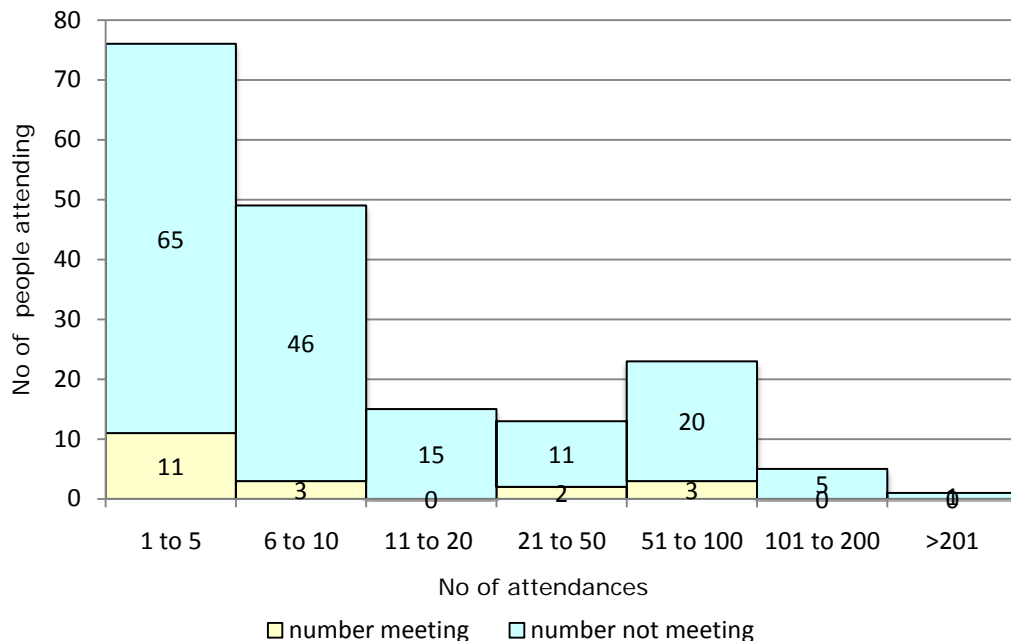
From figure 9.8 below there appears to be no relationship between the proportion of people under 16 who met the minimum exercise requirement and frequency of attendance at PAL 1 stage.

Figure 9.8 – the proportion of those aged under 16 who filled in a PAL 1 form meeting the minimum exercise requirement in relation to how frequently they attended their project (%).



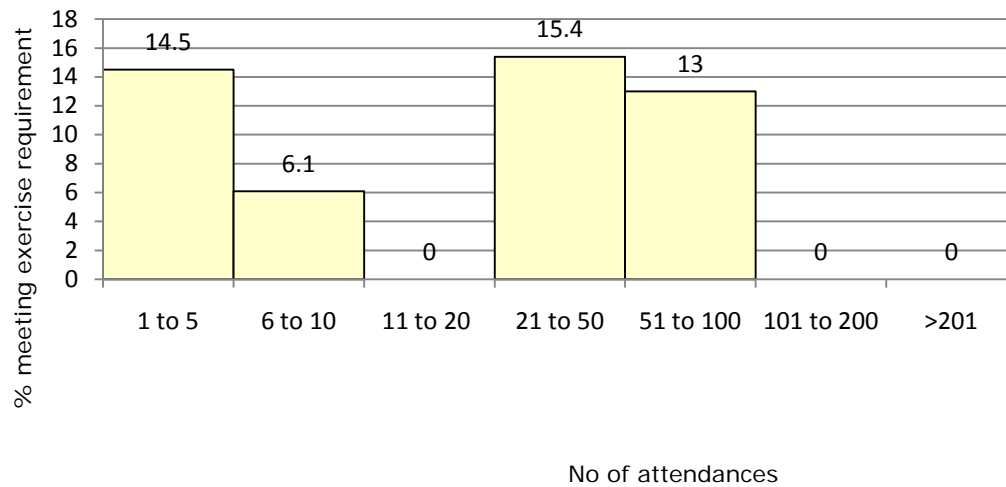
At PAL 2 stage 76 people under 16 attended between 1 and 5 times, and 11 (14.5%) of these people were meeting the minimum exercise requirement of 5 x 60 minutes of exercise a week. This is shown in figure 9.9 below. In general, as the frequency of attendances increases, so the number of people attending at these frequencies diminishes. There is again a slight exception to this as there was at PAL 1 stage in that more people under 16 attended their projects between 51 and 100 times than attended between 21 and 50 times and indeed between 11 and 20 times. The number of people under 16 years attending their project more than 201 times, who also filled out a PAL 2 form reduced to 1.

Figure 9.9 – the frequency of attendances at partner projects by those who met the minimum exercise requirement and those who did not of those of under 16 years of age who filled in a PAL 2 form (%)



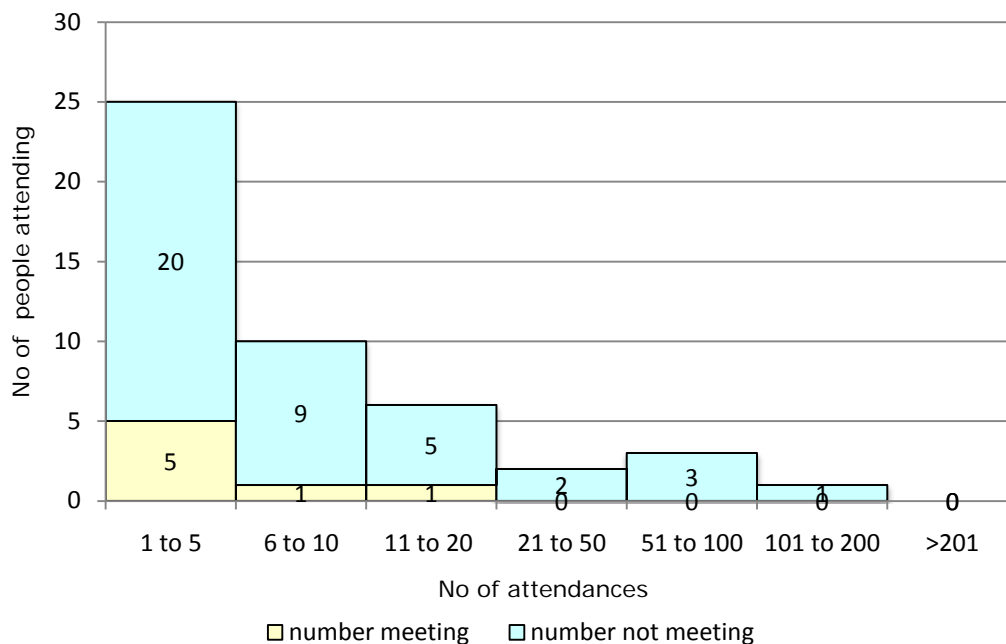
From figure 9.10 below there appears to be no relationship between the proportion of people under 16 who met the minimum exercise requirement and frequency of attendance at PAL 2 stage.

Figure 9.10 – the proportion of those aged under 16 who filled in a PAL 2 form meeting the minimum exercise requirement in relation to how frequently they attended their project (%).



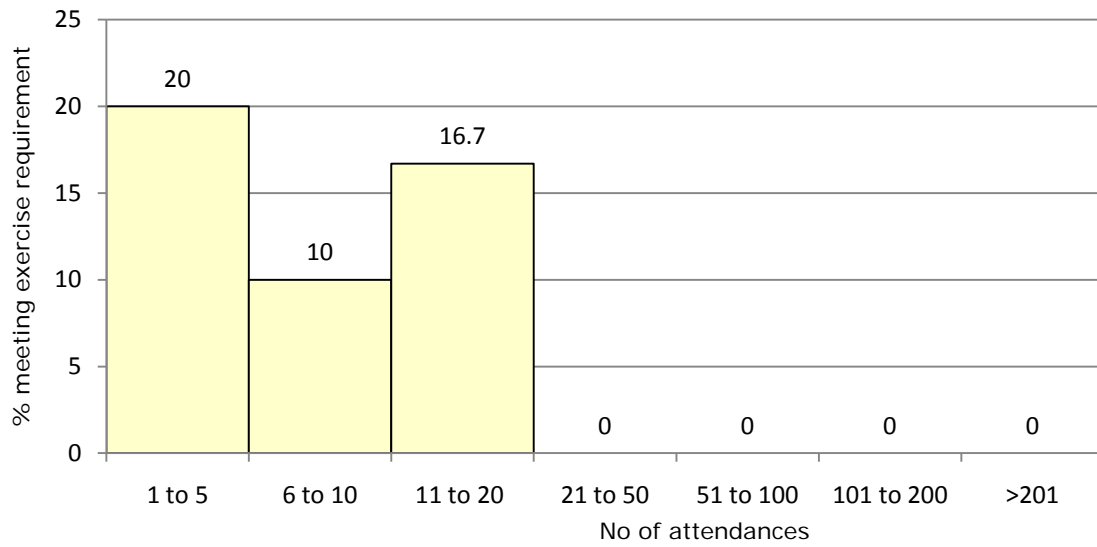
At PAL 3 stage 25 people under 16 attended between 1 and 5 times, and 5 (20%) of these people were meeting the minimum exercise requirement of 5 x 60 minutes of exercise a week. This is shown in figure 9.11 below. In general, as the frequency of attendances increases, so the number of people attending at these frequencies diminishes. There is again a slight exception to this as there was at PAL 1 and PAL 2 stages in that more people under 16 attended their projects between 51 and 100 times than attended between 21 and 50 times. The number of people under 16 years attending their project more than 201 times, who also filled out a PAL 3 form reduced to 0.

Figure 9.11 – the frequency of attendances at partner projects by those who met the minimum exercise requirement and those who did not of those of under 16 years of age who filled in a PAL 3 form (%)



From figure 9.12 below there appears to be no relationship between the proportion of people under 16 who met the minimum exercise requirement and frequency of attendance at PAL 3 stage.

Figure 9.12 – the proportion of those aged under 16 who filled in a PAL 3 form meeting the minimum exercise requirement in relation to how frequently they attended their project (%).



In general terms then, there is some observable positive association between attendance and physical activity levels of adult beneficiaries, but this association is not evident amongst those aged under 16.

## CHAPTER 3

### Key Learning Outcome 1

#### **3 How do people in different sedentary groups change their behaviour to get active and stay active?**

The original research question posed for the research contract was:

#### **How can project interventions achieve long-term activity gain, at the level of the individual?**

Subsequently this was changed part way through the research project and 'clarified' questions were agreed by the National Partnership in order better to convey what learning it wanted to draw out of the programme. The revised questions, advised to the Research Team in summer 2010, were:

- What sort of things cause people to take the first steps towards change?
- What are the barriers that have to be overcome?
- What motivates and de-motivates people?

The Research Team thus investigated the ways in which Mentro Allan's specific project interventions were considered best to achieve sustained, long-term improvement in physical activity levels, as reported by participants. We also consider at the end of this chapter the ways in which projects followed up those beneficiaries leaving the MA programme, for whatever reason.

#### **3.1 What sort of things cause people to take the first steps towards change?**

##### **Summary**

*The findings relating to this question were structured into three overarching themes for analytic purposes: external factors, internal factors, and factors linking internal and external elements. External factors focused upon 'referral' by a key person, clear advertising of the physical activity opportunities. Internal factors cohered around beneficiaries' (those taking part in the activities) health concerns and issues, new opportunities for involvement in physical activity, and the social aspects of involvement. Factors linking both internal and external factors focused upon the need to raise awareness of opportunities for undertaking physical activity, the provision of 'value-added' activities, where something more than just physical activity was offered to beneficiaries in order to attract them (for example nature walks, or conservation activities), and the benefits (for some) of having a female instructor or leader, particularly for all-female groups.*

##### **Key points:**

- Provide clear, regularly updated information regarding opportunities
- Facilitate the social aspects of activities
- Provide 'value-added activities' with elements additional to physical activity

##### **Key issues relating to target groups**

- Importance of effective referral for people with disabilities, mental health issues, and some older people
- Benefits of an informal approach to engaging to young people
- Need for outreach promotional activity to engage those with disabilities and mental health issues, particularly if they are not involved with support services

### 3.1.1 'External' factors - 'referral' by key person

Project staff reported that many beneficiaries started engaging with Mentro Allan's outdoor physical activity at least in part due to 'referral' by a significant other such as a parent, guardian, health professional (e.g. GP, physiotherapist), youth worker, social- or support-worker, or 'someone in charge' who made an assessment of a beneficiary's needs and then tried to match these with a service available:

Referrals from other organisations obviously, people can't self refer on to this project, so people have got to be referred on to the programme, there's no other way, so they've got to be referred through an organisation. I think that it's to do with the referral agencies, how proactive their members of staff are, and if they see the benefits for the service user (project staff).

[People] have been advised to come and quite often a physio or someone like that in a learning disability service... (project staff).

Yes, I think sometimes, someone phones up – a support worker or parent or social worker - they're looking for something for the person to do, and may be they want them to do more physical activity (project staff).

Normally a key worker, if it's a group it's a key worker having a link with someone who's enthusiastic about physical activity in general, probably finding that key person who is like a key holder really to accessing the group (steering group member).

I just didn't want to walk nowhere, and my social worker motivated me in the beginning ... I didn't want to initially start myself, because I've never, I'm not one of these people who would jump into something unless I know what it fully entails ... She said there is that option, and she said, "Do you want me to contact them?" Because she knew damn well that I wouldn't have, so she phoned them and it followed on from there (beneficiary).

Sometimes, certain more 'covert' tactics were employed in order to persuade young people, for example, to join what might otherwise be seen as an 'uncool' activity:

I think it's looking for those key guys who owns that thing there and then who's the key person at the school, and then actually thinking - it's guerilla sort of promotion really isn't it - that's what I think, it's called guerilla promotion rather than mainstream. You have to think that way, sort of infiltrating little clusters and finding a key person who can persuade the main to come, and they'll go because they're there with their mate (volunteer).

Beneficiaries and project staff also highlighted how 'significant others' were important in encouraging and facilitating initial engagement with physical activity, sometimes working in relation to the constraints of a court order, for example in relation to young people:

Somebody is always on my door picking me up, I wouldn't ever turn up. Because I'll get breached then and then I've got to go back to court and then I could go to jail for it, so that's, they're always there for you, they don't want you to get breached... (young person).

Very often, what will happen is they'll have an order, so they'll have to fulfil certain criteria within that time, they have to have a certain amount of contact with workers and so on. Then it comes down to the team's ability to

put on activities that they think will enhance that young person's development... (steering group member).

The key person might also be a 'health expert' brought in to an activity group, who stimulated peoples' interest in physical activity through giving informed talks about health and well-being:

Some of these groups that are a little bit more organised might well have had a speaker come in and talking about some of these health issues, and to some extent we did that to start things off with one of our groups (project staff)

As a member of project staff noted, particularly in relation to young people, sometimes a more informal approach was more successful, rather than a more official referral:

I could go there and speak to the kids themselves, just mingle with them, and play pool with them etc and then try and get them to talk to you, rather than go as an appearance of an official ... Whereas, I found if it was a member of an organisation speaking to them on our behalf we didn't get half so many, if any ... We had I would say averaging out eight or nine meetings, absolutely no referral whatsoever - not one.

As one beneficiary similarly commented, it was his first contact with a member of the project staff that encouraged him to take the first steps to engaging with MA:

But s/he treated me with respect as soon as s/he walked through my front door then. And s/he did not come in and thought, right, I'm going to be his boss, or I'm going to be his leader, and I'm going to force this that and the other, and it was more of the approach: when I want to come, as I want to come...

Also at the informal level, a key person might be someone within the group of 'target' beneficiaries, for example, an influential individual who was perceived as being a leader:

It could be the influence of an influential person within that group, who might have said, 'Guys, this is really something that you need to be thinking about' (project staff).

People were also referred by their GPs either due to a physical or mental health issue:

I've recently come out of hospital, I'd been sectioned in mental health section a couple of times and I think it was the last time I came out 2008, after being put in 4 separate times in 4 years. I came out and I was very negative and depressed and nurses used to come and visit me and they'd come and cheer me up because I was really low ... But in 2008 the psychiatrist said, "we've got a team of nurses, a support outreach team, they'll come and support you and get you involved in activities, " and that was where the cycling came in. A nurse called X phoned up and said, "Y, are you interested in cycling?" I had no interest in anything, badminton, no sport, walking - the thought of walking, oh no - but with cycling I thought, I used to cycle when I was younger... (beneficiary)

Through Dr X and because I had said I felt I needed some different exercise to what I was doing - which was - and then it was just walking about and swimming, so I thought it would be quite nice to see if I could ride a bicycle

again to be honest with you. So that was the basis of it and he [GP] put me in touch with X [PC] (beneficiary)

My GP said keep walking because I have a heart murmur and blood pressure... (beneficiary)

### **3.1.2 External factors - advertising of opportunities**

'Hard to reach' and/or vulnerable groups sometimes required a great deal of encouragement to start engaging with physical activity, especially initially:

Participant A (outreach worker): You carry on. We might take three or four tries to try and meet someone for the first time - you've got to give them more than one chance. You just persist a bit, persist a bit more I think.

Participant B (outreach worker): Because the nature of the clients, they're not going to be there ready and willing, you've got to persuade them [referring to young people up to age 25].

Some people found it hard to motivate themselves and had low self-confidence, but it was also acknowledged that people needed time to make up their own minds, and could not be 'pushed' into activity by others. As a beneficiary with mental health issues noted:

Some people say they can't do it, they won't push themselves. I've been in the same boat ... A bloke couldn't do it, he's been in his flat for months... he hasn't come back. [Why?] It's down to the individual, you have to leave that person thinking about it. It's a big thing to get out. Some weeks are not good, got to push ourselves a bit. I haven't been too good these last couple of weeks but I push myself ... It's my confidence - to get that back (beneficiary).

A subtle approach was often needed to encourage people to engage, so that outreach workers for example would meet their clients in more informal and comfortable surroundings, rather than in the formality of an office environment, as noted particularly in relation to **young people and those with mental health issues**.

You can't, we rarely meet a client in the office, they're not going to come to an office, you've got to go out to their home and meet them or in a cafe where they feel comfortable. So just thinking of different things that makes it more comfortable for them to come and meet someone for the first time and engage (outreach worker referring to young people).

Or you could do things like initially maybe walking in a familiar area, say round the car park with them, or for example with the bikes, you could introduce an exercise bike in the centre and all have a go, and then move it along gradually then with perhaps the trikes and then the two wheel bikes. (support worker referring to people with mental health issues).

For project staff it was often a question of overcoming the initial reluctance of individual beneficiaries to join a group on their own and to meet new people:

I think one of the barriers is a lot of people have come to ask about the programme on their own, and their issue is, I don't want to go there on my own, so we have gone to lots of the classes haven't we, just to introduce the participant into the class, and then it turns out they know someone or they were in school with someone, I think it was that initial, I don't want to go there on my own.



One way in which staff worked to persuade potential beneficiaries to join a group was to demonstrate, sometimes with the use of visual aids or equipment, that individuals could indeed 'do' the activity successfully, thus boosting their confidence:

Knowing they can do the activity, so if they feel that it's something that they can do, so showing visual aids or showing, taking a piece of equipment to show that it is possible ... actually taking things, that was a very important step for certain individuals, so feeling that they weren't going to be rejected because I think the group as a whole have very low self confidence, self esteem, not everyone does but the majority of the people we've seen come through, there is a feeling of being rejected or not being able to access something (project staff).

Similarly, using visual aids such as photographs and DVDs to show people the activity in their home environment could also be effective in encouraging 'hard to reach' groups to take the first steps towards engagement, and overcoming preconceptions that the activity was not for them:

Because they can see people and stories and experiences and visually [see] what we do, and I think sometimes you just want that feeling that, a lot of people say they think it's just for learning disabilities, because that's the biggest group of disabilities, is learning disabilities, that often activities are thought to be just for learning disabilities, so overcoming that barrier that this project is for all abilities, that DVD would straight away inform an individual, that it is for them as opposed to for somebody else (project staff).

**Target group/'open to all' advertising:** the need for clarity when advertising for whom activities were intended was emphasized across the board, so as not to exclude people inadvertently. In this case, the advertising of mixed groups including those with **mental health issues**, was provided as an example:

Well as I recall, when I came I wasn't specifically made aware that it was for people with a mental health issue. That wasn't clear from the thing that I got [leaflet], I'll show you the thing I got which is still in my diary ... This is my first contact. This does not mention mental health issue at all. Which is good (beneficiary)

Because the last thing you'd be doing is saying it's a mental health group, because instantly people will identify or not identify themselves with that and they'll self-select themselves out ... I think people, if you put a category in when people are looking to attend something, they'll self-select themselves out very easily, so by being inclusive I think is the only way (beneficiary)

When we advertise, we don't advertise it as being a mental health group, it's just a walking group really, although there are a high percentage, it's not advertised as... (project staff)

I think, some people, you look at them and you think, right, OK, there is a problem, and you adjust accordingly. No I think mixing is ok, and I think most people can cope with that (beneficiary)

Inclusive, 'mixed group' sessions that were 'open to all' could encourage more carers and family members to participate and support their relatives, as well as to feel that the activity was also for them:

One thing with the group being open rather than just being mental health, it's meant that people can come and their carers can come or members of their family can come, and they're doing it together which I think is a good motivator. We've had one lady come who, she came as a member of the public, not as somebody with mental health problems, but then she brought along her 15 year old son who has got fragile - and she's found it of benefit because it's a group that she can bring him to as well (beneficiary)

Moreover, it was argued that advertising inclusive, 'open to all', mixed group activities may help people who do not perceive themselves as having a disability to understand more about the physical, social and psychological issues people with disabilities face and hence assist in breaking the 'disability' stereotype:

I think that getting people involved from any walk of life, I think if you try and label it, I think it will tend to exclude people who can greatly benefit from the services that are provided. I think for someone who is, who doesn't, either on the face of it or they would not say themselves they have a mental health issue, bring them into contact with people who do, is going to change perceptions of what mental health is about (beneficiary)

I think it makes you more, I mean obviously with X's problems it does make ordinary people more aware of the problems with people with mental health, and it makes them realise that they're not all mad or bad, which a lot of people used to think, and I think meeting them on the groups and realise they're just like you and me, it opens your mind up to problems... (beneficiary)

And it does really open up new doorways and it gives people who would probably be ignorant to the fact of mental health or something like that, for you to have a chance to talk to somebody who's never experienced it, give them an insight, also give you an insight into corporate life or into working life or stuff like that so you can get mixed feedback and everything else ... It will help reduce stigma, especially in a corporate sense ... And I think if you educated through these walks, through physical activity or different activities, you've got more of a chance of them seeing us for human beings rather than just for mentally ill. (beneficiary)

And although the group was primarily mental health, we have had odd members of the public come along, and I think that helps to reduce the stigma of mental health, because obviously they come with their own preconceived ideas about what mental health is and then once they've been attending the group and they've got to know the individuals, they know that their ideas might not have been what the reality is (beneficiary)

### **3.1.3 'Internal' factors – health concerns/issues**

Project staff in particular highlighted health concerns (physical and/or mental health), including the need for weight loss, as constituting the 'trigger' for many beneficiaries to take the first steps towards becoming more physically active:

I think sometimes there is a sort of push because of health problems or they need to lose weight (project staff)

They might have had a little bit of an epiphany of their own. I think some people have had situations where they've realised their health isn't as good as it should be (project staff)

But she started coming on walks with us and she basically said the reason for that was that she'd been stuck in the house for far too long, she was depressed, and she'd got up the courage to basically join one activity, and that kick-started a process of almost re-engaging with the wider world ... Or they realised that, in this woman's case that she wasn't actually functioning very well as a mother because she was so full of stress and anxiety and depression (project staff)

### 3.1.4 'Internal' factors – new opportunities and the social aspect

Many beneficiaries attributed taking their initial steps to social motives, wishing to meet new people, 'get involved' socially and also to try out something new:

For me it was, I'd just split up from my boyfriend, and I didn't do anything at all and I wanted to go out and meet people, and do something different, that's why I started the climbing. And then it just snowballed then (young beneficiary)

Because I was new to the area. I had made a few friends, but I wanted to meet more people... (young beneficiary)

I felt I needed some different exercise to what I was doing ... I thought it would be quite nice to see if I could ride a bicycle again to be honest with you (older beneficiary)

And again try different things that was the main crux of it, just to try different things, because living up here, like sailing and kayaking, I really wanted to get involved (young beneficiary)



*For many people one of the main reasons for getting active and joining new activities is to meet new people and feel part of a group. Making new friends and feeling involved with a group helps people to feel motivated and make the effort to come along and participate in an activity every week even when they face barriers such as bad weather and transport issues.*

The positive psychophysical effects of engagement with a new activity were reported to act as a powerful hedonic incentive to continue and progress with the activity:

The feeling that I got when I got home, and I wanted dinner and stuff like that. It's kind of weird maybe, because I haven't got an eating plan, pattern, and I haven't got a sleep pattern at all ... But I got home, I cooked my dinner, I sat down for 5pm and I watched telly, I put my fishing [programme] on, I felt like going to sleep on sofa as soon as I got home, and that never happens. I can't remember the last time that had happened (young beneficiary)

### 3.1.5 Internal and external factors – raising awareness of opportunities

The importance of raising awareness of opportunities was highlighted as salient by participants across all groups. Project staff noted that by offering beneficiaries well planned, regular - and often free - activities, which beneficiaries themselves had requested, they tried to meet specific needs and to create tailored and targeted opportunities. The visibility of opportunities was also noted as key to stimulating beneficiaries into initial participation and then 'hooking' them into sustaining that engagement.

The opportunity needs to be there, is another one, because if it's not, even if somebody's motivated but they don't know where to go or what to do, then they can't do something (project staff)

We managed to put together a programme of weekly walks to make it a bit more solid rather than "we're going to do it here and then we'll talk, and then we'll do it there..." We basically put together a programme so people knew where they stood, they knew where they had to meet and it took a little bit of pressure off that day that I'm talking about, to always have to promote stuff. So from that point on, the X women started to join (project staff)

In a way it was the similarities within the group that an opportunity presented itself to them, it seemed appealing, they came along, discovered something they liked, and then we hooked them to carry on with other stuff (project staff)

The fact that something was available for them that normally was too expensive (activity instructor)

Just because of the way he's been and his behaviour, so he doesn't really get to do P.E. but the Mentro Allan project then provides some outdoor activities, a chance for him to get out and get active, so it's really good because he's disengaged, that's a classic example where a lot of these children and a lot of the others are not mixed into mainstream education, and therefore they're getting their bit of activities from Mentro Allan, which is really important (support worker).

**Young people** themselves also highlighted how important it was to be made aware of, and offered these opportunities, of which they otherwise might not have been cognisant:

It felt as if I wanted to try and no-one would let me try. Because, not no one, it's like narrowing it down to people, there was nothing for me to do ....I got told about X there, with the wildlife and the environment, and it was like, it was perfect for me. I realised then, there's something I can do (young beneficiary).

At the beginning of the year I had 2 miscarriages and went to the doctor's, not coping very well, and they just said to get out and do something, and then basically, X next door, he does a lot of golf, and then I was taking the Mick out of him because he lost a game, and then the next day the golf sessions came through on email, so I put my name down to do it and the rest is history (young beneficiary).

Beneficiaries who belonged to a formal social group or support service were found to be more likely to receive relevant information about outdoor activities than more isolated individuals. Social groups are not homogenous, however, and therefore a range of

promotional strategies was necessary, as a steering group member explained in relation to a disability group:

Because they've got quite a big social group, and there's a real mixed bag with that, in that some people can't use their legs at all, some people walk but tend to use a chair if they're walking any further than 10 metres, some people walk and you wouldn't notice that they've got any kind of physical disability, so going back to the hidden disability, and that's difficult because if you're trying to market an activity, we're tending to go through partners, so, and I think X is as well, so I would put these activities on disability sport websites, I'd also send it out to anyone that's got a dash card in Y, which is disability access to sport and health, we'd also put information in some of the leisure centres, we'd also send it out to social services, community inclusion team, the strategic planning groups which K, who you've met, sits on, so they've got a learning disability planning group, they've got a physical disability one, they've got a visual impairment and they've got a deaf strategic planning group...

In contrast, people who did not belong to formal groups and were not linked to support services often found it difficult to ascertain what opportunities were available, in this case in relation to those with a lesser degree of disability:

So who we're missing is we're probably missing all those people with a minimal level of disability, that don't necessarily access support services, they don't access any kind of social group, and they're just people out and about that have either acquired some kind of physical disability... (steering group member)

The importance of various means of advertising opportunities was also noted as a key factor:

Interviewer: How did you find out about the MA?

Participant: Through school, cos X was talking about it and s/he put up posters in the school (young beneficiary)

My partner picked up a poster at work (beneficiary)

On the radio - local radio station (beneficiary)

The need for providing *up-to-date* information, particularly via websites, was highlighted. If updated information was not easily available, potential beneficiaries could remain 'uncaptured':

I feel really telling people, 'Wow, it's Mentro Allan, it's fantastic, Google it.' Well they've been Googling it and it's all about 2009, so that hasn't inspired any other people to come (young beneficiary)

For some target groups (for example, young people), more traditional or distant forms of advertising were often not enough to encourage individuals to take the initial steps; a more direct, 'hand-holding' approach was required to stimulate engagement:

It's not good enough just to signpost somebody, 'This is where you can go and do it, all the best', I think that the support they need initially is by perhaps having the instructor coming in now and being employed, and being able to work with young people to, they're going to need a lot of hand holding early on (project staff)

### **3.1.6 Internal and external factors – 'value-added' activities**

Some project staff found that beneficiaries were more likely to make the important first steps towards engaging with outdoor physical activity and ultimately towards overall behaviour change when combining physical activity with other motivational elements, such as educational opportunities and specific awards, thereby promoting a wider sense of achievement. Learning and upskilling opportunities, including tangibles such as awards, were particularly noteworthy in this domain, as were specific 'good causes' such as nature conservation:

We've started offering courses, like we've done national navigation awards, done Sport Awards, Duke of Edinburgh, First Aid, we've done lots of different courses, so they, it's a good way of getting, they can see they're going to get something out at the end of it and they're going to have learnt something or got... (project staff)

It's a group with people with mental health problems, and the centre is pretty dead, there's not a lot going on there, there's not a lot of encouragement from the staff or a lot of commitment and generally they sit there drinking tea all day, that's pretty much all they do. And so the national navigation awards, it wasn't a big group we got but they committed to the full course and they want to do their silver now... (project staff)

Mostly for personal motivation and to try and learn new things, and to do a bit for conservation and wildlife. I've liked wildlife all my life so it's always been something I've wanted to do (young beneficiary)

### **3.1.7 Female instructor/leader**

Interestingly, gender appeared to be an important variable in engaging some people, or perhaps more accurately what was deemed to be a 'female style' of communicating and 'nurturing' beneficiaries by enhancing their self-confidence was perceived as important. Such a style is not of course necessarily correlated with gender.

I think X is very good though, for a man. I think the worry is, 'Oh no, this man's going to be a bit too aggressive, push you push you, very competitive, very goal orientated, all of that sort of stuff, whereas the women have always been a bit more, maybe a bit more gentle in their approach, and, I don't know how I would have reacted had I have had X from the beginning, because X has come in near the end when I already feel a bit more confident in climbing. Whereas when I started, I didn't feel very confident, and I had lady instructors showing me this problem or that problem, so, and I remember thinking at the time that I really was very grateful that we were all ladies, and I could really feel the difference between the times when my husband showed me a problem and some of his friends had shown me how to do a problem and I couldn't grasp it, or do it, and felt a bit pressured or whatever, but in comparison to this group of girls it was more relaxed and chilled out, and I really appreciated that environment for my own learning. And it was mainly confidence I think. So yeah maybe for people at the beginning, perhaps they would prefer a female tutor (female beneficiary)

### **3.2 What are the barriers that have to be overcome to achieve change?**

In this section we delineate some of the barriers that participants reported as posing an obstacle to their behaviour change. These barriers can of course also constitute reasons for beneficiaries to 'drop out' of physical activity - at any stage of their engagement with the MA projects. For many participants, there was a considerable overlap in factors identified as barriers to achieving change and those identified as de-motivating (see section 3.3 below).

#### **Summary**

*The key barriers reported were cost, particularly costs of transport to the outdoor venues, where these were not 'doorstep' locations, and of the activities themselves, where a charge was made for these. Transport problems were similarly highlighted as considerable barriers to participation, in both urban and rural areas, and participants suggested potential ways of tackling the transport barrier, such as the use of car-sharing and car pools, ring-fencing project funding for the provision of transport, and paying a mileage allowance to volunteers for transporting beneficiaries to activities.*

*For some BME groups, language issues emerged as a barrier to engagement, where instructors for example did not speak the same language as members of the activity group(s). Not all BME groups experienced such problems, however. A lack of appropriate 'alternative' activities (other than 'traditional', competitive sport) was signalled by beneficiaries as constituting something of a barrier, together with a lack of information regarding the opportunities actually available. For those with children, particularly those from economically-disadvantaged groups, a lack of childcare provision acted as an important barrier to participation. Means of tackling the childcare barrier were suggested by participants, for example, linking with existing schemes that already provided childcare, such as Sure Start and Flying Start schemes, the provision of family-friendly activities where the whole family could take part, and the ring-fencing of project funding for the provision of childcare.*

*For some potential beneficiaries a lack of self-efficacy and belief in their own capabilities operated as mechanisms for self-exclusion and thus barriers to participation. For young people in particular, social and peer pressure, and certain subcultural practices - such as smoking, alcohol and drugs - were reported as barriers to sustained participation. Stereotypical thinking about what was 'appropriate' for certain social groups was found to constitute a barrier to participation, with class-based and gender-based stereotypes being particularly salient, but also social constructions of 'locals' vs 'outsiders' operating to exclude certain people. The attitudes of some GPs were found to act as barriers to the participation of their patients, as did negative social constructions of disability and mental health groups.*

*It emerged that the attitudes of some carers and support workers could operate as barriers to participation in activities by their clients, although health and safety requirements often worked as constraints that carers and support workers were obliged to take into account, e.g. in relation to the need for specialist equipment, the security of their clients and also the support workers' own health problems and potential injury risk. Means of tackling the 'carers barrier' were suggested such as trying to match client and carer/support worker in terms of physical activity capabilities and preferences, and treating carers/support workers as a separate 'target group'.*

#### **Key points:**

*Reduce barriers of cost (transport and activities), particularly for those on low incomes, for BME groups and for young parents*

*Take into account language needs*

*Address transport and childcare needs, and where possible those of carers/support workers*

*Provide 'alternative' activities rather than just 'school games' type, competitive sporting activities*  
*Tackle prejudice and negative stereotyping - based on gender, age, ethnicity, 'class', dis/ability, mental health issues*

### **3.2.1 Cost and socio-economic characteristics**

One of the most salient barriers identified to us was cost. The general costs involved in engaging in and sustaining engagement with physical activity were raised as a primary concern by many participants, particularly (but not exclusively) in relation to those of lower socio-economic status. Whilst costs were identified as barrier to participation across all target groups some **young parents** and some **BME individuals** in particular highlighted cost as problematic. Whilst **BME** beneficiaries, who were engaged in walking and indoor activities, were concerned about the combined costs of the activity and the transport, **young people and women** indicated that they were particularly concerned about the high cost of adventure-type activities, which they were unable to do independently of the MA.

As has been identified in the research literature, cost emerges as a significant barrier some forms of physical activity participation, particularly for those of lower socio-economic status (c.f. Humbert *et al.*, 2006). As one service provider indicated:

And some people can't afford it ... We found that it hasn't been a problem in X, but most people in X... tend to be more the middle-class type, and that could be a problem in some areas. I know I spoke to a gentleman of one of our volunteers in one of our areas and he said, "Well that could really be a big problem" (service provider)

Specifically, the costs of transport, equipment and physical activity sessions were highlighted as key barriers to engaging with and sustaining physical activity. Transport more generally was found to be one of the most significant issues for participants across most target groups.

**Transport:** The cost of transport to the activity venue, when combined with payment of the full cost (where charged) of the activity, was of concern to both beneficiaries and project staff, especially when activities were not subsidised:

When I go there I take a [day] bus ticket £7, and if I have to pay extra, it is more money then - too much for me. But £2.50 or £3 [for the activity] I don't mind, then you know you are there for a day and it is £10 then for me (beneficiary)

I think £2.50 or £3.50 for one and a half hours is not bad but I don't think cost is a problem at the moment but, like I said, if it is walking distance then that's good for me because if you pay for the session and then you have to pay for the travelling as well, it might set you back a little bit in the current situation. But if you only have to pay for one - either the travelling or the session - I would still go. If I have to pay for the travel that means for one session it would be £6 or £7 which, when you have a young family, you might not be able to do it all the time (beneficiary)

Indeed for some beneficiaries lacking in financial resources, financial support toward the cost of transport and the activities was considered absolutely necessary in order both to commence the physical activity and to sustain engagement:



We can't take our pension money and spend on bus fare to go for a walk... we are retired and we have the house... if the council don't give us money, if they tell us that you spend your money to walk outside Cardiff, then we can't go ... You provide us [with a] mini bus that's why we are going, otherwise we can't afford ... We will stop (older beneficiary)

**Cost of activities:** again in relation to groups that were **economically disadvantaged**, the cost of undertaking the activities themselves was signalled as a key barrier for those beneficiaries who could not afford to pay the full cost. Many relied on the financial support that Mentro Allan provided, but if this support was withdrawn, they subsequently 'dropped out' of the activity, as noted by a range of beneficiaries:

We were paying for a certain period, we were all paying £2.50 to her/him, but then the numbers go down, people don't come, they don't like to pay.

They started charging and then that went out the window again. The X women didn't come...

I had three or four lessons only, finally when coming to get used to it, the class finished - it was only for three or four weeks course - and if I wanted to continue [independently] then I had to pay £20 a lesson which I couldn't afford.

No, I can't because we have got families in X who are poor according to this country so when we go to Y we always help them money wise - I can't take out my money from my pension money [to pay for the activity] (older BME beneficiary)

And by project staff in relation to **young parents**:

These young carers don't have time to do part-time jobs after school, holidays, that is their caring role, so a massive barrier for them would be cost.

Whilst preferring to take advantage of fully subsidised activities, some beneficiaries did indicate that they would in fact be willing to make a contribution towards payment for activities:

Free I'll go, still is £2.50 or £3 I'll go. I like free, don't get me wrong, everybody likes free but if it is not free it is not the end of it - I pay and go (female BME beneficiary)

I think that walk on X, if we were told that we had to pay £2 per head that would cover the transport and everything, I think we would pay, I cannot speak for everybody but I think that about half a dozen of us definitely will pay (female BME beneficiary)

Whilst there were good intentions to continue with activities even when payment was required, often the reality proved more problematic, and people did drop out due to scarce resources and competing demands upon their finances:

So a lot of them wanted to carry on paying £2.50, but it's interesting: a lot of them said 'yes', but when it came to the change over [to fee-paying] they stopped coming. So I think even that small amount of £2.50 can buy a lot of food if you're careful and feed may be two, one meal depending on your budget - I think a lot of people on very big families have low budgets (activity leader)

Additionally, there was a degree of confusion over the purpose and outcome of charging fees, particularly for activities that were initially offered free of charge. As some beneficiaries noted, they and their fellow beneficiaries were not always convinced of the 'legitimacy' of charging for the activities.

They don't like to contribute too much, they can but they are not willing to ... a lot of women were hesitant thinking "you're getting funding why do you want to take?". They've got this thing ... they think the service providers they are taking it [the money] amongst them... but the government is providing for us, so why are these - the second party, the third party - why are they taking it off us? ... But they don't realise, this centre, a certain amount of money they need to run this centre here... At first they say it was for free and then they started charging us... (beneficiary)

So people go in saying it's free and then they start charging - that's not working, they don't like that ... It depends how they put it, like this money ... is towards the transport or something rather than saying you got to pay first for a trip or exercise .... they got this thing thinking that these third parties are conning us, like taking our money, but it's all from the government free, but why are these third party taking money off us? May be they're ripping us off... (beneficiary)

The importance of transparency with regard to charging structures therefore emerged as salient.

### 3.2.2 Transport problems

In addition to the cost of transport, one of the biggest problems reported as a great barrier to engagement across a range of target groups studied was the lack of transport. Particularly in rural areas where activity providers and venues were limited, transport was highlighted as a major barrier. This affected **young women** in particular, as well as **unemployed** individuals. Transport problems were not confined to rural areas, however, for in urban areas too public transport was problematic. **Older people** or those with **mobility problems** could experience real difficulties in venturing away from venues close to their doorstep, to which they could not easily walk. Some **health service-users** therefore were reliant upon the health service and/or carers, and without transport provision they were unable to participate. Particularly in urban areas, lack of knowledge and difficulty in understanding just how to access and use transport was signalled as a barrier for **BME individuals and people with disabilities**. For **BME women**, the use of transport was also perceived as a 'multiple risk'. Some people with **mental health issues** were unable to use public transport due to health problems and also very low self-confidence in some cases.

In general, participants found public transport to be unreliable and irregular, and in the case of many **rural areas** studied it was virtually non-existent (c.f. Gray et al. 2006):

Transport here is a massive issue. And we're constantly bringing it up and trying to get better bus services and you can only keep pushing for it. We were quite fortunate in our areas because we're the main towns so we have regular buses and things, but even here, we have loads of buses but they're not regular and they can be quite costly, certainly to some people in this area who have very little money, but then you have people in very rural areas who have no choice but to get the bus and they have exactly the same amount of money, so, and they don't have Communities First or stuff, they don't have organisations going to them and saying, 'Look, how about

these?' So I wonder how they find out about projects like this (outreach worker)

Because the rurality on X is huge and the public transport is nonexistent. And so then people with the best will in the world wanting to do something like that, and the majority of our participants they don't drive, so that's why we lay on the transport for them so it's going to be a problem ... The buses on X, some villages only have a bus twice a day, once in and once out, so if you have someone living there and you want them to be in A for half past ten they might never arrive (outreach worker)

There's sometimes only 2 buses running through the community. It's different in X, it's not as rural, the buses run a lot more often but on the Y, some places, it's like, it's so rural, it's unbelievable really (outreach worker)

Moreover, in more rural areas where activity providers and venues were limited, a lack of appropriate public transport also affected engagement with 'doorstep' activities:

They live in X, Y mountain is the outdoor climbing place, 30 minutes away is where A [activity leader] wants them to go practise, learn technique, so they can't get to practise because it's too far, they haven't got transport, so there's the whole transport thing going on. If they could get there every week, then they could develop skills which would enable them to go climbing on their doorstep, but because they can't get to the first place to learn, they can't use the facilities on the doorstep (project staff)

For many rural dwellers, potentially facing a 'poverty of access' (Gray et al. 2006: 89), participation in activities would be very difficult if not impossible without private transport:

I don't feel, no [isolated], I probably would do if I didn't have a car, because it would be, although there are regular buses, but it's not as easy or convenient as throwing yourself in the car and go get your shopping and come home when you like, rather than waiting for 2 hours for the next bus ... I'd probably feel more house-bound [if I didn't have a car] ... In that it's quite hard for people to get into X unless you've got a car. I know for me, when I was using the bus a lot, I would say yes [I was feeling isolated]. And because this activity is going on in X, but not in W, or K, or J or G, everybody's got to come in, and if you've not got a car it's quite hard to do that especially with small children (beneficiary)

Yes, it's difficult to get down there, if they were in a car and they said, "we'd pick you up and bring you home," then I'd go straight away, but so many people drive now, even people with mental illness they drive, X he 's got a mental illness he drives, but it 's something I can't do... (beneficiary with mental health issue)

Transport problems were not confined to rural areas, however, for in **urban areas** too public transport was problematic, being irregular and also requiring careful (and often complex) route planning in order to ensure arrival at the activities on time:

Transport [is a barrier], which previously I put it in with support, in that some of the activities aren't easy to get to, for example, if you live in the X area and you want to get to Y [place] to this session, you 're never going to get there for 9:30 because you 're going to need to get to Z [place] to be able to get a bus to W [place], and then you 're going to need to get a bus from W to Y, so if you haven't got support that comes with transport, or if

you don't drive and you're having to get the bus - and that 's quite a complicated route - if you're not, I don't use public transport and I wouldn't have the first clue of where to get on, so that 's quite a complicated process to get to that...(steering group member)

Difficulties in travelling independently to activity venues were frequently highlighted and public transport was portrayed as a particular problem for **older people and those with some form of impairment**. Commensurate with Mollenkopf *et al.*'s (1997) study of elderly people, beneficiaries and project staff alike noted that older people or those with mobility problems could experience real difficulties in venturing away from venues close to their doorstep, to which they could not easily walk:

There are so many elderly ladies even with their families, their children and their husbands are working, they've got no transport, they can't come to Church even, they are sitting in the house, they are disabled people ...If somebody goes and collects them they may come (beneficiary)

How does a disabled person, perhaps somebody who has had a stroke, how do they actually get there? I mean I've got a guy who's a volunteer with us, he comes from the other side of X [area], he's had a stroke, and he catches one bus into the city, and then he's got to walk across a bit of the city, and then catch another bus out. Now he copes, but he copes with difficulty, but not everyone can, and not everyone is as determined (activity leader)

No, going somewhere far with the public transport is a bit hard for some of them, especially the old ones, but it would be nice to take them like to X Park one day [in a Council-funded mini bus] (beneficiary)

People can take the bus, but to get from here to say where the sessions are - you have to take two buses and if it's like frail elderly...[they can't do it] (partner of beneficiary)

**Health service-users** found themselves reliant upon the health service and/or carers, for example, to ferry them to activities and without transport provision they were unable to participate. A lack of control over their transport meant that beneficiaries were vulnerable to the vagaries of providers/carers:

X [hospital] used to have big issues with transport, and Y [hospital], they 'd only have two cars - they've got 20 clients, so it was like, "oh well, they 're meant to be at so and so but the car's out so they can't, " you've spent months having all these meetings and reviews and psychiatrists and everyone involved, saying, "this is what we need to be doing," and agreeing it with someone, and then turning round a week later and saying, "oh there isn't a car, sit in your room," it's, that 's for me where the system really fails them, they have got a lot better in that they 're getting them down to the gardens, they are getting them out a lot better now I think because all the mental and the private hospitals have reviews, they have teams go in from the government that actually goes in and checks what they 're doing.. (activity leader)

We used to have a lady come to K [activity] and she used to have to stand with a zimmer aid, she could hardly, she found it very difficult to do things and she loved it, but because she didn't drive, she needed a carer who drove. Now she had the care because she was the disabled person, but if they send a carer to her who can't drive, she can't come to the class ... and of course once they don't come, they don't like coming back, they find it very difficult to come back again (activity leader)

In a similar vein, projects provided free transport to take beneficiaries to outdoor local locations and also more distant countryside locations. In this context, projects might work in partnership with another organisation(s) to provide community transport. This particular form of support was noted as at times problematic, however, given that it was beyond the control of the project staff themselves and had also sometimes proved unreliable:

That is a problem, because I mean we have somebody who used to come here, he was what they'd call the 'VEST transport'<sup>1</sup>, now that's community transport. But it's so unreliable. They'd book it for half past one and then if they didn't have a driver, or it might be late, it was so unreliable (project staff)

Lack of knowledge and difficult in understanding just how to access and use such transport was similarly signalled as a barrier (see also Ling Wong 1996 cited in Rishbeth 2001), even when cost was not a problem, for example for those with bus passes:

People, you know, if I don't give a lift then you can't come, they don't like to catch a bus because everybody, we got pass but they don't know where to go, where to stop... (beneficiary)

These difficulties with public transport were reported as arising from or being exacerbated by language barriers (see section below also), inadequate information on transport options, and also cultural norms. As a result, some people perceived public transport to be a 'multiple risk', especially for **women within some BME groups**:

To this day he will say I am not happy with you working there and I've worked there six years and he just gets in a panic when I'm using the bus because I don't want to walk in the streets. So they don't want their mothers, aunties or wives, if they haven't got the language, if there is a stop [they will miss it]... Sometimes buses break down, sometimes routes are altered, sometimes if they miss the correct bus... (beneficiary)

Fear of harassment, physical accidents or getting lost were some of the reasons reported for avoiding public transport. For some minority ethnic women, for example, venturing out on their own and travelling away from their immediate localities was avoided by the women themselves, or in some cases not permitted by other family members.

Yes, they're [local parks] open, they're safe, they are in the community, in their locality, it's not far from their home, it's that whole thing of going out, it's cultural, cause in X my cousins aren't allowed to go off to nature on their own ... it's cultural, women don't go out ... But when they go in the nature they absolutely love it... (activity leader)

Oh, no not on your own, if you go with a group, like a family, even I don't mind but hardly go with the family because my son goes with his friends, my husband comes home, he stays home [so there is no one to accompany her] (beneficiary)

I have to say again, if you practising, in order to come out of X or certain places you need a guide, a Mahram, it's called a Mahram [a permitted escort], which means you either have to have your father or your son of a

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<sup>1</sup> VEST is a community transport service based in Cardiff for those whose mobility problems make it difficult to use public transport; see details at:

<http://www.vestcardiff.talktalk.net/communitytransport.htm>

certain age, you can't travel by yourself, and again, a lot of these women, they know about the religion... (beneficiary)

### **Ways of tackling the transport barrier**

A lack of reliable and cheap transport was clearly one of the key barriers to engagement with the organised activities, where these were held away from 'doorstep' locations. One means of tackling this noted in rural areas, was encouraging beneficiaries to organise car-sharing and car-pooling:

Participant A: A lot of people haven't got cars of their own, this is again what we find, they don't drive and they don't have their own means of transport, but yes, if they have got, if there's one out of a group that has a car and they live within an ok distance from one another, then yes, if they could be encouraged to maybe chip in for some petrol and go on an outing or whatever. Because I think a few of our group have started doing stuff like that, so, 3 or 4 of them have got quite friendly and are making the effort and going to see one another and meeting up.

Participant B: Without us intervening (outreach worker)

Participant A: Yes, but they've got to the stage and that's working with them from the stage where they were coming with a support worker initially to now going out and making the arrangements themselves (outreach worker)

Some participants suggested that prioritisation of solving transport problems was a better use of limited finances than, for example, spending the budget on offering more varied activities or buying in outside providers for activities:

You'd just have to make less spending on the activities I think ... And if you have to run a group where you utilise more of our time doing things that we can do for free, like we're going on a nutrition course so we can do a nutrition session instead of paying someone to come in and do it... (outreach worker)

Some projects tried to resolve public transport problems by paying a mileage allowance to volunteers who would then offer lifts to a group of beneficiaries:

We did have to look at transport and taking people somewhere else because a lot of the time there isn't the public transport available and there isn't the pavements to walk along or suitable buggy walk routes or suitable cycle routes. So we did have to look at the transport thing just because of practicality of keeping people interested and involved in Mentro Allan, or they'd have soon got bored of walking round the same footpath every week ... We can pay volunteers mileage under our rules if you like, so what we did there when we had exhausted X [place]'s price for activities and needed to move that group to another location on Y, we would pay mileage to one of the participants and as a volunteer driver. So, because not everybody drives, drove in that group, there's not a huge amount of number in, you might only need two cars and being that maybe myself or X would be driving one car, you'd need one more car, and the whole group would be where ever you need to go. So by paying mileage to a volunteer, everybody got to go. So that was quite a straight forward way, a cheap way (project staff)

### 3.2.2 Language issues and BME groups

The following sections cohere around issues of language and 'language barriers' in examining the verbal and written forms of language used for effective interaction between project staff and beneficiaries, and the sharing of information. It should be noted that in this report we focus upon what participants tended to term 'foreign' languages (i.e. languages other than English or Welsh). It should be stressed, however, that not all minority ethnic groups, whose first language was not English or Welsh, experienced language difficulties; the heterogeneity of groups, including those within an overarching 'target group' should again be emphasized.

Project staff also noted that cultural understanding and appreciation of different cultural norms was important, and could help overcome a potential language barrier; it was possible to develop social bonds that transcended language, so that shared understandings developed regardless of different nationalities and languages. The need for bilingual and sympathetic staff to support BME women in particular has been highlighted in other research studies (see for example, Carroll *et al.* 2002)

Language difficulties were reported as problematic at times for some beneficiaries, however, and for service providers in engagement with 'technical' physical activity sessions, which required the transmission of technical information:

I think you need to have somebody there who speaks the language of who you're actually delivering to and can translate if needs be. I know, what tends to happen, because Nordic walking is quite technical as well, there's a few different words and names and stuff, and people who didn't have very good English may not understand what's going on, and I think it's important (steering group member)

For some beneficiaries, a lack of understanding of what they were supposed to do created confusion, lack of confidence, and even de-motivation and exclusion. From the perspective of the providers it could render delivery more demanding in terms of time and effort. This extra demand on organisers and beneficiaries alike sometimes meant that physical activity sessions for some BME groups (and also for other groups) had to be adapted, including in terms of the pace of instruction. Examples given included slowing down steps in an exercise class, and visual demonstrations of technical instructions, to supplement or replace verbal instructions. It should, however, be noted that these two forms of delivery adaptation occurred within many classes and physical activity sessions, according to the needs of the groups. Language issues were thus not the only factors influencing the adaptation of sessions.

There aren't many [instructors] in this country that speak different tongues, I don't speak any, I wish I did, but that is a major challenge and I feel it would be lovely to have a paid interpreter for some of the groups ... I had to teach in some cases without an interpreter and I haven't been comfortable doing that so I've had to go very slowly (activity leader)

It's just in terms of exercise, there isn't much available to women who don't speak the language 'cause when they go to instructor in X, she talks in English and she's going fast but with Y she shows them the steps, slowly she tells them which leg or how to do this or how to do that, and then she tells them we're gonna go fast and then they understand that process. But a person is not going to take time out from the mainstream to go slowly with them and build their confidence and show them how to do things and then develop that (beneficiary)

In some instances then, language difficulties led to the provision of 'specialised' sessions, which used more visual than verbal demonstration, together with a longer instructional phase at a slower pace, tailored to meet language needs. It was pointed out, however, that a high degree of adaptation of the sessions could result in separating groups from the 'mainstream', which discouraged social integration. Nevertheless, the provision of specialised physical activity sessions was reported as a practical strategy in order for some groups to maintain their sense of cultural identity and to negotiate complex ethnic boundaries. The requirement for inter-cultural sensitivity, respect and understanding was emphasized.

If social mobility is taken to relate to the opportunities afforded to individuals in relation to movement between different social status groups or socio-economic classes, and the resultant effects in terms of income level, security of employment, opportunities for advancement (educational, career) and so on (see for example, Aldridge 2001), then fluency in the English language was considered by many of our participants to be strongly related to increased social mobility within UK society. In relation to Mentro Allan specifically, knowledge of the English language was considered fundamentally to affect individuals' opportunities for engagement with physical activity programmes, and also conversely, for the physical activity providers to engage with non English-speaking BME groups. Urban/rural distinctions also complicated the context as people who had migrated from relatively rural communities and settings globally to urban settings in Wales were also considered to be less socially mobile and more likely to be socially excluded due to rural/urban socio-cultural differences. The 'massive jump' from rural to urban localities was highlighted, including in terms of rurality as lived experience, rather than merely as a territorial definition (c.f. Hughes, 1997):

Some of the other people from the other parts of X or Y or Z communities in other parts of the city, have come from more urban settings, so they're slightly more cosmopolitan in their outlook (member of BME organisation)

That's what I was talking about earlier about this difference... people come from the same country but the actual, the social mobility of groups is vastly different, the same as it is in any society, and so the people that they manage to engage were the people who are socially mobile and either had better control of English language or had better access to the use of English language. And the people who remained on the outside are the people who we knew were going to be on the outside from the outset. (member of BME organisation)

Participants noted how the language barrier could contribute towards the social exclusion of some BME groups regardless of age or gender, and within a variety of social contexts. It was, however, regularly highlighted that it was specifically the **older BME women's** generation' of immigrants that was most deleteriously affected:

Most people here [women] because they don't work, like they are not good in English (female beneficiary)

Because our generation, particularly women, they are the older generation, some of them even can't speak a word of English and they will come from Africa. Now it is very difficult for them, if somebody knows the language, if somebody explains there is no problem, otherwise if you go there [to the church, community etc] they will not open their door and you say "why?", but they are frightened, you know. Because any stranger can come to our centre, if they are on their own some widows are frightened (male)



### **3.2.4 Lack of opportunities: problems with referrals**

Project staff in particular highlighted that in some cases and to their consternation, people were not actively referred on to the MA Programme by their local organisations, requiring the project staff themselves to go out and actively 'trawl for' beneficiaries:

No, they just don't seem to be interested in referring young people even if, you know, I suppose the biggest shock to me was you had a lot of young people who wanted to do activities, wanted new opportunities and we, as the project, were able to provide those new opportunities and new activities, but we just wouldn't be in - referred them through, maybe they thought it wasn't part of the job that they should be doing, it's very difficult to kind of think why... (project staff)

We thought the participants would be referred to us by all these organisations. But it turns out we have to go out and find them and get them on board (project staff)

Other project staff were concerned that local organisations may also be highly selective in offering opportunities to only some of their target group(s), based on their knowledge of potential 'trouble-makers' within the group:

Another issue is that the youth workers knowing the kids, and knowing the problems that can result, they perhaps don't offer the opportunity to all of them, they might target it at certain ones, ones who aren't going to piss about so much or aren't going to be dangerous and not follow instructions, that sort of logistical thing more than anything really, that they don't want to set the scene for a bad... [regarding certain incidents where project staff had been threatened with implements] (project staff)

### **3.2.5 Lack of appropriate 'alternative' activity opportunities**

The lack of activities perceived as appropriate or desirable for potential beneficiaries was reported as a barrier to participation, and the need for a wider range of 'alternative' forms of physical activity was signalled, rather than merely assuming that participants would wish to take part in more mainstream, 'school sports' type opportunities. Indeed, the provision of too much 'school games', competitive sport-oriented opportunities was considered actually to discourage people, including young people (c.f. Coakley & White 1992) from engaging with physical activity, as revealed also in the quantitative data analysis. Those who did not self-identify as 'the sporty type' or felt threatened by the competitive and hierarchical nature they perceived within more 'mainstream' sporting environments felt discouraged from participation.

[In relation to young people] Now there's also the other end in the mainstream where you've got very academic young people who are not at all sporty ... Not everybody wants to join a football club ... Because we just assume, well there's a football club next door, go to that. But that's maybe threatening for them and they don't want to do it, so it's having that balance (steering group member)

It's all about regime, it's basically like the army, and that's the way I kind of see a lot of sports. Because you've got the hierarchy... (beneficiary)

### 3.2.6 Lack of information

As a corollary to the importance of providing information about what was available to potential beneficiaries, a lack of such information was reported as constituting a key barrier to engagement, particularly for those without the cultural capital to know or find out what might be available:

There's a real problem with them not knowing what opportunities are out there, so they haven't tried it, they don't know about it... (project staff)

They can't see, their imagination is limited, and I think that's the crux of it, is that I think their imagination hasn't been exercised. They have no perception of what's out there, and that's what I would like to give them (project staff)

I think generally it's more about finding out what's available, when we spoke earlier on today, there was going to be a point that I was going to make with you because we found out about Mentro Allan through X [organisation], but we've spoken to Y county borough council and tried to ask them what's available when we were trying to get these activities together, there just seems to be a complete lack of information and direction of where to go... (parent)

The ways in which such information was communicated to potential beneficiaries in the first place could, however, often prove just as important as the provision of the information *per se*. Young beneficiaries' interest, it was noted, had to be stimulated in order to 'connect' with them, and information provided in a sensitive, appropriate and encouraging mode, as project staff indicated:

Lack of enthusiasm possibly. It's got to be presented in certain ways to make it interesting for them...

And there are issues around communicating to them what's on and what the opportunities are, you hear about things that they've noticed, they find that the youth workers bang on about it a bit much and they get annoyed with that, they rebel against it when people bang on about it.

They don't want it rammed down their throats, but they won't proactively chase things themselves, so you need to get that balance between badgering them and just letting it ride.

Although putting up posters was a common promotional practice within many of the projects, the limitations of this particular advertising strategy were pointed out, particularly in relation to young people:

They put posters up in the club, they say stuff about it, and X, the youth worker, did an experiment - he put a load of posters up around the club saying, "The first people to come saying this word," I think 'magic' or something, "come and say magic to X and I'll give you a fiver" and he put these things up on the wall and only one kid the whole evening actually came up to him and said "Magic". They don't look at the notice board - it's not on their list of things to do - they just want to come and socialise and do the other stuff.

Using the internet, including networking sites, to communicate information about activities, proved a double-sided coin: it could indeed encourage people to engage and

sustain their involvement with the advertised opportunities but, as indicated above, this was found to be heavily dependent upon the information being updated on a regular and frequent basis:

I looked at it April time and it was still things about what was happening in 2009 on it, there was nothing about 2010... (beneficiary)

### **3.2.7 Lack of childcare provision**

Bellows-Riecken and Rhodes' (2008) review of literature highlighted lack of childcare facilities as a key barrier to participation in physical activity, so that parents with dependent children, and especially mothers, tend to be more 'inactive' than non-parents along certain dimensions. Lack of childcare provision was certainly highlighted as a key barrier by our participants, particularly for those without financial resources, as paying for childcare often proved an expensive option. Young mothers, including some BME mothers, and unemployed parents in particular highlighted this concern.

For some, from **economically disadvantaged** groups, engagement with MA was possible only if childcare was provided by the project:

It's a big problem, what they do in the X project, if anybody has a child or if anybody is in care, they pay for the child to go to a nursery or they'll pay for respite for the care and stuff, so that's, it's all to do with the funding isn't it really, there's a different pot for childcare, so that's another thing, but I understand it's money and everything (beneficiary)

Childcare and transport problems often combined to provide a double barrier to engagement:

They couldn't offer childcare and transport, that then it wasn't working because they'd say, 'We've got this running. If you've enjoyed today, why not come along to it?' And everyone would say, 'Well how do I get there? Who's going to look after the kids?' If transport and childcare would have been available, whatever X or W would have been arranging I would have told my clients, 'Why don't you go to this? They've got the transport and the childcare there,' and they would have been going, it's just because it wasn't - that feed wasn't available to continue through (outreach worker)

See in my opinion, right at the beginning, if Mentro Allan would have been giving childcare and the transport, then there was a really good opportunity to work with X as a project, to actually engage with our clients, but then to take them on as their own clients where they could have been co-working on both projects. I was giving them the audience ... If we then arranged an activity together where in that 2 hours I'd paid for the transport and the childcare because it was in my group slot and we'd done an activity, then, if the girls had have enjoyed it, if Mentro Allan would provide transport and childcare there was nothing wrong with them then setting up a course of say 6 weeks of buggy walks or even cycling, if they've put the transport on and the childcare for that group to go on a bike ride every week then I'm sure that our participants would have been interested in going and participating because they were removing the barriers and it would have been a good way of co-working... (outreach worker)

My clients couldn't attend because there wasn't any transport on the Mentro Allan side and there wasn't any childcare and by the end it was activities in the night or weekends when our lone parents don't have anyone to look after their children, unsociable times ... It was OK if I was running the group

and I was arranging a Mentro Allan activity within the time of the group was running, but if X told someone else in my group, 'We've got this happening,' then they wouldn't be able to attend it, because there wasn't any childcare or transport on the Mentro Allan side, and we weren't able to give it or everyone would want it. Because on our side the transport and the childcare is only given to help with the socialising, to help them move forward, but we can't give it for other projects like the Mentro Allan project (outreach worker)

Some participants suggested that projects like MA needed to prioritise the provision of childcare services at the start of beneficiaries' engagement in order to motivate participation and convince them of the benefits, but subsequently, gradually to withdraw the provision, in order to encourage independence and sustainability:

It's then when they've engaged in a few weeks of buggy walks and you want to offer something more to them, it's then that they need to find the childcare for it, and if they've enjoyed it, and they've really, really enjoyed it, they will find the childcare somehow; if they've got family they will ask, because they see the benefit they get from it, from the break. But if you haven't got that to begin with, then they're not going to see the benefit to them of finding someone to look after their child for an hour, for them to do a [activity] session. (outreach worker)

Some project staff, however, argued that paying for transport and childcare was not sustainable it that it promoted dependence and so ultimately would not ensure longer-term engagement with physical activity:

One of the constraints was that the childcare and transport I couldn't pay for because they're not sustainable, there would always be issues. At the end of Mentro Allan those issues would still be there. So I understand that you have to tackle those things rather than just, 'Oh well, for now we'll just pay for it,' that'd never work, at the end of the project those issues would still be there, so in a way you haven't achieved anything. But having to face those issues I've had to look at ways of getting round them in order for people to participate.

### **Ways of tackling the childcare barrier**

One solution suggested by project staff was for a project to link with existing schemes that provide childcare, such as the Flying Start or Sure Start schemes:

So the other thing we do is link in with other community groups or initiatives, so if there's a Flying Start or Sure Start group, they provide free childcare in a lot of locations on X, which are deemed the most deprived areas, so example, W school has free childcare, I think it was between the hours of 9 and 11, Monday to Friday, so if the children were young, they went to the free childcare, and if their children were older, they were at school.

So the childcare is at the school, and it's through the Flying Start/Sure Start ... But they have the funding to provide school which are from more deprived areas with free childcare for parents, for mums. The childcare provision is paid for by Flying Start/Sure Start and they have to childcare people come in to like a big play area. Usually it's in a school ... Yeah and that's in the school, it's already there...

Another way forward by PCs and project staff was to engage the whole family in the activity. Furthermore, provision of family activities was seen as a means of transmitting

the practice of outdoor physical activity generationally and thus making it sustainable over a very extended time-frame:

We can't pay for childcare, so we either have to have activities where children can come along, which I think is brilliant because the more activities that you have where children can come along, children can see that participating in activities is good, it's a normal way of life, and they do it themselves and it carries on ... Yes. Well we've done walks with children, like nature walks, they've been quite good in trying to get children looking at flowers and fish and birds and twigs and all sorts of things, and that's been quite good.

Because I think one of the things that have worked with Mentro Allan, is targeting children so that the parents come; so even though the parents are coming along to activities, they're doing it for their children, even though they're benefitting, so I think then if you do target the children, they take that message home; it's the same with schools.

Offering outdoor activities for the whole family also aimed to give parents of children with special needs some relaxing and productive time together in a setting that was experienced as safe and non-threatening:

One of the things that I think would be lovely is for the parents to share these experiences with their children, because a lot of our parents- there's little you can do if you have a child, and as I'm cycling along, as you're cycling along with these kids, how lovely, wouldn't it be lovely if a parent could do that with their child, and the bonding process, because a lot of our parents are a bit disengaged really. If you have a child to look after 24x7... if the child has very special [needs], you would get a bit tired ... how nice to be able to come out and be able to do this, your child's safe, this would be brilliant for parents, it really would (support worker/teacher)

There were inevitably, however, practical issues that had to be taken into account when trying to set up family-based activities, as project staff highlighted:

It's not always practical, it depends what the activities are, what they want to try, what the weather's doing, where you are, all that kind of thing, whether you can get the buggies round the style and things like that.

We did do a family day with Communities 1<sup>st</sup> in X, we were all going off to the beach, there was another joint thing where they were paying for the transport and we were going to do a walk, have a bit of a fun day, it turned out mums dropped the kids off and left, so it was - we were babysitters for the day ... It was a family fun day, so mums come along, and dads, our target people are in... We were going down to Y beach, Communities 1<sup>st</sup> had arranged the transport, we were going there to take them for a walk, play a bit of cricket, games on the beach, whole family involved being active, mums arrived, dropped the kids off, left ... Yeah the whole idea was to evolve the activity that it would be as a family, to get families to do things together, a little bit like the buggy walks, it's exercise and bring your kid along. It gets over the child care thing and it's a social thing, but your children are still there ... The decision was made that if we bring the kids along and make it a family day, everyone can participate, there's no childcare issue, it's a nice day out, but it didn't quite work. It didn't work, we were child caring ... I have to be quite careful in that I don't advertise it [activity] as a child based thing...

To overcome the barriers presented by transport and childcare needs, it was suggested that funds should be allocated to tackle these two fundamental areas rather than to pay for a wider variety of exciting/adventurous activities that are very costly:

So budget wise, if we're looking and the budget for the transport and the childcare is quite low, and we've got pots of money like activity wise and we can move some of that money and put more money into transport and childcare, and we have to and spend less on exciting activities, then that's what you have to do... (outreach worker)

### **3.2.8 Lack of self-efficacy and consequent self-exclusion**

A further barrier to engagement with physical activity was potential beneficiaries' lack of confidence in and negative evaluation of their own physical and mental abilities to engage with the activities provided, as reported by project staff:

So you sometimes think that it is a physical barrier, so they know they physically wouldn't generally engage in that and would find it a physical challenge.

So it's a combination of underestimating their own abilities to navigate, to find their way around the walk, I think a lot of people do think it's more complicated than it is, to work out a route...

A sense of low physical self-efficacy could also become a barrier to engaging with and sustaining physical activity as part of an organised group, for example:

One lady, we only got, we sort of came this way out of the park, we only got to the park gate and she said we were walking too fast, so I said, "Well, I'll walk with you at the back. They all know where they're going, and we'll just go for a shorter walk". And she was, "Oh no," she was embarrassed, and she said, "No, I'm going home". So she walked off and there was no way we could persuade her, and she's not come back. But people were willing, and we were trying to say to her, "We'll walk with you". (Instructor)

And obviously if they're with some people who don't see it as much of a physical challenge, then that's initially barriers to it, because there's someone in the group who can do this no problem, and then one new person is like, "Oh, I don't do this. I would never dream of walking in X". (Instructor)

In contrast, an individual's perception of her/his *greater* physical self-efficacy relative to other individuals within a group could likewise become a barrier to sustaining engagement:

I begin to lose patience...if they stop and then start [walking again], it puts me off. When people are stopping and you just could carry on, I just find it so annoying (beneficiary)

Established activity groups were perceived by potential newcomers as having 'tight bonds' between members and consequently as being 'difficult to penetrate'. Such perceptions are echoed in Tonts' (2005: 139) research: "Strong bonds within sporting clubs or organisations can make them homogeneous in their membership and relatively hostile toward outsiders". Some beneficiaries felt intimidated when presented with the idea of joining local activity groups/clubs:

I think as well, because we've been going a while, there's also that element is that people know we go and I think a lot of people who say, "Oh I'll come one day," it's taking that first step of actually turning up and, because we are an established group, I think some people might be, "Oh I don't know, they might be fitter than me, or they might be this or that" (instructor)

You feel really intimidated - they seem to all know what they're doing and they're all really tight groups of people and you just feel a bit of, you don't feel like you can take part .... (beneficiary)

The importance of facilitating entry routes into established groups for potential new members therefore emerged as salient.

### **3.2.9 Social and peer pressure - young people**

Developing an increased sense of belonging via membership of a social group is a key element in the socialisation and maturation process of young people, particularly during adolescence. Peer group pressure at this age, however, was reported as a barrier to participation in physical activities, which were deemed to be 'uncool' by some young people:

There's a noticeable difference as well, kids in primary school are bang up for doing everything really, and then they seem to get to year 7 or 8 in secondary school, and probably because they've been, I guess because of peer pressure filtering down from the older kids or something, they suddenly, and they're changing life priorities, they're not so interested in having fun and running around, they're more interested in make-up and boys (project staff)

As a group they like to piss about, they prefer to do that than to actually get on and achieve stuff. I think there's a sort of social pressure to do that really, that's what they do, they muck about (project staff)

The distinction between personal and social identities has been highlighted in relation to 'serious leisure' and physical activity (Allen-Collinson & Hockey, 2007). To be part of a group of peers is an identity practice that may require social conformity from the individual vis-à-vis the ideas, interests and practices of the group. For young people in particular, it was noted, this may require the presentation of a social identity which 'fits' with that of the peer group. The social acceptability of the activities within the young people's subcultures therefore emerged as a key consideration:

I don't go out doing stuff, but some people come on me, "What can we pinch?" I don't think like that. Where I'm from the boys are, go round the area, they're all known for that, people know they will pinch, like I'm nothing like that, I wouldn't pinch off any one, I wouldn't burgle a house. I'm quiet, I'm one of the quietest out of them all (beneficiary)

"However, I'd never ride a bike in town because of the other girls and what they'd say," [She said] about peer pressure and about social norms for them and perceptions of, "They'd call me an idiot if I rode a bike through town". I don't know why, it's just something they don't do. They're quite happy to come mountain biking out of town, so those sort of social pressures are quite important but not insurmountable, I would say as well (project staff)

Mountain biking I can do because you can do it on your own. But anything team activity wise, I fall apart, because it's all about peer pressure (beneficiary)

Social and peer pressure was also reported to extend to bullying, defined in the educational literature as "a repeated behaviour (including both verbal and physical behaviours) that occurs over time in a relationship characterized by an imbalance of strength and power" (Olweus, 1994 cited in Espelage and Swearer, 2003). Fears of being bullied were noted as constituting a barrier to participation (not of course just confined to young people):

Other children [are a barrier], where I live my children if they go out nine times they just come back in because they've been bullied. (parent)

They had a situation before they met us, but they told us about it since, where they said that they basically used to walk more, and they stopped walking, because they were walking across one of the main bridges, and a group of guys were taunting them, I can't remember the exact details of what they were saying but they were basically taunting them. They were quite frightened (project staff)

### **3.2.10 Subcultural practices: smoking, alcohol and drugs**

Smoking, alcohol and drug consumption, whilst representing types of 'risk behaviour' that can help construct the social identity of an individual, may also generate problems vis-a-vis motivation and actual corporeal engagement with physical activity:

I also see that with one individual in particular, well, more than one, but this one in particular, the same lad that got banned, he manifests terrible nicotine withdrawal symptoms and if he can't have a cigarette, he is only very young, he throws a proper full-on tantrum, which you have to deal with because it either leaves him attacking someone or him marching off and being a danger to himself, because he is only very young, I mean threatening to walk home from goodness knows where (project staff)

Then suddenly most of them stopped doing it [activity] and suddenly there was this issue of them all just getting pissed on a Friday night.(project staff)

But a lot of our client group would smoke cannabis and can't be arsed to go anywhere and that kind of thing ... (steering group member)

[They] have got quite chaotic lifestyles, so a lot of it is dependent on that, and possibly the substances that have been taken the night before. (steering group member)

### **3.2.11 Perceived lack of relevance and 'value' of physical activity**

Beneficiaries' own perception of the lack of relevance and 'value' of physical activity in their daily lives was signalled as a potential barrier to participation. Some individuals saw little relevance or value in an activity because it was not perceived to satisfy basic social needs in their everyday lives. Unemployed and young people were both mentioned in this domain:

Well some of them [are unemployed and concerned about getting a job], therefore they can't get their head around quite often why we are going mountain biking ... One of them threw a complete fit while s/he was there, a proper tantrum, because s/he said what is the point of this, this is stupid just swinging around on a piece of rope, it won't help me get a job, what am I here for it's ridiculous, it's a farce. (project staff)



To be honest, the biggest challenge that I face in my role is the outcomes for the young people, is getting them into something else; education, training or employment, that's where I see the biggest challenge... (steering group member)

When engagement with physical activity has to be managed and fitted in alongside other valued activities, this can lead to 'goal conflict' (Jung & Brawley, 2010: 373) so that 'the time [and attention] spent managing them may influence individuals' exercise behaviour in direct and indirect ways' (2010: 372).

At later stages in a project's life-course, some projects started charging or increased charges for activities or asked for donations in order to try to educate their beneficiaries about the 'value' of activity, encouraging them to reflect on the choices made when buying a product or a service. For example, it was suggested that young people in particular needed to be re/educated about the value of physical activity in their lives:

This is something we are really looking at, at the moment, because the youth service mentality is that we should be providing things for free for our young people, but then we're not teaching them how to prioritise what they want, because then they'll then pay their friend 50p for a cigarette, or they'll go round the shop and pay £1.20 for a fizzy drink. But they couldn't, in their mind then, because they're expecting to get something else for free, they'll associate paying for food or fags or something to eat, they won't necessarily associate paying for something which is life enhancing, enriching, good for your health. So it's like that, it doesn't really match. So I'm not sure we're doing them any favours by not encouraging them to pay and prioritise something, because then they'll have that sense of belonging, that sense of accountability and, "Well I've got to turn up because I go every week and I pay and I attend and I'm part of this", and it does create a sense of being part of something rather than just, "Oh can I be bothered to turn up. I just won't bother. I'll go next week" They'll be there! (steering group member)

### **3.2.12 Class-based stereotypes**

The socio-economic status and educational level perceived as associated with particular activities was reported to prevent people from engaging with outdoor physical endeavours when these were regarded as 'elitist', and exclusive to more 'privileged' groups and individuals. Numerous studies suggest how sports and physical activity are associated with social divisions and inequalities (see for example, Sugden & Tomlinson, 2000) and have examined how such notions nurture feelings of oppression, low levels of self-confidence, esteem and efficacy amongst various social groups and individuals. As noted by an activity instructor, some socio-economic groups self-excluded from activities due to lack of confidence, often masked by bravado:

Less academic people are very good and totally capable, it's just that they won't have the confidence to think that they could read a map ... So they'll just put themselves off, "Oh I don't know how to hike anywhere, or I don't have a tent and I won't be bothered with that" so it'll come across as bravado, whereas in fact it's not, it's lack of confidence not the other way round. Not, "we can't be bothered" it's not really, it's actually, "That's what they do, we don't do that type of thing, that's not for us" and they will look at that, and people will put things into elitist boxes and think, same as horse riding, "posh people have horses and we wouldn't do that kind of thing". (Instructor and steering group member)

Socio-economic and status differences between individuals and social groups were perceived as constituting a 'class barrier' to engagement:

Participant A: There's a barrier there. There's a barrier in communication then, they're socially different. Our clients would not feel comfortable in a group with working mums that drive nice cars, they feel socially lower than them, and it's not their fault, it's just how they're perceived to feel. Our young mums don't go to mother and toddler groups if there are working mothers on maternity leave in the mother and toddler group because they feel inferior to them.

Participant B: And they tend to be a bit 'cliquey'.

Participant A: Yeah 'cliquey'.

Participant B: That's the feedback we get from our participants. So someone that's furthest away with confidence issues is not going to go to a group full of working mums that have got their husbands at home looking after the kids while they can go on a climbing wall, it's not going to work ... There's like a class barrier straight away really and people are going to feel that they can't, and it's the financial side of it again, that's the most I think ... And most of our participants, they tend to be lone parents don't they, so obviously they haven't got anybody at home to look after the children, no partner, and some might not even have family in the locality either, some may have moved in to the area and they're on their own and they haven't got family either in the area, so that's another issue that they have to deal with. (outreach workers)

In addition, individuals sometimes chose not to engage with outdoor activities taking place in what was perceived as an 'elitist' socio-geographical area, and therefore avoided venturing away from their doorstep locations:

If you think of all the English speaking places in X, they're the more affluent places, so there'd be A, B, and then you think of the more deprived areas, you've got the little villages that don't really have anything anymore, you've got C, very very Welsh, D, E is a little bit different because they speak E Welsh, but still it's not, they've got this thing, if you're English you're posh ... Maybe deprived is the wrong word. Maybe it's more of a rural background, small villages, farms, hard working, less disposable income, might be a better way of saying it, rather than deprived. I think it is true that if you go to the more affluent areas, you will hear English spoken more. So if you go to K, which is the nicest place, it's much more English than if you go to B, it's a working class town, where people are dependent on mining and that kind of thing. I know that we're talking a long time ago, but they're still the same families that they now work for O maybe or ... You do have a little bit, if you've got money you speak English, if you're poor you speak Welsh.

The attempt to integrate socially disadvantaged people with those who had greater socio-economic resources proved challenging at times:

I did find the last couple of times I went to X, even though as far as cycling was concerned, a couple of them there were much stronger than me, but there conversation was very limited, and that's an awful thing to say isn't it, and I found their company, after a few times their company grated on me ... They were people who didn't work, and I had the impression they haven't worked for a very long time. And the conversation was all about benefits, and there is a lot of resentment about people who are getting benefit claims, I think most of us feel that...(beneficiary)

### 3.2.13 Gender-based stereotypes

Negative stereotypic perceptions of 'femininity' (for example, women as soft, weak, more 'brainy') and 'masculinity' (for example, men as hard, strong, more physical) were reported fundamentally to affect peoples' engagement with outdoor physical activity, including acting as a strong barrier to participation for some. Certain activities were regarded as being more appropriate to either women or men, for example:

The thing is, kayaking is an activity, isn't particularly a girly activity; you're basically throwing yourself into freezing cold water, so I could see that it maybe wouldn't appeal to a lot of girls, because it's quite a scary thing to make yourself go under water, because you get that sense of drowning and things, so it's not, I can see it's not for everyone. (Beneficiary)

Where the instructor was herself female, then the stereotyping of an activity as 'girly' may be strengthened, particularly by male beneficiaries. Women sometimes found themselves obliged to expend considerable effort in trying to resist and challenge such negative gendered constructions and establish their credentials as highly competent physically-active people:

I [female instructor] generally get, "Why are you here?" But, so they told me, birds, they had to read a map and they were just like, "Oh I'm not doing it, it's a girl...", because I was there, he was insinuating it was a girly thing to do. So they were quite challenging but I love working with these challenging young people, it's brilliant. So I was like, "Right OK, fine, whatever, come on, you think it's a girly thing, let's go and find out. So, you chat to them, and I happened to have some pictures of me that I'd had developed, of where I'd been – climbed this mountain, so I got us some pictures, and I was like, "Oh look at these mountains, shall we go up them?" - "Oh No," - so I said, "Well that's where I was last weekend," and all of a sudden I had some credibility. And they were like, "Right OK, maybe..."

In addition, traditional patriarchal perceptions (sometimes complicated by ethnicity-related constructions) about the 'proper' role of women were found to exclude them from engaging with certain physical activities, even though the women themselves wished to engage:

And I was saying, "Well also, don't forget, we can do stuff for the women" and the guys basically said, "No they don't want that", in front of one of the women who was so meek and mild in that meeting you wouldn't believe it, but once you get her away from the men she's a wild child, she's really quite a live wire, but she really did, unfortunately her peers that were men were deciding for the women that they didn't need it (project staff)

Traditional and hegemonic notions of what is appropriate along socio-economic class, gender, age and ethnicity dimensions can all work as barriers to engagement with, and adherence to physical activity participation. The importance of challenging such ingrained stereotypes emerged clearly from participants' accounts.

### 3.2.14 Stereotypes and 'locals' vs 'outsiders'

In addition to the barriers posed by class- and gender-based stereotypes, 'national' stereotypes were also reported to be in operation, along with the putative 'locals' and 'outsiders' divide. Two specific stereotypes at work were reported to be the 'Welsh farmer' and the 'English Hippie Alternative', and these were considered to lead individuals

to avoid certain projects and activities felt not to resonate with their own identity, leading to self exclusionary practices:

X has two different types of people. X has the whole hippie vibe going on, and it has the Welsh farmer vibe going on, and they don't mix, I know that because I worked in X ...They just don't mix, the farmer types speak Welsh and the more colourful chilled out people, they speak English, and it's not just a language thing is it, it's a whole way of life thing ... I know that's complete extremes but - there's lots of people in between but it's just a huge generalisation... (project staff)

For example I know with the community garden that the volunteer shelter has been nicknamed the hippie hut, so to me that's a classic, people's perception of, 'Oh they're just a bunch of hippies gardening over there, we'll leave them to it,' which is completely wrong because they're imagining real hippies like they were in the 70's, with the long beard and the long hair and they're not like that...

I'm trying to think what they are - walking, cycling - the community garden, I think that's probably perceived as quite an alternative 'therapeutic' garden, instead of just thinking of it as something nice to do and make an area look nice, it might be perceived as a bit alternative, and maybe that puts some people off coming along, because they do think it's a hippie thing. But I don't know. Because I know a lot of my friends, they laugh at me because, they're just like, 'Oh you're turning into a hippie,' which, I don't care, because I've always been quite, I'm not saying I'm environmentally friendly but I've always been aware of recycling and things like that...

Because the things I've been going to, trying to get involved with haven't just been run by Welsh people, so I just haven't crossed over either. That's a simple issue isn't it? These things that seem to be vibrant around here, that are new and going on, haven't often had as many Welsh people involved, so that's why I can't even know if it would have been friendly. I don't even know where these [Welsh] people are! ... I just always wonder about, from my tiny experience of that one project, that's all it is, people who are volunteering, I just wonder why there's not more native people to the area involved, and if there's people, I just feel there must be people sitting around not knowing or not feeling welcome, surely there has to be... (volunteer)

Analogously, the distinction between 'locals' and 'outsiders' operated as a barrier to engagement. 'Locals' *generally* applied to those who were born and brought up in a specific area, whereas 'outsiders' applied to people who were incomers, although the length of residency required to qualify someone as a 'local' was highly context dependent (see Cloke et al. 1998). The difficulties of trying to 'cross-over' or 'break into' the 'other' community were highlighted, especially when the other social group was perceived as being closed to outsiders, close knit or exclusionary (c.f. Cloke et al. 1998):

But I think it seems like there's quite insular groups that have formed really, even of outsiders [people who have moved in the area rather than born in the area] who've, which is natural I suppose, if natural means often, as I suppose it does, linguistics ... Again I thought, come on guys, especially if it's someone like moving things forward to do with humanity, it's not the time for cliquey! (volunteer)

So you move to a different region where there's loads of stuff happening that's more, it's so similar to what you do, and then go to the events and it's kind of closed doors, not very friendly at all, it makes you feel that X [city]'s friendly, London, that's reality. People wouldn't say that, may be they'd think that's bullshit but that's because they're being friendly with themselves mainly, and there's quite a few people who have said this, people, and I had a conversation the other night with a volunteer from somewhere else who is fairly new, and they were a bit distressed as well with their experience, more than me they're thick skinned and they were feeling like such outsiders, really! (beneficiary)

Because out there I'm a real outsider. It's great really. People who have had generations there, so they're really, if you get accepted you know you've definitely been accepted because it's really Welsh. My experience with that kind of stuff is that initially it's quite impenetrable, but then you'll get more help, you'll get much more help from Welsh people than from other outsiders ... I've had many more problems with other outsiders in land, land issues and things. Everyone thinks when you say, 'Oh, I've had this problem at the woodland,' they all say - the city people anyway - 'Oh Welsh landowners!', it's like 'eh no.' There's a guy, an outsider from London, the Welsh people are so quick to get you out of a situation and it's often the outsiders who've put their big gate up, like this is ours, this is our fortress and, so, which is encouraging, it's great. (volunteer)

### **3.2.15 GPs' attitudes regarding exercise and health**

An interesting idea presented by participants was that GPs' attitudes towards exercise could actually act as a barrier to the engagement of their patients in physical activity. There was reported to be a perception amongst some GPs that exercise should be predominantly prescribed for weight management issues, rather than more generally for health and wellbeing,

They [GPs] are private companies as far as I see it and they have money coming in and they demand the right to work with that as they see fit. And in relation to physical activity, they do the X data but that doesn't include physical activity except weight management, things like that (steering group member)

GPs were reported to prefer referring potential beneficiaries to a recognised scheme such as a formal Exercise Referral Scheme (ERS) or similar:

They will do a referral into a recognised scheme, the exercise on referral for example but other than that, notwithstanding, they have 7 minutes to do a consultation, so looking at their patients ... they wanted online website that was credible, reliable, updated, that they could key into, and looking at the patient that they had in front of them, taking their conditions into consideration, where could they send them. It had to be reliable in the sense that they were not willing to be responsible, directing the patients to somewhere - one's not credible, they've got to be looked after, health and safety, all of that, quite understandable, and also that it was credible in terms of reliable, that the person was not going to turn up and not be there ... This [Mentro Allan] has been set up, my understanding, as a pilot, to demonstrate accessibility, affordability, availability, needs assessment, it was not seen as a sustainable project, can't sell it to GPs on that basis, it's not got longevity, sustainability, durability, whatever you want to call it. It wasn't intended from the start (steering group member)

Furthermore, in relation to mental health issues, MA and similar schemes were not always viewed as relevant to patients with mental health issues. According to Fox et al. (2000), GPs are unlikely to have specialised training in the area of mental health, and therefore tend to prescribe serotonin-enhancing drugs for treatment of mental health issues, whilst the use of psychotherapy techniques and exercise is much less favoured. As a beneficiary with mental health issues indicated:

This practise don't believe in exercise much ... And not one of the doctors ever mentioned me going ... I asked him to [refer me] because I met somebody who was doing it ... I think basically they take it for only overweight people ... I would say that was what they think [that it's for overweight people]. They certainly wouldn't think, oh she's a bit depressed, let's send her for an exercise programme (beneficiary with mental health issues)

Similarly, our data from various participants also suggest that some GPs preferred to rely on prescribing medication for mental health issues rather than referring patients to activity schemes, sometimes leading to an exacerbation of the mental health problem:

I think people are so heavily medicated in the area, that's my experience, that if you have depression you're instantly put into this system where heavy medication, so anyone who's suffering from mild depression, might be said, 'Well could you try the community garden, or getting out and about,' and not necessarily that happens, it's straight, 'Oh OK, we'll give you these tablets and see how it goes,' and then they're isolated, don't get the support, and then 2 years later, they're on the community psychiatric team with quite severe mental health problems, and maybe there isn't that bit at the beginning that is happening (activity leader)

But it is not only GPs who tend to hold such stereotypic perceptions about the exercise and mental health nexus. Faulkner and Biddle (2001) have noted that similar perceptions of exercise are also held by course directors of doctoral training programmes in clinical psychology, arguing that consequently: "exercise is extremely marginal in the treatment of mental health conditions"(p. 438).

### **3.2.16 Disability and mental health issues - 'labelling'**

It was considered that negative labelling often operated as a barrier to engagement of those with disability and mental health issues, as a result of low expectations of these beneficiaries and a consequent expectation, often ungrounded, that these people would prefer to engage in only 'low risk' outdoor pursuits. The need to challenge such stereotypical thinking was highlighted:

That 's just some feedback I've had from working with the blind group I had recently, there were guys that had done some stuff in the past and they wanted a risk activity, they were saying that too often it's a case of all disabled people need a really basic level, and for some guys that's completely appropriate and that 's absolutely fine, but for other guys they want to be challenged, the fact that they've got a level of disability it's probably so frustrating for them, or if they've got an acquired level of disability rather than it's something that they've had from birth, they've always been used to having that adrenalin rush of taking part in a risk activity, and now it's a case that, unless there's 10 risk assessments they can't possibly do that because they can't see... (steering group member)

Congruent with Li & Moore's (1998) study that showed people with congenital types of disability to be more likely to 'accept' their disability compared to people with acquired

disabilities, it was reported to us that individuals who had an 'acquired' disability as opposed to a 'congenital' type were more resistant to identification as a 'disabled' person and were consequently wary of, or even resistant to, engaging with activities perceived to be targeted at 'disabled' people.

You get this whole congenital versus acquired disability that comes up, when working in disability, it comes up all the time, because you've got very different identities associated, you've got very different social structures surrounding those individuals... (steering group member)

But also my fear was through my accident of accepting my disability and then going along to a disabled club, I couldn't get my head around that part. So X, the lady from Y spoke and she gave me this form and it was all to do with the Mentro Allan and I kept looking at it. So I wanted to have a go but didn't have the courage, so that stayed in my diary for 6 months or more ... So yes I had this and then it took me a while to pick up the courage to go, because I felt that I didn't have as much disability as everybody else, accepting it. When I'd got my leg, I felt, it was, you've got to be, I honestly don't know, it's maybe me accepting it, I haven't got a clue. So I went, I was afraid as well that I couldn't do anything, rejection, I couldn't do it, but I didn't know what bikes were there (beneficiary)

A beneficiary who acquired a physical disability due to an accident indicated a feeling of falling between two groups and not being disabled, nor fully able bodied:

Because I'm young, and I had, I was able to run and to walk fast and to do things, and this has stopped me from doing it, I want to ask other people how they're feeling, how did they feel, it's horrible for me, horrible ... But I think it's in between level, there's wheelchair accessible things, basketball and stuff, but I feel like I'm in the middle. I probably could start doing stuff with the wheelchair but I can walk can't I - a little bit, I can walk, I feel like I'm in the middle of it.

MA activities became a space where people with disabilities negotiated their identities often trying to distinguish between the 'impaired' material body and the social condition of 'disability'.

Because what I'm finding is when I'm linking in with new clubs is that people have already got, they say, "no, we've got no disabled people," because they're, I don't know what their perception of disability is, they think that if that means 30 electric wheelchair users that can't speak, that have got an increased level of spasticity, whereas they'll then say, "oh, but we've got an amputee, we've got a deaf lady, we've got a guy who's a bit like 'Rainman' [film about an autistic man]," and it works out they've got 4 or 5 disabled members, but because they've known them for a period of time, they don't necessarily twig that that person is disabled or not, and that's not an issue, and that's something that I'm trying to work on when I link with clubs in that I don't want to bring all of these people out into a disability specific environment because if people are engaging in outdoor activity in your club, your walking group, brilliant... (steering group member)

**Mainstreaming/mixed abilities:** for some beneficiaries with disabilities, and their carers, it was important to be understood and accepted by people in a similar situation, and not to feel 'different'. A parent explained that it was easier for an activity group with disabilities to accept his/her son's autistic condition than it would have been for a 'mainstream' group:

I think that's ok, he's not going to make friends in these groups. What we're really looking for is that he's just accepted as part of the group, and it's more comfortable if it's a group for disabilities because people aren't shocked by the behaviours, they take it in their stride. Whereas if we try and access an ordinary sailing club and he had a bit of a meltdown, then people just wouldn't know what to do - so these more specialised groups - that everybody around you understands the difficulties that you face.

And a support worker added a similar comment with regard to those with mental health issues:

So I think that's partly because of their, there's such a good bond, because the majority of people have got mental health and they know each other's circumstances, I think they look out for each other and support each other.  
(support worker)

Other challenges in managing mixed groups were reported, particularly where equipment and other resources were scarce and able-bodied beneficiaries felt that they were losing out due to not being in a specific target group:

Well I think there have been times when we have been a bit overwhelmed here by disadvantaged groups, this happened early on I think in the, we haven't seen so much of them lately, but there were groups would come, physically handicapped and so on, and at times I think, I wasn't particularly involved, but I know that there were some of the groups here who would feel, 'Oh gosh, here they come, there's an awful lot of them, and they're all going out and they all want bikes at the same time,' and you sometimes felt you were being, I think they felt they were being pushed to the back and were not one of the more important facets here ... I know there were people who would say, 'Oh gosh, how long are we going to have to wait now. Oh gosh, here's this group coming,' and they were quite large numbers, and I think sometimes there was a feeling that it would have been better if they'd come on another day... (beneficiary)

For some individuals the mixed-ability group activity context was seen as unpredictable and anxiety-provoking. This beneficiary persevered with a mixed group but understood from others that they had found it problematic:

When first went I was taken aback a bit, but they could cope, they got a bit worried going on the buses and things like that, but a friend did come along and never came again, and she phoned me to say, 'How are you getting on?' and I said, 'Yes, it's fine, there's no problem ... and she said, 'Oh well it's put me off,' and there's a lot of other people I've talked to, she said, 'It's put me off, I don't want to get involved.' You don't have to nursemaid them, it's nothing like that, everybody copes on their own, that is fine, and there's no problem ... So as far as I'm concerned it's fine and I'm keeping going.' So she said, 'Oh but it has put people off,' I said, 'Alright, that's fine if that's how they feel but I'm still going to go.' I don't know if she thought I would stop or what, but I didn't ... I think she was worried that something might kick off, I think that's what was behind it, she didn't actually say so in so many words, but you could hear the tension in her voice, and I think she was afraid that something would kick off, if something didn't suit them, and I did try to reassure her that no, it's all fine, and the two leaders are very good at keeping tabs (beneficiary)

In contrast, other participants highlighted the advantages of mixed groups, and considered that people with disabilities benefited more from being included in



'mainstream' 'able-bodied' activities, often due to the social opportunities provided by this more mixed environment, the breaking down of social barriers, and the promotion of mutual understanding so that both 'disabled' and 'abled' benefited:

Social activities really. He's not as sure as he could be, so he does find it difficult, it's just interacting with other children and stuff like that. It's quite difficult because of the children with their other disabilities and the learning difficulties and stuff like that, it's quite difficult for the children to cater for one another isn't it, and that's the only people that we're communicating with at the moment. He needs to be with more mainstream people, for example, he's restricted, he can't do swimming because of his cardiac problems (parent)

Because she can't just mix with people with learning disabilities all the time, you've got to mix with other groups as well haven't you. It works quite well really because the people that go there are really good, really nice, and they do talk to her, they say, "are you alright? You've done really well." They're quite positive feedback, not negative (carer)

I think it's absolutely brilliant to have able-bodied, people with disabilities, people with learning disabilities... But I think it integrated people with all abilities isn't it X? And we weren't made to feel alienated or anything like that, we were all welcome into a group and they could have a laugh same as we could (beneficiary, 'able-bodied')

Because I think we should integrate more, I really do, for those people, that's a rotten thing to say... but no I think we should all mix in better so that we can understand the problems. I mean I understand that if somebody was violent, they wouldn't allow them to attend, I understand that, so obviously there's not a violent issue here. So no I think we should mix more and get to understand everybody else's problems (beneficiary 'able-bodied')

And it really is a fantastic opportunity for anybody, even if they had the wellest person in the world right down to the most illest person in the world, it's a fantastic opportunity to meet people in a similar situation where everybody's equal, where an executive of a company could be walking with somebody who's been on the sick for 20 years and has something in common, and it gives people something in common and you've got something to talk about, with somebody you probably would shy away from in everyday life (beneficiary with mental health issues)

I think it's a gradual thing, but I think it is breaking down barriers then, so it isn't me and them, this is a group, people see themselves as more of a group rather than as someone with mental health problems or a person without mental health problems, it's just part of the group (support worker)

Judgements about 'disability' are often based on the visual performance of the body that digresses from the accepted biomedical or media mediated 'norm'. Some disability beneficiaries also had mental health issues. The different social expectations surrounding visible and invisible disabilities were noted by participants, and mental health issues were highlighted in this regard:

I think mental health issues, although it's very difficult isn't it, not a medical person to actually define that, but I would say that he had ... That's difficult. I can't define that I don't think, it's just a feeling that you, well you just know that somebody's not behaving quite normally (beneficiary)

When I first went it was clear immediately that several of the people had mental health issues and some of them probably do but they're hidden, as indeed mine is ... So I think that people in the Mentro Allan group therefore, I imagine, I do come across as quite normal, it's clear that that would be the case. When I started there it was clear that certain people in the group had mental health issues to a greater or lesser extent, but because of my experience I don't judge people by the face that is presented to you. There are people who seem quite normal can have mental health issues, I am one myself. (beneficiary)

Consequently, the form of advertising activities for people with disabilities could be a barrier to their engagement if they perceived it as promoting the 'disabled' stereotypic identity (see also Hardin 2003, for a discussion with regards to sports-related advertising):

We also have issues with deaf and hard of hearing, in that the identity is very very different, in that they don't see themselves as having a disability. So some of the projects I've worked on in the past that have failed miserably, after doing quite a lot of consultation we were advised to take our logos and things off, so for example, when you look at the Mentro Allan, when you look at this, which is very positive in terms of the writing, and a lot of the steering group are very keen towards this, and this is what people are shifting towards, I find it very difficult with terminology because ... I'd put something like this out and it would be great, and it would engage a lot of people, but then from a children's perspective, parents would be like, "that 's not for my child" (project staff)

Another barrier to engagement with outdoor physical activity, as highlighted by participants, was a lack of confidence in and negative evaluation of their own physical abilities to engage with the activities. This attitude, particularly for people with disabilities, could be triggered by fear of failure, or because they were unfamiliar with the equipment, or by other peoples' low expectations of them:

Their own confidence, because quite a few come and it takes quite a while to get over the whole barriers of actually dealing with equipment as much as anything else and other people around, so their own confidence and their own perception of what they can do, you show them a trike and try sitting them on it, it's like sticking them in a machine, you might as well be sticking their head in a washing machine as anything else because they have no comprehension of what's expected of them, you 're just sticking them in a machine so, it can take quite a long time to get over that... (project staff)

A lot of people will think they can't do it, I don't know whether that's because they've been told, "oh no you can't do rock climbing" or "you won't be able to do this" or "you won't be able to go canoeing", so a lot of people think, they'll turn up and say, "I can't do this," but a little bit at a time they slowly realise that they can, which is nice... (activity leader)

It depends on who it is really and how experienced they are as well because I think that makes a big difference, and how used they are to that particular client because sometimes they don't know, they've just started a job and they think this chap can't do much, that's what they assume (project staff)

For some disabled beneficiaries in receipt of a disability allowance or benefits, fears regarding the potential loss of these benefits, if the beneficiary were seen to be participating in physical activity, acted as a barrier to engagement:

If someone's got a chronic bad back and they're seen cycling on pathways, well people, round here people know everybody, people know about each other's lives don't they, it's just the nature of the old community pit, so people think, they know X is on benefits, so why is he participating? (volunteer)

The only thing that I would think would put some of them off is they're claiming certain other benefits to do with disability and some people are worried about being seen doing activities. I think because, if you're just claiming mental health then that's fine to do exercise, but because they're claiming say disability benefit as well due to arthritis or other things like that, they've obviously put on their form that they can't walk certain distances, whether it be true or not I do not know. And then if they're seen, it's to do with obviously the culture, where people are worried about being reported then for doing these things, so I don't actually think there's a way around it, because obviously they should want, what's on their forms should be the truth and they shouldn't be able to walk certain distances (steering group member)

I've met people who were truthful and they were prevented from taking part in physical activity because if somebody saw and reported them they would have lost the benefits, although they can't really do as much. It's ironic that we're trying to encourage people to become more healthy - and help themselves (support worker)

### **3.2.17 Mental health and learning difficulties issues**

Participants reported how people with disabilities and mental health problems could face particular barriers to engagement with activity, often due to misconceptions regarding mental health issues, including prejudice and discrimination:

I've worked in institutions with people with learning disabilities and I know how alienated they are from the rest of society, just because they've got a different way of communicating or have certain behaviours that are a bit, don't fit into the norm, and that's always really bugged me... (project staff)

It's this kind of false perception that people have about mental health ... (beneficiary)

You go to any of these places round here and ask them for a job, you mention that you suffer with mental health problems, they don't want to know you, you're just shut out, you're in a little cube, you've got your own existence, and it's very hard to break out of that mould. (volunteer)

That people have prejudices about people who've got schizophrenia, who might behave outside the norm. (project staff)

Like you say X, people discriminate [against] each other. You may not get along with someone in the group either, whether she or he has a mental health problem or not, it doesn't matter (beneficiary with mental health issues)

I think people will always experience stigma and it is about changing values across the board, around any issue be it gender, race, disability. The hard bit is challenging that to make anything inclusive... (steering group member)

Project staff commented on some of the ways in which stigmatisation and discrimination were encountered within the context of the MA programme:

So it was almost like, I felt with that group [organisation], they didn't want people with disabilities in the park, so it was almost like, because it was privately owned, not through the council, they could basically do what they wanted. (project staff)

Racist comments really that we shouldn't be in their park because it's for dog walking not for cycling, even though it's a public area ... People walking the dogs said why are these 'disabled people' cycling in X?! (project staff)

Negative attitudes towards people with mental health problems, learning difficulties or physical disabilities were often found to stem from a lack of realisation that someone did have a certain condition, or to a lack of understanding of the nature of this (for a detailed discussion see Hanock, 1982):

I think people have very little tolerance, especially [for] autistic individuals. We've taken quite a lot on different activities in public areas, and a lot of people don't tolerate, or don't understand shall we say, I think it's more they don't understand, so they're very quick to react and say, "he's extremely noisy or extremely rude, "because they don't open a door or they push through a door to the toilet or whatever, people are very very quick to react and say, "that's really rude" or, "watch where you're going, " they can be quite abrupt, but I think it's more they don't understand that that's their nature and that's their behaviour (project staff)

Only when people find out you can't read or write they treat you differently. They treat you as a kid not as a grown up. That starts a kick off... "oh, you can't do this or that" it kind of kicks you off. I've got a lot of build up anger... but haven't had this [attitude from other people] at all in the project ... People used to do things for me and I got frustrated. If they find you are disabled, they got to do everything for you! ... People don't know how to calm an autistic person down. Don't know how to talk to them with respect (volunteer)

People accepting that I 'm different, the challenges have been, in any activities it's quite distressing for me, I've been to the leisure centre asking for help ... and they said, "yes yes, come along to the gym". I went to the gym and they said, they were ok, but they said, "you can't do this and you can't do that and you can't do that..." (beneficiary)

Such misunderstandings and negative attitudes were found to act as a strong barrier, discouraging those with disabilities and/or learning difficulties from engagement with the projects. For those who were prepared to persevere, the challenges were often considerable:

But the challenges every day it's not my, it's physically [constant pain], it's mentally as well - people stare, people talk, people ask me every day, "what have you done?" I don't tell anybody what I've done, because it's too complicated, I just said, "I fell down the stairs", you've got to, I only tell people who need to know and that's it, but it's physically but mentally as well, people are rude I think to disability, they don't understand it, and it's the sticks and everything, I have got a wheelchair if I go out, because that was stopping me, the going for walks with my husband or shopping, so in the end I had to, I didn't give in, I decided to get a wheelchair because I wanted to go out with my family as well, so if we go out on days out, we

take the chair out, that's still challenging for me because a lot of young, there's not a lot of young people in wheelchairs, but there is, it's getting better, but you still get stared at, and I think I've got to learn to be tougher, that's life isn't it? beneficiary)

Such challenges were also noted in relation to peoples' sense of identity and belonging. For example, a beneficiary with mental health issues, being very concerned about the stigma of 'disability', confessed that when he had engaged with a 'mixed group' activity for the first time he immediately thought that it wasn't for him and that he didn't belong. He then excluded himself from the 'mixed group' on the grounds of his 'disability' because he perceived that others in the group didn't 'appear' to have a mental health issue and so did not share his concerns and needs.

For the able-bodied members of a mixed group, there was also reported to be a degree of anxiety regarding engagement, often due to unfamiliarity with certain behaviours of the 'disabled' members (c.f. Hanock, 1982):

Initially I was quite scared of them, I know it sounds harsh but I was quite scared, because some people you don't know how to read them sometimes. But I've got used to that now and just go along with it (beneficiary)

It was accepted, however, that discrimination was an issue within the wider society, and certainly not confined to the MA Programme, although this latter could play a role in try to instigate change and greater acceptance at the local level:

I just think we live in such a narrow social relationship with other people and I just, that's where my ideal comes from that maybe if the bigger structures were more accepting of different types of people then that would filter down to the rest of society and maybe we'd, like it would be easier then to relate to people in your everyday life ... I'm trying to start from a small picture and hope that that would filter up then (project staff)

Within the context of the MA Programme, a non-judgmental, accepting attitude was found to be helpful when trying to motivate and engage beneficiaries, in this particular case in relation to mental health issues:

I feel like it's unfair on that person, unless they want to tell me, I think it's something quite personal to that person. What I really hate is when other people tell me, like support workers will say, 'Oh he lashed out at one of the staff today,' or 'or he shat his bed'. I don't need to know that kind of stuff, I just don't, I think well he's coming, I like to take people as they want to present themselves to me, rather than try and find out what's behind their behaviour. You've just got to deal, because that's all, you can't change those mental health problems, I can't anyway I don't think, that's up to them a lot of the time, how they want to deal with it, so I just have to take people as they present themselves to me and I think that's quite an important part of how people relate, so you need to, if you start, if you have a relationship with someone where they identify themselves by they're a schizophrenic or anything, that is quite difficult to be a social person then isn't it because that's not something that's easily accepted socially (project staff)

The intersectionality of identities was also noted as salient, together with the ways in which individuals could face multiple forms of barriers, including stereotyping, inequality and discrimination. As noted above, ethnicity and disability could be interlinked, for example, as could gender, age and mental health issues (see also Westbrook, 1993), as a support worker highlighted:

Well it [sexism] has been a cause of women being excluded ... The other, like we said earlier, is from women particularly, and we looked at developing our service, to treat women as an under-represented group of mental health, they certainly are an under-represented group if you consider physical fitness, and these are quite a bizarre concept, but I think a lot of old women see the real benefits, now we'd be lucky that we've had obviously X [project staff] and Y [support worker] would come in and speak to the group ... it is about being inclusive regardless of gender (support worker)

Some beneficiaries on medication for mental health problems found it difficult to engage in and/or sustain physical activity due to the physical and mental side effects they considered to be a result of the medication:

Because with walking I'm a bit clumsy because of the drugs I'm on ...the drugs they give you, they make you so low - it's like being in hell...

Well I did the two gardening courses, but the reason I haven't [been for a while] - I go and have a cup of tea still - or at least I did at first but it's been a - [I've] been lax lately. I was totally manic from October til March ... I was there for the first, I did the first gardening course. I did the second year in this garden here, most Thursdays, but then last October because I'd been on psychiatric drugs for so long, they've totally destroyed my thyroid glands, they've damaged my kidneys and they've also done something to my bladder.

I couldn't get to the gate and I was scared of getting the bus and travelling and going out, if I saw people I'd run away from them, there 's all the wrong drugs they gave me to bring me low, because they said I was high, but I love being high but I wasn't that high, and there was nothing wrong with me, the doctors, because you talk a lot and always happy and busy and cheerful, "oh she 's manic depressive, she's high, " but I wasn't, but they said I was ... I have to do things slowly, so I am mentally handicapped, looking at me I look ok, but it's my mind, all the drugs I've had, they give me fears...

And people get muddled up with the times, like X will often ring me and say, 'Is there walking today?' and I'm like, 'No, it's tomorrow,' so if he does it then maybe other people get muddled up as well, they're not sure when the activities are and they haven't got much support at home then they're not knowing... (project staff)

The unpredictability and fluctuations of mental health conditions often acted as barriers to sustained engagement with activities and to progressing behaviour change, even to having to drop out of the activity:

Mental health can be up and down, people can be maintained for a while but if their mental health deteriorates, that's usually one of the main reasons why they drop out, and then when they're feeling a bit better, they'll come back. It depends on individuals as well and what their diagnosis is (activity leader)

The last, well since November, I've been in and out of hospital, mental health problems, so basically I'm just getting back to my normal self. I went through a serious phase of depression and mania, and now I'm just coming out of the other side, I'm thinking about doing things again. So I'll definitely be taking it up again (beneficiary who dropped out of MA)

I think engagement for us is the hardest thing because they've got serious mental illnesses, they're often affected day to day by their mental state, and we've initially tried to flag up that concept of the benefits of simple exercise ... for a lot of people it's quite a strange thing because they're almost housebound because of their mental illness and obviously lack of confidence in just facing the world (activity leader)

### **3.2.18 Social services users - Care Plans**

If outdoor physical activity prescription was not included in the care plans for people linked to social services then individuals were found to be less likely to engage with physical activity. The need for exercise prescription explicitly to be included in care plans (c.f. Faulkner & Biddle, 2001) was noted by some participants:

Also we've got the care packages from social services, the care plans, is it written into the care plan, and if it isn't written into the care plan how do we get there at ground level to put it in the care plan, and the only way it 's going to get into the care plan is evidence based, where they've evidence, yes this will have a marked improvement on this person's life, whether it be socially, health wise, or physically, it will have an impact, we all know that it does have a positive impact, but it 's getting to the care plans stage, where they 're putting pens to paper and saying what's going to benefit, enable and empower this individual... (steering group member)

The challenges of drawing up an appropriate care plan for a vulnerable individual were highlighted, for the client could be highly resistant to the actual plan. The need repeatedly to assess and re-evaluate people's actual needs was also seen emphasized, for the assessment was not a 'once and for all' activity:

I don't know if it works brilliantly, but I don't know how else because of the very issues of their health problems, because you can 't get round that compliance thing when they first, you know when people first have breakdowns or whatever, then they're feeling very vulnerable, and some really haven't got a great deal of comprehension of the situation they're in, so it 's very hard to actually draw the care plan with full agreement with that person... so it can take a long time, for whoever's working with them, to actually build up a rapport, to actually know, get a correct reaction from them and work out where they're going ... so actually discussing a care plan with them, because sometimes they can be quite antagonistic and they just sit there and row about it, so there's no actual agreement with the care plan with some of the clients, but the care plans are quite often reviewed on a monthly basis, because they're aware that this is an issue, and have to roll it through and review it as often as possible (activity leader)

Considering that the inclusion of exercise and physical activity in care programmes is not a 'nationally applied standard in the UK (Faulkner & Biddle 2001: 434), the importance of monitoring the effective operationalisation of the care plan, including the attendance of the client, was also stressed by our participants:

If an activity sheet 's there, and the staff come in and took it, then it's [activity] happened, so even if there isn't a car available, you'll find that someone at the end of the day, because they know it 's important that all the ticks are on that sheet, then everything on that sheet gets ticked because when I was down at the garden, I actually had someone come down there from X [hospital] and I said, "oh is so and so here?", one of the clients, and they said, "no," I said, "well, he always comes on a Wednesday," they said, "really?" and he'd been allocated and ticked off on a

sheet for two years - I 'd never seen him, he'd never been to the project, so that's, but those sheets are what the actual review bodies come in and see, and so long as there 's the odd little cross and glitch that they can explain, then they see it as comply of the care plans and they're given a such limited time to review the whole process... (activity leader)

It was strongly suggested that there should be a more effective monitoring system to check on the delivery of the care plans in order to enhance and ensure engagement with the project and physical activity:

The more normal reviews are planned in advance because they have to come in so heavy handed for like 3 days, they 're told when they're coming, if someone turned up for like 2 hours there with their badge and approved, "I'm coming to look at what you 're doing," then I think that would be a much more, it works with every other service, if you've got to review anything and it's like environment agency and things, or anyone, if you want to genuinely see what's happening, then a quick spot check anonymously is much more efficient than anything else ... well, sorry no not anonymously, just not forewarned... (activity leader)

### **3.2.19 Carers and support workers**

A noteworthy barrier to engagement was reported to be those carers and support workers who did not engage with physical activity themselves or were not willing to engage in order to support beneficiaries who wished to participate. As will be discussed below, there were sometimes strong grounds for carers' reluctance to engage.

Also there is evidence, we do have evidence, anonymous evidence it may be, but we do have evidence that even the care givers don't want to do the activity, so they don't take them along to the activity, because they don't want to do it, regardless of what the person wants, the individual wants, they don't want to do it (steering group member)

There's been more problems with carers than there has with the clients really. Often because they don't have the choice. The clients want to come down but they're with them and they've got to come down. The two you saw today are excellent and many of them are excellent and they're really really good but you do get a certain amount of carers coming down here who stand and watch and don't do anything and they stand there shivering and saying how cold it is and they want to leave early and try and get the lads to say that they're all cold so that they can go back to the warm hospital (activity leader)

I like to do it [activity] but it's up to the people [support workers/carers] who wants to do it and people don't like doing it so ... I don't know because we asked them if we can do skiing and canoeing and rock climbing but they said there's health and safety (beneficiary with learning difficulties)

It must be really demotivating, if you really want to do something and the person that's supporting you can't be bothered and takes you to ASDA or MacDonald's, which happens a lot in Y... (steering group member)

A carer's negative attitude towards engaging with physical activity could deleteriously affect the client's motivation and self-confidence to the extent of disempowering her/him, and thereby creating additional barriers for their clients:



Some of the support workers we've met, especially canoeing outside, they won't even get on the boats with them, and I think that 's really hard because I can't, it's hard for them to - participants to be calm and controlled if they haven't got people around them, and if they don 't want to have a go, like the support worker's going, "I'm too afraid of water," or, "I'm afraid of heights," then the participants are going to be a bit, they're going to be nervous to do that, because their support worker isn't doing it as well... (activity leader)

I've seen so many times care givers that are saying, "oh well, we won't go to," say for instance, "Y on the bikes today because it's raining" and that's the care giver saying that, so because the service user may feel disempowered or lack of confidence, they're not going to question the care giver because they don't really have the confidence to do that, so they end up sitting in X or Tesco for the afternoon (steering group member)

Potentially, lack of support from carers could severely limit the clients' access to outdoor physical activity opportunities because clients had no indication of what could be on offer and the potential benefits. This, coupled with living in an indoor institutionalised environment [hospital, day centre, etc], meant that service users could be very unfamiliar with the outdoor environment generally, and therefore face additional barriers as outdoor activity was not even part of their worldview:

A lot have been, of the older people that come, have come from large institutions, hospitalised, so, but anything basically that they're doing outdoors is quite foreign to them, so there is that, certainly in terms of the mental health clients... (activity leader)

Maybe just the culture of not used to an activity, so not used to an outdoor activity so it's not something that they, so maybe perception of what the activity may involve, so before they've even got to it they're not going to get to that stage of change where they actually go to an activity because it's too far removed from what they're used to ... (steering group member)

### **Health and safety concerns of carers/support workers**

The difficulties faced by carers should not be underestimated, however, and support workers/carers provided a panoply of reasons for their reluctance to engage with physical activity alongside their clients. A variety of health and safety issues were highlighted; many of these also acted as motives for dropping out of the activity and of the MA project altogether:

#### Equipment

The bikes are quite heavy. Some people can't reach the pedals, many have arthritis and we have to push the bikes!

It's [the bike] not a normal thing to pedal! [referring to a two-seater bike]

On the flat they're ideal but unfortunately it's [the place] on a hill ... It was hilly, the design of the track, the bike maintenance - they [bikes] weren't quite right... I had a puncture one time and I had a heavy gentleman [on the bike with me]. Going up the hill was a struggle - we have to get off and push them! [re the double seater bike]

We would have to get off to push them! A 50 stone man, they don't pedal and we struggled. You got your weight, the bike's weight and their weight. ... We had to walk backwards with the wheelchairs because it was too steep.

### Difficult terrain

The path is uneven and is not safe.

But the X site's a bit steeper, some people do struggle with it there and the staff struggle with it there.

### Fitness level

Carers may also be unfit and inactive just like the beneficiaries and may thus find activities difficult, especially if they have also to contend with a client's weight:

For example, when we went to the bike thing, there was no way, I'm not strong enough, I'm not physically fit enough to actually ride the bike myself, I wouldn't be able to do that really, even though I got on the bike and rode my own bike, that was fine, because my fitness levels are not brilliant at the moment...

### Injuries and occupational health problems

It's because of our injuries, backs, knees, every time I go biking it [knee] flares up again. So it must be a safe thing for us too!

I think that's where possibly it's the staffing issue that's caused the, because it's that much harder with - support staff by their nature have got a lot of injury, especially back injury, they've all pulled their backs, done themselves damage over the years, lifting and handling, no matter how much training people still do it... (activity leader)

I mean there's times when I will take over from the carers, if I know they've got a significant back problem, there's no way I'll put them at risk by sticking them on a bike and telling them to pedal, especially on the seated bikes because they put a lot of pressure on the lower backs, so, and I'm just involved now in sort of feedback to the managers and things, and saying, "you shouldn't really be sending people out on activities like that, if you're putting their health at risk. We can do the best we can at our end but you shouldn't be putting them at risk by brow - beating them into going out and engaging in activities" (activity leader)

### Client security

When the security of clients was put at risk and carers felt that they were not supported in their roles by properly trained volunteers, then there was a high likelihood of beneficiaries dropping out of the activity:

Another problem I have is volunteers that assist in the project that don't understand our clients ... s/he wanted to take videos and was not acceptable, and s/he was not listening to our explanations. S/he also refused to follow our risk assessment. S/he took a guy out in town... but I felt that I was always battling with her/him... A lady was crying because of her/his comments ... I'm supposed to keep this person safe, follow the risk assessment ... S/he spoilt it for me and made people upset by passing comments - s/he was too stressful! It would be a good idea for the

volunteers to have some knowledge and training about the people ... S/he was just not listening. I need someone to support me not to be against me, then it limits you to how many people you can take. We can't let them go off with a volunteer - some people have their medication protocols. [Support workers/carers need to follow specific medication administration routines] ... [we need] better volunteers to assist...

#### Lack of staff cover

We have to have people in [the day centre] to cover for us to go out [to the activities with MA], so we couldn't do it every week ... [We are] feeling guilty about the staff we leave behind and worrying about cover - it's not easy to just get up and go (carer/support worker)

He (beneficiary) really hates to be told that he's got to leave early. He would stay here all day and every day because he's been trying to come in on a Friday as well, but they [hospital] haven't got the staff at the moment so, which is a real shame, because it's quite a distance for them to come, I think it's a good 40 minutes drive, it's quite a long way otherwise he'd be here for a lot longer (activity leader talking about a beneficiary with disability)

#### Lack of time

Carers who supported family members often found it difficult to dedicate the time to engage with outdoor physical activity because they had other important commitments, including paid work and unpaid domestic labour, for example:

Well the only thing is basically getting him out there with someone who can do it because I don't have the time to do it, because I'm running round doing all the housework and all the bills and everything ... if I've got to work, physically I'm not going to be able to do it because most of the time you're going to be working from early morning to midday, which is most of the time when the groups are on, because that's, it seems to be the most important time of the day for stroke people, from morning til mid afternoon, getting them physically active or involved in something to keep their mind going...

#### Inadequate pay levels combined with increased workload and responsibility

For many carers and support workers the additional workload and responsibilities of supporting a beneficiary in her/his physical activity compounded problems of felt exploitation, generated by their already low levels of pay:

We've just been given a pay drop in the last few weeks, which does demoralise you a bit because you just think, oh, I think it does make you feel a bit flat ... that could be a good reason. Some people do feel a bit fed up with it, you feel as though you're doing a good job and then it's really demoralising then isn't it. We've all lost quite a bit of money round here. (carer)

They don't feel they're paid enough to do these outdoor activities because it's very low pay, their health and safety policies, their risk assessment policies, it's all extra work, they have to report back, so write a description of what they've done, so it's a lot easier to say we went round the shops as opposed to writing about something that's seen as something that's relating

to their health for example because they've got a lot more reporting back to do about how they were after - if there's been, say for example someone got out of breath, they've got to report that back, so there's a lot of responsibility on them as individuals, and also transporting people as well. I know that they've said they don't feel comfortable transporting certain individuals one to one, that's a big responsibility, just getting someone to an activity (project staff)

It's down to pay issues more than anything, well there's two main issues, first of all the pay's not brilliant, but then the job's quite challenging ... So it's always going to limit the number of people that will do that sort of work, and they 're in an area that 's actually quite a low population, so to try and draw enough people in that are that way inclined, and then to give them a rotten wage, it's not going to keep them, so they [hospitals] do have quite a big turnover that causes the biggest issues in the mental health sector but for them to have those issues and then declare massive profits is just something I can 't get my head round at all! (activity leader)

In view of the above issues, support workers/carers had real problems in supporting their clients in an activity programme like MA, leading to a high dropout rate for such beneficiaries:

There comes a time when it is exhausting, organising it, doing the bus to get there, being supported by the people [volunteers and project staff] in the other end, the cuts in the budget – it's not so easy having fun! There's a degree of organisation and worry and when it doesn't match up it's exhausting!

### **Suggested ways to tackle the 'carers' barrier'**

#### Apply a monitoring system

It was suggested that a monitoring system to track the carers' activities with the clients, particularly social services users, would be beneficial:

Well this is where monitoring comes in, monitoring of people that are in receipt of care, if it's social services or, from that domain, it's looking at how we can monitor the carers, the care givers, what they're actually doing with their individuals when they're out and about. Almost, this sounds quite terrible but there are so many care givers out there that are abusing the system, they are abusing the system, and I think it's almost like a big brother system, clock in, clock out, that's what you've done today with this individual who's actually paid you, or you're getting paid for, to enhance their life, their social life or whatever, almost like a big brother I feel. But then it comes down to the management of it, of the people that are giving the care. If you're coming from - they're getting the carer from the private sector, there's too much you can do about it, if you go into the shop to get the care for yourself, but if you're having it through social services I feel it's down to social services who are commissioning a service to luck, and how they can monitor the activities of these care givers with the service users, definitely, they need to look at it. There's too many managers out there saying, "oh that's not our job to do that," but personally I think it is their job to look at it because there's so much money being wasted (steering group member)

However, some participants argued that applying an effective monitoring system would be difficult in terms of the amount of work generated, especially when resources were scant:

In any management structure it's the monitoring and evaluation of what activities are going on, if they don 't go on, why don 't they go on, and follow it up in order to bring some sort of agreed resolution, usually agreed in order to achieve whatever, and it's just massive, in the sense of the amount of work that people, what they've got to do in social services, and this is where I think we're just not automated in order to be able to conduct that sort of follow up... (steering group member)

In a resource-scarce environment, a myriad of other competing policies and national agendas had to be managed:

There's such an agenda now of priorities, healthy eating is important in relation to weight management, as is physical activity, etc, and suddenly carers are being asked to take on board - plus social services - areas perhaps in this new community world that we're living in, as opposed to the acutes, how to address these additional agendas, I think strategically it needs to be looked at because that's the way it's going, we all know it's going to a community in relation to chronic disease etc and the systems at a community level, and how it's set up are just not there yet, and how we can support each other - networking, so yes, it 's an ongoing issue... (steering group member)

Applying an effective monitoring system for carers was also problematic due to the ethical problems surrounding a surveillance culture:

So ideally if we could have a range of support workers that were managed effectively to ensure that what it says on the care plan or what's identified by the individual, is actually carried out and monitored to ensure that that is being carried out. But that's difficult because then you sound like a busy body, have you checked, this person came once and we've not seen them since, and then you sound like you're being accusing, "are your staff being lazy and taking them to ASDA to sit and eat chips?" (steering group member)

#### Matching carer and client

A further strategy suggested to overcome the 'carer barrier' was, where possible, to match the client with the carer in terms of physical activity:

If you get a care giver that can't swim, how are they going to take the service user swimming? If you've got a care giver that won't go kayaking, how are they going to enable the service user to do that? So a monitoring system and looking, put a profile of the care giver's skills and what they can do to enrich and enable the service user's life, needs to be looked at, rather than - because you've got to have the right person with the right person ... so it's looking at the skills and matching up compatibility because they've got to be compatible or the relationship's not going to work, and I think very often, even though it may be a professional relationship there's got to be a relationship there between the care giver and the service user for them to come together and to get things moving in the right direction. (steering group member)

In order to undertake such matching, carers would need to be trained and provided with the skills to be able effectively to support their clients:

But we could go back to with these care givers, it could be another generational thing again, it could be education that they require more skills, beef up on their skills to enable them... (steering group member)

Also, it was suggested that through schemes like 'citizen-directed support' and direct payments, clients could actually choose their carers:

What's in England called the 'personalised budgets', so-called 'citizen directed support' here in Wales, and direct payments is the other thing, those things give the control to the person, and so certainly when I've talked to service users as part of the development, in saying you don't engage one person to do it for me, you make sure that you ask the right questions, "do you want this person to help you to go to football?" that you ask it, and that if they don't do it you let them go, that you don't feel - because people are not used to being employed in some places ... But definitely direct payments and CDS, citizens' support, I think is going to give people that control to make sure they've got the right person for what they want to do (steering group member)

However, some participants noted the problems with seeking to match carer with client, including promoting forms of discrimination:

They think that you should match the individual with a support worker, so if it's going to be an active individual, you should have an active support worker, but that's just impossible and almost discriminatory that apparently there are more difficulties to doing that ... (project staff)

Also clients have their own preferences, and become familiar and comfortable with a specific carer who might not be an 'active' one. Particularly in hospitals and day centres - unlike agencies - it was argued, it would prove very difficult to match carer and patient in terms of physical activity proclivities and abilities:

Individuals usually do get used to one person, that person may be active or not - so it's not so easy to match (carer)

Several residents [in the hospital] have preferences, they wouldn't be happy with another staff. You build a relationship [with them] and there are others who don't even look at me. So it's not easy to match... carers also have specific units to care for. So although they may bond with their unit they may not bond with members of other units even though they may be the physically active ones and the good match to active patients... (hospital supervisor and carer)

Yes, but with the day centres you don't have the chance to do this. It's different when working in agencies [because] they can choose the people to support (carer)

Even when clients had the power to choose their carers, via for example the direct payments scheme, it could prove challenging actually to find staff who matched clients' specific needs:

But we are looking for others, but we're after a particular standard, a particular class of person. We want somebody that can be more of a buddy for X, rather than, because we've taken him out on activities and whilst

going out on activities with your parents is good, he's 15 and a half now, we feel he should be accessing things with people who are closer to his own age group, and that's why we're looking for people like Y [previous carer who had to leave] but few and far between we've found ...somebody who's robust as well, just in case his behaviours go up again... (parent)

It is [good idea to match] but when you've got limited resources... (carer)

It is quite challenging at times [to match carer with client], because you might have a patient who's got certain interests, and then you might have only one person [carer staff], it's like for example, on the other ward that I was on, we had a patient who loved tennis and he was really good at it, and we had one member of staff who would go and be up to that standard where he could have a good game, so that was hard because he could only go so often when that member was on duty. (carer)

The high turnover in such a poorly remunerated occupation exacerbated the problem:

Carers can change rapidly, people come and go all the time, it's hard to keep track, I can't remember half of their names because of, people come and go all the time. Obviously there's always a core amount that do seem to stay, people like X and stuff - has been here - and Y who you haven't met, there's some... (activity leader)

You have to put other things in place because of the turnover of the carers as well (activity leader)

#### Treat carers as a separate target group

A further suggestion put forward by participants with the aim of overcoming the 'carer barrier' was to treat the carers as separate target group, as a steering group member explained:

I think from, with each activity, some of those activities are actually unfamiliar to probably most of our adult staff [carers], yes, because I can, I did know - she's retired now, one member of staff who actually went climbing, but it might be interesting - I've never thought of this - instead of running taster sessions for service users or training sessions, is actually to run some taster sessions for staff, so that they could, staff don't want to look silly in front of the service users either do they? But actually if staff are confident that might be something to think about, because I think that's quite solid, to have a go, and to have a laugh, and to see that it's ok, and that no they won't be asked to do it again but come and have a go now, I think that might be quite a good idea, and that would help to get it on the care plan (steering group member)

### **3.3 *What motivates and de-motivates people in the course of behaviour change?***

There is clearly some overlap between this question and the first question posed in the research brief, which was: what sort of things cause people to take the first steps towards change? Indeed, participants often conflated the two questions, at least in the form of their responses. Under the following sections, however, we have tried to disentangle these responses, and consider first motivating factors and then de-motivating factors.

An extensive literature in the social sciences, including within sports psychology and sociology, addresses the complex issue of motivation to engage in physical activities and exercise, commonly distinguishing between intrinsic and extrinsic motivations (Ryan & Deci 2000; Vallerand 2007). As Ryan & Deci (2000: 69) note: 'these types of motivation are not categorically different, but rather lie along a continuum of self-determination', so that extrinsic motivation is argued to represent the least self-determined form, whereas intrinsic motivation is the most self-determined form (Podlog & Dionigi 2009). For our participants, intrinsic and extrinsic motivation were at times difficult to disentangle and also highly context-dependent, so that for example, a GP might initially refer a beneficiary on to a project so that the original motivation for engagement was extrinsic. The beneficiary might subsequently, however, find the activity highly satisfying in terms of sensory experiences (c.f. Hockey & Allen-Collinson 2009) leading to more intrinsic motivation, but then experience a plateau of satisfaction, requiring more extrinsic motivators such as the award of a certificate, in order to rekindle her/his enthusiasm.

### **Summary**

*Motivating factors were indicated as the attraction of the locality, including 'doorstep' locations, paying for and thus valuing the activities offered, together with the perceived relevance of activities, and whether both 'mainstream sporty' and 'alternative' activities were provided. Social and hedonic incentives were also highlighted as motivating factors, along with goal-setting and a sense of achievement. In contrast, de-motivating factors included the cost of participation, boredom with the activities, the perception of environmental and conservation-related activities as 'work'. A lack of consistency in provision was also indicated as de-motivating, and towards the end of the Programme, the fact that MA projects were 'slowing down' was experienced as de-motivating by some beneficiaries. Other de-motivating factors were individuals' experiences of injury and pain during and following the physical activities.*

#### **Key points:**

- Maximise use and benefits of the locality, including 'doorstep' locations
- Provide 'alternative' as well as mainstream, 'school games', sporty physical activities
- Provide goal-setting and staged levels of activity
- Ensure consistency of provision

#### **Key issues relating to target groups**

- Young people and disability groups tended to prefer non-traditional sporty activities, including exciting 'adventure-type' activities

## **Motivating factors**

### **3.3.1 The locality**

One of the motivating factors vis-a-vis engagement with outdoor physical activity was reported as the desire to explore and become more familiar with the local area, whether this was urban or rural, as beneficiaries explained:

It's the company and the exercise of course but to get to know the town as well and the walks around town, because I've learnt a lot about the town, different parts and things that I never knew about, and in the future, maybe if we want to retire to the town, I'll know the routes and know the people.



This place, I was pleased to join in because I hadn't seen it before. It's another reason why you go to the walks, because you want to see places you haven't seen before.

Because I think they're good, I'm learning new places which I may well go to, not on my own, but for example my daughter will come and visit sometime from London and I may well take her to some of the places I've been to, via Mentro Allan. So there's getting to know the area in a way that I don't at the moment (beneficiary with mental health issues)

No, I've heard about it but I didn't know how to get to it, I know now, to get to the X and walk up through, but I didn't know at the time, so I was relying on K and L [project staff and activity leader] to show me the way, so now I know how to get there

### **3.3.2 Paying for/valuing activities**

The complexities of identifying motivating and de-motivating factors emerged clearly in relation to the thorny issue of payment for activities. For in contrast to discourses highlighting cost as a barrier to engagement (see above), conversely some participants regarded charging for the costs of the activities as 'creating value', both in encouraging beneficiaries to place greater value on physical activity, and also in promoting the longer-term sustainability of an activity:

And also I'm not happy about them providing all free stuff, because ... when we do the transition, it's going to be a huge barrier, so I've always said a nominal fee, it gives value to the activity as well, and people are used to paying. Because afterwards people, they'll just want free stuff, and we just can't offer free things (steering group member)

Looking at how things have gone, I think it shouldn't be free. I think the perception, and again a lot comes down to the perception, and I've spoken to people both in my project and in various physical activity projects across Wales, and with the local public health teams who offer free lifestyle intervention programmes, and all this sort of thing, and people don't value free things. They think it's naff, they think it's old, they think there's something wrong with it if it's free, it's obviously not that good, and people don't take it as seriously... (activity leader and steering group member)

Beneficiaries and project staff highlighted that contributing towards the costs of activities could actively promote commitment to those activities:

I am valuing it now even though it is free but some people, the more they value it [there] will be more commitment. They say if you charge for a couple of sessions together - say you're going to take walking for 10 sessions or 5, because I paid I will be more committed to it, if it is free I think "oh I don't pay for it, I am not missing [anything if I don't attend]" - it's more than value, I think it's commitment (BME beneficiary)

It helps with commitment, and if they look out in the morning and go, "It's looking a bit grey. There might be a shower. I'm feeling a bit tired today. I think I'll give it a miss". Whereas, they say, "Oh, I've paid my money. I'm

part of the group. Let's come along". And they tend to come a bit more than (activity leader)

### 3.3.3 Relevance of activities

Participants suggested that individuals were more motivated initially to engage with, and also to sustain their engagement with physical activity if they could relate affectively to the form offered or see it as relevant to their everyday life.

It's outside isn't it ... travelling and building fences and I like doing stuff like that. The first time I came on here I liked it, the first ever time ... Yes, like my mother, she had a farm (young beneficiary)

I come from an agricultural background so I'm quite used to doing rough things and being outside and getting wet and cold, it doesn't bother me at all... (young female beneficiary)

Because animals have been my life. Animals have always been, I've always been interested in animals. Animals don't answer back. Animals don't hurt you unless they have to. Animals are nature. Animals are what are supposed to be here. As far as I'm concerned, we're not. It's also maybe part of my upbringing, my experiences in lifetime, I just find humans so hard to understand... (volunteer)

Like when I was a kid there was a snake club, I must have been about six or seven, I used to go to snake club but that stopped, and now the next reptile I've seen, I think I was about fourteen or fifteen when I was going to a pet shop. So it is big leaps between seeing them, you don't get chance to see them or anything. And this [activity] offers the option to do all of that as well. It intrigues me (young beneficiary)



*This beneficiary came along to a horse riding taster day organised jointly between Y [organisation] and MA. She joined the MA weekly horse riding sessions and then started to take her daughter for lessons on the weekend. The beneficiary had ridden as a child. This opportunity brought back to her how much she had enjoyed horse riding when growing up, something which she wanted to share with her daughter.*

Not only was the form of physical activity noted as motivating, but also the level at which it was offered. As has been noted in relation to elite athletes, one's perceived ability can act as an important motivating factor (Pensgaard & Roberts 2000). Similarly, for some relatively inactive beneficiaries, activities that they perceived to accommodate their own fitness levels and to require no expensive, specialist equipment were identified as motivating. For example, one beneficiary noted in relation to mountain-walking:

I hadn't done any exercise for such a long time, it's not always really accessible, because you don't have to be really fit to do it to begin with; you can just go out and you can have your rubbish equipment and you can take your little flask with you and have lots of rests and it's something that's really easy to get into.

### **3.3.3 'Mainstream sporty' and 'alternative' activities**

As noted above, some beneficiaries found traditional, 'mainstream', 'school games' type, sporting activities a barrier to engagement, and so reported that the provision of less traditional, non-competitive 'alternative, non-sporty' physical activities an important motivating factor. These findings correlate with much of the research literature (e.g. Coakley & White 1992) which highlights that for many young people 'non traditional' physical activities and exercise, which are not seen as 'school games' types of sports, provide more positive experiences of physical activity than do the more standard PE and games type of activities. As beneficiaries of all ages reported:

I've always loved outdoors, always. I used to go up mountains when I was a kid, all of that sort of stuff, but I'd never go and play football, join a team, I couldn't join a team I'd want to go and just run out. But I go fishing, go for a walk.

I hated high school sports and then in kayaking and sailing I'd get a kick off it...

I don't like football or rugby, rounders and netball... Because of the team work but in a different way, I was always trying to get out of them when I was in school.

### **3.3.4 The social and hedonic incentives**

The social aspect of engagement in physical activity was reported as a huge motivating factor, indeed for some, the most important motivator of all:

[The] Social side yes. A lot of the activities, the social side is almost, or it could even be more important than the physical side of it. What we've noticed with a couple of the groups is that they've bonded, they're coming to, because the activity's been going for four years, they've become friends through the activity, they've become really close and done away days, social trips. But the social side is probably the most important part of it (project staff)

Everybody's seen a difference in X, and I myself have seen a difference in other users as well, whereas before it was, "Gotta get there, gotta get there!" Now it's, "oh, I think I'll go and speak to her," or, "I'll go and speak to him," whereas you wouldn't do that in town, but now you will because you've made that connection with somebody, because you've slowed up and listened to someone else instead of just head down and go go go. So you're

taking stock of other people's things in life. We've made lovely friends haven't we? (parent to beneficiary with mental disorder)

Now there's a man, he has serious learning difficulties, but he loves it up here, and I think he likes the comradeship, because we have a cup of tea, we have a laugh and a joke, it's not all about work... (activity leader)

Many beneficiaries indicated that they preferred to have fun and enjoy the activities with which they initially engaged, and the hedonic element was a key motivating factor to their continuing engagement.

I just personally want to keep doing it, that's the main thing. It's like if I didn't enjoy it, I wouldn't want to do it again and stuff like that, so I keep telling myself, I enjoy doing it, it's something I'd rather do instead of just sitting down or going to the pub with my mates or things like that.

And as one member of a project put it succinctly:

The first question I asked to the young people was, "What is the best way to get young people like you using the outdoors more?" They said, "We want to have a laugh...."

Some groups (particularly, but not exclusively, **young people, and also some with disabilities**) were more motivated to participate in 'exciting', sensorily stimulating, adventure-type activities likely to generate an 'adrenaline fix'.

Mountain biking because we go all over and you go fast and stuff like that... we go on jumps, been in the woods, I like motorbikes as well, I want to try it...

I am a wild little boy...when I'm on a push bike, I have a laugh and sometimes I go a bit too fast and fall off and stuff like that, I'm used to pain I fell off a fifteen-foot roof - nearly had to have an operation so I was lucky...that was scary and I never do it again...I wanted to build a snowman on the roof...

When X was asking about something for the children, and X said, "Oh we're doing things like carpentry and stuff in the garden" and I said that to my son and my son just went, "Huh" as if to say, that isn't what we want... that's not the sort of thing they want. They want, as X was saying, they want somebody who will take them up the mountain bike tracks for a couple of hours and really sort of, do something like that with them. (parent and activity leader)

The increased physicality and corporeal, sensory stimulation of outdoor activities and engagement with the elements was reported to generate pleasure (c.f. Allen-Collinson 2010) and induce an emotional release, a feeling of freedom and happiness, together with the satisfaction of feeling tired from the exercise; these intense sensations and emotions many beneficiaries found highly pleasurable and thus motivating:

You get, it's like, if you are angry or something you can just get all your aggression up and if you are bored or something then you just dig in and move your barrows or stuff... Probably both the same 'cause you're doing... you're on a mountain bike driving, digging and moving, you're still moving around with the wheel barrow and that, so it's the same... (young beneficiary)

The best experience I've ever been is the hand bicycle that was just fantastic. I went, for me, not being able to run or walk fast, X the volunteer took me the first day up the hill, me going up a hill, getting to the top and rolling down, well as I said to you that was the best thing ever. It's the freedom, the freedom of coming down, the freedom, oh it was just amazing. I had so much tears in my eyes and it was happiness, oh it was amazing (beneficiary with disabilities).

I like getting muddy, I feel as though I've done something in the exercise part when I'm covered in mud by the time I get back. It sounds silly ... Oh no I enjoy a bit of mud. That's from the cross country. Have you ever experienced that lovely exhausted feeling after you've done a lot of exercise? It's not tiredness, I can't explain it, you feel, "I'm deadbeat, I've really done something today. I've had my exercise" (older beneficiary)

### **3.3.5 Goal-setting and a sense of achievement**

Accomplishing a task and seeing the results of their efforts were noted as key motivating factors for many beneficiaries, as project staff and beneficiaries noted:

So then I asked about how to keep them involved and, which I guess is more about the motivation, so they like to see results, to actually feel that they've done something healthy... (project staff)

When we take them back to see the ponds that they've done, "Oh this is great, we've done that!" and they're quite proud of what they've done.

Knowing what I've done, I'd like to keep it going, You know what you can achieve (beneficiary with mental health issues)

To learn to ride a bike. Yes, I wanted to learn to ride a bike. And having started, it's really hard to describe how wonderful it felt, for people who can cycle I suppose you take it in your stride, but I've always had this picture of how carefree it looks, this image of somebody rolling along on a bike, gently pedalling down the lane, carefree and in the fresh air, all this sun shine, you never imagine cycling in the rain do you, but I've done that too yes, I've cycled in the rain. And it did live up to that, it was cold, it was a bit damp, I don't say I would go in pouring rain, but it just, it felt wonderful, just sailing around the park at my own steam, on a bike, now I never thought I'd do it but I did. So for me it was a real achievement (older beneficiary)

Goal-setting was used as a means to motivate people to engage in activity, as a support worker explained:

I suppose from my side [as a support worker], my practice is really about supporting people's dreams sometimes. Well it might not be other people's reality, people need to hang on to their dreams and really start to look at how we can fulfil them. So it's about challenging quite ingrained attitudes, but supporting an individual to achieve really what they want. And it could be simple short steps from attending a project or to climbing the highest mountain in Wales, it's about promoting achievement and goal setting (support worker)

For beneficiaries, one way of capturing their felt sense of achievement was by taking and sometimes exhibiting their photographs; a practice that further augmented the sense of achievement.

It's just to show that I've personally done something, something I can look back on, I can look back on the photos and I remember the time when I went out... (beneficiary)

They picked the photos that they liked, so you might be able to glean something from these. They like seeing themselves doing stuff (project staff)

### **3.3.6 Interesting and stimulating activities**

Both beneficiaries and project staff highlighted that the provision of interesting and stimulating activities motivated people to join projects and to sustain involvement in physical activity, learning from one another and sharing experiences. Local and social history, and natural history were signalled in particular as providing interesting dimensions to the activities:

The interest, because X is a great leader and Y is a great leader to talk to, very interesting and they're interested in what I get up to, which has been quite a few scrapes, and we go to places with a bit of historical value, because I'm always interested in history, so that's good. And then we've, X is very into natural history with the birds, it's not my thing but he's been so interesting saying about it... (older beneficiary)

I think making the activity interesting and having a theme or a point of interest that we're aiming for, so it's kind of everybody knows they're getting the same thing out of the walk, so it's kind of like a shared experience then isn't it. Like pointing stuff out to people as a group and saying, 'Oh look at that. The celandines are coming up, aren't they pretty,' like having points of interest in the activity (project staff)

We were walking down there, we had a couple of new members join the group, and the boy's son was very interested in wildlife and everything else, and it was so nice to hear somebody else's interests and the way they were so passionate about it, looking at the insects and describing the insects to everybody and not just looking at what was around them. It's like it's so easy to lose focus on what's around you, but then to go on such a simple walk, which is so near the area, and it's like I never even knew it existed, and it showed me something that I've been walking around with my eyes closed. And to experience this boy's enthusiasm for insects and everything else, to look at the insects with him and just to be part of that, to be part of that enthusiasm, that was a really humbling experience. Because normally I would never have had that opportunity in my way of life to have actually experienced that, and coming back and sitting down talking to them afterwards when we were having a cup of tea in the cafe afterwards and we were describing the walk, it brought a lot of my childhood back and a lot of good memories back about how I used to be so passionate about ponds and pond-life and stuff like that, but this boy's interest was insects and I was like, it's so easy to find an interest, and the best thing about it, being such a diverse group, everybody's got different interests and I think that's the most wonderful thing about it because you can learn things and maybe find something out about yourself and learn from other people, which I certainly did on that particular walk (beneficiary with mental health issues)

We developed a programme of walks that were going to be open to the public over the course of 10 days, we did 18 different walks, all of different levels of strenuousness, and some of them were themed, so they had maybe a guide who was introducing natural history or social history.

## ***De-motivating factors***

We now proceed to consider the de-motivating factors, as reported by participants. It should also be borne in mind that these factors could, of course, lead to beneficiaries actually dropping out of a particular activity or indeed of physical activity more generally. Barriers to engagement also acted as de-motivating factors and it emerged that for beneficiaries, there was considerable overlap in those factors identified as barriers and those identified as de-motivators, for example, cost emerged as a highly salient issue in both domains.

### **3.3.6 Cost**

The costs involved in travelling to an activity and engaging in it acted as a barrier to initial engagement, but also as a de-motivator for those beneficiaries already engaged, some of whom then had to drop out of an activity altogether. For those with limited financial resources, cost was a great de-motivating factor:

I think the recession, the credit crunch, has hit a lot of people and caused a lot of people to drop out. Very few people have told us that, only the odd couple, but it's like X from over Y, like she would get the bus, but then there's issues with like paying for the bus, because she hasn't got a free bus pass, and it's just little things. So she's got no other way of getting from there to here without it costing her a fortune (project staff)

The cost of getting to these places. I was offered a climbing course, and I just couldn't go because I didn't have no money to get there. The cost of getting there. That was the only reason I couldn't do it (beneficiary)

It's several pounds to go on a bus. It costs about £6.10 because if you're catching different buses you get an explorer and they cost about £6.10 for the ticket. But you can, if you go down there on X, you can get on a stage coach pass and go up on a stage coach, but if you're going different bus companies it would cost you about £7 or £8 (beneficiary)

The introduction of activity fees was a highly de-motivating factor for some beneficiaries, obliging them to drop out of the project as support workers and carers highlighted in relation to their clients:

And then by the end, for some of the things that were on offer for Mentro Allan, you had to pay and our clients don't have money to pay for basic food some of them. They're all on benefits. So they wouldn't be-able to (outreach worker)

It went down well with the girls, they enjoyed it, so I asked would it be a viable option again, well no, because there's a charge and they'd have to sign up to a minimum of 6 weeks or whatever, and they can't afford, and obviously our project is not about paying for those types of activities. It's difficult really (outreach worker)

They put charges on it - it's not worth £5.00. You go around [cycling] with a person once. If you want you can do more but the staff [carers] physically cannot cycle many times. We're gonna lose a lot of people who can't afford it. We [support workers] have paid for them [clients] many times. If it wasn't for us paying they would have stopped a long time now ... No, they

[people with learning disabilities] wouldn't understand [about the value of an activity], they wouldn't have a comprehension... (carer)

However, other participants reported that the cost issue was somewhat more complex due to the government's development of self-directed support and the introduction of the Personal Budget scheme for people on benefits. This meant that rather than the social services department of the local authority providing or arranging community care services for an individual, funding was provided directly to clients via a Personal Budget, permitting them to decide how to spend the funding on care and support services. Consequently, there was sometimes a resistance to paying for MA activities because **vulnerable (including older people, those with disabilities and mental health issues) and economically deprived** groups had been used to obtaining free services in the past, funded by local authorities, and were now having to decide themselves whether they wished to spend part of their Personal Budget on activity sessions:

We 're just in a process now, up 'til a few years ago it was all local authority money, so there weren't all these care packages and money allocated to individuals, so all the care was provided and everything was free, so if there was something happening, if they were going to go swimming then it was all free, and there's still very much that sort of conditioning to the individuals and also their families, so there 's still a lot of expectation of free or heavily subsidised facility, so there 's quite a bit of antagonism towards paying for anything, which is really, we're just part at the moment of actually getting round that issue, if people have got allocated chunk of money for their activities then they should be out there paying for it and they should be active the same as any other individuals - "I've got £20 today, I can afford to do this, and I can't afford to do that," so we 're just in the middle of that transfer where people are actually choosing to pay for activities but there 's still a lot that are quite resistant to the idea of having to pay for anything, it should all just be provided for them sort of thing... (activity leader)

I think they've realised now that they've handed support packages out there to people that really haven't got a clue how to deal with them because some people are given that money and then expected, they employ staff directly from agencies or wherever, but the families employ the staff, well to suddenly expect someone to become an employer and understand the whole of that, and their expectations, is quite difficult, so they're just now supporting the whole process a bit more but it 's very much around getting people used to the idea of having to pay for activities, it 's got to come in, it's got to ... but I do know of people who have stopped coming because of the increase in charges... (activity leader)

### 3.3.7 Boredom

One of the key de-motivating factors highlighted by participants was boredom, perhaps due to the repetitive or insufficiently stimulating nature of the activity, which could cause people to drop out, either temporarily or indeed completely, as beneficiaries noted:

I will go and then I get bored stop and then go again...

But when we did the sailing, and it was, the taster session for the sailing was quite bad, it was really boring, it was awful, we hated it to be honest ... There was two issues, one was no wind, which you can't do anything about, and one the instructor (young beneficiary)

Oh, and some people like me get bored and don't come back (beneficiary with disabilities)



[I want] New, different walks around South Wales, new routes for cycling because we are starting to get bored (beneficiary with mental health issues)

As my confidence and competence grew slightly, you get a bit bored with only doing the same trails, because you know exactly where you're going to go. But I really, that's a difficult one to get around as well isn't it? (older beneficiary)

### **3.3.8 Environmental and conservation activities as 'work'**

It was specifically noted that environmental and/or conservation activities were perceived by many as 'work' rather than 'leisure', which could put people off initial engagement or sustaining engagement. Sometimes it was a matter of 'rebranding' an activity to promote it as more appealing

S/he won't do environmental activities, you mention environmental and s/he goes "oh environmental, sounds like work!" They have to change the name... (parent)

On the other hand, some people argued that creative communication and advertising of environmental/conservation type activities was important so as to attract peoples' interest and perhaps break down an initial perceived barrier to engaging with the outdoors 'natural' environment<sup>2</sup>.

### **3.3.9 Lack of consistency in provision**

Lack of consistency of provision was signalled as a major de-motivating factor by our participants. Inevitably, there were occasions when projects had to cancel activities or change timetables due to a variety of circumstances, but understandably, beneficiaries were then likely to feel disappointed and 'let down', with some dropping out of the programme entirely as a result of a lack of consistency in provision:

S/he [beneficiary] asked for mountain biking for weeks and then we are a bit - a few problems with getting the mountain bikes, we couldn't get them down there or in the van or they were tied up somewhere else, so I think that might have been for two weeks we didn't go mountain biking, so when we actually did s/he [beneficiary] just chose not to come into school that day, so s/he missed out and from then on it was like - ruined her/his routine of ... But the problem is that most pupils are autistic and they don't like change ...

But X and I, another friend of ours, we went and there was only two of us there, so the session was cancelled ... We were turned away. So I told X about this, s/he wasn't happy. But then we just didn't go, because there was no point in us going there, travelling all the way to get there to be turned away, so I haven't been since (young beneficiary)

I think sometimes there's not always been a tutor, so some weeks we've turned up and there's not been anyone there, and it seems like no-one's organised to turn up.

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<sup>2</sup> The 'natural' is a problematic term as few environments in contemporary advanced industrial societies actually escape some degree of 'artificial', human influence. Clayton & Opatow (2003: 6) use the term 'natural environment' to refer to 'environments in which the influence of humans is minimal or non-obvious, to living components of that environment (such as trees...), and to non-animate natural environmental features'.

Sometimes the lack of consistency in provision and attendance was attributed to advertising and communication problems:

I think that's one thing I have been disappointed in is the fact that women's bike rides - nobody's taking part because nobody really knows about it.

### **3.3.10 MA projects 'slowing down'**

Inevitably perhaps, as the MA Programme neared its final stages, projects began to reduce their provision and so beneficiaries experienced a sense of 'decline' and a concomitant decrease in motivation:

The people that we've spoken to that have done it, like for a year or two years, have done a lot more, obviously when there was more funding, at the start of the scheme there was more funding, there was obviously more activities, so you've got a lot of people we've spoken to have done loads of stuff like horse riding stuff, and now they say it's just filtering up, there's not many things happening, which is what we find...

And possibly the ethos of it because I think it's changed through the time I've been coming, I think it has changed. It's the normal thing, at the beginning, although they'd been going quite a while, it hadn't actually taken off, and then all of a sudden it did, and you had that lovely build up of everybody who's happy and felt they were moving forward, and then of course you get to that pinnacle and then everything starts to filter down again.

### **3.3.11 Injury and pain**

Having an accident or incurring an injury during an activity was, not surprisingly, reported to be a strong de-motivating factor, often leading to enforced time out of the activity, as beneficiaries highlighted:

So I went the next time and we were going a different way, so we had to go down this street, well I was a bit anxious in the traffic and we got off to go down to X and I stood either side of the bicycle and I fell over and the bicycle fell on top of me, and I got this most, well, I thought I'd bruised my leg, so I looked at my leg and I thought, well it's not so bad, so I carried on a road with them, to the little bridge up to X and up the hill - I had to walk up the hill mind - and rode back down, and I was fine, but I seem to have lost my confidence because when I got home there was a bruise like that all the way, and I was worried then; I didn't really want to go again until it had got better, and it was ages and ages before it cleared ... and so it's just then, what it is, you lose the habit don't you? (older beneficiary)

The bike going downhill... and then fell off... I didn't go for a few weeks... I was scared of falling off again... (young beneficiary with learning difficulties)

But I did go mountain biking this one Wednesday and I fell off about 6 times. I'm not particularly keen on mountain biking any more. It was inconvenient to fall off but I didn't hurt myself at all (beneficiary with mental health issues)

The importance of explaining to beneficiaries what to expect in terms of muscular soreness and stiffness following on from unaccustomed physical activity was noted by project staff, so that these sensations did not serve to de-motivate beneficiaries:

So in terms of being in pain, it can be a barrier that they feel pain and may not always realise that that's a good pain to be experiencing, a lot of people are worried that they're going to do themselves some form of harm or if they feel stiff the next day, often that's seen as a, that's a bad experience... (project staff)

### **3.4 Following up beneficiaries leaving the Programme**

#### **3.4.1 Reasons for 'dropping out' of MA**

Initially in the research project, it was envisaged that it would be possible to follow up a substantial sample of those 'dropping out' of the MA Programme. For Data Protection reasons, however, it did not prove possible for the CST to release to the Research Team contact information for those leaving MA, so systematic research into their experiences and reasons for leaving the scheme was unfortunately not possible. It was, however, an ongoing part of the fieldwork with the six projects to undertake more informal research on former beneficiaries, either via discussions directly with the leavers themselves, or with project staff, or with other beneficiaries familiar with the leaver and her/his circumstances and willing to share these; in this latter case, the limitations of 'second-hand' (and also sometimes retrospective) reporting should of course be borne in mind as should our ethical commitment to confidentiality and anonymity.

With regard to the leavers themselves, the full-time researcher, Dr Leledaki, had the opportunity informally to talk to a range of leavers, the vast majority of whom fell into one or more of the following categories.

Individuals who:

- 1) were not actually 'inactive' or 'sedentary' in the first place;
- 2) belonged to other organised groups and so were offered other opportunities to engage with activities;
- 3) preferred to exercise indoors;
- 4) had friends or family with whom they could undertake physical activity;
- 5) had become 'bored' with the activity/ies and wanted to try something different elsewhere;
- 6) had initially engaged with the MA to do something new or different but had subsequently left for a number of reasons and returned to 'just walking' or other forms of activity, which they had undertaken prior to engagement with MA;
- 7) left due to factors related to the organisations to which they belong (e.g. mental health, disability organisations, etc);
- 8) were 'success stories' in being motivated by MA to engage in the form(s) of physical activity in which they had engaged years previously. In these cases, individuals reported the benefits of having the opportunity to be 're-introduced' to the activity and/or having their confidence enhanced so that they felt able again to participate in their former activity:

Because when I was much younger, between 13-17, I used to go cycling almost every day. And I belonged to a cycling group as well ... Then when I reached 17 I had an accident and it took me about 18 years to get back on a bike again (beneficiary)

In other cases, although previously active, beneficiaries had engaged with new activities via Mentro Allan and then went on to participate in these independently:

I came down in June to try it and see what it's like, in a couple of weeks here I felt like it's good for me and I liked the garden. In the past, when I was little, or when I was a teenager, I didn't like gardening much, so I've been doing it for the last 9 months and I felt good of it now, I felt I've got used to it (beneficiary)

In addition, it should also be emphasized that the barriers to sustaining participation in physical activity, as identified under KLO1, also constituted reasons for beneficiaries to drop out of an activity altogether, for example:

- Transport issues
- Lack of childcare
- Poor health
- Injuries
- Carers no longer able to take beneficiaries to activities
- Change in personal circumstances
- Difficult to fit in with other commitments
- Beneficiaries unaware of a change in the timetable of MA activities
- Friend/s stopped attending so beneficiary also stopped
- Activity not regular enough
- Activity not challenging enough

### **3.4.2 Projects' following up of those 'dropping out'**

The projects themselves found it difficult to follow up leavers because they had so much work to do on a daily basis and would have needed time to identify whether any particular individual was actually a 'leaver' or rather an 'occasional' participant. Only at the end of a project could someone have definitively been categorised as a leaver as there was always the possibility that s/he might recommence activities.

No, the people who I've registered and who are on the activities are still continuing coming on a weekly basis, and if I don't see them I give them a quick ring to check how they are, and then I'll see them again, but it's not as if they've left the project.

I follow up, those ones that were regular attendees I have done yes ... I used to, if somebody hadn't been for a while I would give them a ring ... Maybe 3 or 4 weeks, something like that, and it was usually health issues that people would give, or personal problems at home. No I haven't followed up everybody that's left.

I usually send out something now and then because we have Xmas parties for instance so I'll always send out a letter saying we're having a Xmas party. But no, I don't really investigate why people, I haven't followed up everybody that hasn't come. And then we've had people that have come on those, like 10, 6 week programmes, well I never follow up what's happened to them (project staff)

PCs might have heard 'on the grapevine' why someone had left the MA but in most cases had not been able to follow up due to time and resource constraints and competing priorities of work.

A further difficulty for projects in gathering data from 'drop outs' was that many former beneficiaries did not want to discuss with project staff personal reasons for leaving, or might think their reasons would offend project staff:

And I think it's so hard to, because of the nature of the programme, it's so hard to trace someone down and say 'Right, hang on,' you'd have to really sit down and devise a pattern, and you think well, is that really our nature to do that? Are

we going beyond the private, into their private life, because they might have reasons why they've not come back, they might not want to tell people (project staff)

Consequently, some projects 'indirectly' followed up leavers, either during the life of the project:

No, with the newsletters, what Mentro Allan is doing, we do send those, and then it's up to them if they want to come or not. It's really hard then to contact them via phone, that's why we send letters out. Yes, we still send the letters out for people who came 4 years ago that I haven't even met, but they still have newsletters and letters for events like if they want to take part in the Race for Life and things ... Yes a few people [have come back as a result] (project staff)

Or towards the end:

I mean the way we've done it is the questionnaire wasn't it, one of the questions is, I can't remember the exact wording of the question but it goes along the lines of, 'If you have left ... what are your reasons for leaving?' And so people have answered them... [Questionnaires go to] all the participants. Every participant who has participated on our programme from day one ... We've just done it now, we've sent them out now in the last 2 or 3 weeks ... Part of it is to get some feedback for us, and part of it is to use it for hopefully information for the new project (project staff)

This chapter has addressed the original research question posed for Key Learning Outcome 1:

**How can project interventions achieve long-term activity gain, at the level of the individual?**

Along with the newer research question and its subsidiary questions:

**How do people in different sedentary groups change their behaviour to get active and stay active?**

- What sort of things cause people to take the first steps towards change?
- What are the barriers that have to be overcome?
- What motivates and de-motivates people?

We now proceed to consider the second of the Key Learning Outcomes relating to the provision of services and support for individuals and groups.



## **CHAPTER 4**

### **Key Learning Outcome 2**

#### **4 What support do people in different sedentary groups need to get involved, change their behaviour and sustain that change?**

The original research question posed for the research contract was:

##### **What services and support do individuals and groups need to be provided with, in order to progress their activity?**

Subsequently this was changed part way through the research project and 'clarified' questions were agreed by the National Partnership in order better to convey what learning it wanted to draw out of the programme. The revised questions, advised to the Research Team in summer 2010, were:

- What types of social/group/professional support do people find helpful?
- What practical needs have to be catered for?
- What ways of running physical activities are the most successful?

Consequently, with the change in research questions, some of the data collected in the first 18 months of the project relating to 'services' do not readily fit with the revised research questions, so we have tried wherever possible to incorporate these data under the appropriate sub-question rubrics. The Research Team sought to ascertain which services, resources and forms of support (material, social, social-psychological and so on) individuals and groups indicated as being most helpful in progressing their physical activity levels and sustaining this improvement over the longer term.

'Sedentary' is a problematic term in the research literature and as has been noted (e.g. Tudor-Locke and Myers, 2001; NHS Health Scotland, 2007) currently there is no consensus regarding the definition of 'sedentarism', including within public health policy. In 2009, the Research Team produced a Working Paper on definitional issues surrounding 'sedentariness' and 'sedentarism' for the Evaluation Steering Group (see Appendix 1). For the purposes of the following discussion and where appropriate, reference is made to Mentro Allan's 'target groups', for example BME groups, older people, and so on (for full details, see Mentro Allan 2011) rather than to 'sedentary groups'.

#### **4.1 What types of social/group/professional support do people find helpful?**

It should be noted that project coordinators suggested that their own interpretation of 'support' as 'facilitating behavioural change' could be quite different to that of beneficiaries, who often perceived 'support' as meaning 'receiving benefits', thus the ethnographic researcher tried to ensure that beneficiaries were clear that in this case 'support' encompassed a wide range of forms. The forms and quality of support that projects were able to provide, were reported to be mutable, changing over time and context, depending upon the lifecycle point of the project and also upon the particular 'behavioural change' stage of the beneficiaries involved.

## **Summary**

*For analytic purposes, we subdivided the types of support into two categories: support for initial engagement and support for continued participation, whilst recognising the interconnectedness and overlapping nature of these categories. With regard to support for initial engagement, participants highlighted the need for informational support, language support for some BME groups, the provision of incentives such as 'freebies', consultation and dialogue with beneficiaries, the provision of specialist clothing, and of specialist training for project staff. Support for continued participation included incentives and rewards for progress, communication support (for example for groups with learning disabilities), support for the organisation and planning of activities, and consistency in provision. Tangible support in the form of equipment was also highlighted, as was the facilitating of social support via a group ethos. In relation to interpersonal support, motivational support from project staff and other workers, such as volunteers was emphasized, although so too were the dangers of 'over-support' and dependency, particularly given the need for sustainability of physical activity participation beyond the life of the Mentro Allan programme.*

### **Key points of practice:**

*Engage in consultation and dialogue with beneficiaries*

*Provide incentives for engagement & continuation - such as 'freebies'*

*Provide specialist training for staff*

*Provide specialist equipment*

*Provide appropriate levels of support from staff & other workers*

## **Support for initial engagement**

### **4.1.1 Informational support**

A key challenge from the outset of the project was noted as the need to ensure that potential beneficiaries were informed of what projects and activities were on offer. Promotional techniques selected by the projects varied widely and included public events, advertising in local newspapers and broadcast media, the distribution of flyers and posters, web-based information, direct face-to-face contact, word of mouth, and personal recommendation. Project staff had to decide the most effective means of dissemination for their project, taking into account their target group(s):

*They need the information first, like in X there will be like a stand, most people want to know that, like this leaflet helps - small and handy - with the information. I went to the library and got it - also to the [local] newspaper to every householder. They need to know the benefits, they come along, they know what they will get (beneficiary)*

*I make sure I've got contact with all the different community groups right from the beginning. If I've got a mobile number, preferably an email, I will send them information about activities mainly through posters, so I'll do a poster for each, we used to do monthly/bimonthly calendar of events - practicalities of time and I can't keep up to date with that - so I've had to do posters. They go to leisure centres, anywhere that will have them, anywhere that have got contact details, press releases, we've tried to do a few press releases - there's always contact details on those (project staff)*

Not really no, sometimes we could do with what's in the area, like a sheet coming through every now and again to say what is going on, because we keep having to ask people. We hear of something and then we have to try and investigate and find out where it is, word of mouth. Tai chi did come through, but sometimes we could do with a list of things in the area, but probably come round every 3 months or something (carer)

Support for initial engagement (and also to sustain engagement) was reported to be undertaken via a range of modes, including regular personal contact via phone calls, emails, and visits to individuals, and also to groups, communities and organisations:

My main task is first of all, I have to find participants. My main thing is to find participants either by telephone calls, or outreach work. I go to other organisations and I introduce myself and I hand out a leaflet about the project, and I speak about the project and different activities, and also I print out all the publicity materials and I take it with me, and I also take a form which has all the activities... (project staff)

I think they need to continuously come in or have more meetings - a place like this where there's a lot of community people around here, I think they're supposed to come out, rather than them just popping in for ten minutes, sort of interfering with other activities going around ... to have a complete one hour session, give information as much as they can and take peoples' information and get back as well...  
(Leader of a community group)

In relation to relatively 'hard to reach' communities, as defined by participants, the importance of choosing an appropriate leader or instructor from the same or an analogous community was signalled by some **BME groups**, in order to spark interest, stimulate initial engagement and then retain the commitment of beneficiaries:

They came, they did the enrolments and everything, they went once and they didn't come back. And they've been trying for so long to keep the X community, they couldn't do it, they were just coming to my classes and going, and mine was a personal class. And then what they did, they used their brain and got an X [from an appropriate community] teacher in. Now it's packed and full (instructor)

Other projects, however, did not find it necessary to appoint leaders from the same or similar background as the beneficiaries. The diversity of the groups meant that there was wide variation in the needs of individuals and social groups. Thus, for some BME groups the leader's ethnic and/or socio-cultural background was important, whilst for other BME groups it was not of significance.

#### **4.1.2 Language support for BME groups**

The need to provide beneficiaries with brochures and information leaflets translated into their own language(s) was emphasized as of key importance in engaging some BME groups. It was stressed that without translated versions of written information, or other forms of communication, members of some non English-speaking BME target groups would not be aware of opportunities for engagement:

They don't know about it because leaflets are placed on walls, you send leaflets to places, these people, they can't read, they can't write, they don't speak English, so how would they know about it (beneficiary)



I think they need to publicise it a little bit more in the language, and that will probably help. Leaflets in the language and things like that. It needs to be publicised a bit better. Otherwise they're not going to be interested. They can't read English, they haven't got a clue. They can't even write their name, they're illiterate some of them. But if it's in their language, they'd be more inclined, and say, "What's this they've got there?". They'd get their family to read it, or their sons. In English they probably wouldn't bother (beneficiary and interpreter)

So we did some research about leaflets with the idea that a lot of people said that "we don't look at the leaflets", or we could get interpreters ... Why is it that there's leaflets in English...how can you keep sending it out in English and not understand that somebody would need it in their language? If you read the research, people say that we prefer the interpreters not the translating so we get rid of the leaflets - that's not right! (beneficiary and interpreter)

In contrast, however, some participants regarded the translation of leaflets as less important than the power of 'word of mouth' informational dissemination, particularly as some beneficiaries who could not read/write English could also not read or write in their own language either. The 'close-knit' nature of many BME families and communities was considered to be a key resource in disseminating information verbally between members, so that people who did not speak English could also be informed of opportunities.

A view expressed by some BME participants was that the best people properly to assist with language should be professional, paid interpreters, where project staff did not speak the languages of their beneficiaries (Chinese was an example given), but as is discussed below, this view was not universally held.

I think you need to have that funding for interpreters as well 'cause that's a big barrier... without an interpreter the session would not be happening - may be some women can understand but they can't answer back and - it's like a reassurance if they can understand something and know and ask questions and feel open to talk to you (beneficiary and interpreter)

The need for professional interpreters in activity sessions was emphasized as important by some. Some BME beneficiaries had a basic understanding of the English language but had inadequate language skills to allow them to engage fully in dialogue. This, according to some, led to these participants feeling discouraged, unsupported, disempowered and isolated. Through achieving a higher level of communication, dialogue and thus understanding with these groups, it was considered that the activity organisers would achieve greater success in managing to engage them in the activities.

In the case of activity sessions where the transmission of technical knowledge was crucial, the use of interpreters was reported to be vital:

It can definitely be done, and done quite successfully. When we delivered for the X for the elderly for instance, Y, our volunteer, did this by himself, there was one translator and no one else spoke any English at all. So, it can definitely be done. And they all went away and they were really excited, and now they're actually enquiring about booking another course as well (service provider)

Socialisation between groups of different ethnicities did not in the above instance rely entirely on verbal communication. With the help of a translator, the group's engagement in a common goal, cohering around mastering technical skills, allowed them to socialise

and to mix with those who did not share the same language, thus overcoming to some extent the language 'barrier'.

In addition to language support for BME groups, other forms of communication support were reported as important within projects, particularly those whose target groups included those with disability and/or learning difficulties; see below under section 4.1.10.

#### **4.1.3 Incentives - 'freebies'**

Whilst some projects considered the activities themselves to constitute the incentive to participate, it was noted that in other projects staff tried to attract the attention of potential beneficiaries at promotional events via incentives such as free goods, known as 'freebies':

Bring people in with freebies. And at least you can grab their attention. They feel they have to listen for at least 10 seconds if they've grabbed the pen. And it might work, it might not, but a freebie is important, yes, I would say so (service provider)

Yes, to get them in. I think it's always, when we do our information stands on information days, if we just have badges and key rings, people come along and they're interested... (service provider)

So freebies, any freebies are an incentive to get people to join.

OK, everybody likes free stuff. We've just got a load of paper hats made for the X, because people will come, we'll get people in, and then we'll have our little logo, these tiny little cheap paper hats, but people like free stuff, they do, there's no two ways about it, and I think by having, by choosing what kind of stuff and things you give away, you can actually be very successful with it.

It's always good if there's incentives for them, so if we can offer some food or some refreshments or something, they're more likely to engage and be there and see it through, and value it as well. I know it shouldn't have to be the way, we shouldn't have to offer something for them, because it's for their own benefit, but that's the way I find it works. But you have to go to them. You can never expect them to come to you (project staff)

#### **4.1.4 Consultation and dialogue**

Some projects provided support in the form of a consultation process, which included: focus groups with beneficiaries, contact people, support workers and care providers, depending upon the target group. Projects sought to assess the needs of groups and individuals with a view to identifying specific types of support that the project could most usefully provide (further details of beneficiaries' feedback processes as a means to shaping provision can be found in Chapter 7). Achieving a productive dialogue with beneficiaries and their representatives (e.g. care providers, support workers, et al.) depended on good interpersonal communication skills, such as 'meeting and greeting'. It was therefore considered important for project staff to be seen as friendly, reliable, confident, considerate, and also able to command the respect of the group. The benefits to both staff and beneficiaries of this dialogical relationship emerged clearly from the data, as two project staff noted:

I enjoy, I'm friendly with all of them, and they are very friendly. They speak about anything, so we chat, we speak of our families, our worries, what is going on in the world, so it is for me, a pleasure to be with...

That is the thing, we feel like we are really in a dialogue with them, I think that's how we feel. We do listen and we do work around their needs ... If they say to us, "We want to go shopping", we're not going to take them shopping, obviously! But if we can kind of try and steer them but also draw in an element of what they are asking, that's what we try to do basically.

At this initial consultation stage, project staff supported their groups by providing information, such as the weekly schedule of activities, maps of the outdoor venues, and information about routes and places to visit.

#### **4.1.5 Specialist clothing**

Some projects provided a helpful 'kit list' for those participating for the first time in a specific activity, and offered guidance as to the most appropriate clothing to wear and equipment to bring. For example, a service provider noted:

I think when you're providing these types of activities for people who haven't tried them before, and that's who you're supposed to be targeting, they're not going to have the knowledge or the equipment for what's needed, and it is important to have all that to hand.

Often, however, regardless of guidance as to appropriate clothing, staff in some projects noted that initially beneficiaries still arrived at the activities wearing everyday or sometimes 'special day' clothing:

...even though we have said people must come with good footwear, initially I remember the first lot of people we had, they came in long flowing garments and flip flops. Now you can't safely ride a bike with flip flops, and that was an issue!

But they came, and this is a very, very common thing, the first time they turned up, even though there had been a strong message, "come wearing comfortable clothes, there might be muddy paths, comfort being the most important thing", but quite a lot of the time, this is a day out so people come wearing their best clothes, and totally inappropriate shoes, very nice shoes, but inappropriate for going for a walk!

Other projects specifically asked their beneficiaries what kind of clothing would be of benefit if this could be provided:

We have found that in time participants have adapted their clothing to suit the activity. Initially we encountered the same issues of people wearing sandals but now the women either wear flat bottomed shoes or trainers. In an early evaluation session we asked a group what kind of help with clothing/equipment they would benefit from. The group universally agreed that they wouldn't want to share personal equipment such as footwear. The only equipment we provide, and this is brought along by project staff on each activity and loaned as and when it is necessary, are waterproof ponchos. These fit everyone, are culturally appropriate, comfortable and have proven very successful. A high number of participants still attend on rainy days knowing that these will be available to borrow.

Whilst some projects preferred to loan specialist or appropriate clothing to their beneficiaries (e.g. waterproof garments), others found it beneficial actually to provide free clothing as an incentive to initial engagement, particularly for those without the financial resources to buy specialist sports clothing themselves or for whom such clothing was unfamiliar:

Because people like to have free things. And because some people, they won't have trainers and tracksuit at all, they won't buy them... They don't wear tracksuit and trainers, this is for sporty people. But now if you give them a tracksuit and trainers and say, "we've got this, you can use the trainers and this is a baggy tracksuit," and they can do exercise comfortably. They are not wearing skirts which limit movement, or they are not wearing high heels which limit the distance they can walk. So they've got a tracksuit and trainers and they will use it (BME beneficiary and interpreter)

Some people will have problems with money and can't afford ... to buy tracksuits 'cause to use the gym you need tracksuits, so that again was a palaver, we had to go with people to show them what to buy. So to have tracksuits gifted to you it's like really nice... (BME beneficiary and interpreter)

It's always good to wear proper dress for proper exercise. Yes, it was good, very comfortable [tracksuits and trainers] - I already had the joggers but there are quite a few ladies who didn't have it so for them it was something they experienced, like wearing joggers and jogging suit really helps (BME beneficiary)

Incentives such as free sports clothing were noted as being attractive to people especially to those on low incomes. This form of support, however, did not of course always guarantee commitment beyond the initial session, although for some beneficiaries it was indeed instrumental in promoting further engagement with activities:

Some people, they might come and take the tracksuit and trainers and they might not come again. But [only] a few. But some people they say, "Oh, we've got the tracksuit and trainers so we'll come back again".

Furthermore, in terms of beneficiaries' identity construction and re-construction, their perceptions of themselves as 'sporty' or 'non-sporty' had a strong influence upon choice of clothing and consequently the physical activities perceived as appropriate (or even possible). Offering beneficiaries the opportunity to try out 'sporty' clothing free of charge was found to be one means to change their self-perceptions and permit them to 'try on' a new or revised identity.

The social agency (and at times resistance) of beneficiaries should also be recognised, for irrespective of how much advice, guidance and indeed clothing projects provided, some individuals and groups were insistent upon maintaining their own familiar way of dressing, for whatever reasons. The need for a balance between sport-functional and also culturally- and corporeally-appropriate sporting clothing was emphasized in this case in relation to **BME groups**:

And although we gave them the information to say this is what the people need to wear, it didn't happen. They still came in long flowing garments and flip flops (project staff)

But the girls still wear their open toed sandals don't they? (beneficiary and interpreter)

They're provided with them [trainers] but they don't wear them anyway because they wear what looks nice with the rest of what they're wearing. You can't do anything about that. I think walking shoes or trainers look nice with jeans. If they're not wearing jeans they're not going to wear them are they? (BME beneficiary and interpreter)

Couldn't you have made like a kameez<sup>1</sup> type thing, they're going to feel relaxed in wearing or comfortable wearing, the tracksuit is fine but for people who are a lot more... people who have a lot of weight, they're quite big, may be they've tried - a lot of it doesn't fit, a lot of people who are small wearing large (BME beneficiary)

So first of all, our elderly ladies who have never worn trainers in their life, their family will laugh at them to see them in trainers - even when I wear trainers they laugh at me and I'm brought up in this country, some women will see it as masculine ... (BME beneficiary and interpreter)

These findings are also reflected in Wray's (2010) analysis, which contends that some BME women exercisers choose to maintain their ethnic and cultural identities by resisting dominant western health discourses and refusing to adhere to their instructors' health promotion advice that they should change their 'traditional' diets and food habits. Analogous to perceptions of food, clothing is often seen as a significant symbol of personal and collective identity that some BME women participants may not be prepared to negotiate. In our research, interesting connotations of wearing sports clothing emerged; fears of being rendered more 'visible' by wearing specialist clothing and/or footwear were recounted in relation to being labelled as unfit, 'fat' and in need of exercise:

So I was just saying that the tracksuit, speaking about me and the majority... I can't go out in a tracksuit, I can't - I was dressed like that because I had to go to work, so even I don't wear my trainers when I am working... When I go from home and a lot of the ladies they do that - they take their trainers with them and then they take them off 'cause they don't want to be walking in the streets, 'cause people will know where they've been. You know people will laugh, especially the men will laugh, and some people will make nasty comments about "Oh she's going to exercise classes, oh she needs it". It's embarrassing, it's only the fat people who exercise! I need to exercise apparently! (BME beneficiary and interpreter)

It was reported that this form of tangible support for individuals and groups also acted as a targeted promotional strategy. The printed logos on the items publicising the projects triggered a variety of responses, both negative and positive:

Good, it's good, one type of remembrance... (older BME beneficiary)

Why did they have to have the logos?! (beneficiary)

They don't want to wear them because of the National Lottery [connotations]... (beneficiary and interpreter)

**4.1.6 Specialist training for project staff:** project staff reported that in order to provide targeted support to their groups, additional training was often necessary. Those projects targeting people with **disabilities**, for example, required training in disability awareness and acquiring knowledge of how to provide specific support according to

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<sup>1</sup> A long tunic, of around mid-calf length

individual needs. Such training was also reported as being useful in deciding which service providers to use when organising sessions for beneficiaries with a disability. Specialised training provided project staff with knowledge about risk assessment, person 'management' (for example, leading visually impaired individuals and groups), leading mixed-ability groups, coach mentoring (teaching skills to beneficiaries), effective communication (for example, use of Plain English, sign language, active listening, Makaton<sup>2</sup>, PECS<sup>3</sup>, Braille, and so on), behaviour change and physical activity guidelines, just to give some examples.

### ***Support for continued participation***

Whilst there is clearly some overlap in the forms of support targeted at initial engagement (as detailed above) and at *continued* participation, nevertheless for analytic purposes we have attempted to distinguish these two forms, commensurate with practice at some Evaluation Seminars. The following sections address forms of support indicated as helping to sustain participation in physical activity.

#### **4.1.7 Incentives and rewards**

As noted above, the offering of incentives to stimulate initial engagement was noted as a form of support, and the offering of rewards to beneficiaries who had demonstrated initial commitment was similarly noted as a form of support, offered in order to encourage continued participation:

To those people who have participated like regularly ... Basically we are now only going to offer those to people, it's not really an incentive it's more of a kind of pat on the back.

The 'phasing' of incentives and rewards was noted to be of importance, so that it was necessary to demonstrate a degree of commitment to the activity before receipt of a reward:

They should give it to them not if they come to one class ... they should say you have to come to 6 classes and then you're going to get this as a token... (BME beneficiary)

I think if you offered it after a couple of weeks or something like that, then you've got the incentive for them to come ... But if you give it out on week one, I think you've probably missed an opportunity rather than gained it. They may have come along on week one, but then that means you've got one week to suck them into your project. Whereas if you say, week 3, then they've come back on week 2 which shows they're a bit more proactive and a bit more ready to make the change and get involved in the project. And you've also got another opportunity, another hour to spend with them and to help build their confidence to come along, and if they come again in week 3, then you've got something to reward them for coming to week 3 and saying, "Well listen, you've obviously done really well, you want to carry on, this will hopefully make things more comfortable". (BME beneficiary)

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<sup>2</sup> Makaton is a language programme that may be used either as an approach for the teaching of communication, language and literacy skills or as a source of highly functional vocabulary for people with communication needs and also their interactive partners.

<sup>3</sup> Picture Exchange Communication System

Some participants contended that only those who 'stayed the course' and successfully completed the full course or demonstrated commitment to completing the course, should be rewarded at the end, as service providers noted:

Well, we use it afterwards as a reward for people who have stayed, and it's an incentive as well, for people not to drop out. What we tend to do is, if we're doing a 5-week course and people come for 3 or more weeks, we tend to give it to them. If someone missed 3 or 4 weeks, then we wouldn't because they haven't really come. But some people have got different commitments or family issues and things, and if they ring you up 3 days before and say, "Listen, I'm going to be going away. I'm still going next week", then you can see what's going on (service provider)

Anyone who finishes the Nordic walking course gets a Nordic walking pin badge. Now we don't give those pin badges out to anybody else who doesn't do a Nordic walking course. We also give out a printed certificate, "This person has completed a 5 week course with an international Nordic walking instructor". It looks a bit posh, and I've seen it, I've seen it up on walls in people's houses, because they're that proud of what they've done, and especially people who wouldn't normally be engaged (service provider)

#### **4.1.8 Communication support**

Good communication both between the various project staff and with the beneficiaries was indicated as of great importance in effectively helping beneficiaries, including with informational support, for example regarding changes in the schedule of activities, or new activity opportunities. Projects also provided motivational and emotional support for their staff and beneficiaries through meetings, phone calls, emails and through maintaining personal contact with everyone engaged in the project. Considerable effort was put into maintaining contact with beneficiaries in order to encourage sustained engagement. Similarly, good communication was noted as important in relation to support workers or contact people in order to keep these latter informed about the project and also if possible actually to engage them in the physical activity.

Projects that covered Welsh-speaking populations were not always able to provide Welsh-speakers for their beneficiaries, and some project staff were concerned that this might act as a barrier or de-motivating factor vis-a-vis of potential engagement with the activities, as reported in evaluation feedback to them:

I had feedback that they would like Welsh instructors that people generally think that if you can speak, if you can speak Welsh you can speak English, which is generally true but there are some people that are really uncomfortable to speak English, like X, s/he just finds it really difficult. Yes, s/he can speak English well, it's not that, it's the way s/he thinks, it's his/her thought processes in a different language, and s/he will automatically go back to Welsh without even knowing it, and there's lots of people like that. And there's people that would be a lot more comfortable to have Welsh instructors fill their forms in Welsh... (project staff)

Specialist communication skills were sometimes required of project staff and support workers in order to give instruction in the activities, particular for **disability and learning difficulties groups**, which might include pre-linguistic individuals or those who communicative abilities varied from day-to-day:

Ours are pre-communication, they don't understand verbal instructions, so they're not necessarily going to steer, they're not necessarily going to

pedal... (support worker/teacher referring to young people with learning difficulties and sensory impairments)

That's the difficulty sometimes with him because his language capabilities are good and bad. If you put things to him in quite a simplistic way or if you write it down and it's on a good day he'll understand very well. If he's not particularly having a good day, he can be spaced out, it's not a nice term, and then it's difficult to get him to understand what you're saying, and difficult to get language out of him as well (carer of family member)

With his stroke he has trouble communicating anyway, so if he's got one on one people can listen to him and he can take his time. Because I have no trouble speaking to him on his own, it's just when he gets in a group of people, he starts getting confused and he can't get his words out (carer of family member)

But we took him to the rock wall, climbing, again, often the instructors try to tell you what to do and actually you're just much better off showing him. So I would just tap his foot and point to where he needed to put it and where he needed to put his arm and he soon got the hang of it, once he realised what he had to do, but it's often better to just avoid loads of language and explanation because he can't understand a lot of what you say ... then he gets anxious then because he doesn't understand ... with the climbing, as I say, the first instructor was trying to give him verbal instructions and I didn't like to step in but then I thought it's best that I do and I did this tapping his leg and showing him and then he got up to the top of the wall... (parent of a young person with learning difficulties)

#### **4.1.9 Organisation and planning**

A further form of support highlighted by participants was the organisational and planning skills and capabilities of project staff, in relation to the temporal (including adequate time for completion of the activity), place (including health and safety issues); and the provision of instructors for the activities. The need creatively to vary the activities was also noted, in terms of type (night walks were given as an example), places and routes, distances, and progressions, bringing in novel elements. Variety was considered essential in order to ensure sustained engagement:

Something new like bird watching or something that they don't even think of, may be an activity thing where they would go somewhere and make something like a basket or something like that - as part of X we went to Y, it was amazing, it was fantastic 'cause we had our own funding, it was a team building thing, we took the kids, we tried beach activities, indoor activities and we had t-shirt painting and pottery and I think we had a walk as well. Plus to go away is a big thing. (Beneficiary, interpreter & community representative)

She probably wouldn't want to do Tai chi twice a week, if there was something similar but different then she probably would do something else ... I think once a week is probably enough (carer referring to beneficiary with learning difficulties)

Some projects varied their activities by organising half day or day trips to countryside locations. These trips could be used as 'rewards' for continued engagement, a special treat:

They'd enjoy that occasionally as a one off, but I think it's better to go local because then they can just do it in their own time. As a treat, go to the countryside (BME beneficiary)



When planning activities in appropriate outdoor locations, staff inevitably had to take into account the need to ensure the safety and security of their beneficiaries. Safety was highlighted as a particular concern by some beneficiaries, even when walking in the relative safety of a local park:

I just enjoy the walk, having somebody with me because you can't trust anyone and you're scared like what can happen in corners... (BME beneficiary)

#### **4.1.10 Equipment**

In addition to the specialist clothing that some projects issued to beneficiaries, some provided another form of tangible support in the form of equipment, adapted as necessary for specific needs. This often required making judgments about size, type and functionality of equipment. The provision of specialist equipment was noted as making a real difference to beneficiaries' activity experiences.

All those mats [for floor exercises] and the blocks, they aid ... I bought belts as well - so any place I can make it into a quite nice space ... (instructor)

Providing specialist equipment for physical activity was particularly important for those with **disabilities** or other specific conditions. For example, individuals with Down's Syndrome, with a small body frame, needed to use special short poles for Nordic walking. Others needed specially sized cycle helmets. For groups and individuals (especially those with disabilities) who participated in 'adventure' activities, a whole range of specialist equipment came into play: adapted sailing boats and dinghies, bikes, accessories like banana boards for sliding on to a seat, climbing harnesses, locking mechanisms on ropes for use in horse riding, Canadian canoe seats for kayaking, were just some examples of key pieces of specialised equipment that projects found necessary for engaging and sustaining the engagement of specific groups. Alongside the physical equipment, project staff provided hands-on physical support to beneficiaries either directly themselves and/or through volunteers, in order for beneficiaries to be able to access and make use of specialist equipment.

#### **4.1.11 Consistency in provision of activity**

Project staff indicated that they conducted regular focus groups in order to evaluate the activities and the services on offer, to receive feedback from the people involved and then to give more tailored opportunities for participation. Regularity, reliability and consistency in the schedule of activities was noted to be crucial in sustaining longer term commitment by reassuring beneficiaries that they could rely upon and have confidence in the project and its organisers. For some groups in particular, for example, those with **mental health issues and some young people**, the consistency of the tasks and processes involved in the physical activities was noted as being crucial, so that the beneficiaries knew what to expect and when. Analogously, it was noted that a consistent structure, with its own particular rules, regulations, norms and discipline, provides beneficiaries with a sense of safety and security, especially when engaging in activities away from their doorstep, in countryside some perceived to be 'wild', or in outdoor locations that might be perceived as dangerous without the security of the group structure.

#### **4.1.12 Facilitating social support: the group ethos**

For many participants, the team ethos and social support from the group gave a sense of safety, provided group encouragement, and also made activities more fun, and was thus indicated as a key form of support across many target groups:

It was very sociable. I thought my own little group was very sociable and supportive really; they would drive slowly and things like that, which is good isn't it, when you're new starting something; they were very good actually, and it was lovely really... (beneficiary)

As well as a team, because if, the whole people standing there seeing you walking down, you go down there sort of 16 stone, and you've gone down to 15 and it's like, they notice the weight loss and everything else. It's all encouragement from everybody, and everybody starts becoming more like a tighter group, and it really is nice, it gives people a big opportunity... (beneficiary with mental health issues)

I think knowing that everybody's very supportive there really helps. The fact that it's a safe space and it's good to get out and it's comfortable and there's just different things to do. There's something to do, I think when you're at home with your children it's, especially on a wet day, and we get quite a few wet days, if you know other people are out there getting wet as well, it's more fun doing it with other people (activity leader)

For those with a **disability** or **learning difficulties**, just feeling part of a group, even though there was limited verbal communication with the group, was considered to be motivating:

X's part of the Y group, he doesn't say hardly a word, doesn't interact with the group hardly at all, comes every single walk, and he'll just keep going. You imagine if you stopped and said, 'Oh we're going that way,' he just carries on, but he obviously is getting something out of being around people, even though there's no-one else like him, just like there's no-one else like Z, it's like, but he obviously likes feeling part of a group. People are attracted to differences anyway aren't they?... (project staff)

But he would just sit and watch; he was quite happy just sitting and watching and got stuff from that. That is the type of person he is, fortunately he doesn't always have to be involved in the activity to actually enjoy doing it ... I think part of the thing is, because one of the issues with his muscular dystrophy is that boys with it can lack a concentration skill, so therefore, they're not, they do find it perhaps difficult sometimes to keep actively involved in wanting to do stuff, but the concentration, but he will do stuff and he does enjoy it, and quite as you say, it's just a question of, he'll happily just sit and watch other people, other children, adults or a combination of the two, doing things, and he'll quite enjoy doing that, and he will sit there and watch. So it's not always about him physically taking part in stuff - it's about being part of a group (activity leader)

Understanding peoples' particular needs, their motivations and de-motivations, through developing a close relationship with them, was found significantly to enhance the quality of support that projects provided. When familiar with the group, project staff could better understand the group dynamics and changing social needs of their beneficiaries.

Individuals who lacked social support from their immediate environment actively often joined projects like Mentro Allan so as to engage with others in physical activity. For example, a beneficiary travelled many miles from her home via public transport in order to join an activity group:

I have got no one like that ... they're all doing their own stuff, so I got no friends to go for the walking exercise - the other lady they go every day

walking exercise in the evenings, I haven't got anyone like that to go...  
(BME beneficiary)

Projects facilitated social integration by, for example, providing refreshments after the activity, and encouraging people to socialise together within the context of the activity. For some, this form of social occasion was very important when engaging with the outdoors, as one beneficiary advised:

Make sure there's always a cup of tea and have the kettle on... (beneficiary with mental health issues)

In the case of **children and young people**, the structure and framework of the Mentro Allan Programme as a whole encouraged social bonding, both inside and outside of the MA activities, which was seen as important in developing social skills and friendships:

Here he's got friends, and that one of the first things he said, what you like most and of course with these friends he went to MA (parent of young beneficiary)

They can see their friends doing it; things like kayaking, gorge walking, although it's individual sort of stuff, it's all team bonding, trying to get everybody together. If they can see their friend jumping off that cliff then they're more likely to try themselves (instructor leader)

What MA has given them really, they've been there they've done that when they come here then they've been working as a team, so they tend to be better at playing...(parent referring to young people)

They get on together...when we started the program "I'm not going if he's going!" it was always like that, "I'm not going in the car 'cause he is in there". But after one visit the following week everyone was just getting in the cars and going, so it's got them to get on with each other for a start and they wouldn't have spoken to each other if they weren't with the programme, so I think it's helped. Actually getting on with other people too [referring to young people]

Often these social groups became independent of the projects, thus meeting the MA aim of progression to independent sustained physical activity beyond the life of the MA project itself:

A lot of them have gone on to help friends who have horses. They have the confidence now... [referring to young beneficiaries]

I'm happy where I am at the moment. I've got some friends who climb and my husband. I'm happy enough, I've got my support to help me carry on, so that's, I'm quite OK.

Strong social bonds were considered so important by some that without this social element, engagement was rendered much more difficult:

I probably could go with a group or something [after the MA finishes] but it wouldn't be the same cause I wouldn't be with the people - with my friends at school, I'd have to start again! (young beneficiary)

Many **young people** portrayed the activity group as being 'supportive' because it was seen as 'laid back', 'relaxed' and non-judgmental, rather than pressurising them into the activities:

To me it just did feel really nice when I walked in and you didn't get judged ... Kind of feeling welcomed. When I got there the first day, it wasn't the case that I felt pressured for a change, you know pressure, peer pressure, that's probably the best way to use it, peer pressure, when someone's trying to back you up into corners all the time, or you've always got to put a front up or a defence (young beneficiary)

It's not forced on them, it's done in a light hearted way and, you don't have to do it, there's no pressure for them to do it, if you're not interested we could find you something else to do that maybe you want to, you know, you're more interested in. I think that the relaxed way of giving the session helps to actually encourage them to be interested in the sessions [referring to young people]

Project staff often regarded the group context as a 'stepping stone' to independent engagement with physical activity, especially for **young people** who found it difficult to socialise or felt uneasy in social situations. In addition, a group physical activity context was regarded as a way to develop peoples' social as well as technical skills, and thereby to give them more social confidence:

S/he didn't express her/himself before and integrate with anybody before. Now s/he wants to meet everyone, see everyone, learn everything you know.

MA on a different aspect has brought her/him out even more, you know team building and stuff like that. X developed a lot of her/his skills and confidence through Mentro Allan, because like I say, s/he almost took a lead on the activities that we were doing. S/he's very skilled at what s/he was doing, and X let her/him crack on and take a lead...

As one beneficiary, who subsequently dropped out of MA, indicated:

I haven't been with Mentro Allan for a while, but I go with some friends now. And that's because Mentro Allan taught me what to do and where to be, so I'm more confident to go.

The longitudinal element of the research revealed that as the projects progressed and time went on, staff often sought to 'challenge' their beneficiaries more and to enhance their skills by altering, adapting and developing their activities, further to enhance self-confidence. The support of a range of project staff and other workers was reported as central to the success of projects.

#### **4.1.13 Motivational support from project staff and other workers**

A vital element in maintaining 'consistency' when supporting beneficiaries was noted as the motivational support of a range of significant others: project staff, activity leaders, instructors, volunteers, support workers and parents, particular for those beneficiaries from vulnerable or disadvantaged groups, for example **unemployed people, mental health service users** and **disability groups** who required sustained encouragement and motivational support:

Because they, the participants, they're not used to time keeping and remembering appointments and things like that. We find we've got to constantly remind them that we've got stuff going on, and even phoning the day before, they might forget the day after because they've got so much going on in their personal lives, which is chaotic, so they've [Mentro Allan]

got to be a bit more persistent (outreach worker referring to young unemployed beneficiaries)

As I say X does all s/he can to encourage people. S/he'll get them a cup of tea afterwards and we'll all sit down and have a chat about the walk and how it went, it really is good the way X presents him/herself and the way s/he actually undertakes the walks. S/he's constantly encouraging people to keep up and keeping in contact with them all the time the whole time they're walking, and not only that, ensuring people that everything's going to be ok, especially the weaker mentally ones in the group, s/he's very encouraging for those as well (beneficiary)

What we try and do is if we notice that some members haven't come for a number of weeks, try and find out the reason why that is, it could be that they're not well, or it could be that they've missed a week or two and then they just need a little bit of encouragement to come back then, so just a phone call really to say, 'We've noticed you've not come,' I think that's usually enough to spur people to come back the next week then, it shows that you care, you've got an interest in them (support worker)

And sometimes it's just the fact that it's something completely new that he's never come across and not done it before. He says he doesn't want to do it but then you give him a little bit of extra encouragement and he'll take part and enjoy it... (parent referring to young beneficiary with learning difficulties)

It is very important because I find it very difficult to get motivated, and sometimes it takes a lot to get me out of the house... (beneficiary with mental health issues)

This form of support provided a sense of security for people who lived in an institutionalised environment or attended a day centre and for whom a less structured environment could appear very threatening:

But you have to put something in place I think, to the security they feel from an institution; you have to substitute that with something if you're trying to encourage people out into the outdoors. Maybe that's what, that's why a leader is so important in the way they direct the group or whatever, they have to cater for that sense of security and things, that people maybe would feel is missing when they're outside of their normal environment (activity leader)

The support of carers and support workers was signalled as being highly important for these vulnerable beneficiaries, and in order to provide specialist support to PCs and project staff:

We had an activities group being facilitated by X [organisation] in one area of the Z [place], and it was craft type activities, and someone from social services said, 'We have some clients that would like to be involved in that sort of activity, can we bring them along?' And these were people with mental and emotional well-being issues. 'Sure,' so they brought them along and dropped them on to the X worker and the craft person and then went, and there was no support for those people, it was just left with X and I don't know whether that's happened, but if, I would say that there needs to be support doesn't there, for those people. You can't just put them into a group and then just let them get on with it, and it's, I think it would be too much to ask Y [PC] or in our instance... the X worker or the activities

facilitator, to have the necessary skills to be able to cope with that (steering group member)

For some people with **disabilities and learning difficulties**, offering constant encouragement and motivational support helped to guide them, give them a focus and keep them on-task:

Lots more encouragement - constant praise really. Again varying, not everybody, but some certainly do because some of the clients they will just drift off otherwise and start wandering around and putting flowers out. (activity leader)

Nice enough people but not very enthusiastic, a bit of moaners I'm afraid and I just think, I could have done with kicking them up the backsides to get a bit more enthusiastic and what have you, but then, is it X that was there on Thursday? S/he's lovely, very enthusiastic and s/he would, s/he had Y out of a whole hour, no complaints whatsoever, s/he did it, and s/he was just off and fine, whereas the others are kind of like, it was an effort, it was a real effort for them to help, whereas X just got on and just did it (carer referring to volunteers and project staff)

You need staff to be enthusiastic, you can't be just there. If you're just hiring bikes out to the general public, yeah, then you could lay around and just be on your little game boy and texting your friends and stuff like that, but if you're there with a group of disabled, or people with learning difficulties, you've got to be enthusiastic (support worker)

For those working with specific target groups, such as **disability groups**, this often required specialist training for activity leaders/instructors, together with familiarisation with the individuals with whom they were working and with their specific needs:

Well we weren't really sure what sort of clients we were going to get, and what kind of nature of support they needed, because it's not work that we've really done a lot of before. So we went on a course, run by the Mountain Leader Training UK, which was a climbing disability workshop, which gave us a lot of help in how to do things. It was just a case of getting to know the students and working out what they were capable of and how far to push them as well because some students just want pushing and pushing, and pushing them's not the right way to go at all (activity leader)

Alongside motivational support, carers and support workers also provided physical assistance to beneficiaries to help them in the embodied understanding and performance of physical movement:

With X it's just a matter of helping her with the exercises really. I don't do them for her but she either follows me or I just try and move her hands - and when she gets it she's usually alright then on her own. She can manage quite a bit on her own - she just needs to be given the right sort of actions. Sometimes she doesn't follow X [instructor] as such but she's trying, I know in her own way that she's trying her best (carer)

For people with disabilities, many needed 'persistent' and constant motivational support - to be 'pushed' to engage with physical activity - it was important to prepare them in advance for the nature of the activity:

Some will say straight away 'no I don't want to go'. Let them see the activity and see if they want to go (hospital supervisor and carer)

Depending on the nature of the disability, carers also relied on non-verbal communication so as to appreciate the degree of encouragement that a beneficiary needed and thus how much 'persistence' was required. This often depended upon in-depth knowledge of the individual beneficiary and her/his needs and wishes:

The eyes is an indicator of how people feel and when to stop encouraging or knowing that they really don't want to do it (carer)

Yeah, you have to say, 'try this', if she moves away from something you've got to try and motivate her a bit more and try and get her to do it, but I wouldn't force it too much because that's not the point is it ... usually she'll just throw something, if she's got something in her hand she'll throw something down, or you can tell if she's angry, if she's not happy, she'll just move away from whatever we're doing... (carer)

Overly persistent, directive or aggressive motivational support from carers/support workers could constitute a barrier, de-motivator, or even a cause of drop-out, however:

And sometimes the staff are sent saying, 'get them on a bike,' and especially if I get large groups and things, I'll get people who will quite literally almost push their clients on to the seat, and they generate such fear as a result of it, there 's a couple of people I know of that have never come back because they've created so much fear and anxiety about the whole thing that the mention of bikes frightens them away from the whole thing, so it does have to be a very - and they're saying their own confidence and perception of what 's happening's quite a barrier to a lot of clients... (activity leader)

The complexities of the client-carer/support worker relationship were highlighted (see also Gardner & Smyle, 1997), however, for often this relationship was crucial to the client, leading her/him to seek to please the support by engaging in activity, rather than undertaking it for intrinsic motivational reasons:

And then the other thing is that people can have a taster and they maybe go once or twice but that doesn't mean they have to go for a lifetime, if they don't like it they don't like it, and try something else, that 's what we all do, so I'm quite concerned that people whose, are encouraged to own the reason why they're doing it, who are they pleasing, because people can actually end up very much trying to please the support worker, so that they keep that relationship, so there are lots of things in play aren't there really? (steering group member)

The role of the activity leaders also emerged as salient. For some groups it was reported to be important to have a leader who could effectively communicate with the beneficiaries according to their language needs (for example, in British Sign Language, or in a particular language), but also in relation to cultural (and subcultural) understandings. For some **BME groups**, this kind of leader, it was argued, was more likely to be accepted by the group and consequently to be in a better position to support beneficiaries and sustain their engagement:

I think I understand them culturally ... I understand things going on in their lives but I do have more of a knowledge of what goes on and how to treat them equal and it's different I think (activity leader)

Interestingly, however, for some BME groups, it was considered a positive advantage to have activity leaders, including male activity leaders from *outside* the group's community, as one project coordinator noted:

Since the group had said that it was good to have male leaders we asked whether it would be appropriate for males from within their community to lead the walks. This resulted in a resounding 'no'. The issue seemed to be about confidentiality. Men would probably know the women/their families and would speak the same language and so the women wouldn't be able to talk freely and talking was an important aspect of the activity. They cited that this was another advantage of us not being from within the community.

Some female beneficiaries, especially when commencing engagement with physical activity, expressed how they felt more supported by a female leader:

I had lady instructors showing me this problem or that problem, so, and I remember thinking at the time that I really was very grateful that we were all ladies, and I could really feel the difference between the times when my husband showed me a problem and some of his friends had shown me how to do a problem and I couldn't grasp it, or do it, and felt a bit pressured or whatever, I think. So, yeah, maybe for people at the beginning, perhaps they would prefer a female tutor.

In contrast, other BME female beneficiaries communicated the benefits of having a male, 'white' leader, as this made them feel connected with a community beyond their own ethnic social group, as reported by a project coordinator:

I think almost the fact that we provided a bridge by being white, and I know that some of the women, again we were quite unaware of this until a couple of women were telling us and they were saying that a lot of the women who had been coming on the walks, hadn't had any contact whatsoever with white people in their life in X. We were the first people that they had any contact with, and so as a result of it, there's something bigger going on, they felt more connected with X and they weren't as reticent to, they didn't feel like they were so excluded, so there was this kind of connection into the wider world if you like.

As further noted, however, the appropriateness of having male leaders for some female BME groups did depend upon the 'suitability' of the activity being undertaken:

We held an evaluation session with X and explicitly asked a number of questions surrounding this point [male leaders of a female group]. The group said there was no problem with the leaders being white men. They said because it was walking it was fine. They said it would have been a problem if the activity had been swimming. Indeed they felt that as an all-female group that it actually helps to have men running the activity because of the sense of security it provides. The women tell their families that they will be going on a group walk that is led by men and so there is nothing to hide and no room for misunderstanding when people see them.

Having the freedom to be away from their communities, once they had developed trust in white male leaders meant that some BME groups felt more relaxed, and also more likely to undertake 'challenging' forms of physical activity:

When in an environment away from observers the group is happy to talk to us, share food, eat together, play on swings in playgrounds and even do light aerobics and jogging. Some of the members have gone on to learn how to



ride a bicycle with us and do more challenging walks with participants from outside of X.

A key element that was repeatedly stressed was the need for Activity Leaders to be sensitive and sympathetic to the cultural needs and wishes of minority ethnic groups, whatever the gender or ethnicity of the Leader her/himself.

Whilst the need for interpreters in physical activity sessions was clearly signalled by some beneficiaries, it was also considered that this need could be mitigated by the provision of an Activity Leader with strong communication skills, with whom the non-English speakers could feel comfortable and whom they could trust.

She can like communicate with them - she speaks English and they can't, but she still communicates with them, even the old ladies, she calls them aunties, she gives them respect, she talks to them and I don't how but she talks to them. She has the time for them, to speak to them and try words that they can actually understand and expand on that (beneficiary and interpreter)

We can communicate with gestures and one or two words, I don't know how it is I've done it - and I think approaching somebody with a smile it helps - you know these X ladies two of them didn't have a word of English, we took them to X centre, they went, to the point we build up such a good relationship that they even got involved with organising (activity leader)

During participant observation with the above activity session, it was noted that that the activity leader was a practitioner of the same religious sensitivities as the ethnic group with whom she was working. She talked to the women in English whilst occasionally including a few words in their native language. The group responded with enthusiasm to the leader's instructions and it was mainly via visual feedback from demonstrations that they managed to participate so fully. In addition, one woman from the group, who spoke a little English, acted as an interpreter and assisted the Leader when necessary. In some cases, therefore, it seemed that more important than formal translation or interpretation services, was the Leader's ability to create rapport with the group. Such rapport is established via a sense of mutual respect and trust, together with an appreciation for, and understanding of the group's religious and cultural needs and the physical ability levels of its members. The need for a friendly, but also a respectful and considerate approach was signalled by beneficiaries, project staff and activity leaders.

There were, however, noted to be some disadvantages regarding such individualised and personalised relationships between the group and their Activity Leader or contact person if a culture of dependency subsequently developed:

But it needs to be inviting, they need to have a worker or a support worker who is X, they'll need that, otherwise they won't come, they won't. [Only] women or not [in the activity session], they just will not come!

They weren't comfortable even though it was going to be a group of them about four or five, and X said to me as well, "Could you get somebody there to interpret and translate for this group of people while they do cycling?" and I said, "Fine, I will do it". I said to her [group/community leader] first, "Are you not going to be there to translate for them," and she said, "No, I can't make it on that day at that time," I said, "Fair enough, I will get somebody there". But then it's almost like leaving the apron strings - they didn't want to do it...

In general and across target groups, a leader's organisational, planning and leadership skills were noted as essential:

They generally need someone to organise a date ... then they need to be with people who can facilitate that actually happening on that date, and putting a lot of things in place. Like organising a bus, like finding somewhere to go, like mapping a route out, like arranging a talk by historian or a natural history person.

Various characteristics were proposed as important for a leader to be effective: informality, a relaxed attitude and an ability to make individuals 'feel relaxed', to show respect towards them and maintain a non-judgmental attitude:

You know what it is, it's the non-judgmental support, which is what they get from X and X, there's no judgment...

I think it's the staff. X is very good with them, s/he's very laid back, X is very good with them, very laid back.

Someone I can feel relaxed about...someone like you can chat to about everything and don't feel you have to keep quiet...someone who is not going to snap at you when you ask silly questions... someone who will not talk down at me... someone who don't think I'm stupid or something, or thick.

Respect...it's what I think is their attitude is - different...

X is the leader of the group, and s/he doesn't feel like the leader. That's the sort of approach I like. I wouldn't go out of my way to go and sit with anybody that tried to overpower me or overbear me... (Beneficiary)

I think that's important for this environment not to be too 'high above', to be 'down in the weeds' so to speak... (Volunteer referring to an activity leader)

#### **4.1.14 Volunteers**

Projects often relied on key individuals as volunteers, sometimes from a particular social group, who acted as 'community champions' by actively promoting activities and motivating people within their community:

I think we have to be aware that there are people pushing these people into the activities as well. So they encourage them for us, sometimes the motivation isn't necessarily intrinsic ... she came back from a period of illness and suddenly we had thirty more people coming along - she said [to them] "we gotta go", so we got to go! (project staff)

The role of volunteers was certainly acknowledged by many participants, particularly activity leaders, as key to the success of the projects:

I think for the gardens to run I rely heavily on my volunteers, they do tremendous amounts for us really, and it's, but I think it is down to me to control it, to be aware, constantly aware of what's going on, who's coming in, so it does need that overall coordination, even though it's not really seen and it's not formulated, you need somebody here, you couldn't possibly run it just with volunteers because they don't want to do the paperwork, they don't want to do the - they don't want to have to attend meetings and

things like that, they're here because they want to work here and they enjoy people, they want to work with people (activity leader)

And volunteers, I think the volunteers have been fundamental in getting activities going because they've been people that are in the local communities, so really without some of the volunteers a lot wouldn't be running today because we've needed people who are from communities, to know the contacts for different venues, to know - not that they've necessarily had the links, I think X has been the only individual volunteer who's come from being a carer, so her perspective is very valuable (project staff)

Volunteers reported their need for a structure and goals to encourage and motivate them, and give them a sense of achievement:

Yes, I think I need to be guided because then you've got something to do. One of the skills I've lost through not working is time organisation and things like that. I have come in and I've done a bit of cleaning here because I get bored very, very easily, it's another reason why I like to be out and about and moving; if I was just sitting around inside I'd be, 'Oh, what can I do?' So yes, structure, jobs, tasks to do so that I can build on my own confidence, so if you complete a goal then you can feel good, if you hang around all day and you haven't done anything I go home feeling a bit bad. There was one day, was it last week when I thought, oh, I didn't enjoy that volunteering day so much today - I'm not quite sure when it was but, because I write a diary, and I thought I went home feeling like not really good about the whole day, so there was something that obviously didn't happen, and maybe it was, so nothing was really accomplished in my eyes. (volunteer with mental health issues)

Apart from older people, **young people** and **unemployed people** became volunteers, often in order to enhance their CVs amongst other things:

I think for younger people particularly, is to volunteer as a means of building a CV, what's wrong with that? If you give 2 or 3 years to a committee doing volunteer training or whatever let's say, then why shouldn't you use that to try and, if you find that you really like that, why should you not progress? (steering group member)

Rather than sitting at home, do something positive, so when I apply for jobs [it] looks good on CV I've had training... (volunteer)

Volunteers also need to be offered specific and appropriate tasks to help them commit to volunteering:

I think there are different paths, so when they say volunteers are not reliable, worse experience I had of volunteering was being asked - I signed up at the X volunteer bureau many years ago, and the guy said, "I haven't got anything on my books at the moment, you can't lay a patio can you?" so, no I wasn't reliable as a volunteer, I just said, "I don't think this is for me." ... But what makes people volunteer, for me it was because it was inside. No, I think most, I don't think volunteers are unreliable, but as long as when you do have them there that they don't feel their time is wasted, you lose them then... (steering group member)

Moreover, volunteers who shared some of the challenges and motivations of their own target group(s), for example with **mental health issues**, not only understood the

group's specific needs, but also benefited greatly by volunteering with the MA activities, whilst also providing benefits to the project, in a loop of mutual support:

Yes, I was worried I can't read or write and wouldn't pass the [leader's] biking course ... Got a certificate with the bike, [it] gave me a big boost. When you have learning difficulties people think you are slower than you are ... X [one of the project staff] was actually writing down for me ... The certification gives you more...people know that you do know about bikes... (volunteer)

Me being a volunteer here [mental health centre], can also ensure maybe a bigger turnout [to activities], knowing when these things are happening and try and get people motivated to try these new things as well. Because I volunteer for X [mental health centre] as well. It would encourage me to encourage others, to give it a go... (beneficiary with mental health issues)

It can, it would depend on the feedback you get from actually contacting them [the people who have dropped out], and if it needs one or two other people to talk to then I'm willing to step in as a volunteer here. Most people have got a lot of confidence in me from volunteering here, so I don't mind giving that encouragement as well. Even though I need a lot of encouraging myself, I'm a great encourager ... I've got to do it myself then, so I'm encouraging myself at the same time. It opens up avenues for me again as well (beneficiary with mental health issues)

Projects often supported their volunteers through the provision of specific training, for example in relation to Nordic Walking:



*This volunteer completed her Nordic Walk leader and instructor training with British Nordic Walking, First Aid training and also Health Walk training. She is now considering completing Cycle Support Rider training*

Project staff also mentored volunteers both formally and informally, often in the hope that ultimately they would take responsibility for, and ownership of, activities post the MA Programme:

What we are trying to do is increase our capacity by empowering volunteers and the community leaders to take ownership. I've seen mine advancing from the lack of confidence when I first started the project, Mentro Allan, lack of confidence in myself, in my abilities, lots of "I'm not quite sure I'm doing the right thing here," ... The encouragement from X and X and several of the volunteers there has slowly brought me to somewhere that I thought I'd never be in my life to be honest ... (volunteer)

However, for some young volunteers, taking the step to becoming instructors and Leaders proved somewhat of a challenge, given the responsibility involved:

I can't think of anything worse than having to go and teach [an activity], because that's - responsibility's back on me, I don't want that... (young beneficiary)

By 'bringing on' and developing volunteers, then gradually moving in to the background themselves, some project staff sought to delegate more responsibility to their groups. As a result, some groups did succeed in becoming autonomous and went on to survive independently of the MA Programme.

For such groups to be sustained, project staff found it sometimes necessary to continue providing considerable amounts of informational support and guidance, particularly regarding future planning and sources of funding. Volunteers expressed concern at the level of time and commitment required to sustain the activities, and many noted that they could afford to work as a volunteer only as an interim measure, until they secured paid employment.

[I will be] Unemployed in a couple of weeks [after the end of the MA project], so I will be working as a volunteer and looking for other work. And we'll keep trying to get grants (activity leader)

I'm one of those stupid f\*\*kwits who's willing to get involved in the committee; it's a big responsibility, it's absolutely insane, it's not a job, it's mad ... And I've been thinking a lot about, and obviously lots of people are thinking about this as well because this bloody government are going around saying, "What are we going to do to make everything work? Let's have loads of volunteers, it'll be fine". And it's not ... Now, I think it was really great that I did take it on, because the group's doing really well, so that's really good ... Yes it's really bloody hard ... I don't think anything else I might be doing would be taking up as much of my time and as much of my energy as this does... (member of constituted group)

Such feedback on the role of volunteers provides an interesting contestation of current British government discourses regarding the 'Big Society' and the need for volunteers to take on responsibility for community roles.

#### **4.1.15 The dangers of 'over-support' and dependency - the drive toward sustainability**

An interesting counter-narrative to the need for support of various forms cohered around the dangers of being oversupportive and creating a dependency culture. The nature of 'support' changed over time and sometimes became difficult to regulate in order to avoid engendering a dependency culture between the projects and their beneficiaries. Project staff reported finding it particularly difficult to decrease or withdraw their support after providing this for a substantial period of time, sometimes over four or five years.

Furthermore, beneficiaries varied greatly in their need or wish for support in order to encourage both initial and then continuous engagement with physical activity. Project staff suggested that the provision of any form of support had to be accompanied by an informed judgment about the appropriate level of support offered to groups and individuals. For example, provision of less support to some groups initially could decrease the likelihood of subsequent dependency on the project and thus encourage a more sustainable approach post the MA Programme. Gauging just how much support, and in what form, to provide to target groups was considered a difficult task:

If we work with young people for longer than 12 weeks, then you can create a dependency. But that's intensive stuff, that's intensive support. So there are, there must be key thresholds to where you'd create a dependency, however, you've got to develop the relationship and the skill level...

The wider context of a 'dependency culture' was, however, also signalled, beyond the responsibility of the Mentro Allan Programme:

... but again I don't think it's Mentro Allan creating a dependency culture, I think sometimes we do nationally, whether it's Sports Council or Assembly, because of these projects...

Also, it was noted that beneficiaries could find themselves labelled according to preconceived ideas about what they were capable of doing, which could further complicate the decision as to how much support was most appropriately given:

Just because they are X people doesn't mean that they have got an issue with filling up forms, it doesn't mean they can't speak English and they can't read and write English they can't fill in forms ... the project worker said I am fed up with this prejudice and this pigeon-holing that X people can't fill in forms and can't speak English - even *I* have a problem filling in this form!

An additional concern with which projects had to contend was just how much financial support to provide to beneficiaries; an issue of ongoing debate for many.

Despite concerns regarding the creation of a dependency culture, the provision of support was also noted in many ways to be a reciprocal process between project staff and beneficiaries. When discussing the issue of 'support provision' within MA it was stressed to us as important to consider the support that beneficiaries themselves provided to the projects by, for example, helping project staff, and assisting fellow beneficiaries during the activity sessions:

I can understand that much [of what the leader says] and everybody if they don't understand they ask each other, X always help us if we don't understand, sometimes we say [ask her/him] what he's talking about?! And s/he explains.

Beneficiaries also emphasized that they provided support by participating in evaluation sessions, giving feedback in focus groups, and doing audio and video interviews. They also highlighted the importance of 'making an effort' to take part in activities so as to ensure sufficient numbers for the activities to run:

If you don't go, then the van is empty so we have to keep it in mind - if we don't go what's going to happen? At least four people they want for the bus.

Helping the community and the environment as part of their physical activity engagement was another way beneficiaries reported supporting projects and project staff. Furthermore, beneficiaries highlighted their provision of emotional support to project staff, with rural areas and small-scale communities being noted in this regard.

The provision of support was therefore highlighted to be a complex and shifting process, and certainly not necessarily unilateral or unidirectional from project staff to beneficiaries.

## **4.2 What practical needs have to be catered for both short and long term?**

### **Summary**

*Informational needs were highlighted in this domain, including the need for advertising and promotion of activities, and for effective signposting to other existing provision in order to ensure sustainability of the activity beyond MA. Material support was also highlighted in relation to practical needs such as transport, equipment and also facilities such as public conveniences. Health and safety needs were seen as key areas, particularly (but not exclusively) for special needs groups. For those who 'dropped out' of MA in order to pursue physical activity on their own, 'support' was of course no longer required from the MA projects.*

### **Key points:**

*Provision of accurate and updated information*

*The importance of signposting to and linking with existing provision*

*The importance of reliable and affordable transport*

*The need for appropriate equipment and facilities*

*The need for health & safety provision*

We first consider forms of informational and then material support, before proceeding to address additional practical needs such as health and safety provision.

### **4.2.1 Informational support: advertising/promotion**

As noted above, the need for information about the activity opportunities available was emphasized repeatedly:

I think it needs to be well advertised. I think the free paper is the best way. We get it through the door... (young beneficiary)

They don't get enough people because people don't know about it (young beneficiary)

I heard about it on the grapevine, that there were Mentro Allan activities happening; they weren't necessarily always easy to find out about.

Like with young people, it's very much just getting them there and reminding them and keeping nagging them, it's more they just forget about it or they think about other things, and it's just literally getting them there, that's the hardest thing.

### **4.2.2 Informational support: signposting and linking with existing provision**

Especially vis-a-vis long-term engagement with outdoor physical activity, projects tried to 'signpost' beneficiaries toward existing providers and thereby to link them up with other authorities and organisations that could take on groups and offer the appropriate framework to sustain engagement with outdoor physical activity post the MA programme. The importance of 'link people' in this domain was highlighted:

She contacted me very, very quickly, before I'd even contacted her, and said, "We need to meet up and have a chat and discuss different options" so it does work, and it shows that it can work, it just takes, probably the right individual... (steering group member and representative of local organisation)

Beneficiaries emphasized the need to be informed about such links and given information about further opportunities, including beyond the life of Mentro Allan:

Obviously they [activity instructors] run their own businesses and things anyway, and they're separate anyway, so they must offer things ... they should promote them to us more. Because I've been to the kayaking, because I feel a bit, not left out, that's too strong, but I do feel, right I've done all this now, where do I go now, oh I don't know, so what do I do? So it would be good to have that continuation (young beneficiary)

So I think it would be important to have links between an access group like this, where you're accessing activities at a low level, where you're coming in with no experience and popping out the other side with a substantially better level of experience than you went, and therefore you may be better able to access other clubs (beneficiary).

If we just talked about other schemes [it would be beneficial], so other groups that we could go and join (beneficiary).

Some beneficiaries, having been initially motivated by engagement with the MA Programme, subsequently felt confident and motivated enough to pursue such opportunities on their own. 'Dropping out' of MA could therefore be a very positive result:

So that's what I did through Mentro Allan, but that gave me the motivation to try and find out more about other clubs in the area and so when I found out that a friend at work was going to a club that concentrated on kayaking and sailing, I just went along to see if I could have a go and find some more experience with kayaking and stuff like that. I've bought my own kayak now (young person)

Nevertheless, concerns about 'not fitting in' to a group, finding it too expensive to join a club, or not having a convenient club at their doorstep, were reported as common barriers for many beneficiaries to their sustaining longer-term engagement with physical activity.

#### **4.2.3 Material support: transport**

A very practical need, as signalled above in relation to barriers to engagement, was for reliable transport. Some projects tried to encourage beneficiaries to use public transport, including providing guidance on how to use this effectively. This worked quite well for some urban-based groups, but often did not prove so successful in rural areas. It could also turn out to be a relatively short-term solution for projects because social support (from peers or community services) was also found to be necessary for beneficiaries to maintain their confidence in using public transport. Some groups were completely reliant on transport provision in order to participate in the outdoor activities, for example, people with **disabilities, with mental health issues, young people, older people and those unemployed** were highlighted within this category. Support in the form of transport provision remained a key issue for many projects:

Some people just wouldn't make the effort to get on the bus and go there if we weren't picking them up, so it's quite a difficult one really, but I think a lot of that is due to the nature of our client group.

Even the social worker and stuff takes me to the doctors. I've made that much of a point where all those companies do need to provide transport links (beneficiary)



Because X doesn't use the transport herself. Only small vision in one eye and nothing in the other, and her awareness of things out there are not very good so she needs somebody with her to do these things... (parent of disabled beneficiary)

I think one of the hardest things with young people, because they want to do exciting things, and exciting things are not necessarily on your doorstep [so require transport]

As beneficiaries in general noted, a minibus was often seen as a practical solution to the limitations of public transport, particularly for venturing further afield:

Participant A: I wouldn't mind a minibus. For better walks (beneficiary with mental and physical health issues)

Participant B: We have to get the ordinary service buses to get to the beginning of the walk and then we always walk back into X, but it would be handy if we could go somewhere, say the minibus would drop us in a certain area, we could walk, perhaps a circular walk and then come back and meet the bus, a minibus, so it could take us back home or back to the bus station or something like that. Because we are restricted just to the service routes... (beneficiary)

The importance of cheap and reliable transport was stressed by the majority of participants as a key element in the success of projects.

#### **4.2.4 Material support: equipment**

Specialist equipment, particularly for certain target groups such as **disability and learning difficulties** groups (but not confined to these groups) was seen as vital for some activities, and in order to conform to health and safety requirements:

Well no there hasn't - because I was so surprised that it actually had a hoist, they've got exactly the same hoist as us, I was thinking it would just be daily, I didn't know they were kept there, so a really professional set up, and they've got the bikes tip top condition... (support worker/teacher referring to young people with learning difficulties and sensory impairments)

For instance keeping their feet in the pedals, that's really important thing to keep them safe, or the nice thing is, because some of them don't like to have their feet strapped in things, is that you can disengage the pedals. It's nice that some of the bikes have got the harnesses on because some children have no concept of fear and will try and get off moving bikes, so some of the side bikes they've actually improvised and used an inner tube to keep them in the bike (support worker/teacher referring to young people with learning difficulties and sensory impairments)

Like the bikes, they need, the front one, the yellow basket type, they need more than one of them because sometimes when we have X and Y they have to wait because one has a go and one has to wait. So a couple of more bikes would be nice (support worker/teacher referring to young people with learning difficulties and sensory impairments)

Conversely, insufficient equipment provision could work as a de-motivating factor, if it led to long waiting times to access equipment, even leading to abandoning (temporarily or permanently) attempts to engage:

Sometimes with X waiting to access an activity, can be a problem. He'll get hyper -active or he'll get bored or he'll start asking you what you're doing afterwards. He has a good concept of time generally but if you say, "we're going to have to [wait], in 10 minutes, before we can get to the next thing," he'll constantly nag you and it can create an anxiety for him. So I thought, at that time we had a good session, and even though it wasn't the end of the session, it was time for us to move on and try again next week and see if he can stay a bit longer - but that was our choice (parent of beneficiary with learning difficulties)

For disability groups or those with learning difficulties, sometimes considerable time, patience and perseverance were required in order for beneficiaries to become accustomed to using equipment; social support and material support being interlinked:

When we were there first, was for the children to put the hats on their heads because most of them in this group have got autistic tendencies, they don't like anything physically, touching or, if they 're not used to it, so the first few weeks we just spent time trying to put the hats on ... perseverance, every week we 'd put the hat on, 2 seconds, hat comes off, then the hat goes back on then the hat's off and then the hat goes back on, and that 's the only way you can do it, it's just to keep trying and trying and trying, if you want the children to go there, they've got to wear hats (support worker/teacher referring to young people with learning difficulties and sensory impairments)

So when he first started we had trouble sitting him on the dual seated ... he'd get on, then he'd get off, then he 'd get on again, then he 'd get off again, so it 's just basically because they're autistic, it's just familiarising them with the hats, the bikes, the environment... (support worker/teacher referring to young people with learning difficulties and sensory impairments)

Financial support for purchasing one's own equipment was suggested by beneficiaries as a means of practical support for engagement:

If there was a scheme to help you pay for equipment [it would be a big help] (beneficiary).

[I need] Financial support to get the equipment (beneficiary).

A key suggestion from beneficiaries and activity leaders in encouraging sustained engagement with physical activity was the availability of equipment for hire via the MA Programme, and then subsequently after its termination, although this was also acknowledged to be problematic:

If we could just hire the bikes, but they don't seem to, there's never really been an answer given to us, yes or no, it's always something like, "We're not sure" (beneficiary)

They could lend us the bikes to do our thing, but they don't like doing that (support leader of beneficiary group)

#### **4.2.5 Material support: facilities**

A very important factor was highlighted as the provision of physical facilities in addressing practical needs, such as coping with weather conditions and the physical needs of beneficiaries.



*Encouraging an existing group to become more active together and involving their families helps encourage regular participation. The activity is on their door step within the local community. It is also important to have a suitable meeting place before and after the walk. There needs to be parking for those who live outside the village, a safe place for children to play, refreshments and toilets.*

Changing facilities, toilets, shelters, and refreshments were emphasized as key needs in this domain:

The only thing I would say, if they had somewhere for the people to sit. They have somewhere outside to sit and drink, where they've got the port cabins but I think with people like in wheelchairs, you might need something inside because of the weather, and if you had something inside, at least they could stay there for an hour or two until the weather stopped, and then go out again later on (carer)

A changing area, toileting, maybe because again our learners, we're all in nappies, so again changing facilities might be, we have some [on the minibus] and they go a couple of times, you don't necessarily know when they're going to go, and again, geared up, we can change on the minibus, we have a mat and we take stuff with us, but yes, in an ideal world, you'd have maybe a disabled toilet with changing facilities. In an ideal world maybe you would have an indoor space that you could get them togged up. (support worker/teacher referring to young people with learning difficulties and sensory impairments)

Maybe a shelter for if it does rain, there's no -where to shelter and no -where to really sit down and have a drink of pop or a hot drink or something... (beneficiary with mental health issues)

Yes I think it's very pleasant. This facility, it's been helpful that they've opened the cafeteria to give us that facility if we wanted a cup of coffee, and we always have a cup of coffee or tea after our Nordic walking, and it does, people get together and chat, and that's been quite a good move actually (beneficiary)

Some participants argued that a more business-oriented and targeted use of facilities would be helpful particularly in sustaining MA activities post conclusion of the Programme itself:

We've got to bring, one of the main earners in terms in income generators, will be the cafe, and if we can bring people into undertake activities, whether that's walking or mountain biking or BMX-ing or just ordinary cycling, or what have you, orienteering, the cafe can generate income and there are good examples elsewhere in Wales and elsewhere in Britain, where this is happening ... if they're run by a social enterprise which is community led, community governed, with a, but run as a business, but with charitable

objectives, so the income generated isn't going off to shareholders, it's being put back into sustain the business and to generate local activities, then what we've got to do is to think of ways of bring people to that building... (steering group member)

What we did last year, because the raised beds weren't used, we planted the raised beds ourselves, and the produce was sold locally. People coming to the gate, 'Can I buy some carrots, can I buy some runner beans?' and that's what we did, so that goes back into our bank account to help sustain as well, pay the rent for the following year (member of constituted group)

For people with **disabilities**, amongst other target groups, it was particularly important that activity venues could accommodate the specific needs and abilities of beneficiaries:

For it to be less open to the public ... maybe a different change of venue, so it's a more purpose built cycling track ... to make it more multi -purpose and make it enclosed, so the public can't walk their dogs there and you're not avoiding dog muck on the ground and the dogs are not running loose, so we could have a purpose built, but have it purpose built to a point where the likes of X [individual with disability] and Y [individual with disability] can achieve movements on a surface that easy for them to move on, and the likes of K [individual with disability] and L [individual with disability], can have ramps, go through mud puddles and sort of like a mountain bike track if you like (support worker/teacher)

#### **4.2.6 Health and safety - special needs groups**

One of the key practical needs was signalled as the safety of all participants. Trying to ensure the safety of the group as a whole sometimes required the exclusion of certain individuals, however; posing a difficult ethical problem for project staff and others:

Well, we done a bike ride and he was still actually slowing down, he wouldn't actually listen to none of the volunteers ... instead of sticking to the path, he usually goes onto the banking or onto the grass and then spin round and cut people off ... was going down the X and he done it on there and he frightened one of the women ... I thought if I don't report him and it happens again and I'm not on the ride, because sometimes we change support riders, if it happens again he might cut somebody off and then they might come off the bike, so I had to tell X and then X said, 'Alright then, if that's the case then next time he doesn't go on any rides anymore.' (volunteer)

Having someone such as a volunteer to provide specialist support for those with special needs was suggested as a means to overcoming such difficulties and permitting them to continue involvement with the group in safety:

Only way it could happen, if somebody had autism, like myself, to ride with him. That's only thing. But if you haven't got it, unless his carer, but sometimes the carers can't keep up with him anyway ... He's got autism. He's got same as me. So all I done is when, he was just messing about, what I done, I had the other riders to carry on, because there were two riders, and I said, 'X you can't do that, you've got to slow down now,' after I actually had him for the rest of the ride, I had him to stay by me. Because he's got a habit of, when he's riding, he's got a habit of undoing his helmet, and just leaving it dangling. I said, X you can't do that, you've got to keep it tied up, because if you pull on your brakes, your helmet's going to go flying and if you pull your brakes too suddenly you'll go over the top of your handlebars and you're actually going to hit your head.' But I, because he's

got autism, and my son's got it, you learn, when you've got it you adapt to situations, you learn how to talk them down and to calm them down. And he was alright then, he rode, when I told him about it he rode all the way back up and we didn't have no problems (volunteer)

#### **4.2.7 Scheduling**

A practical need of some beneficiaries related to the timetabling of activities, for as many pointed out, if sessions ran only during the working week, this effectively excluded many potential beneficiaries from engagement:

It's got a big restriction in as much as they always run during the week, reasons for which I can perfectly understand, but of course you are then excluding a big chunk of the population aren't you. It's really open to people who work part time or who are retired, who are not in work at all. I don't know what you could do about that (beneficiary)

#### **4.3 What ways of running physical activities are the most successful?**

##### **Summary**

*Participants found this particular sub-question difficult (if not impossible) to answer given the myriad of ways in which 'successful' could be measured or at least judged, and so tended to focus upon what 'worked well' in the projects with which they were familiar. Perhaps not surprisingly, beneficiaries and project staff sometimes diverged in their conceptualisations of, and criteria for 'success', as did steering group members. Facilitating individuals and groups in sustaining their physical activity post the MA Programme was certainly highlighted as indicative of a measure of 'success' by some project staff. For those stakeholders with more reductionist goals, the number of beneficiaries registered with a particular project might, for example, constitute a criterion for 'success'. For others, however, including many beneficiaries interviewed, criteria for success were viewed as relating more to the smooth and efficient running of the project and its activities.*

*Some of the key themes that emerged were: the need for local consultation and also integration with existing local provision, together with the need for forward planning in order to provide variety and stimulation in the activities offered. The importance of having appropriate, well-trained instructors, leaders and volunteers was noted as salient. For some, the availability of single gender activities/sessions was important in ensuring 'success', as was the consistency of provision. Including physical activity as just one component of activities was considered by many to lead to a greater chance of 'success' in terms of sustaining numbers of active beneficiaries.*

##### **Key points:**

*The need for integration with existing local provision  
Provision of appropriately trained instructors, leaders & volunteers  
Benefits of providing other activities alongside physical activity*

#### **4.3.1 Local consultation and integration**

The types of outdoor physical activities projects offered varied widely across Wales and depended on a range of factors including: the particular needs of the target groups and individuals, the geographical area/s covered, and the availability and accessibility of outdoor locations (doorstep, countryside, etc). Activities tended to be categorised as 'general' or 'adventurous' according to certain characteristics. General activities included

walking, cycling, orienteering, Nordic walking, Tai Chi, gardening, environmental activities and camping, whilst adventurous activities included climbing, canoeing, kayaking, sailing, and horse riding, as examples. For physical activity sessions to be successful longer term, participants highlighted the need to find out what people actually wanted and needed locally, by for example, conducting focus groups with beneficiaries and related individuals (i.e. support workers, social workers, guardians).

The focus groups conducted initially by projects sought to assess the particular needs of local individuals and groups by taking into account the types of sessions already available for their target group and delivered by other organisations.



*We attended the XX Centre on a wet November evening in 2006 to carry out a consultation session and this is the first group we met with. When we went away and looked at the feedback I thought it is going to be extremely difficult to engage with this group and provide them with opportunities to be more active especially in the outdoors. During the consultation there were many discussions about barriers preventing individuals within the group taking part at all and many people had personal health issues which they 'presumed' would automatically think 'this is not for me'.*

Projects also tried to take into account preferences regarding activities, if it was practicable and deemed realistic and within the capabilities and resources of the projects. The assessment sought to take into account what provision was already in situ, what was desirable and sufficiently distinctive to draw in participants, and what was actually achievable. As a steering group member explained:

And then you need to look at what's available, look at the structure, and looking at the structure of what you want to achieve, alongside the structure of what's actually in place as well, because in most areas there's something or other going on, but just whether you're engaged in it, or the other people aren't engaged in it, it maybe because they don't do very good advertising and, so is there anything similar to what you're doing as well. If you can find out that there is, and it's going to run in quite well, then you find out, is there going to be enough room for me, are we just going to be overlapping too much and it's not going to work for either of us, but if there is, then you say right well, you look at setting up your project and you say, "This is what we're going to be doing. It's a bit different to this, but they're going to complement each other". Then hopefully you'll get the transfer of people backwards and forwards between the different groups.

The results of such assessment ideally fed into the planning of 6- to 12-week trial or taster sessions in order to assess the suitability of the activities chosen.

#### **4.3.2 Forward planning of delivery**

All participants interviewed expressed how crucial it was for projects to engage in careful planning and efficient organisation to ensure the regularity and predictability of provision, so that beneficiaries were not 'let down':

Planning I think is a key one and then knowing exactly what they doing would be a great help because sometimes I don't know, which is difficult – that's why they're [beneficiaries] not ready for it! (beneficiaries' representative)

Planning is really, really important with these pupils and any let down they think their whole world is against them (young people's representative)

Furthermore, project staff reported that the programme of activities planned had to be varied and flexible, open to adaptation according to beneficiaries' feedback, particularly in relation to suitability, timetabling, and frequency of the activities. The importance of tailoring provision to the target group, in order to ensure sustained engagement with the activity, was highlighted across the board. Careful scheduling emerged as a key issue:

Weekend activities wouldn't be appropriate for them (representative of young beneficiaries' group)

At the time I was with my partner but we split up, he could take care of the kids [but] now has them on the weekends....Now I would have to do (activities) on the weekends ... (young beneficiary)

If they couldn't afford it and were very keen they came fortnightly instead of weekly (instructor referring to young people)

We find with the trips we get better numbers which is once a month, but then the weekly things die back (project staff)

Whatever the frequency most appropriate to the target group, it was reported that consistency and predictability of activity were crucial:

They're quite happy doing the same thing every single week. They don't seem to - they like consistency.

I don't know what they do on a Thursday 'til I get there at 10 o'clock, so I'm sometimes frustrated to be told that, "Oh we're going mountain biking". Well, I'm dressed in working clothes and I've got a knee injury as well... (support worker/teacher)

Activities had to be adapted to the changing needs of the group especially if numbers started to decline. If such adaptation was not possible, then projects were sometimes obliged to cancel activities when numbers dropped below a certain level:

The group stopped because there were up to three people max coming for some time (beneficiary)

Planning the progression of activities, as well as reviewing and re-evaluating their success, were signalled as important processes. Different models were tested by projects in order to ascertain what worked best with groups. In relation to young people, for example, the following was noted:

What we did before, is that pretty much they would change every week, and what we were finding is that with that one, it was hectic, it was crazy going from one to the next and the next and the next all the time, and what we were finding is that the young people weren't developing in any way in these activities, so if they were finding that they were enjoying a certain activity, they were just moving straight on to the next, and then you would be asked, "oh, when are we doing that one next, when are we doing that one next?"

That is what we were finding, so we are trying now to see whether the blocks of activities works.

Different aims, approaches and delivery modes were found to suit different social groups. The heterogeneity of the needs and preferences of the different target groups meant that instructors had to be very flexible and adaptable:

Also, we had to teach slightly differently... they wouldn't be career riders so it had to be a fun thing. It was more about getting them to feel they've achieved something rather than being technically correct.

#### **4.3.3 Variety and stimulation**

Variety of the outdoor locations and activities was stressed as key to keeping beneficiaries motivated, as it stimulated interest and challenged them. Successful projects were viewed as those that motivated beneficiaries into developing and sustaining an interest in physical activity:

Now and again the people might like to, to keep them motivated, to go a little bit further afield, so that you're not walking around the same area every week. We do the slightly longer walks once a month, but I think, they're only slightly, they're not much different really, they are slightly longer and they might go outside of the X [place], but I think now and again it might be nice to go slightly further afield (beneficiary with mental health issues)

Taking people out of a familiar environment could prove very beneficial:

Yes, I feel, I would say that if the youngsters were taken from their immediate environment and given team projects to do... [would be better than staying in doorstep, familiar outdoor environments]

And a gradual introduction to an unfamiliar outdoor location, moving from the safe/familiar to more 'adventurous' and unfamiliar surroundings, was considered less threatening; an important consideration for some:

I think certain individuals need to be broken into it gradually, for instance, X who is coming to the X s/he would never have done that two years ago, s/he is far more adventurous now ... to start off with keep it local and familiar, and then getting more complex etc.

For other groups, particularly young people, plunging straight into more adventurous activities that offered 'big experiences' and stimulation was seen as particularly motivating:

[They said] We really enjoy the camping. We like to have big days out straight away (project staff)

Project staff considered that 'big' and more adventurous activities were favoured by young people as this group was often deprived of stimulation in the outdoor environment often favouring the 'easy' stimulation provided by TV/DVD and computer games. Young peoples' attention span was considered especially short, requiring constant change, and a wide variety of forms of stimulation (see also Landhuis *et al*, 2007 on the 'attention problems' of adolescents):

Some individuals have got very, very short attention spans, so doesn't matter what you do with them, to try and engage them for long periods of



time and for a programme of activities, might be hard or prove quite challenging (project staff)

They're saying is that they want a variety of different stuff, and they don't want to be a canoeist. They'd like to go canoeing every now and again, but they want variety ... They like doing a bit of pond dipping, they like exploring, they like putting on a pair of wellies and going in the river, they like smashing things down, they like having cups of tea with nettles in them... (project staff)

Providing stimulating, exciting, adventurous outdoor physical activities like horse riding, kayaking, canoeing and so on, whilst not necessarily sustainable outside of the MA Programme, was considered to give young people a taste for such activities, and to encourage them to take up such activities later in life, or even to qualify as volunteers.

#### **4.3.4 The instructors, leaders and volunteers**

In order for physical activities to be successful, project staff highlighted the need to have instructors and leaders who were qualified and experienced not only in the appropriate physical activity, but also in relation to their target groups, for example vis-a-vis 'diversity awareness' and disability issues. The importance of instructors/leaders being sympathetic and possessing good communication skills was also emphasized. In addition, having a sound understanding of Mentro Allan and the action research approach adopted within the Programme, was considered important in helping projects with the evaluation work which formed an intrinsic part of the Programme.

The flexibility and adaptability of instructors/leaders was considered key, particularly in stimulating the interest of a variety of different groups:

So it's finding the whacky stories you've got that'll interest them, and trying to engage them through that, whilst still getting them to do what you want them to do. But, it's adapting yourself really, depending on who you're with. But they're great. I love working with them (steering group member and instructor)

The involvement of contracted, trained, CRB-checked volunteers from the community or a volunteers' group was noted as a key element in the success of groups and activities. Specialist training was required for volunteers, particularly those who assisted with adventurous physical activity sessions or activities for people with 'special needs'. Because adventurous activities were very 'skill-focused', the progression of the sessions had to be controlled by a qualified instructor/volunteer.

#### **4.3.5 Setting targets**

As part of such progression, setting targets and giving awards to beneficiaries to highlight their accomplishments was found to be a successful means of running activities, as this challenged beneficiaries:

They do get bored of activities but since we've started doing the awards they don't get bored, because they're constantly challenged, so it's actually more about them being challenged than it is about them being bored with the activity (referring to young beneficiaries)

Then I found out about these snow sport awards, and since we've been doing it, they've got that hunger back to keep coming and to do something (project staff)

Now maybe it's the time to take it to the next level, so they introduced the Duke of Edinburgh award to them ... last weekend 4 girls achieved their bronze Duke of Edinburgh award, which they valued (project staff)

For some groups, creating competition between beneficiaries also stimulated interest and motivated sustained engagement:

Like a competition, give them all pedometers and say, "Who's going to walk the most steps, and whoever does gets a free lunch!"; a healthy lunch (referring to young people)

It provides that bit of competitive edge to hopefully keep them going, so there's a bit of competition, that's how we're trying to engage some of them (referring to young people)

Along similar lines, achieving a qualification as part of the engagement with an activity was found to be a productive approach within some projects.

Their challenges that were set in climbing, although some of them actually didn't really like climbing that much but they still wanted to get that qualification (referring to young people)

Building in targeted, purposive activity was often found to be more successful than asking beneficiaries just to engage in the activity *per se*:

If you just say you're going for a walk, there's not much take up, but if there's something at the end of it, that would interest definitely. (representative of beneficiary group)

I wasn't interested in the walking really, not a great goer for walks, I have to have a purpose to go for a walk. I can't just go wandering, I'm not one of those (beneficiary)

I think if you bought in, you would get a piece of paper, a certificate at the end of it, I think maybe some would be like, "Whoa. Maybe I'm supposed to do this" (volunteer)

This outdoor experience could be a useful tool for other things, about getting them to do an IT project or a music project or ... and that, I think, is a useful thing for youth workers to get from it, to see it as a good vehicle for the other things that they want to be doing (volunteer and support worker)

All these activities need to be linked into so many other, whenever it can be, that's what I'm thinking, you know mountain biking, there's a bit of engineering, there's environment, there's team work, even map reading, construction of tracks and things like that, what's good, so people can step beyond the one activity into another activity, and then from there, even if you start making tracks for mountain bikes you end up possibly being a, how can I say, an engineering road building type. The scope is endless (volunteer and support worker).

Some participants suggested that projects that used a grading system describing activities were likely to be successful, because people could make an informed choice about which activity to choose and also know what to expect from that activity:

I looked at the grading of the walks and it said, easy, flat ... The grading of the walks yes, that was good ... It did have information on there. On the

standard of the walks, whether they were flat or, there was no mountainous, but flat, easy, a bit more medium, short, bit longer, that was good (beneficiary)

The good thing about the walks though is it's all planned out, you've got hard walks, medium walks, it's all written out for you so you can decide which walks to go on... (beneficiary with mental health issues)

I thought the idea of having skill levels or grading the activities, because everybody does that. If you want to go and join a walk or a tour or whatever, they say what the level of difficulty is going to be, so I think that's useful (steering group member)

#### **4.3.7 Single gender activities**

A further successful way of running activities was to offer single-gender activities or sessions. These were described as reducing feelings of intimidation and lack of confidence, and creating a supportive environment that encouraged people to engage with outdoor physical activity. During the research project, this finding has emerged in relation only to reports of all-female activities:

I think probably doing it within an all female environment was also really helpful, because a lot of outdoor activities are very male dominated and just, I'm sure they don't mean to but it would be intimidating, it would be all like, "Yeah, I know what I'm doing" ... The bravado's there, so you're just like, and they're so macho and everything's like, "I can climb faster than you, I can do this" (female beneficiary)

I think it does help it's only women, because that would, it made me feel a bit more confident about it, because if it was all blokes there, and they were really good and stronger... (female beneficiary)

But not all women felt that women-only activities were more relaxed, motivating and beneficial for them; indeed one expressed finding women more intimidating than men:

I'm completely different you see, because I'm on the X crew here, I've been used to being with men all the time, and I would feel, I feel intimidated by the women. I'm more confident talking to Y on sailing than I am talking to the girls (female beneficiary)

#### **4.3.8 Consistency of provision: commitment to beneficiaries**

For project staff and other workers alike, a measure of success was being able to ensure a regularly and consistency of provision of activities, sometimes despite fluctuating or declining numbers of beneficiaries, so as to provide a reliable and consistent environment for engaging in physical activity, to fulfil the 'social contract' with beneficiaries:

And they know it's for such and such a week, you know, ten or eight weeks, and just because you haven't got as many as you, you might start with a group of ten or eleven, but by week three we might only have three people coming - that's not to mean that we cancel the group because there's only three coming, you've promised that group for those ten weeks, you carry it on, you can't cancel it because there's not enough coming, you can't do that to the participants, because their life might be full of let downs by people, so once you let them down, they're not going to come again, it's something you invite them to (outreach worker referring to young unemployed people)

But that's what I'd feel if I was running the project, if maybe this week if I had a buggy walk going, maybe no-one would turn up, but you still arrange it for the week after and turn up and hope someone comes, because you have to realise that things happen that morning for some people that they can't make it, and they might not let you know because they're not used to letting people know, they don't think about planning and letting people know like we would if we had to cancel a meeting, they don't think like that at all because their day is such a blur really, and they don't live life like that (outreach worker referring to unemployed young people)

As well as a good routine as well, which is why we felt it was important to walk regardless of what the weather is doing, so even if it is really bad, we go somewhere, we might change the path or shorten it, but we do go every week so people know when they turn up they're going to be met by people and it's not going to get cancelled and stuff like that, give them a bit of consistency (support worker/teacher referring to young people with learning difficulties and sensory impairments)

But for people that are difficult to engage with, once you make that engagement you need to make sure that you engage the following week because 3 weeks or 4 weeks is too long, they lose interest and they think, oh, they can't be bothered. For them 3 weeks is a long time to wait. If they've made the effort that week, then there needs to be something the following week, because if they've enjoyed it and they're looking forward to the next one, then 3 weeks is a long time to wait (outreach worker)

And by then, you know we know that, some of our clients would say, say we're running a group on a Friday now, they've had so much happen in that week in their life, they're looking forward to the Friday because it's a break for them and it's their time and they wait for that Friday to come like anything, because they are so looking forward to it because it's their time without any of the family problems that are going on around them, it's their 2 hour time, so if you're looking forward to it that much, and we say, oh, it's not happening now for 3 weeks, that's a long time, and by that time, if that person's got so many problems going on in their life, and they've got nothing to look forward to the following week, or the following week, then you've lost them (outreach worker)

By having a weekly timetable, the weekly timetable that we've had has been there for a good two years. Exactly the same. So we have, it's easy enough for people to know, and people get into the habit of doing their walk on the Wednesday or Friday or the Monday, or come cycling on the Tuesday, Nordic walking on the Thursday, it's a timetable that they can keep to and possibly to sustain then they think, oh my Friday morning walk, I'll just go down the beach (project staff)

#### **4.3.9 Physical activity as one component of activity**

A key factor that emerged across many projects and groups was the need to promote a group and activity as being focused upon more than physical activity, in order to appeal to a wide range of people. Projects that used physical activity as one element in a more holistic approach were considered to have a greater chance of success than those that advertised purely the physical activity focus of their work:

Develop some different things to do with biodiversity and, so moving away from physical activity, focusing more on getting people into the countryside,

learning about nature, which is a good thing I think. That's something I think you've bettered the project if it's looked a little bit more holistically, because this one's focused a lot on the physical activity, that kind of measuring, increasing physical activity levels of the participants, is one of the measures of success, or how it's going, the target, but in fact there's so many other benefits to the individuals who are taking part ... And probably more important, these kind of, getting out into nature and all the benefits that can bring, and the soft skills [social skills, confidence, self-esteem, skills that 'can make you more employable in the future'].

#### **4.3.10 Beyond Mentro Allan: changing lives**

For some participants, the involvement of beneficiaries beyond 'consumption' of the physical activities was considered a great indicator of success in the running of a project. Engaging in outdoor physical activity was noted to have great potential for transforming peoples' lives beyond exercise, in terms of opening up possibilities for future study, employment opportunities and careers, in addition to the more immediate effect upon health, self-confidence and well-being. The longer term benefits of projects were highlighted by participants:

So some of them have already said that they'd love to be able to do that as a part time job, we're looking at future careers and, and there's things that they never would have thought of before, and it's made them more focused then, not just in what we do, but in school, because they want a career going down that path (project staff).

[What would you like to do as a job?] Either scaffolding or bricklaying, something to do with 'groundwork' and that, or something like this [activity with MA], this would be ideal (young beneficiary).

Getting any young people into employment because of what they've learned whilst on Mentro Allan is another great thing ... Yes I think we've had one person who's gone into do carpentry work because of some of the stuff that they've done with Mentro Allan (support worker).

S/he has gone on to get a couple of qualifications with us ... s/he flew through that so s/he is arming him/herself with a few little arrows for her/his bow for the future (project staff member referring to a young beneficiary).

The physical activities could thus be a useful engagement tool to develop beneficiaries in other ways, to give them increased social confidence and provide them with the social skills to empower them to take responsibility for their own lives within a wider context (see also Hellison 2003 for a relevant discussion related to young people), as outreach workers highlighted:

Participant A: Volunteering, something that adds more structure to their work, because the exercise and the socialising is an engagement tool, it's a carrot and stick approach with anyone. To help people move forward with their lives they've got to be able to socialise and be comfortable in a socialised situation. Someone that doesn't leave the house, you can't tell them, 'Go on that college course,' if they're not comfortable. So the exercise and socialise, it's all about engagement tool, you're getting them used to a social environment where they're socialising and we're doing fun stuff, but after that 10 weeks, at the end we do a support plan, where we sit down with everyone individually and ask what would you like to do now, where would you like to move on? Someone turned round to us and said, 'Oh I'd love to do, let's go kayaking again,' I'd say 'No, now we've got to think of

things that'll help you move forward. Continue with the socialising but also add structure and add something extra into your life. So maybe a short course so you get a qualification at the end of it.' They're still socialising on the course but they're also gaining a qualification. Volunteering is the same; they might not get a qualification, but they're still socialising and they're getting work experience. There needs to be that progression there. They have to understand that life can't all be about the good things we throw at them, they then have to pay back with giving their time to a short course or volunteering, which the same should be said about the Mentro Allan participants.

Participant B: That's what it's all about, it's about social inclusion.

Participant A: And building their confidence. So if someone's been with Mentro Allan for a good 6 months doing different activities, in my opinion then, by that stage, they should be, X might be saying to them, 'Why don't you get in touch with Y [group] or why don't you think about a short course?'. [On] whatever takes their fancy. They then should be thinking about things like that to help them move forward.

Participant A: Because Mentro Allan isn't there to be hand holding somebody for years and years, it's there to bring people to a level where they're ready to move on. So it wouldn't make sense for them to be hanging on and hanging on for ages. Once they've got their confidence and that socialising and interacting, they should be thinking about moving on.

They could be, they may find they enjoy the physical activity and then take that up then as a hobby. Because the thing is, if you're feeling healthy then mentally you feel better about yourself as well. It's about everything together, it's a package. We're not about people going into work, it's about moving them closer to that stage and it's about getting people feeling better about themselves, and obviously feeling better mentally as well because healthy body, healthy mind ... Well hopefully by working on that side of things, the mental health then improves as well, the way they look on, about the way they feel about themselves, the way they look at life ... Their confidence would grow ... And they'd feel more inclined then to be socially inclusive and active and more ready to consider improving their lives in other ways.

(outreach workers referring to young unemployed people)

Some volunteers subsequently found work through their involvement with MA or were inspired to start their own business:

In that respect we've had two people on the project, one, two participants, one who then became a volunteer, and then became, set up her own company, activity company, and then we've had another one who was a volunteer, participant, and then went up to be on the fast forward project, so went into paid employment as well. So that was, they're two people who had, one was just a participant who had been made redundant, out of work, wanted to try, and the other one had mental health, but as I say it increased his mental health and depression moved on, and now he's actively involved in the X project (project staff)

For **disengaged young people** who may have been out of work, volunteering on projects such as MA could provide an opportunity to break the employment barrier and become important supporting members of MA:

[I] try and involve working elements that certain people have worked with volunteers to try and see that there is, they are worth developing as individuals, and there is good elements, because they're often stigmatised as young people who don't do anything ... but it has worked because after the 6 months we have kept somebody on as, and that's a great success story, and the journey he's gone is huge, massive, from where he first started, it's quite an emotional journey for him really, but he's actually got employment, not through me getting it for him, he's gone out and got that himself, and X [organisation] have seen that and kept him on as an individual, so it shows that they have self-worth and they are worth putting people time into develop ... yes so from being an individual who's disengaged, not interested in anything in life, taking drugs, socially feeling not accepted or not employable, so no skills to do anything in life, through to an individual who then gains an interest in the work we do, builds relationships with individuals, so volunteers, participants, so socially feels they belong somewhere and has an ownership of what they do and a work ethos that they actually want to go to work, through to developing a programme of vision, completely off their own back, and organising the whole lot (project staff)

This chapter has addressed the original research question posed for Key Learning Outcome 2:

**What support do people in different sedentary groups need to get involved, change their behaviour and sustain that change?**

Along with the newer research question and its subsidiary questions:

**What services and support do individuals and groups need to be provided with, in order to progress their activity?**

- What types of social/group/professional support do people find helpful?
- What practical needs have to be catered for?
- What ways of running physical activities are the most successful?

We now proceed to consider the third of the Key Learning Outcomes relating to the effect of the outdoor environment upon experiences of physical activity.



## CHAPTER 5

### Key Learning Outcome 3

#### 5 What effect does an outdoor location have on people's experience of physical activity? Does this make a difference to staying active?

The research investigated the perceived and embodied impacts of the outdoor environment on people's experiences of physical activity. Seasonal and meteorological variations were found to be key elements in this domain. It should be noted that although Mento Allan has been delivered primarily as an outdoor physical activity programme, indoor locations and venues have also been used by some projects in order to accommodate variations in the weather.

The original research question posed for the research contract was:

**How does the 'place' (i.e. the outdoors of the 'natural' environment as a location for recreational activity) have an impact upon individuals and groups.**

Subsequently this was changed part way through the research project and 'clarified' questions were agreed by the National Partnership in order better to convey what learning it wished to draw out of the programme. The revised questions, advised to the Research Team in summer 2010, were:

- How does an outdoor location improve chances of behaviour change?
- What are the disadvantages and how are they successfully overcome?
- What role does the outdoors play in helping people sustain their change?

#### 5.1 How does an outdoor location improve the chances of behaviour change?

Whilst this specific sub-question was not amenable to investigation via the qualitative element of the research project, given the question's causal focus, nevertheless the original research question concerning the impact of 'place' and the outdoors generally did generate a great deal of data, and we also sought participants' perceptions of whether, and in what ways, an outdoor location improved the chances of behaviour change. Many participants, perhaps not surprisingly, tended to conflate the 'natural' and the 'outdoor' element of the environment when reporting on the influence of the 'outdoor location'. We therefore give below the general issues highlighted by participants in relation to their experiences of outdoor locations, before moving to the second and third sub-questions.

#### **Summary**

*With regard to the general impact of the outdoors on participants' experiences, the weather was signalled as having a great impact. Privacy requirements were raised as important, particularly by some BME groups. Accessibility and mobility factors were highlighted as salient, including time constraints on travel. The appreciation of nature, the sensory pleasures of the outdoors, together with the experience of freedom all featured as key benefits of participation in outdoor physical activity, and for some beneficiaries appreciation and conservation of the 'natural' environment were important motivating experiences.*

#### **Key points:**

*Role of the weather & need for 'weatherproofing' of some activities, including moving activities to an indoor location where feasible*

*Accessibility of the outdoor location*

*Privacy needs of some BME groups*

*Benefits of the outdoors - the sensory dimension and freedom*



First, we consider some definitional issues, as these emerged as highly salient in the accounts of both beneficiaries' and of project staff.

### **5.1.1 Definitional issues**

Commensurate with Clayton & Opatow's (2003: 6) use of the term 'natural environment' to refer to 'environments in which the influence of humans is minimal or non-obvious, to living components of that environment (such as trees...), and to non-animate natural environmental features', Project Coordinators' definitions of 'outdoor location' appeared to depend on the perceived degree of noticeable human interference on the 'natural' processes of the environment.

Some PCs argued that the 'local park' was not characterised in their projects as being literally a 'natural' environment because it is noticeably 'manmade'. Others pointed out that the landscape available for people to use is *always* affected by peoples' activities to a lesser or larger extent, which indicated that PCs' definition of 'outdoor location' often depended on the 'natural' qualities the particular outdoor areas were perceived to possess. For projects that covered predominantly urban areas, the 'naturalness' of their outdoor locations were argued to be 'controlled' and 'manipulated' by human hand. In contrast, the 'countryside' or more rural areas with a lesser degree of visible industrial impact and/or human interference were perceived as having their own more 'natural' 'presence'.

Some staff within projects covering a wide rural area argued that the degree of human interference was felt to decrease the further away individuals lived from a village or 'managed land'; in effect the more unspoilt and untouched the environment was perceived to be, the more 'natural' it was deemed to be. For other more urban-based projects, however, a large park in an urban location could be seen to extend into 'wild land' or 'countryside', thus blurring the urban/rural boundary. Such outdoor environments, whilst remaining local, combined notions of both the urban (increased 'manmadeness', as in parks, for example) and the rural (decreased 'manmadeness', as in countryside).

Definitions of 'outdooriness' were therefore found to be complex, with shifting criteria coming into play according to the individual, the social group and the particular context. An urban park might be perceived as 'outdoor' and 'natural' by one person, but barely count as 'outdoor', let alone 'natural', for another.

We now proceed to consider some key issues highlighted by participants in relation to their experiences of outdoor locations.

### **5.1.2 The weather**

For project staff and beneficiaries alike, being outdoors in the weather had a major impact, with many signalling the positive impact of good weather upon likelihood of engagement with physical activity, together with the disadvantages of poor weather:

She's alright if it's nice weather. Bad weather, no good ... she'd be alright going in good weather but bad weather would put her off. Other people I've worked with, it doesn't matter whether it's sunny or bad, they'll still go on the bike because they enjoy doing it (carer)

I like doing indoors, to do writing and stuff about gardening and wildlife, but the outdoor, like doing stuff like doing the weeding and digging and taking branches down and making the path, sorting the plants out and putting

seeds in the soil. That's what I like doing outside if it's a nice day (young beneficiary with mental health issues)

As one Project Coordinator highlighted, the anticipation of the negative impact of rainy or inclement weather was often worse than the reality, so that if beneficiaries could be encouraged to participate despite the weather, they often found the experience rewarding, encouraging future participation despite poor weather:

On rainy days participants have often said that when they woke up and saw the weather they almost didn't come along, but having come the rain didn't spoil the experience and they were glad to have made the effort. The suggestion is that the perception of the impact of the weather is different from the reality of the experience. In this respect anyone who has had the opportunity to experience outdoor activity in the rain (perhaps, because the weather was good at the start of the day but changed for the worse during the activity) is less likely to be put off by the weather in the future as they often have a positive experience to draw upon (project coordinator)

For some beneficiaries with **disabilities and mental health issues**, health concerns were highlighted with regard to exposure to cold and/or wet conditions:

Just the fact that because obviously any infection or stuff like that could be potentially serious, health implications to him ... It's not just getting a cold, it will develop into pneumonia and then it's quite serious ... I don't know [whether during winter would prefer indoor cycling], because we've got, he could go and do a bit of outdoor cycling, just like you wouldn't be out for an hour, it would be 20 minutes, half an hour, and we can take blankets and stuff like that and he's got one of these snuggies, he's got one of these things that you put down that comes up over his feet, so we could put that on the little bicycle thing, wrap him up warm. Yes, we'd still go out for fresh air and stuff like that, so long as it's not bitter cold out there, and dependent on weather in the winter (carer)

No because you just get wet don't you, and get a cold or the flu and shivering and shaking and things like that (young beneficiary with mental health issues)

We never actually did that because it's very cold there as well and because of his cardiac condition we don't like him cold (carer)

The need to challenge stereotypical notions of what those with **disabilities and sensory impairments** could actually do in the elements was also highlighted, however, along with the need to acclimatise individuals to the elements, to normalise experiences of inclement weather and to facilitate 'sensory learning':

Because I think sometimes disability is used as a, "we can't have disabled people outside - really? Get a grip!" for some impairments, and I sound really heartless here, for some impairments, temperature will make quite a considerable difference, so if someone's got cerebral palsy or some other disability groups, I've had it myself when I've been supporting individuals ... so I am aware that for some disability groups, but considering that the main bulk of people attending this [Mentro Allan] have got learning disability, nothing linked to their impairment other than they might not like the rain, some kids don't like the feel of water, or some adults might not like the restrictive clothing that they wear in winter, I'm fine with that (steering group member)

Just perseverance because when he first came to us last year, he wouldn't go out in the rain, even a drop, even a drizzle, we'd have major crisis with him, but now, that's what I'm saying about, for him, he's experienced all this that he wouldn't normally experience, - we're not making them do it, but because we're there and it rains, well it's raining, we're going to get wet, and it's all, if you want to stay on the bikes you can get wet, if you want to stay dry you'll have to get off the bike, so it's his choice to stay on (support worker/teacher referring to young people with learning and sensory impairments)

We've decided that we'd just go regardless of the weather. We'd maybe shorten the visit but we'll still go, because again you need that sensory input, as long as they're warm enough, they won't be getting hypothermia, and they need to experience cold, they need to experience wet, because that's part of their sensory development. And that is what this group, because their development wise, some of them are at the level of 3 months old even. The only thing we wouldn't do is if it's snowing but we go out all weathers, it doesn't matter what the weather (support worker/teacher referring to young people with learning and sensory impairments)

Some participants took a pro-active approach to selecting venues where they could organise their own physical activity and avoid the rain, for example by walking in an indoor environment:

Sometimes it's really raining for the whole day so we go in a supermarket, take rounds do shopping or whatever, our walk is done (BME beneficiary)

### **5.1.3 The importance of weatherproof clothing**

Lack of appropriate clothing, or lack of knowledge about the correct type of clothing for specific weather conditions, were reported as significant barriers to venturing outdoors and so learning how to use appropriate clothing for outdoor activity was noted as important in improving chances of behaviour change, and a key element in outdoor activity socialisation experience, which generates 'outdoor capital' (Bixler 1997). Those who prepared for the weather and wore appropriate gear were far more likely to enjoy and indeed to celebrate the outdoor experience and to engage in outdoor activities, in all weathers:

You have to prepare ... On Wednesday heavy rain, [but] still doing it, still enjoying. So, I prefer outdoor, indoor is limited, outdoor you can stretch more (BME beneficiary)

Love it, I love the rain. I'm not afraid of the rain. If I'm going for a walk, I go for a daily walk, and if it's raining I'll still go, it won't prevent me from leaving my house or anything like that. It's just rain. Most people don't want to get wet, and they've got an umbrella and they stay in and stuff like that or get a blanket and put a DVD on - it's just another day to me, it's just raining. The weather doesn't put me off at all. [If it's cold] I just put a scarf on and an extra pair of socks (young person)

The beneficiaries who reported being keener to venture out despite inclement weather, appeared to be those who had grown to feel more confident in dealing with the outdoors. Some had already been very physically active prior to engagement with MA, or were younger and/or healthier, or were already habituated to dealing with all weather conditions.

No. I don't mind, so long as, I don't mind if it's freezing cold or pouring with rain, so long as you've got hot water and dry clothes at the end of your journey, then you'll never catch a cold, because the first thing you've got to do is strip off your wet clothes and jump in a hot bath and have a soak and you're fine, I've never had a cold through walking in the rain (older person)

#### 5.1.4 Privacy requirements

The use of indoor and outdoor locations was, very often, dependent upon the type of physical activity being delivered by the project. Perceptions of what constituted 'physical activity' and 'exercise' (see Caspersen *et al.* 1985) also came into play. This distinction emerged as salient for **BME** beneficiaries when discussing preferences for locations and whether an outdoor location was likely to improve engagement with physical activity:

There is nothing that I don't like doing outdoor except doing exercise outdoors. I like walking outside, I wouldn't like to do yoga outside, I don't like to do aerobics or any other exercise outside. Any physical exercise I would prefer it inside. I don't like people watching me. You won't be able to do it freely, I will just constantly be thinking, "oh, someone is watching me", so you won't be able to perform as good as you do in that private thing (BME beneficiary)

I think it is a silly idea to do the yoga outside in public places like that. If you have a private outdoor thing then that's fine, you can do it there, but not when the public is watching you - I don't think anyone can do it ... With the yoga you have to concentrate more than you do on aerobics, it's not just body, it's mind and body, yoga is mind and body (BME beneficiary)

'Exercise' was perceived generally by beneficiaries as being substantively different from 'physical activity' in that the former was seen as structured, planned, usually indoors and also associated with fitness and health maintenance and improvement (see also Caspersen *et al.* 1985). Physical activity, on the other hand, was defined generically by participants in relation to less structured physical forms such as walking. Some beneficiaries reported that they did 'exercise' purposively, for example, to lose weight or to 'keep fit' and 'stay healthy', and preferred to do this in the relative privacy of an indoor space, where they felt comfortable and away from public scrutiny.

If 'exercising', beneficiaries, particularly but not exclusively **BME** beneficiaries, reported a preference for a private indoor location because of the unusual or 'unnatural' manner in which the body was seen to be performing, given that bodily movements were often exaggerated, rhythmic, synchronised and/or repetitive. For beneficiaries, private indoor spaces ensured that they were not so highly exposed to a 'threatening' public gaze. Furthermore, private indoor spaces were noted as preferable for 'containing the mind' when participants were trying to concentrate mind and body, for example in yoga practice.

Differences in conceptualisation of privacy also emerged as salient. Privacy was signalled as of great importance for some groups in particular, for example (but not exclusively) for some religious groups within some **women's BME** groups. Here, perceptions of appropriate gender behaviour, gender segregation or gendered sensitivities were of great importance:

Some of them won't mind outside, but winter definitely inside and most times actually inside cause it's like privacy, we don't like to mix with men, the way we dress, they wouldn't want to expose to men, like if they're doing activities outside and there are men around like in parks.

Some of them found it a bit weird, because you've got to understand when we're stretching with our clothes on, everyone, men are definitely going to look at us and go, "We don't see that every day, women with hijabs<sup>1</sup>", so we all found it a bit weird, even I did. But they did it [activity], but I think they felt safer when they were inside, away, because a woman is about not exposing herself, not exposing anything at all, that is about the religion...

Indoors exercise they like it ... like if our religion allows it we don't mind doing it - like this, without music, without men, as long as there is no man, like this safe, they don't mind doing it.

For some BME women, in addition to concerns regarding exposure to others' (particularly males') gaze and the effects of this upon self, identity and body image, the 'looking glass body' (Weinberg & Williams, 2010), additional factors came into play. For women of some ethnic backgrounds, for example, religious and socio-cultural beliefs required that strict dress codes were followed. These included the requirement to be fully covered when outdoors and open to public gaze. Wearing a hijab was noted as one component of these women's 'modesty' in constituting a style of dress that embodied modesty, morality and privacy. As a religious principle, hijab refers to modest *behaviour* as well as to the materialistic dimension of dress. Some BME participants explained that hijab-wearing women were supposed to cover everything except hands, face and feet, in long, non-transparent, loose garments.

Although there is not the scope here to engage in debates as to how social, cultural and religious norms interlink in the context of women's dress, there was a general feeling among some (but certainly not all) BME female interviewees that women should 'cover' themselves when subject to the gaze of men other than their husbands. Their dress code and behaviour should, it was considered, be aimed at avoiding attracting men's gaze when outdoors. In this regard, any 'big' 'open', and occasionally 'exaggerated' movements involved in some exercises could potentially put the body in 'immodest' positions that were considered to expose the women's bodies and attract unwanted attention. In carrying out such movements under public gaze, therefore, these women's efforts to preserve their modesty, morality and purity were considered to be undermined.

In order to respect such 'modesty' requirements, participants suggested that certain considerations with regard to venue would provide the privacy, seclusion and safety that some minority ethnic and/or religious groups needed in order for them to engage in physical activity without breaching cultural norms:

Indoors - because with the outdoor activities, because we are all covered, it's a bit hard to attend the outdoor activities ... But if it was like an area where people couldn't see you and you were outside that would be great, but it's too hard to find somewhere like that secluded where there's no people and also outside by the river somewhere.

They don't like being out in the open, if they're doing exercise, it's got to be secluded. And I have suggested parks and open spaces that are away from public view, quite a few places, so we could actually do it in the outdoors.

We will do aerobic outside in the park but I have identified these green areas and they are secluded and no one will see anybody if they do it, it would be really nice...

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<sup>1</sup> From the Arabic: to veil, to seclude, to conceal, to form a separation, to mask, but generally in Britain used as the term for the traditional head, face or body covering of women, originating in the Middle East and the Islamic world.

The distinction (although at times blurred and overlapping) between 'exercise' and 'physical activity' emerged in this respect. For example, for many participants walking was perceived as a physical activity that generally did not require specialist clothing or 'immodest' behaviour, and so was seen as appropriate to undertake in more 'public' outdoor locations.

Relatively secluded spaces that provide the requisite levels of privacy may also help promote better health and well-being by permitting and encouraging a 'retreat' from the city environment. Stigsdotter & Grahn (2002, 2003) for example, argue that individuals who want to be active in urban green spaces tend to prefer open, visually attractive and inviting locations that are also to some extent enclosed, safe and secluded, where people 'can relax', 'be themselves' and also 'experiment and play' (2002: 66).

The complexities of defining 'secluded' and more 'public' space, emerged as salient, for sometimes very 'public' spaces were felt to be safe if they were quiet and/or beneficiaries felt they were not likely to be known or recognised by people who might be critical:

[Regarding the notion of secluded space] It can be found in open spaces away from the neighbourhood from which the group resides. As mentioned ... female Muslim participants often play on swings and roundabouts when we come across them on walks away from their neighbourhood. While out on a walk recently at X [a public space 2 miles from their home] and while waiting for the slower members of the group to catch up, the front members started an impromptu aerobics session for 5 minutes. Similarly on a walk at X Wetlands, again a public place about 2 miles from their homes, a small group of women who had energy at the end of a walk jogged around a field while the rest of the group had a picnic. In both situations this was done within the gaze of other people. These were however relatively quiet places where the group were probably confident that they wouldn't see anybody they knew (project staff)

### **5.1.5 Accessibility: spatio-temporal and mobility factors**

The degree of accessibility of outdoor locations varied greatly depending on the target group and individuals' 'ability to access' locations. A certain degree of 'industrial effect' on the location was often found to make the location more accessible, for example in terms of transport links. Some PCs argued that doorstep outdoor locations were more accessible than countryside locations. However, projects in sprawling urban locations found they had limited accessible 'doorstep' places, and therefore beneficiaries had to travel by car or bus to engage in outdoor activities.

Projects in rural areas also reported accessibility problems even in relation to doorstep outdoor locations. PCs reported that, unlike in urban outdoor locations, walking and cycling paths were often lacking in rural areas and it was found difficult to access outdoor spaces even though for many beneficiaries they are 'doorstep' locations. The following comments of the PCs' highlight some of the preferences reported by beneficiaries and also the PCs' definitions of 'doorstep' locations. It should be noted that these statements are paraphrased as the data were collected during participant observation during an Evaluation Seminar rather than by recorded interview.

People can get to X with public transport. The beneficiaries tend to live far out of the town and therefore away from the place where all the activities take place. They prefer to travel to town to access the activities and take advantage of the infrastructure and facilities available, which they can't find closer to home. Although these are not doorstep as defined by 'less time travelling', they still prefer to travel to get to town because the availability of paths, a park and a leisure centre make the outdoor location accessible.

Local parks that are walking distance or are accessible via taking short bus rides.

Close to the beneficiaries' homes, walking distance not bus distance especially for the older population.

Depends on the area and the target group. X is a small area and some people travel from out of the area by bus or by car to engage with the project. 'Doorstep' is where the offices of the project are, which becomes the focal point.

On foot or short car/bus ride, so 'doorstep' is related to the distance travelled.

Doorstep locations were generally considered to be those easy to reach, not requiring extended travel times, on familiar territory, and physically close to 'home'. 'Time', 'mobility' and 'proximity' of place were elements that defined 'doorstep' places for participants, both beneficiaries and project staff.

Beneficiaries' perceptions of 'doorstep' outdoor location were found largely to depend on their mobility variables when interpreting 'time', 'mobility' and proximity'. It was thus less about actual spatio-temporal factors and more about perceptions of these. It was noted, for example, that commuting long distances to work could affect peoples' perceptions of what a 'doorstep' outdoor location was. So those commuting long distances to work were often prepared to travel further afield in order to engage in activity sessions. Additionally, 'time', 'mobility' and 'proximity' were the key factors that PCs took into account when choosing appropriate outdoor locations to deliver activities. PCs' definitions and choices of 'outdoor location' and 'doorstep location' often had a positive impact on the beneficiaries' engagement with the outdoors. By labelling a familiar environment as 'outdoor location' and 'doorstep', its appeal could be enhanced and the environment re-appraised and appreciated. As PCs commented:

We kind of say well actually we know somewhere just like this in X and they'd give it a go and I think they did realise that you don't need to go so far away to get countryside.

When we were doing the sessions in X for instance, we had people who'd been there and said, "Well, I haven't walked along this canal path for 20 years!", and it's on their doorstep, but they hadn't - there'd be no reason for them to do it, and by saying, "This is what we're doing. It's in the outdoors" and people will relate to that, I think. It is a bit of a change in culture both within the Mentro Allan and with all people who participate in the programmes. I think people need to be more aware of their natural environment and get out and actually use it, which will in the end be really good for everybody.

It was reported that via the MA Programme some beneficiaries became more aware of the opportunities offered by their own doorstep locations, and consequently overcame barriers to engagement posed by unfamiliarity with their local 'green areas'. Lack of knowledge of local outdoor spaces was reported as due to being less physically able/mobile (ill health, disability) and/or socially 'able' (mental health, learning difficulties, etc). Or people might regard these places as unsafe, due to association with crime for example. As has been suggested in the literature, raising awareness of the 'value' of urban green spaces in terms of environmental benefits and also psycho-physical and social benefits: 'is the best argument for a significant increase in resources, investment and political attention for urban parks and other green spaces' (Swanwick *et al*, 2003 : 105).

### 5.1.6 Appreciation of nature

The positive effects of an outdoor location emerged in relation to the appreciation and valorisation of the 'naturalness' of certain outdoor locations, which was contrasted positively with the negatives of the 'manmade' environment:

I prefer the natural world to the man made world. I find the modern man made world is very eye-soreish. It looks like very tatty and run down and it's not very inspiring, but nature can beat anything that men make. That's why I prefer the natural world (older beneficiary)

I like being up high [when going climbing], I like seeing the world. I want to see it [world] as the nature intended it not as people in the world muck it up... I want to see it as it really is ... nothing's even being made by another person, it's what it is, you can't change that, it is what it is (young beneficiary)

Well actually there was one occasion we were out on a Nordic walk, it was a long time ago, before X joined us, when there was another leader, and we seen an orchid, a wild orchid, and we just all stopped and we were all looking and then we were looking for others, and it's quite amazing, it's quite child-like really, and it was just so wonderful and you see things and you think, look at that, look at the leaves on that, and 'oh look at that,' a dragonfly or some beetle or something, and as I say it's quite child-like you get that wonder (beneficiary)

Well it's where we're all one isn't it, regardless of the fact that we've got all this technology and all the rest of it, but we're still part of nature aren't we. (older beneficiary)

With regards to the psycho-physical value that local outdoor spaces provided, participants reported that local parks could be motivating places for physical activity especially for groups who lived in urban areas; the feeling of 'naturalness' provided by these green spaces, and the animals that inhabit them, was contrasted with the industrialised-urban 'artificiality' of the city:

I go to the park, I see squirrels running, I see birds talking to each other, they 'goo' each other, so it's nice to see them. It freshens your brain, it gets your cobwebs out (BME beneficiary)

We usually take the river trail ... well if you take the river trail it is quite nice ... The surroundings are important, if it is bad surroundings then you won't enjoy as much. I like the X park, there's some nice surroundings there and Y, some of the places are nice as well - the Z retail park... there's a hill there, very nice, we go there sometimes. I like hills, green space (beneficiary)

Many people actively sought aesthetic surroundings to engage with outdoor physical activity, where local urban green space was found to offer a sense of 'nature' (c.f. Barton *et al.* 2009). Many participants valued the sensory experience of their local parks and green spaces that preserved at least some elements of the countryside within the city. Because of the aesthetically-pleasing environment of the parks, some people actively chose to live near a park in order to have easier access and enjoy the 'feel' of the countryside close to home. Other participants were prepared to travel away from their home areas to a particular urban park that better satisfied their needs:

I live in X but here is water and big trees ... much nicer houses ... I am looking! ... Everything is nature, enjoy the nature (BME beneficiary)



As part of delivering activities in the outdoors, PCs reported that they tended to choose places of interest that were 'open' and away from the city centre. They sought out beautiful scenery, with little or no traffic, and a stimulating but safe environment. For many PCs it was important to select locations that helped people keep to a routine and provided consistency, thus encouraging beneficiaries to become independent and self-sustained in their physical activity. For some young people, it was considered important to choose outdoor locations that offered adventure and a more 'challenging' terrain. For those who might feel more vulnerable (including some women, older people, people with disabilities and mental health issues) a combination of safe, well-lit, flat paths with regular exits, was considered more important, although it should be emphasized that these groups are not homogenous and there were often found to be as many differences intra group as inter group. Projects often gradually introduced more challenging terrains to 'progress' their beneficiaries in their physical activity levels.



*A year previously, many of these participants would not have been able to complete this 3-mile walk across uneven and at times challenging terrain.*

As feeling safe was a key concern for many groups, indoor venues were sometimes used as 'starting points' before transferring the activity to the outdoors. Unfortunately, however, moving outdoors was sometimes the trigger to dropping out of the project altogether:

It's down next to the coast, so very cold and probably a lot more frightening, because you're not in a safe environment of being in the swimming pool (beneficiary referring to others in the group who had dropped out)

### **5.1.7 Time constraints on travel**

Time constraints often meant that doorstep locations were preferred locations as it was very difficult to find the time to travel further afield:

If it is too far then I wouldn't go even though I'd be able to pay, time is important for me, so when you have to travel far you spend that time travelling as well ... If you have to travel for half an hour then you have to wait for the buses, so an hour time is going into travelling and then one and a half hours session you are talking about 3 hours away from home, which might be a problem for me (BME beneficiary)

But because we're meeting here, maybe those people that live in X - who have got a 10 minute walk or more to get up to the meeting point, maybe some of those we've lost... (beneficiary)

For some rural-dwelling groups, seeking local venues may be more important than travelling away from their locale to access suitable paths and routes, due to time constraints and convenience:



*This is the X Buggy Walking Group walking from their village. Although there are no pavements or accessible public footpaths for buggies, the group still prefers to walk the lanes around their village than to drive to another more suitable location. Although MA arranges with this group to visit other locations for walks, there is always a better turn out for the local walk even if the route had been walked many times before. On this particular day there were 15 mothers and 20 children (it was half term).*

Easy accessibility of the venues on foot was signalled as a great advantage, particularly for those who preferred to stay near to their communities and local amenities, as participants noted:

I would like to find something there, a venue there, where people can just walk instead of using the buses. Just walk to the centre and do the activity.

People like to do stuff within their communities and within their community halls and stuff like that, and that's one of things I'm looking to work on with some of my other work, is going to be to bring physical activity programmes within community halls and local venues (member of BME organisation)

### **5.1.8 Sensory pleasures of the outdoors**

Engagement with the outdoors was reported to stimulate a range of senses, as has been noted in the research literature (e.g. Allen-Collinson & Hockey, 2009; Clayton & Opatow, 2003). Many of the MA activities actively cultivated a sensory connection with the outdoor environment.

It was also suggested that the natural environment brought aesthetic and sensory pleasures: 'seeing green', 'seeing plants grow', 'touching the soil', 'breathing fresh air', and appreciating the natural elements, for example:

Outdoor, fresh air, plenty of oxygen, greenery – I appreciate a lot (BME beneficiary)

I appreciate the colours on the tree, the flowers, different wild flowers have different colours, I love the violet blue, it is all nature, nothing man made.

[I like mountain biking] 'cause it's like, we like we get passed places – see things when you're up on the mountains and stuff... (young beneficiary)

I love nature and water, as a child I was born and lived in East Africa on the Indian Ocean only 10-min walk from the Indian ocean, beautiful water and water has always had some fascination to me ... This walk to the seaside ... I love nature, the singing of the birds like that cockerel - I love that (BME beneficiary)

For some, contact with the elements induced feelings of intense pleasure and enjoyment (c.f. Allen-Collinson, 2010), even excitement:

For me, not really no, do you know what, I really like it when the weather's really rubbish as well; sometimes it's just crazy, in the winter going up where it's really snowy or when the weather's really awful and the wind's howling

across and you're just basically having to hold onto rocks and not get blown off the top of the hill, it's brilliant, you just laugh and it's great. I just love it up there (young female beneficiary)

For those with **learning difficulties, sensory impairments and disabilities**, using the outdoors purposefully to stimulate a range of senses was found to be highly beneficial:

... a 5-year old came with a nurse, who had brain damage, and had a head harness on, so the poor little mite couldn't use his head, he couldn't speak and he was virtually blind. We took him out on the bike, fresh air on his face and the wind and he was screaming his head off with excitement! (volunteer)

Outdoors is good because you get the fresh air, you can see the scenery as well, and the good thing about when you're on that hill, you can see across and when you're going at a speed, the wind and everything, so outdoor is very important to me, it's very important to me. When I came down on Friday morning, I just felt like, this is a fantastic tonic, mental health, I haven't got a mental health problem there because you've got, it just blows it all away... (beneficiary with disabilities)

On the bike it's the wind and you're steering as well using your arms... (beneficiary with disabilities)

Yes, definitely. It is just the quietness of outdoors, birds and so on, because he loves the garden as well, playing in the garden, so he's got a big trampoline, he loves trampolining, and he'll just lie there for ages looking at the sky and listening to the outside, until a child cries or a dog barks, and then, 'a dog barking !' The only thing is the noise because he's noise sensitive. If there's lots of children shouting and crying and so on, that would affect him. He'd probably get upset over the noise, that's why outside, it doesn't echo as much (parent referring to young person with disabilities)

And participants also suggested ways in which this dimension of projects could be enhanced, ideally, for those with sensory impairments:

And again if you were planting it up you'd maybe even put little areas where you'd have bits of chamomile between the paving, so you're starting to get scents coming through, or, there are nettles along the side which they put their hands out and sweep out, but it would be lovely if you had things like lemon balm or lavender or eucalyptus, even trees that made certain noises, like beech trees, we went through a bit with beech hedges. In an ideal world you could really, really make it fantastic, and again, maybe having hedges, you're getting the light and dark patterns coming through, which is good for visual stimulation, you could have hedges where you have gaps so they get strobing effects as they're going along, that would be really nice (support worker/teacher referring to young people with learning and sensory impairments)

You'd maybe have different routes that you could alternate the groups, even in terms, because for them it's a way of learning, they're learning about shape and space and things like that, it would be nice, you could have different tracks. We take them down and go through the cones to give them the feeling of zig zag and different types of movement. So it would be nice if you were to make it, in an ideal world, if you were developing something like that, you would put in bumpy surfaces so you could go over the bumps, you could even because that would be nice, you could bring in anticipation, "right, here we are, over the bumps," maybe different textures on the track,

things, different movements... (support worker/teacher referring to young people with learning and sensory impairments)

Cosco & Moore (2009), *inter alia*, have emphasized the multiple benefits, including sensory and motor development benefits, that children and adults with special needs experience by engaging with the natural outdoor environment.

### 5.1.9 Freedom of the outdoors

Feelings of freedom in the outdoor environment were reported widely by participants. The freedom of the outdoors was also contrasted positively with the constraints of an indoor environment:

They just want that freedom, and they get it in a safe and controlled manner you don't have that freedom like you might have had before, because it's just not safe anywhere to have that freedom.

I think they like the outdoors and the freedom of it, and there's no real hard and fast rules. Like I say, we do set a standard and at the beginning of the sessions ... but it's quite laid back and easy-going and I think they feel comfortable with that ... I know we've got strict rules when you're climbing outside and inside, but I just think it's more free and open and not so contained (referring to young people)

It gives them more of a sense of freedom, being outside, as being cooped up in an indoor environment.

X again, when we try doing PE in the hall, he finds it difficult, because we have to sit on the floor, he won't sit on the floor. He finds it difficult because it's an enclosed space, he can't follow so much what the teacher's asking him to do, he finds that difficult. Y again, he's the same, he finds it difficult to follow instructions during PE lessons, so with us taking them out doing physical, we go swimming, cycling, it's still physical activity, they are following instructions from an adult but it's a different environment and they can do it. But as soon as we take them into the hall and expect them to sit, run round, stop, go, they can't do it ... When we take them out, they can do all that for some reason. I think it's because there's no pressure on them, there's no formal style to it  
(support worker/teacher referring to young people with learning and sensory impairments)

Physical, actual getting out and being physical, which a lot of children today don't have the experience of being in big open spaces, because a lot of their recreation is based around computer screens and television and the therapeutic effects of actually being out in an open space, it is a very calming effect, it gives time to think, to allow themselves, a lot of them are on sensory overload and even some of these learners are in sensory overload all the time, so again it's the benefit, just getting them out in an open space.  
(support worker/teacher referring to young people with learning and sensory impairments)

For individuals with **disabilities and/or mental health issues** who were accustomed to the controlled and potentially disempowering spatial context of an institution like a day centre or a hospital (see Roberts 2005 in relation to mental health and psychiatry), the relative freedom of the outdoor environment was experienced as highly positive and empowering, and the sensory stimulation was highly beneficial:

It's a sense of freedom isn't it? If you've got somebody, a service user that is constantly, I really must shake this word, institution, day care centre where they are in a very controlled environment, to go out and to be part of the great outdoors and the countryside, that's very, it's freedom, it can be very empowering and, even though they may have their care givers there, it can be very empowering... (steering group member)

It's just getting their senses working really. Often somebody who's institutionalised, they don't get out there, they don't smell so much and they don't touch things, it's to get the senses going and you can see the difference...

(activity leader referring to people with mental health issues and disabilities)

Some people, we have one client who comes down and doesn't do anything, apart from walk around, he walks and walks and walks around the gardens, backwards, forwards, all day, and that's all he ever does, he has no communication skills, he has a one to one permanent carer, but it gives, he seems very happy here. It's often hard to judge but he laughs a lot, he can laugh and smile, and he eats his lunch and he likes to drink everybody's tea. So could you define any benefit for him? I think you could, in the sense that he's getting fresh air, he's getting sunshine, he's outside, he's moving his legs - he's coming back and he keeps coming back. He enjoys it (activity leader)

For these groups, too, the spatio-temporal element emerged as important, so that service users felt more relaxed in the outdoor environment in contrast to the 'territoriality' of a day centre, for example, and also more 'socially mobile' in a particular sense:

They feel more relaxed, they've got their own space, you don't have to speak to anyone if you don't want to, there's no territorial feeling about your seat or place like you get in a day centre ... (project staff referring to beneficiaries with mental health issues)

She said [in a day centre], "If you've sat in someone else's place you feel like you've disturbed something, people get upset and want you to move, you've put your bag down, you can't put your bag down there because someone wants to sit there and, everybody sits in their seats and doesn't move. If they want to talk to each other, you just talk to the person next to you or shout across the room," so people get quite territorial over their own sitting space and won't move, even to socially interact, whereas with outdoor activity, you're always moving about aren't you, like moving in between different people ... Like big day centres and I mean people are very territorial, if they have a break everyone will go and sit on the same tables or stick with the same groups of people. There's not much opportunity for mixing with different people then I suppose (project staff)

I think it does break down [barriers], people do have to think differently when they're in an outdoor activity, to the way they are in an institution, it's just, you just have to, you haven't got the same things to hold onto like your chair and your cup of tea and things. So I think it probably does break down barriers but then those ones that enjoy the institution and are quite attached to it, probably wouldn't enjoy the kind of fluidity of a walking group, where they don't know who they're going to meeting or talking to or what exactly they're going to encounter... (project staff)

A beneficiary with a learning disability due to an accident had been in hospital for seven and a half years. S/he was independent but with some mobility problems, and also

suffered from back pain and used an inhaler. Previously s/he had been very active in cycling and summed up the benefits of the outdoors succinctly:

There are trees and leaves – isn't it great!?

The variety of environments and activities made possible by outdoor locations was also highlighted as important for disability and mental health groups:

I don't necessarily think to him personally it matters, indoors/outdoors, I think as X said, it's the activity, the ones that we feel he would enjoy most happen to be the outdoor ones. The indoor ones I think, our opinion is that there wouldn't be that much internal motivation for him to access them in a gym ... the indoor activities, his concentration would wane quickly I think, whereas with the outdoor activities there's a variety to it... (parent referring to young person with learning disabilities)

Different views, mountains, rivers, waterfalls, nature, different trails all the time. Everything's different when you come, nothing is the same every week. It's sort of, you've got a difference every week (beneficiary with mental health issues)

Outdoor sensory experiences directly shaped people's feelings of health and well-being. PCs noted that in their efforts to promote the outdoor green spaces to their beneficiaries and convince them of the benefits, it was sometimes difficult to describe just how the 'natural' environment could enhance wellbeing:

Unless you've had these experiences it is difficult to convince people that nature will give you well being!

#### **5.1.10 Becoming an 'outdoor person'**

For those beneficiaries for whom the outdoors was not previously a familiar environment, the MA Programme had introduced them to a whole new environment, which enhanced the experience of physical activity:

Interviewer: You mentioned that you've never been an outdoor person. Has this changed with your involvement with the project?

Participant: Yes I think it has.

Interviewer: How?

Participant: Just as a desire to do more outdoor things I think, to do more difficult walks, I don't think I will ever become a camper, I don't think I would want to go that far, but the walking and even graduating from easy walks into what the Ramblers call moderate, which are 8 and a half mile walks, which can be quite strenuous I think, a normal person would probably say that's not moderate, it's probably harder than that, I wouldn't mind doing that, but there is a limit to what I would do I think. But the exercise being outdoors on a beautiful day, taking in the views that you get from the mountains and so on, is all good (beneficiary with mental health issues)

#### **5.1.11 Appreciation and conservation of the 'natural' environment**

Feelings of wellbeing in relation to the outdoors were found to be developmental, acquired and learnt progressively. The management of beneficiaries' comfort zones as they acclimatised to the conditions of the outdoor environment was therefore an important factor. By 'using the senses' in the outdoors, projects sought to cultivate a

connection with the outdoor environment rather than merely emphasising the health benefits of being physically outdoors. In this area in particular, the interconnectedness of the 'outdoor' with the 'natural' environment was particularly salient. Cultivating a connection with the environment also involved cultivating 'appreciation' and learning:

Really, my biggest challenge is trying to bring out the environment and biodiversity and conservation area. When people are walking, I'd like them to be aware of sceneries and landscapes of Wales, like learn to respect, and [manage] litter issues and things like that. How do you manage? How do you give respect to the pretty countryside? It's not only going outside and taking exercise for the sake of health and well-being but it's a holistic approach! (steering group member referring to all target groups)

Botanically speaking - the plants, because I don't know what they are and I want to know what they are and why they grow in such a way that they grow, why do some grow bigger than others when they're the same species, things like that, that I think I can find that out and I do, and that's, that is why I've been interested (older person)

I appreciate what we've got and we should take more care of it because what really annoys me is when you're going on a nice walk and there's all this litter, that really gets up my nose that does. It's just laziness (beneficiary)

There was certainly evidence that people were developing such appreciation of, and responsibility toward the outdoor environment and were actively involved in conservation as an integral part of being physically active in the outdoors. Cleaning up and improving the environment, in particular, generated a sense of achievement, as two young people noted:

I enjoyed like, we cleaned out a - there's a local stream by me - by X - and at the back of the allotments, and we cleared out all the rubbish, things like that, moved all the glass, plastic, things like that, and we done it in X as well (young beneficiary)

I like doing that [clearing rubbish] because it creates a view for someone, instead of looking at an old car tyre and loads of carrier bags, they're looking at a brook, it's just clean and kids could swim in it, nothing like big tyres, rubber tyres rotting away in the ponds and stuff. That's the main thing is cleaning up there (young beneficiary)

Developing an appreciation for conservation as part of being physically active was found to depend on a range of factors, including project management, the types of activities organised by projects, the type(s) of target group, the way in which projects promoted their activities, and the availability/accessibility of appropriate outdoor locations. When people worked in and with the environment, for example in gardening and allotment projects, it was reported that this generated a sense of achievement, responsibility and ownership of the outdoors, in particular of 'green space'. An example frequently cited was the cultivation and care of plants:

Watching things grow, all the flowers and vegetables grow... (BME beneficiary)

It was an opportunity we could go out and - digging, planting...here you can't dig, nowhere to dig, so this satisfies a need ... I love plants, you feel, oh God, so beautiful, the plants grow so healthy (BME beneficiary)



*Some of the participants (volunteers) collecting invasive plant species from neighbouring fields. By doing this, the participants helped the environment and spent the whole session walking around and pulling up the invasive plants. The participants wore pedometers and at the end of the session were surprised at the amount of steps they had taken during the activity.*

As a result of this engagement, some beneficiaries became more aware of their environmental responsibilities, as a young person noted:

We haven't been changing anything, we've just been making it better - we have. I think that people just make it worse for other people - I don't think that's right cause it's like me being knocking down the house so other people can live there, is not fair on that person's house, same with the animals ... Making bird houses 'cause to me bird houses, you got to cut some trees, why do you need to make bird houses when you got birds to live in a tree? Then you use the metal which is also affecting the environment, so I don't think there is a need to make bird houses (young beneficiary)

This enhanced awareness was reported as a motivating factor for sustaining outdoor physical activity. Such relationships between 'nature' and physical activity are reflected in the research literature, where Stone (2006: 1111), for example, argues that: 'There is a physical exercise benefit to active participation and involvement with nature'. Health and the natural environment are perceived as interdependent and thus the sustainability of public health is inextricably linked to the sustainability of the natural and wildlife environments (Stott 2000).



## **5.2 What are the disadvantages (of an outdoor location) and how are they successfully overcome?**

### **Summary**

*Whilst participants did indicate some of the disadvantages of the outdoor locations, they were not always able to identify how these had been or could be successfully overcome. One of the principal disadvantages of the outdoor location was reported as exposure to (poor) weather, and the provision of well-designed, outdoor, covered spaces was suggested as a means to overcoming the disadvantages of outdoor physical activity in inclement weather. Accessibility problems were again highlighted, particularly due to poor transport provision, but also due to fears of trespassing on private countryside. For some BME groups, there was a fear of racism and victimisation when out in the open countryside. For some BME groups also however, being away from 'surveillance' by members of their own community was seen as an advantage of physical activity participation in the 'wider countryside', in contrast to being in the outdoors more generally. For some older people, disability, and mental health groups, difficult terrain was indicated as a great disadvantage, leading to fears of falling. For some groups, moving immediately to the outdoors was found to be too challenging and problematic. So, for example, for those with disabilities and/or mental health issues, accessing rural areas and the wider countryside was seen as too challenging as a first step; a problem that could be overcome by providing local 'transition spaces', such as an outdoor garden or local park in order to 'acclimatise' beneficiaries more gradually to the wider outdoors.*

### **Key points:**

*Role of the weather and need for 'weatherproofing' some activities, including moving to an indoor location, if feasible*

*Accessibility of the locations and trespass anxieties*

*Difficult terrain considerations for some groups - elderly people, those with disabilities*

*Use of 'stepped' transition activities and locations*

### **5.2.1 The weather**

As noted above, the weather proved to be a key variable in people's experiences of outdoor activity, and one of the greatest disadvantages of the outdoor locations was highlighted as the unpredictability of the weather, which often made it challenging to plan and deliver activities:

I think it makes it a little bit harder because I think indoor climbing is a little bit more accessible, and also indoor climbing is steady, it's regular, it's the same routine, whereas outside, I could be ringing the support workers at half 10 in the morning saying, "sorry change of plan, we're going to have to go inside because of the weather" and that throws their routine out a little bit then (activity leader)

One means of reducing the detrimental effect of inclement weather conditions on activity participation was suggested as the provision of well-designed, outdoor, covered spaces; areas which are open but sheltered, for example by a roof. These kinds of spaces were considered of great potential in motivating the engagement of greater numbers of people deemed 'hard to reach', and also in sustaining their engagement over the longer term. One participant described the kind of weather-friendly 'playground', which would be relatively cheap to install and be readily accessible at the local level:

It's like playground equipment but older people use it as well ... I've seen videos and pictures and stuff in Spain, fantastic, and they all come out and they all take part. But if you did that in this country, unless you had a structured session for them to come along and take part, it would be great ... even if it's open with no sides and just some sort of roofing structure. Well then it provides a huge amount, and more opportunities for it to be used, rather than just sitting there, rusting away and getting vandalised ... If you spend ... whatever money it costs to put a roof on something like that, well it would be used infinitely more ... We live where we live, and there is a lot of rain and bad weather, and we need to not just have multi-million pound leisure centres, and this is unfortunately what tends to happen, we're building bigger and brighter new leisure centres for millions and millions of pounds and close all the smaller ones, and people aren't going to be prepared or won't or can't travel to the bigger ones (service provider)

These kinds of outdoor, contained spaces with roofing could, it was noted, house outdoor fitness equipment specifically designed. The advantage of such 'indoor/outdoor' spaces is their boundary-crossing nature: they are spaces with a 'feel' of indoor enclosure, safety and protection from the natural elements, but they also provide the experience of outdoor activity in the fresh air. Furthermore, these 'playground spaces' provided a venue for offering structured activity sessions, which were considered to be more motivating for some target groups that are less self-motivating or physically pro-active as others. It was considered that these kinds of local outdoor spaces could encourage groups that were less socially mobile and socially-included to engage in outdoor activity, such as socio-economically disadvantaged groups, which found it difficult to afford expensive leisure centre-based activities.

Similarly, having an indoor option in case of inclement weather was signalled as a good solution to problems of unpredictable weather conditions:

You can work inside in the poly tunnel. We go in there to work when it's raining (activity leader)

The most severe disabilities obviously X [hospital] and Y [hospital] and a couple of the individuals that come down... they're fine because they're physical enough to be able to keep warm, whereas people in wheelchairs get very cold very very quickly, so that's a barrier. This is where it'd be nice to have a classroom or, if we had Z here, which hopefully we will this winter, we'll be able to, I'll be able to do sessions in there and do teaching sessions, the day's meant to be shorter but we can still find things to do (activity leader)

As noted earlier, consistency and predictability of provision were very important factors in supporting behaviour change, and for many participants cancelling activities due to inclement weather conditions was noted as highly de-motivating:

I never say we'll cancel because of bad weather, so that's probably one of the most important things to try and stick to I think because once you start cancelling because of bad weather, everyone will stop coming. And I always say we're still meeting, even if it's tipping down with rain, even if there's snow and ice we'll still meet up and do something, so that's probably the main way I've tried to overcome it, by emphasizing the social side of stuff, so at least people meet and their routine doesn't change too much, it's up to them whether they come or not isn't it, but I always say that we'll meet (project staff)

### 5.2.2 Accessibility problems – transport

One of the main disadvantages of many outdoors environments, both urban and rural, was reported as inaccessibility due to a lack of transport infrastructure. Beneficiaries living at a distance from the activities and without private transport or accessible public transport highlighted how they found it very difficult to engage and then sustain engagement without private transport:

I would not be coming [to the activity], because... it's four miles for me just to get to town, and that's without going down to X [where activity takes place], and that's probably about another four miles, I'm not sure on distances and I'm not a geography expert, but I know it's four miles from here to town, and I'm sure it's the same from town to X ... Definitely, I'm out in the sticks. I would not be able to get where I am without a car, without Y coming up to pick me up (young person)

For **disability** groups, this could be a particularly difficulty barrier to engagement:

Well if I can't access anything, X [place] and stuff because as Y was saying, there's a great cycling path in X but you can't access it ... you can't take the bike I'm on there. There's only single bikes there because when you go through the bollards or something the bike's too wide ... it's only for 2 wheeler ones go there (beneficiary with disabilities)

Not to X [person with disability] so much, probably to us [carers], we want something that's a bit more central to get to, we don't want anything too far out because it all becomes a big thing with expense. There'll give us so much money to use our cars to go to places but if they're too far out of the way then you can't do it can you. So anything that's quite central to X, Y is as far as we'd want to go outside of X really, that's the furthest that we'd want to go because everything is down to cost again, and the council will only pay us so much to go so far. To Y we can't specifically get a bus there, so that's down to us taking our own car (carer)

The lack of safe walking paths and cycling routes was also reported as a concern for many, although specific cycle paths were not always thought necessary if other safe roads were accessible:

No...we have back roads only. We go to little places on the X but [we have] no bike rides [routes]. I do go for walks with my dog but nothing else...



But you don't even have to have a cycle route, you can just go, because lots of the back lanes are very pretty and stuff so you can just cycle along them.

The availability of appropriate transport to facilitate mobility made both doorstep and the wider countryside feel safer, and therefore more desirable venues, for those for whom safety and security were important:

Definitely cycling, the best part that I like is while exercising, I am taking fresh air and especially in X they made it such a way the cycling routes that both the sides you see the greenery and the river passing on your left side when you are cycling and those places are so safe and secured ... everybody is taking care of each other. Even if I lose my way if I ask someone, someone guides me, it's very safe, secured (BME beneficiary)

Furthermore, outdoor locations with safe walking paths and cycle routes were often more attractive to those less experienced in the outdoor environment.

To overcome transport problems, some projects invested in the physical upgrading of their activity venues by improving the infrastructure and for example constructing paths for wheelchair users, refurbishing playgrounds and providing playground accessories to meet the specific needs of their target group/s:

Well certainly the ramps are something I've had experience with because it was only just put in recently. I actually think that if you look into the future and what's going to keep people active longer, I actually think that's probably been quite a good investment (project staff)

### **5.2.3 Accessibility - private land and trespass fears**

One of the disadvantages of undertaking activities in outdoor countryside locations was noted as people's anxieties over where it was safe and acceptable to walk, particularly in relation to private land, as two beneficiaries discussed:

Participant A: You have to walk on private land so that would be a difference to walking in the city where there's more parks and things.

Participant B: I think we've got plenty [walking paths], and even if you stray from the paths or you want to go, most of the farmers or the land owners or anything round here, providing if you do the, if you find gates open, if you leave them open, if they're shut, they're shut, and providing you treat the property with respect and things, I don't think any person would send you packing from doing, and the fact that if you meet them you explain who you are and what you're doing, and ask if it's alright. Because I know several people that this place at the back, the farmer here, he doesn't mind if you walk, but if somebody was to walk past him and ignore him and, then he'd send you packing, and rightly too, but if you come across somebody when you're walking and say, 'Well I'm sorry I might have strayed from the path, am I alright here, is it OK to walk here?' but don't you think the majority of people around here in the country would let you do it and continue to do it providing as I say, you shut gates or leave gates or do whatever you're supposed to do with gates. I think if you find a gate open you leave it open, and if it's shut you make sure you shut it, and providing you're not climbing trees and damaging people's property, I think most people, I've never been stopped round here, from walking on various people's land or taking a short cut or having a wander around and trying to find new walks and end up on somebody's property you're not supposed to be on, but you don't know all

the walks; sometimes they're not signposted so, I don't think we're restricted ... If you're prepared to just walk and find places.

Participant B: And explore it and see where the land leads you; if you end up somewhere you're not supposed to, you get out of it.

#### 5.2.4 BME issues

For some groups, one of the disadvantages of venturing into the outdoors, especially into the wider countryside rather than to doorstep locations was the higher risk of social victimisation, even physical abuse. The challenges faced by women venturing into the 'public' outdoors, both urban and countryside, have been highlighted in the research literature (see for example, Allen-Collinson, 2010; McDermott, 2004; Valentine, 1989; Wesely & Gaarder, 2004). Here we focus upon the challenges faced by **BME women** in particular as this was such a salient feature of participants' accounts.

I think it's just that thing people want to be with their own, people want to feel comfortable, as soon as you take people out to nature there's no, those communities don't live in those places and I think people feel that, even though nothing is gonna happen to them - things have changed a lot - I think there's some deep psychology going on with it all ... I wrote about how X communities don't get out to nature and one of the people that I work with s/he's never been out in the countryside of Wales ... I think there's still a lot of racism in the UK and I think what happens is people staying in the city 'cos its where their communities are where they feel safe and I think as soon as they go out they're like aliens and I had this all my life ... So things are changing people are going to nature but there's still a lot who will not go out or don't go out, they just stay in the house, a lot of communities are based in family and home ... (BME activity leader)

It has been argued that the countryside is popularly perceived as a 'white landscape' (Agyeman 1989; Agyeman & Spooner 1997: 197) and that racist attitudes exist both in and around the countryside (Cloke & Little 1997). Both direct and indirect racist attitudes have been found to have negative health consequences for minor ethnic people, including 'poorer physical and mental health' (Karlsen & Nazroo 2002, p. 17, cited in Wray 2010, p. 163). Further, it has been suggested that people in some ethnic groups anticipate abuse or 'unacceptance' in the countryside, which works to discourage them from using the outdoors for recreation, despite not having directly experienced abuse or 'unacceptance' themselves (Malik 1992). Consequently, people may opt to stay within their urban communities preferring local parks, for example, to the wider countryside. Conversely, some of our minority ethnic participants reported actively enjoying venturing out in the countryside precisely because it was 'novel' and interesting:

[We prefer to] go for trips because again you want to experience new things ... Oh fantastic! For some people that would be the talking point for years - you know the X trip, people were so happy, I was surprised (beneficiary and interpreter)

Interestingly, people also preferred to travel away from their doorstep locations, precisely to have the freedom to 'get away' from their local communities and not feel subject to their scrutiny:

And some people don't like to go to near places because they know people who know them... (beneficiary)

They said the fact that we could do this is because we know nobody from our community will see us here because we are basically two miles away from where we live! And nobody is going to see us... (project staff)

X is a very tight community with its advantages like people support each other, and disadvantages like can't get away from people (Welsh beneficiary not in a BME group)

It was reported that outdoor spaces offered the social space for ethnic individuals, particularly women, to claim their own personal identity as distinct from their social identity as a community and/or family member. Because some communities were very 'close knit', socially and culturally, culturally-appropriate behaviour was often expected or even strictly enforced by other members of the community. For some people - BME women were particularly mentioned - this could discourage their participation in physical activities of their personal choice because these activities were viewed as encouraging 'immodest' behaviour. In other cases, members of the community were perceived as being 'judgmental' and 'off putting' to beneficiaries, who consequently preferred to engage in physical activity well away from doorstep locations, where they felt too visible.

#### 5.2.4 Difficult terrain - older people, disability, and mental health groups

Another disadvantage of the outdoor environment was reported as the hazards of the terrain and the general environment, particularly (but not exclusively) for **older people**, for whom falls were a particular concern. As has been noted (WHO, 2002), a key discourse within 'active ageing' and health promotion generally is that exercise may help to prevent falls, a major cause of disability among older people. For older beneficiaries, however, the hazards of uneven and/or steep terrain ranked highly amongst their concerns:

As long as it is flat I don't mind. What I don't like is going like a steep area where there is pebbles around there, I don't like the pebbles ... my stomach was going upside down, I feel so uneasy - I fell so many times - once you fall your body is hurting and when you go home you do suffer with the pain and then you can't do stuff, you feel too tired, uneasy for your body ... I am always scared [of the hills] ... you start worrying about yourself, I would like to get there but what if I fall, I don't want anyone to look at me laughing - I know they wouldn't laugh but that goes in your mind you don't want to get embarrassed - more concern about it and you don't want to make them worry either (60s)

Only some places I don't like, like elderly people like me they don't like to walk up and down, hills or cliff or rocks, sometimes we get frightened to go up and while getting down we get frightened that we may fall down - not muddy places, muddy is slippery - takes a long time to recover ... and elderly people get that type of phobia. (late 70s)

If I slip there's nobody to look after me... (80s)

I don't like the river, I mean I don't mind the surrounding is a river but I don't like to cross the road ... I don't mind [the scenery] just walking straight, not steep - nothing. (60s)

Fear of falling and injuring themselves, especially for **older people and those with disabilities and mental health issues**, was reported detrimentally to affect motivation and thus constituted a significant barrier to engaging/sustaining engagement with outdoor activity. Steep and uneven surfaces, in particular, triggered anxiety. Fear of falling often stems from past experience and can lead to additional psychological distress and an undesirable loss of independence (Yardley, 1998). For some individuals there was also the additional fear of losing their independence and lacking social support.

Just hills. Hills are bad aren't they? If you're participating in something... (beneficiary with physical health problems)

Only walking but I walk by myself with a friend, I don't like walking in woods and in forests because it's all uneven land, if I walk, I walk on pavements and concrete but I wouldn't go on walks they [Mentro Allan] design, a bit too hard, too heavy... (beneficiary with mental health issues)

Has to be flat, most people [with disabilities] are not very mobile (carer)

Caution is, however, needed in generalising about the preferences of these particular groups, for people also reported enjoying the challenge of more demanding and 'adventurous' terrain:

[I like it] Because it's not all on level ground, I like a bit of hill, and we really take the hills at a pace really, it's not an amble really is it, we go out with serious walking in mind (early 60s)

But we quite like the fact that it's moderate walks on fairly good pathways and things like that, because your legs and knees go when you get older. So we just need that bit of stability, that's what we like (older beneficiary)

### 5.2.5 'Stepping stones' to the wider outdoors

For some groups, moving immediately to the outdoors was found to be too challenging and problematic. So, for example, for those with **disabilities and/or mental health issues**, accessing rural areas and the wider countryside was seen as too challenging as a first step; a problem that could be overcome by providing local 'transition spaces', such as a garden in order to 'acclimatise' beneficiaries more gradually to the wider outdoors. The (eco) therapeutic effects of gardening for people with disabilities and mental health issues have also been well documented (see for example, Diamant & Waterhouse 2010; Page 2008; Stoneham et al. 1995). As an activity leader pointed out:

Well I think with the forest school and their outside education, it's people who are already able to go outside and feel confident there, and I know that forest school also do that wonderful, there is an approach that you have where you're doing small steps for everybody, so that they become confident being in the woods, but to initially get new people coming in, and people who are maybe used to being in a town, it's a step too far sometimes to go to the woods so for the garden it's been great; I've had people saying it's the first time that they've ever planted anything and they're in their twenties, and that, it's wonderful to have that happen (activity leader referring to young persons with mental health issues and with learning and physical disabilities)

Similarly, some **older people** were considered to benefit from stepping stones in the form of preparatory training in order to feel confident in engaging with the wider outdoors. What was found to facilitate the combination of indoor/outdoor activities was the training of instructors to lead activities both indoor and outdoor:

We trained both of Fitness Extend instructors to become walk leaders. Because originally they were just specifically Fitness Extend, but what I had to do was, "Look this is my plan, I want to obviously, we're not going to get them to go out straight away," because that's not how it works with some older people, they're quite set in their ways, but if we start them off with this, then we can move on to this, and obviously your responsibility as a paid Mentro Allan is to try and take them out, once we feel they're ready. (project staff)

They now do their activity in, it's called X which is a big leisure centre, but now it's like a council based, but it leads on to a lovely field and walk into a park, so that was perfect (project staff)

As a beneficiary with a mental health issue noted, indoor walking was a good precursor to outdoor walking, which was seen as 'proper' walking:

I think to start off with, it made me enjoy doing the walking because doing like I usually did about 10 minutes on the walking machine, but it's not the same as doing a proper walk.

Furthermore, some projects utilised indoor places in combination with the outdoors as starting points for people to engage with outdoor activities, gradually shifting into the outdoor environment.



*The use of an indoor climbing wall enabled these women to organise the same evening each week, so that they could participate in an activity regardless of the weather. Tea and coffee facilities were available so that they could sit down and have a break from the activity whenever they wished. This was effectively used as a gradual 'stepping stone' to outdoor climbing.*

### **5.3 What role does the outdoors play in helping people sustain their change?**

Clearly, this particular sub-question overlapped considerably with the first sub-question of KLO3 in participants' minds: How does an outdoor location improve the chances of behaviour change? Participants therefore sometimes conflated the two questions. Again, from a qualitative perspective, it was not possible to attribute causal mechanisms to the role of the outdoors in helping people sustain a change in behaviour, but we could explore in-depth participants' experiences of the outdoors and how they reported these as influencing sustained behaviour change.

#### **Summary**

*The role attributed to the outdoors in helping people sustain behaviour change varied widely, often depending upon people's actual motivations to sustain their engagement with physical activity. Again, the complex relationships between 'outdoors', 'natural' and 'countryside' environments came into play, with participants sometimes conflating these different elements. For example, for some people it was the 'natural environment' that acted as a positive motivating force, rather than the 'outdoor environment'. For some participants, being outdoors was of no particular significance, whilst others found that the 'open countryside' location enhanced social interaction and inclusion. The aesthetic and sensory elements of the outdoors were again emphasized as beneficial in helping people sustain behaviour change, as was the outdoors as a learning environment, and a 'healthy space'.*



**Key points:**

*Open countryside as enhancing experiences and social interaction*

*Aesthetic and sensory experiences in the outdoors*

*The outdoors as a 'healthy space'*

### **5.3.1 Outdoors as of no particular significance**

The impact of the outdoor environment was reported as of no particular significance for some individuals, who reported being motivated to participate in an outdoor activity because of the social element rather than the outdoor location. Similarly, for those who were more 'health conscious' and motivated to 'keep fit', such motivation was not particularly related to being outdoors or indoors. For some beneficiaries, both indoor and outdoor environments proved enjoyable:

It doesn't matter, he enjoys both [indoor and outdoor]. The outcome for the rest of the day is the same, he's still chilled out for both ... for him as long as he's doing it he's happy (carer referring to person with learning disabilities)

For many people living in rural areas, it was reported that the outdoor location held no particular attraction in a way that it might do for city-dwellers, because rural-dwellers tended to take the local outdoor environment for granted or see it primarily as a 'tourist attraction' of no relevance to the rural-dwellers themselves:

It's probably more of a doorstep opportunity in X, although it's probably not used by local residents, it's primarily seen as a tourist thing...

For some people, the outdoor environment had primarily a functional purpose rather than a recreational or health-related purpose. PCs reported that some people chose to walk to the countryside in order to shoot or hunt, the 'walking' therefore being undertaken for instrumental reasons rather than as exercise *per se*. For others who had grown up on farms, physical activity in the outdoor natural environment represented 'work to survive' rather than a form of leisure or a health-promoting activity. Others with farming backgrounds stressed that they were keen to conserve the natural environment and to appreciate it for its beauty but did not necessarily consider their activity as 'exercise' with health benefits. Rather, outdoor activities provided an opportunity to be outdoors rather than indoors, where they could 'work' on something, see it develop and experience a sense of achievement.

### **5.3.2 Enhanced social interaction and inclusion in the 'open countryside'**

The outdoors did, however, play a key role in helping sustain change by enhancing social inclusion and providing a space more facilitating of social interaction than did indoor venues, according to our participants. For, when outdoors and away from familiar surroundings, it was considered that this created tighter group cohesion, given that group members were more dependent on each other and 'looking out' for each other away from home locations. It was suggested, for instance, that **young people** preferred to venture outdoors within a group and felt more reliant on each other because they had to work tightly as a small team in more challenging environments. It was also argued that the social element of outdoor activity was enhanced in outdoor countryside locations:

Yeah. When I'm out and about it's a bit different, and the people are different. You notice when you're working with people, there's a lot more happier people, it isn't even a case of happier people because we've had, they all know life's stressful and I don't know, the feeling's different when you're

talking to people, it's a different approach to conversations, you're talking about the different things (young beneficiary)

Another beneficiary similarly commented on the difference in social interaction between town and country:

No matter what group I've worked with when I've been outdoors you see the difference from the attitude, whereas if I'm talking to someone down in town, I've got to draw a line in conversations, more often than not I've got to walk away from the conversation or I've got to walk away from the whole situation, just because I'd be totally uncomfortable... (young beneficiary)

Some considered that people with **mental health issues**, suffering from depression, anxiety or claustrophobia could be more comfortable venturing into an open countryside location where they 'can have space to think and get away from their own troubles' as opposed to an indoor or doorstep location (see also Burns *et al.* 2009). All these factors were likely to assist in sustaining engagement with behaviour change over the longer term.

For **young people** in particular the social inclusion element was highlighted, so that the outdoor environment provided a forum for young people to feel part of a community:

When X and I looked at the site we wanted to provide an area that was very inclusive with the young people ... Well just to have the right kind of views really that people embrace, that the young people are part of the community and that they're not people to blame ... We cleared an area prior to the X pitch, and the garden, you see wood chippings on it and a bit of meadow, that whole area was covered in rhododendrons and we chopped them down, and the 2 young offenders got quite involved in that, so that was really important, because those 2 kids, one of them has been in prison for petty crime and he is probably one of the kids in the community that is seen as someone to blame... (activity leader)

Similarly in relation to **mental health** groups, outdoor activities could provide a forum for 'outsiders', including potential employers, to meet and engage with those with mental health issues, helping to break down social barriers and to tackle prejudice, stigmatisation and discrimination:

I personally feel a lot more people from the outside of mental health could be integrated into these projects for educational purposes, basically get may be companies involved, they could come out for a walk with us, just to discuss their company and things like that, with the people on the floor, to give people an insight into a different type of, because we spend so much time, well I do I spend so much time in the drop in year and spent so much of my time with people suffering mental health problems, I fail to recognise the people outside who haven't experienced it, and it's only the odd occasion where somebody from the outside world has come into the group and decided to take the walk with us, we actually found that out, but if we could get companies involved and maybe them educate us about their company, we educate them about mental health, it could bring a bigger understanding throughout the communities, in the corporate world, for them to have a better understanding of people suffering with mental health problems, and also maybe give people an opportunity for job advancement or something like that, in that way, if we can get companies involved, I think you're opening more doors for people suffering with mental health so they can understand people with mental health, so I think that could be a good way to move in the future, is getting corporate, bringing in the corporate as well, to invite executives from companies, directors from companies, to come on

these walks, so they can get a better insight into mental health, so they can have a better understanding for their workforce who suffer mental health problems and can see the bad side of mental health portrayed in a good way ... (beneficiary with mental health issues)

Gives people a chance to have an insight into mental health which is unfortunately lacking - the stigma about mental health needs to be put clear and set straight, and projects like Mentro Allan are a way forward because it shows a positive side to mental health, a very positive side to mental health and I think it's what's missing in this country and it's well needed. (beneficiary with mental health issues)

A form of 'community bonding project' was suggested to facilitate understanding and integrate those with mental health issues into the wider community:

So it would be nice to see corporate worlds, and maybe even get people like the police involved, the ambulance service and the fire service, so we can get to know who's in our community and they can get to know us as well (beneficiary with mental health issues)

### 5.3.3 Aesthetic and sensory elements

As noted above, participants highlighted the aesthetic and sensory role of the outdoors in acting as a key stimulus and motivator for those who need something more than fitness reasons in order to sustain physical activity over the longer term:

The outdoors is a bigger experience they said, and I think that ties, seeing wildlife, seeing the changes in weather, or the effect that weather could have on an environment, seeing trees swaying in the wind or whatever, it's more of a sensory experience I think ... You might see a bird or you might be listening to a stream, all sorts of different things, but you're constantly being bombarded with stuff, your senses are stimulated (project staff)



*This Tai Chi group thoroughly enjoyed the Away Day. The group expressed how enjoyable it was to participate in the activity in a different environment and to experience the different senses they felt when the class was held on the beach.*

For those with **sensory impairments and disabilities**, the outdoors provided an excellent forum for a wide range of sensory experiences (c.f. Burnsa *et al.* 2009), sensory learning and development, somatic pedagogy<sup>2</sup>, and for extra-linguistic forms of communication:

Particularly with this group, you would struggle to engage them with cause and effect, even in the sensory rooms using, you're trying to get them, for

<sup>2</sup> Teaching (and learning) with and through the body

them to form a perception they have to have lots of different senses, and they're at the stage where they can't even form perceptions and for them to form a perception, or for them to have a concept, they've got to have lots of different perceptions, so they're right down at that low level, and it is really hard to provide opportunities that will be a catalyst for learning to take place. So in terms of our alternative curriculum and things we do, cycling is one of the best for them, and particularly as I say, for that level. Even the boy who has no vision, no speech, no body tone, for him the sense of being sat in, and ok, he can be pushed round in a buggy, but free-wheeling movement you get on a bike is different to a buggy, it's a different sensation, and if we could get his posturing right so that he was comfortable, the fact that he can be out feeling the sun on his face, hearing the sounds outside even, is all the senses, he's having so many sensory experiences, that is fantastic for him, you couldn't plan to provide as much learning for him as he gets when he's cycling (support worker/teacher referring to young people with learning and sensory impairments)

Other learners we have, a lot of this group, they are very passive in their learning. One of them won't move, she won't actively pedal the bike or hold on, but she absolutely loves sitting in the bike, feeling the wind on her face, the wind moving her hair, and for her, she doesn't really engage much with adults, unless it's on her terms... (support worker/teacher as above)

I wouldn't have known how to teach a child that doesn't communicate, how to steer, but now I've realised it just happens, if you do it, it happens. likewise pedalling, he's also picked up the fact, he's not pedalling, because i try not pushing, he's not putting effort into the movement, but he's allowing his legs to go round in the pedalling movement, and if we go faster, he actually does move, obviously his feet are strapped to the pedals so he's got to move faster, but there's a sense, you can see he is joining in with it, and although i don't think he would have the strength in his legs to push down and the coordination, but of course, if you keep doing it, it will hopefully come. So for him that's a huge thing, because as a learner in the classroom, he doesn't engage, a lot of his learning has to be directed to him by the adult, he doesn't actually do things that allow him to learn, things like play and what have you. He's maybe at the threshold of that, and doing things like cycling is an ideal way to get him to engage in an activity, where he is actively learning, because you say, there's lots of areas of learning just in that one comment using his arms, steering, even following as well, learning to look, because a lot of our, they don't necessarily use the sense of vision in the same way we do, so on a bike, and going along a path in motion, that's helping their tracking and movement skills as well (support worker/teacher as above)

#### **5.3.4 The outdoors as a learning environment**

For **young people** and those with **learning difficulties and physical disabilities**, it was noted that the outdoors could be conceptualised as a great learning environment, an extension to the classroom:

It's extension in the classroom, cycling on there, so like we have at forest school, we have a classroom, so that we can go round the woods and look at things and then go into the classroom and do this sort of thing. We could do the same there, so the whole session, one of the session cycling, the second half could be, "right, we're going to go into the classroom, we're going to draw pictures or discuss the bike, or how did it feel, whether you were trying to get up that big hill," but that would be an extension for you to think about

in future (support worker/teacher referring to young people with learning and sensory impairments)

And could link with the school curriculum, particularly in relation to physical education:

It's like bodily awareness as well isn't it? We've done it through physical education where you do pulse and how you feel, and then linking it to well-being activities, "alright, now I'm tired after the exercise, I will build another well-being activity in." I don't know if I told you about the sort of therapies and the sensory elements of it. So you could come back and you could do relaxation techniques, "right, now I'm tired, now I've used all my physical energy, I can be relaxed," because relaxing's one of the hardest things when you have autism as well isn't it. Because that's how to feel relaxed, so you could build that in. If you're tired after cycling, and now I can learn relaxation techniques. It's all about how we link it to their curriculum and it all pieces together ... having an indoor place on the site, where you can do that straight away ... we could have a small cabin, where we could go in, and we could make it into like a little classroom, not just for us, but for other groups, you could extend it to other schools ... It's linking the outdoor to the indoor as well. That's the important bit. It is a big thing in the curriculum at the moment, where you make use of the outdoor environment and link it to your indoor environment, and that's how we try to do it here (support worker/teacher as above)

As White & Stoecklin (2011: 6) emphasize more generally in relation to children's learning in the outdoors, it is important:

'...to integrate the outdoors with the indoor classroom with one sense of place and identity, so the transition between the two will be almost seamless. Design that allows children to go freely back and forth between inside and outside encourages children to experiment with autonomy from adults, both physically and symbolically. It also allows the outdoor space to become part of the classroom, rather than just a retreat from it.'

The learning element of MA extended beyond the Programme itself, for example, a beneficiary/volunteer from a mental health centre delivered a presentation to a mental health group about his experiences of 'confidence and achievement' as a bike leader with MA, as part of a confidence building course for clients of a mental health centre. In effect, engaging with outdoor physical activity became an effective way to contest stereotypic notions of what people with mental health issues can or cannot do, whilst reaffirming a sense of identity as 'competent' and 'capable' individuals (Burnsa *et al.* 2009: 413).

Many participants indicated that engagement with the outdoor environment acted as a very powerful tool for personal development, including learning about nature, flora and fauna, and also building self-confidence and cultivating social and technical skills:

I think he wants it to be more challenging, more learning... (parent referring to young beneficiary)

Mountain biking with forestry school - a different thing to MA- you had to learn how to survive with basic tools, being in the outdoors, I enjoyed that...learning to live outdoors with basic materials... (young beneficiary)

I think people like that sometimes, to be doing some sort of bio-diversity survey, quite scientific ones really, and some people like that and learning a little bit more about animals and plants around them... (project staff)

Learning, seeing. I have seen so much stuff that I have never seen in my 38 years basically. And it's amazing what I've seen. I've never seen an adder before. I'd never seen a grass snake before. I'd never seen a lizard. I've seen frogs and toads but wouldn't have been able to distinguish the two. I can now. Butterflies you see but I wasn't able to name (volunteer).



*This group spent the morning foraging for different species of plants in and around the local woods and then spent the afternoon transforming the plants they had collected into food and drink, including nettle tea and nettle omelette. The group learned about the different types of edible plants and the best ways to collect them and cook them. Again, whilst doing this, the group wore pedometers and were surprised by how far they had actually walked. Whilst doing all of the outdoor activities, participants were 'amongst nature' and learning how to identify different animals, trees and plants.*

In effect, the educational role of the outdoor natural environment could be a strong motivating factor for sustaining outdoor physical activity for people, who then found themselves undertaking physical exercise almost as a by-product or 'side effect' of participating in an activity.

A key element in the educational, personal-developmental role of the outdoors centred on developing specific skills, enhancing knowledge, and also learning how to be more confident, take responsibility and how to be 'safe' in the outdoor environment:

Just from this course I've learnt a lot, the names of boat parts, how to sail, the tides, the wind ... very useful for safety and educational (young beneficiary)

They also think they get more - wider skills; they say they've learnt how to be safe outside... (project staff referring to young people)

Now of course you learn what the rock is and where it's come from and things like that, you have a better understanding really, the read off is safer climbing because you know what to expect from the rock (volunteer and support worker)

The importance of incorporating exercise as part and parcel of activities was highlighted, rather than just focussing upon exercise *per se* as the central component of an activity.

One of the factors making the outdoors a successful tool for self-development and gaining knowledge was considered to be its action as a catalyst not only for critical thinking and self-reflection but also for better interaction and communication between those involved in an outdoor physical activity, as highlighted by a range of project staff and support workers:

All these sorts of things which sometimes they probably wouldn't talk about, and it brings up a lot of debate about, so you're encouraging frogs to come here so, the snakes will come and eat the frogs and, is that ethical, and it's really made some interesting discussions and debates (steering group member and support worker).

They could also be talking about wider issues, about health, about sex, about anything really, and by getting them out of their comfort zone, perhaps they're more open about talking about these things and you have more time, you have a lot of time when you're outdoors, camping or whatever (project staff).

A lot of the talk is about animals. A lot of the talk is about the wildlife. It's about the plant life. It's not about people, it's not about how they're living, it's not about how their life has been ... It's about something completely different. It's about something maybe they've not thought of before... (volunteer).

Perhaps [they] think about things a bit more and reflect on things ... A lot of sport centre staff don't really know much at all about talking to young people, or doing activities in such a way... (project staff)

### **5.3.5 Psychological and spiritual benefits**

Some beneficiaries, particularly those who were more independent, self-motivated and confident, reported that 'spiritual feelings' were induced by undertaking outdoor physical activity and this psychological 'uplift' could work to help sustain engagement with physical activity over the longer term:

It's just really good for the soul being out there at the top of a mountain; you can get all spiritual ... Just when you're up there on a clear day, or even on a misty day, you just don't have to think about all your problems at all, you're just thinking about what's going on and where you are, and then everything just seems so big and massive, and everything else doesn't seem to matter anymore, and it's just a complete removal from your everyday life and it's just, you feel so much better once you've been out and you've been up there, just, it's just, you feel physically better but as well you feel revived and just much happier and calmer, so mountain walking is a whole different kettle of fish (young woman)

### **5.3.6 A healthy space**

The outdoors was also portrayed as offering a healthy space for engagement in healthy behaviours, thus encouraging beneficiaries to sustain healthier and more productive behaviour into the future. This was noted particularly (but not exclusively) in relation to **young people and those with mental health issues**:

It keeps you off the streets. We would be doing drugs anyway. If we were not on stuff like this we would be doing drugs and that, and I don't, leave the drugs where they are, get a job, sort myself out (young person)

They said also that they have less access to junk food in the outdoors; they can't go and buy chocolate bars and stuff; they actually recognise that (project staff referring to young people)

I have a drink problem and every week the walks keep me off drink ... Before joining [the project] I was drinking 40 cans a day. Since joining I

have not drunk as much ... Keeps me occupied the outdoors and meeting new friends. I feel a lot fitter and more confident ... The project has given me a new life, I don't drink and take drugs... (beneficiary with mental health disorder)

It keeps me occupied rather than staying in the house ... Yes, I am on anti-depressants ... [volunteering] stops me from actually getting depressed. Normally I'd go on the X-Box cause I've got autism... I'm always looking for something to do and not stay in the house ... Keeps your mind more turn over when I'm doing something – I don't rely on the tablets ... When out on the bike the adrenaline helps my condition – keeps my mind occupied: I've got to watch my bike, other people, the road and not other things that get me down (volunteer)

It stops you thinking about those things like going out drinking and stuff like that, it does help you focus more on yourself, especially when you feel you're starting to lose a little bit of weight, the physical side of things, you're walking that little bit further and everything else, it's all encouragement for yourself... (beneficiary with mental health issues)

Yes. Because I've worked in independent living service for 7 years, and most of our groups are closed, so I think in a closed group people tend to focus on their mental health problems rather than the activity they're doing. It can dominate, the mental health, comparing what, 'You're on this medication and I'm on,' it can be quite negative really and not focusing on the activity. Whereas I think when they're on the walking group, they're out and about, it's space for them to forget their mental health problems or forget what problems they've got at home, I think it gives them a bit of that freedom, and it's enjoyable for them I think (support worker)

This chapter has addressed the original research question posed for Key Learning Outcome 3:

**How does the 'place' (i.e. the outdoors of the 'natural' environment as a location for recreational activity) have an impact upon individuals and groups?**

Along with the newer research question and its subsidiary questions:

**What effect does an outdoor location have on people's experience of physical activity? Does this make a difference to staying active?**

- How does an outdoor location improve chances of behaviour change?
- What are the disadvantages and how are they successfully overcome?
- What role does the outdoors play in helping people sustain their change?

We now proceed to consider the fourth of the Key Learning Outcomes relating to partnership, management and service delivery arrangements.





## CHAPTER 6

### Key Learning Outcome 4

#### 6 What partnership, management and service delivery arrangements work best to support long term behaviour change

The original research question posed for the research contract was:

#### **What partnership and management issues have arisen from the Mentro Allan programme?**

So the first 16 months of the research focussed upon this question. Subsequently this was changed and 'clarified' questions were agreed by the National Partnership in order better to convey what learning it wanted to draw out of the programme. The revised questions, advised to the Research Team in summer 2010, were:

- In what ways have your partnership arrangements influenced the chances of reaching, involving and sustaining positive behaviour change in your target group(s)?
- What changes have been made to improve the impact of your project?
- Can you identify some 'golden rules' for creating a successful framework to support long term behaviour change?

This particular KLO has been a key focus for the Evaluation and Action Research element of MA, and so the following sections incorporate data gathered via this means, with our thanks to colleagues for granting access to their data. Quotes taken from *Mentro Allan LO4 Study Paper 110610* are given in italics and referenced by page and paragraph numbers (in bold text).

Throughout the research, we have sought to identify salient partnership and management issues arising from the MA Programme and its projects, in order to highlight best practice. This invariably also involved identifying areas for possible improvement, as articulated to us by the various stakeholders. The research has addressed perceived organisational effectiveness for example at the level of local partnerships and local project steering groups. It should again be emphasized that a) the focus is upon participants' *perceptions*; and also b) respondents tend to be more vocal in communicating their perceptions of problematic areas, rather than more 'neutral' areas where they are generally satisfied, or even positive aspects of management that tend not to be uppermost in people's minds precisely because they are working smoothly.

We first address participants' general feedback on partnership and management issues (commensurate with the original KLO4), before proceeding to address the revised KLO and its sub-questions.

Given the sensitivity of some of the issues discussed, and the potential identifiability of participants via their role and/or characteristics, we include details of role only where these do not compromise anonymity.

## 6.1 Partnership and management issues arising from the MA Programme

### Summary

*The original question posed by the National Partnership related to the identification of partnership and management issues arising from MA, and participants highlighted the need for clarity of aims and objectives, together with the need for MA projects to link effectively with existing provision. Other issues that emerged as salient under this heading were: the role of the lead organisation, and of voluntary and statutory organisations, and the mode of operation of steering group partnerships. Differences between strategic and operational management were noted by participants, along with territorial disputes and cross-border battles. Criteria for judging 'success' in partnership, management and service delivery arrangements were found to differ widely at programme- as well as project-level.*

### Key points:

*Need for clarity and agreement regarding aims and objectives*

*Need for integration with existing local provision*

*The importance of support from the lead organisation*

*Need for effective communication between steering group and project*

*Need for clarity and agreement regarding conceptions of 'success'*

### 6.1.1 The need for clarity of aims and objectives

**Programme level:** a key requirement highlighted by a range of stakeholders was the need for clear communication, particularly regarding overall Programme structure, the aims and objectives of both the MA Programme itself and of the individual projects. This, it was considered, would help promote a shared vision at all levels of the Programme and between the various partnerships, and help reduce competing interests between different parties. The importance of communicating Programme- and project-level objectives and goals from the start was emphasised by stakeholders at all levels:

... I've led the project obviously within X [organisation], strategic aims, which is obviously part of my job to do that, I would like to be making sure that I do it in keeping with the Mentro Allan's strategic aims, and have a clearer working together with other leads, of other projects, that's always been something for me to trace, that's fine but I think there should have been a clearer, perhaps getting together people who are leading the 15 different projects, there were never meetings, and I just think that's a, it just seems to me a bit of a gap in what could have been achieved differently in learning from the project at that level. I know they did that for the coordinators, but I think for the leads, that would have been quite a useful, and there would have been more learning there in terms of how it fits into organisations, I don't know, I would say that's a gap (project manager/leader)

... and understanding more about the project [Programme], understanding more about, I want to know all about the learning outcomes, and to have those meetings all the way along would have helped me guide (project manager/leader)

The need to provide updated information at Programme level was also highlighted with lead organisations and steering group members indicating that they would have found it very helpful and useful to have been updated regularly as to the progress and

achievements not only of 'their' individual projects but also the general learning emerging at Programme level not only via the PC of their project but directly from the MA Programme:

The main one for me would be communication, and just a better promotion of what all the projects are, what they've achieved, I know there's 14 other projects, I know roughly, but I don't know much specifically or there hasn't been much to learn from those, I know there will be learning coming out of those but I think in terms of me running the project in X, just other ways of learning from those projects would have been easier, as well as through Y [PC], but it's always second hand, coming through Y, that s/he gets what s/he gets from it, but s/he's not necessarily getting the whole picture, and s/he doesn't necessarily see it as a management point of view, to see, so I think, yes, that would be something I'd definitely think on a national level that would be done differently (project manager/leader)

But I do sometimes feel there's a lack of communication, to me as a project lead from the Mentro Allan and Sport Wales. I guess you could argue that that should come up through X [PC], and it does, but I also think it, for example I didn't ever get an invite to the conference, Mentro Allan conference, that happened, or the last one that all, I wasn't invited but I'm a project lead, and that's the level of communication I think I would, unless I had directly gone to them and said, 'Look can you give me information on this? What's happening?' The feed of information has always been to project coordinators, and that's good but I think it should be at both levels, and whether that's this project or others I don't know but, it would be something I would say is a shortcoming of how the project's run I think, because I think it would have been easier, had I just been more informed of the process (project manager/leader)

Some project staff too reported that the nature of the MA Programme *per se* had not been made fully clear to them, leading to misunderstandings and some tensions between the requirements of the Programme overall and those at the local level, 'on the ground' in the projects themselves. For some, the research and evaluation elements of MA had not been clearly understood and came as somewhat of a shock:

I remember somebody saying, in around the table discussions, "well of course being a research project..." and I thought: "What?" And me and X both said, "What is she on about? It's not a research project!" And it has come to light further on, say a year or so later, with the increasing forms etc and evaluation that we had to do. It became clear, and openly admitted that it *was* in fact a research project, and I was a bit disappointed then ... I thought this was going to be more of a hands on. I thought we would be getting more people [out] than we have done. I thought we would be doing more [delivery] and a bit less research but there you go.

There is a guy who is great really, really active with what he does, it's all sport-related kind of stuff, and he came along to our presentation... our local one, and he was just like I saw his jaw drop when I said it's primarily a research project because he [said]: "Oh, that explains!". [He had] absolutely no idea that there were certain limitations...

It has detracted [distracted] us from delivering from what I thought, I might be mistaken, from what we were supposed to be doing and that was getting people up and active etc. And I do feel that there's been a few occasions when I could have been out with people when I haven't been, I have been discussing stuff with people [at evaluation seminars etc], some of which is

relevant, but I'm sorry, the majority of it wasn't really relevant to what I am doing. And I thought that was a bit of a waste of my employment, instead of developing people [I] sat talking about stuff that I really don't think was relevant, because of the very different target groups etc. Yes, we are all trying to apparently achieve the same objective, but there is only so much I find that we can draw from and benefit from each other ... If I took up all the time I spent in that situation, I think I would have been far better out doing what I was supposed to be doing.

**Project level:** the importance of clarity of vision and purpose at project level was also signalled, so that staff could 'get to grips' with the nature of their project and their resultant roles and responsibilities as soon as possible:

But I think largely it's because they didn't know what the project was about to start with. It took me a year to discover it, it probably took them 18 months to discover it, it's taken 2 or 3 years probably for some of the other people in the X [leading organisation] to discover what the project was about.

How long, two years to get their act together and decide exactly what the project was about? All we had year upon year, every seminar meeting, every - what meeting did we have? - evaluation seminars, conferences, etc...

I wasn't really sure what my job was to start with. It was really, I found it really hard at first. I'm only just getting used to it now I think. But the first two years were really hard.

From the very start we said if there isn't a fair structure in the project, there will be an impact on the achievement that local projects will achieve, and I have been concerned about this Mentro Allan project.

Different understandings of the role and functions of MA in general and of the projects specifically were highlighted as generating difficulties. Clearly, a wish to maintain numbers of participants within particular projects was an important aim, but participants reported that this did not necessarily meet the needs of the beneficiaries, or lead to the best outcomes for the beneficiaries, or the best means of delivering the activities:

But obviously, I mean I didn't realise this to start with, this is another thing that was a complete mystery to me, that they [steering group] were expecting money from Mentro Allan. I was under the impression that I go and ask people what they wanted to do, and then find the service providers to do it for them. So if people said they want to do cycling in the local park, then I don't need X or Y, I can do that for them, I can get local service providers to do that... what actually I had to do, apparently, was to be giving them work, so that takes away from what Mentro Allan says in the beginning, which is go on what people say they want to do! But then, which I'm doing now ... It's really hard work, because I think they're just concentrating on their end of the business, they're not really, they just see Mentro Allan giving them money and like Z has said to me, "Oh, well you can have some of our participants, that'll up your numbers"...

Whether they want to keep their numbers, they're afraid of losing their numbers for their evaluation figures, whether they want to keep that up because they're afraid of losing them ... The partnership would have worked better to encourage more physical activity, if the participants were allowed to join other projects.

For some steering group members, there had been a lack of clarity regarding their role and what they could actually contribute to the project.

In an ideal world I think having clearer aims for the steering [group] ... I think that everyone who's on the steering group has a slightly different role in X [area] it's slightly different things that they wish to tackle, and in the beginning definitely it was seen as a bit of a cash cow, the project, and in terms of, there was a lot of money from the lottery, and everyone was quite interested in it to get money, so for example to pay for a walking development officer, or to pay for an activity leader, so for example, things like the LAPPA in the local authority, it was seen as a bit of a funding gap, and that was quite, in the beginning a tricky one to weed out the things that actually should be part of Mentro Allan and would be, should be funded by it and were fitting into the strategic aims of what the project should be and things that were perhaps not and were just trying to utilise the project for ... (steering group member)

When partners could see a specific purpose to their involvement, this was likely to enhance their commitment:

No-one came up to me and said "we really need you on board". Receiving emails to invite you to a meeting is one thing but knocking on the door saying, "We've got this project happening, we'd love to have you involved because we can see from this, this can do this for you, and this can help us to achieve this". Everybody wins. That never happens and it wasn't really until the latter stages I started to, when they were coming to me saying, "Can we use the centre to do this and that, is that OK? We could cite the bins, we're after a climbing wall, we want to start the buggy walks from here". And suddenly I thought, actually I need to be more involved.

Analogously, when SG members felt involved in the decision-making process, they could see the purpose and value of their role, but where they felt that the SG did not have the power to make decisions, decisions had already been made in advance of meetings, or the process was somewhat labyrinthine, their enthusiasm waned:

I don't know, I mean everyone's got their own agenda. I find that can be a problem. Does it work well? I don't know, it's basically like the Welsh Assembly government, it's a bit like a political football where things just get pushed back and forth, no decisions are made at the steering group meeting, and then X [PC] takes it back and X [PC] makes the decision, so it's not really a whole decision there and then. Well the steering group meeting that you were involved in, everyone talked about certain things and then X said, "Right, OK, that's fine, I'll take this back and," no decisions are made there, which I think perhaps they should be. But like I say, I haven't been to every steering group, so I'm not really the best person to ask on that but from my experience of it, yes, some ideas are thrashed about, but no decisions are actually made.

I feel that it's all planned [in advance], there it is, it's planned, this is what's happening, this is what's - fit in with our thing...

Because you don't feel that you can [contribute ideas] ... it was just a 'No, we can't fund it, so let's change it,' instead of, we've got all these ideas which we would have shared in the beginning, but no-one asked, and I don't know, I don't remember a decision being taken from the steering group side of it ... because it wasn't working the way it was meant to in the beginning, instead

of persisting with it, tell X to change it, we'll change it, instead of persisting (steering group member)

Inevitably, there were changes in staffing and organisational structure within partner organisations, which were beyond the control of the projects, but had a substantial impact upon them, and upon partnership arrangements and working. The importance of key personnel within steering groups could be problematic when such individuals left posts in their employing organisations, leaving somewhat of a lacuna and detrimentally affecting steering group and partnership operations:

*The same dynamics of change taking place externally can also have its effect. Many staff have reported valuable partnership arrangements weakening after key personal left their posts, and adjustments inevitably have to be made. In one case a strategic review across many services which was of great relevance to what an MA project was doing, distracted potential partners from recognising its significance for a considerable period of time and opportunities were lost. (p. 33; para 7.12)*

I think two of the main people in X who were involved right from the start of Mentro Allan, they left or changed jobs ... And they left, and there hasn't been, there's been people in their place but they're just, whether they've got other things going on, but they're just not that accessible, whereas before I could just go meet up with them for an hour or two, say what I'm doing, what needs doing, and they'd come to all the steering group meetings and [were] really reliable...

And in terms of the steering group, something that I need to say is we had a situation at one point where X, Y's manager in Z [lead organisation] had left and we hadn't had meetings of the steering group, and we were not being informed as a steering group in terms of how Y [PC] was being managed and s/he wasn't being managed, and the first we knew about this was that the director of Z [lead organisation] called a meeting of the steering group and then started to tell us off, like little kids, for not supporting Y [PC] and it's like well hang on a minute, you're the lead, you're supposed to line manage him/her, and pull the meetings together, so that caused a bit of friction as well (steering group member)

**National-Regional level:** the need for communication and a sharing of objectives between regional, local partners and national level management was also highlighted as a requirement for sustainability and for successful linking of the overall 'strategic' and 'operational' elements of the MA programme:

It just doesn't feel like a team really, a bigger picture team, it feels more like us and other organisation, that it's separate to what we're doing almost in a way. And I think the steering group feel that they, unless they go and find the links with the national partners, like X did with Y, unless they find the links, there's no links from the national partnership feeding to steering groups, and surely that needs to be linked, the national to the regional, regional management, but there's no link there, unless they go and look for the links (project staff)

### **6.1.2 Linking with existing provision**

A key macro organisational issue that emerged was the question of whether MA should have been established as a Programme separate from existing provision or one that 'tapped into' existing provision. It was suggested, for example, that Mentro Allan, rather

than trying to establish new, separate projects and then buying in staff to run these, and then subsequently trying to 'mainstream' these activities, would have better served the needs of its target groups by 'joining in' and making use of extant organisations or clubs in the local area. The additional funding from MA for these existing organisation could then have been utilised to greater effect, according to some:

So for example a canoeing club, rather than we set up through an outdoor activity provider, we should have had sessions running and funding additional activities within a sports club. So climbing should have been set up through a climbing club, providing grass roots level activities, or cycling clubs, we should have provided an extra service, or set up for the club ... Mentro Allan would have provided the funding, the funding would have provided the activities, an additional activity that becomes a provision within that club, and then found volunteers and whatever else is needed to run those sessions, and done the training to promote working with the specific target group ... outdoors it would be your sports clubs, so the canoe club locally, the climbing club locally, the outdoor providers basically of the activities (project staff)

Some participants also indicated that MA projects would fit better with local authority organisations because, it was considered, these organisations had 'better links' with existing local clubs and physical activity schemes. Mainstreaming the projects in this way would have improved their effectiveness from the start of the Programme:

I think it would strategically fit better within the council and you've probably got better links to leisure centres, clubs, which really those links, those should have been established from the beginning, that it's not just an exclusive project, that it becomes an inclusive project that's mainstreamed from the start, but that's, I think Sport Wales could have made more of a difference with that... if they wanted it to link, they had the authority to do that link from the start, because they're the organising body of sports clubs for example. So really they should have insisted on buying from sports clubs from the start that this programme is about enabling those links and improving those links, as opposed to setting up projects that were separate to existing activities ... (project staff)

The need to avoid duplicating or competing with other similar provision, but rather to cooperate with other organisations was also signalled strongly, in order to share knowledge and resources and to enhance the potential for mainstreaming and thus sustainability of the MA activities:

Participant A: Communication yes, knowing what's going out there, doing mapping audits, steering groups, so you know you're not duplicating and you're not crossing over, and working together, just like simple things like doing events together, knowing that you're not in competition but you can help each other out. Like the first afternoon cycles, we came together with X [organisation] and the two groups come together to do the cycling activity on a Thursday afternoon, so it's knowing that X are doing it and we're doing it, but we're not in competition, we're doing it on the same...

Participant B: It's not like that's yours and this is ours, is it?

Participant A: Sharing the bikes, sharing the [Nordic] poles.

For some projects, however, the lack of other appropriate provision with which to link in a community, constituted a problem:

In this area there's not so much activities going on in terms of clubs so if you went into X, you would probably find 10 to 15 climbing clubs, 20 plus canoeing or kayaking clubs, whereas over here, we have Y canoe club, Z canoe club, which takes place inside, those two exist in W, and then we haven't got one in F... (steering group member)

This was particularly the case for target groups with special needs, for example, **physical and learning disability** groups, where specific support and equipment were often required:

So many of the general population services set up, are set up for the well population, not for this group, not for learning disability, physical disability, any of that (steering group member)

The lack of appropriate community links, specifically to progress some individuals and groups to 'mainstream' provision was also of great concern for some project staff:

I think we thought there'd be more links in the community. In the beginning I think we thought, oh great, well now we can look, now people have got to that level, technically they could go on to work on a gardening project within the community, or go and join a cycling club, and I think blindly we thought there'd be a lot more links in terms of we've got an ability to join a level where they can progress to that, and when we started to look we realised really unless they do it independently as individuals there's just no links to join. So where we did, I think one individual went to a kayaking session and within a week he was back because it wasn't comfortable, it wasn't familiar, they didn't get the same support in terms of the staff weren't there to support, like we support, so then we realised there's a bigger problem. (project staff referring to a beneficiary with disabilities)

So the canoeing club in X, and they do pool sessions in Y swimming baths, and Z had said that she thought some [beneficiaries] were able enough to join there, so they were kind of half on board with it because Z had helped to bridge the link, and done disability awareness training, but when it came down to some of the participants going they said unless you can get in the pool yourself, then there's no -one to help you get in the pool ... the club said you've got to be able to get yourself in and out of the pool because there was no hoist, like we have a hoist in F, so people can sit in and get in the water but they said, "oh no, there's no-one to assist with getting in and out of the pool" ... I think they, the people involved didn't want to do it without a mechanical aid, because of health and safety. I think they had a remit within their work that they weren't allowed to do certain things, manual handling for example (project staff)

One of the barriers projects faced when attempting to progress beneficiaries to 'mainstream' venues was the lack of funding for specialised equipment and its maintenance, and also for staff specifically trained to use the equipment and to support the target groups. It was reported that 'mainstream' community providers often would not or could not take responsibility for funding such specialised requirements:

And when we approached the pool, because we were thinking perhaps we could help to get one [hoist] installed ... you would always need somebody trained to do the hoist, and there's a quick turnover of lifeguards, there's never people there long term, so they wouldn't pay for the training, so unless we could provide instructor training on a regular basis to make sure someone's trained, or shifts for example, a lot of them will work 4 hour shifts, so you obviously needed at least 3 or 4 people to be trained, so then



when someone was off, someone would be there to do it. The pool weren't prepared to keep that maintenance up and the service cost of having the hoist serviced ... they thought they shouldn't pay for that because as far as they were concerned it wasn't countryside services using it, even though it meant other groups could perhaps access, so it would probably give them more revenue... (project staff)

Even where specialist provision and equipment existed to accommodate people with special needs, those with disabilities for example, high membership and entry fees could preclude the use of this provision for many:

So we contacted K lake, which is near X and they said, "yes, absolutely we can provide. We've got hoists, we've got everything," but then they had to pay this membership fee, our participants would have to pay, and it was over £250 I think, and they couldn't even have a taster session to see if they liked it or not. So we tried to work with the club and say, "well, surely if you want people to join, you've got to offer taster sessions because initially people might not know what sailing's about, or never experienced, so for someone to join you've got to have an interest there and a motivation," but they just weren't interested, they said, "unless someone pays the joining fee," which obviously with people we've experienced on a budget it's not possible to pay that fee. So that's what I think we found with some of the sports clubs, you had to be a member to join, but what we were trying to say is, people don't know if they want to join unless you have opening days or something where people can come. Because they were saying that no-one was using the hoist and they'd got this wonderful piece of machinery there but they weren't prepared to put on taster sessions for it (project staff)

### **6.1.3 The role of the lead organisation**

Participants across all projects studied emphasized the need for the lead organisation to be informed about and to understand the nature, aims, objectives and ethos of the particular project as well as those of the MA Programme *in toto*.

Lead organisations had proved to be very supportive in many cases:

X, yes [they've been supportive]. I would say yes definitely. I think what has helped is that I have worked here for quite some time as well, so I have got a good relationship with managers, I've got a good relationship with other members of staff.

The lead partner sees it as valuable, because I'm there in the office and they genuinely do think it is a good new direction for the X [leading organisation] to be going in...

In some areas, however, improvements could have been made with regard to support, including from project staff's managers and/or the lead organisation, and in relation to understanding the general ethos of MA:

No I don't [have support from my organisation]. It's a very big barrier ... [My manager] is not in the steering group ... Anyway, [the manager] came to the X and was very, very bored by that. You could see, [the manager] was really unhappy at having to come there, but just tick the box ....

Not enough positive encouragement and support. I always feel like s/he's interested in things I'm not doing rather than what I am doing. S/he's hardly come to visit the activities.

As can be common in these types of initiative, tensions were evident at times between the interests of the lead organisation and those of the MA Programme in general, including in relation to financial resources:

Forget the project, they [lead organisation] have other ideas of how they want to use the money...

I tell you it [the money] was whittled right down, right down - it will you know ... I had so much opposition from our board.

And as one steering group member noted, lead organisations sometimes spent their MA funding in ways that did not cohere with the MA aims and ethos, from the perspective of the steering group:

They have such a big budget, they have half a million pounds and yet, when I don't see that money being spent on the right things, I don't like it.

Some projects felt that they had little or no support from their lead organisation at times, especially at the strategic, managerial level of the project:

And the other problem is [leading organisation] haven't been supportive in terms of, I've been the one chairing the meetings, I've been the one organising everything, but if say one of our managers had got a bit more clout so he'll know what's going on in the higher circles of policy makers and that sort of thing, strategy and all that. Say, if our executive director was inviting people and saying, then it means a lot more, I'm just a [role], they're head of X or head of this department or that department... I can't have so much influence.

In sum, the role of the lead organisations differed markedly, often depending upon the degree of understanding of the MA ethos exhibited by senior management; local MA staff had to expend considerable effort in conveying the purpose and aims of the Programme and the projects to senior management:

*Within the lead organisations themselves the experience of line-management support for the projects and their staff has differed sharply. As is so often the case, where senior management has recognised the strategic importance of MA and the experimentation and practical learning it is generating (even if day-to-day management is placed lower down the hierarchy) the greater the impact MA appears to be having on the shape of future services for sedentary populations. This understanding may have been grasped from the outset, but in many cases it has been hard won by local MA staff and their line-managers consistently highlighting their project's achievements. In a few instances, unfortunately, poor understanding, often arising from a change of personnel, has resulted in staff feeling unsupported and isolated within their employing organisation. (p. 32; para 7.8)*

#### **6.1.4 Voluntary and statutory organisations**

Differences between working with voluntary and statutory organisations emerged. Some project staff who worked in voluntary organisations considered that their organisation was more likely to be flexible and less constrained than local authority organisations in relation to the project-based work:

We're not a local authority, I think it's much easier for us to start things and have a go at things, it's not so strict on risk assessments, risk assessments are a lot simpler and more practical, just comparing what I've seen. Like the risk assessments I've seen for the community centre – extremely long, and we don't have to go into so much detail, we just look at what we need to know.

I think voluntary [organisations] from my perspective, I think has been a bit more flexible, being voluntary than council, they have a lot of red tape to contend with. From my dealings with Y, they can only pay the activity instructors x amount. If they've got to do something they've got to keep an environment audit, there seems to be a lot of red tape. I'm not saying there isn't with voluntary organisations, it just seems a bit more flexible.

We're lucky in X, being a voluntary organisation, having certain policies and procedures to follow, having I think Y, having the system set up, like invoices, good accounts. I know one of the other projects was having trouble because their accounts, people weren't paying the activity instructors and obviously that causes conflict, but we've, keeping on top of paid work and stuff like that. I think voluntary [organisations] from my perspective, I think has been a bit more flexible, being voluntary than council, they have a lot of red tape to contend with. From my dealings with Z, they can only pay the activity instructors x amount. If they've got to do something they've got to keep an environment audit, there seems to be a lot of red tape. I'm not saying there isn't with voluntary organisations, it just seems a bit more flexible (project staff)

And potentially to have greater independence and autonomy in deciding how to manage their work on projects:

So it's good in a way that as a team we can decide how we want to work, and we're the one's doing it and if we're comfortable working like this, it makes for a better, happier project.

Obviously things like, different bits of HR, finance, fund raising [are] taken care of through the organisation, but we don't really have that much input from our, like my manager is the ... but s/he doesn't get that involved in a managerial way. S/he shows an interest when stuff comes, activities and, and monitors it, but s/he's very concerned with the Y company, as a whole is very dependent on grants and tenders for funding, so making sure we've got enough income to continue the project ... So s/he doesn't mind too much what we do; so we have a bit of free reign, which is very good for us a lot of the time.

In contrast, project staff based in local authorities recognised the necessity of some regulatory framework, given the constraints upon local authorities:

As a council there's a lot of red-tape involved and you've got your political stance and everything that you ought to have to be concerned with, but I think that because of the way it is set up and it's got a lot of structures and processes in place for all other projects...

One of the advantages of working with council-run projects was cited as the potential for 'mainstreaming' the activities so that sustainability into the future was a greater possibility:

The one's [projects] that work are ones that are actually linked to councils from the start ... that it becomes more a mainstream. If it's a council run project it's a lot easier to mainstream because it is a council service it makes the commissioning a lot easier to, and ownership, the council actually own that, so if that's withdrawn as a council service there's a lot more of an impact on the council than another organisation because the council probably don't care that this is going but if it was a council run service it would matter because it effects their organisation ... (project staff)

Both project staff from the statutory and voluntary sectors emphasized that having a balance between structured management and some degree of autonomy of staff, in terms of running the projects, was important, including from a motivational perspective:

I think finding the right balance between a structured management set up and giving your employees the freedom to take ownership of the project.

I think they have got an understanding of the people that we work with, but they let us get on with our job as well, so are there if we need help, but they also understand that we are the ones that run the project, and we can just go away and do what we need to do.

### **6.1.5 Steering Group partnerships**

Participants considered that one of the key requirements for a productive working partnership was the development of trust and effective communication between project staff (including their lead organisation) and steering group members. For some projects, this working relationship had proved supportive and cooperative from the very inception of the project, with the expertise and support of steering group members proving highly beneficial:

Very [supportive]. This is one thing that I or we as a project have been very lucky.

If there is something we are unsure about, or if we have got an issue or concern, rather than us decide it between ourselves, it is going to a group of people who are very knowledgeable and have got loads of experience, that can support and guide us and put us in the right direction, so it's been very beneficial from the project staff point of view.

X is always really good in steering group. S/he's always positive. S/he'll always suggest good things like press articles. S/he'll say, "A it's about time you did another press release. You need to promote this more. Put a good story of the success of Mentro Allan and send it off." So after a steering group I'll write, I've got to write a press release and I'll go and do that. K, Sports Wales is always, I can't remember exactly what s/he says but s/he's always good at asking the questions that nobody else really wants to ask ... Yes. I'll always tell the steering group what was good and what was bad, why things didn't work, why I think things don't work, because it's quite nice for them to go, "Have you tried this? It might work".

The steering group have been important in taking it higher up at initially a strategic level, to get the support lower down, so it's come top down with the steering group... they've made sure that the management know about Mentro Allan, so then it feeds through the care system, it feeds through work opportunities, so they were important in the beginning to make sure that people knew what Mentro Allan was and what we were trying to do, and

take away the false pretences that we were going to provide things we couldn't provide.

X [steering group member], s/he's the Y manager for social services community services or something, s/he's quite high up anyway, and s/he encouraged people ... to get involved in the project, and I think that's been helpful, and s/he's contacted lots of people about the project to say, 'How about getting involved?' and that means that we've had quite a good response from mental health services for instance, quite a lot of people will know about Mentro Allan I think, at least, even if they don't get in touch. But I have, at least when I get in touch with them they've heard of it, so I think that's been successful.

Supportive steering groups could help greatly in gaining access to target groups, thus saving time and resources:

I think the steering group have been a positive impact in having access to the groups, so in the beginning it was almost like they were drip feeding me with contacts of where to go, who to see, so it cut out the work of having to find the groups, or find the individuals, they were already there, so having a link to every group, and mentioning somebody's name, they had confidence in the steering group member, so straight away we were able to get into the groups, the reaching side of it, and being trusted, considering we don't have a reputation for physical activity, or what we're doing.

Some difficulties were noted, however, where there was felt to be a certain lack of shared vision and objectives:

...I find it really difficult, because I find that... I feel like they're in opposition to me, it's almost like they're kind of, they're very guarded with me ... I feel it's hard to be friends, have a friendly relationship. I mean it's OK, it's not animosity, or anything, but, it's like, almost like they don't, they're not, I always feel like they're not telling me everything... (project staff)

I think the challenge has been - there have been quite a few challenges. I think it's the vision, I don't think we all share the same vision, in terms of looking ahead (steering group member)

It was recognised by some that whilst steering groups and partnerships were in principle a good idea, and might be particularly functional in terms of securing initial funding, in practice it could prove difficult to sustain a mutually productive working partnership over the longer term:

Steering groups are a great idea, but it's not worked.

It's OK having partnerships, and it's a very popular thing now when you ask for funding and things like that, that you have got partnerships, but a lot of the time partnerships don't work and you rely on the other partner doing some work, but in this case it wasn't working.

Steering group members expressed to us their commitment, enthusiasm and willingness to provide guidance:

I mean as far as I feel, I'm attending X's steering group... because I exist there, I want them to be doing good ... I offer myself to help them to be sustainable, so full stop. I don't know what other people feel but that's why I

am a member ... A smaller group of people willing to help them is better than a large group with people not willing to help them.

It was noted, however, that this commitment was not universal, and at times greater support and advice would have been welcomed by projects:

However, all of these partners pretty much have just left me to get on with it, they haven't really given me much steering.

It's also where some people have been - it's in their remit to sit on that steering group, it's not even something that they want to do themselves particularly.

Whilst some steering group members were highly committed and prepared to give advice, others, although initially willing to help, reported becoming discouraged or demotivated regarding involvement, leaving them to question the very purpose of their role:

It would have worked better if the suggestions that they have thrown into the meeting were taken on board. Like the link we've got - like other people make other suggestions which are not taken up. I think a lot of people then feel, "Well, what's my role here?"

We, I think we've been [engaged], how much more can we engage?! We all try and do things but... [they're not followed up]

One of the reasons suggested for non-attendance at steering group meetings was a relative lack of staffing resources allocated for steering group input, and also the fact that for many SG members, the MA work was additional to their existing workload and other areas had to be prioritised even though the value of MA was acknowledged:

And one of the other issues is that the Mentro Allan project is an add on to all the other work that I do so it's not my main job, my main focus is my work, and when we've had like the steering group meeting that you attended, I couldn't attend because I had other commitments, so I mean that's also a problem in terms of involvement in the project, it's about other work commitments (steering group member)

It has to be worthwhile and, but it's about, for me it's been about prioritising work and it comes at quite a low priority compared to all the other things that I'm involved with ... Mentro Allan's like a tiny project compared to what X are involved with right the way across the Y [place], and so ... because I'm funded by X, my priorities have got to be with X in the first instance. So it's about priorities, work priorities (steering group member)

I did speak to them and her line manager who used to be on our steering group, and because he didn't then have time, he delegated the task to her to be on our steering group. I don't really understand, but that was what I was told as well by her - that they do have an issue at X with staffing resources, and so yes there is an issue there (project coordinator)

Clarity of purpose and delineation of responsibilities were also noted as important factors in securing attendance and commitment from steering group members, and thus enhancing the working relationship between steering group and project staff:

I think when they set up the local steering group meeting some projects didn't have specific responsibilities delegated to the member. And if the

member hasn't got a certain responsibility, there's no point in attending the meeting, so, there is no sense of achievement really. So, I feel if I am attending the steering group, I have my own agenda to deliver something to the group. It is just really important to have a clear role and a responsibility. I have that myself, but it would help if you could kind of list it out, like so and so from so and so have this role and this responsibility to our steering group meeting. Then it's more clear, and it gives a person more reason to attend the steering group meeting, more reason to feed into the group, but I think some of them didn't have that (steering group member)

A key area highlighted by project staff was the relative lack of understanding at times between steering group members and project staff, particularly in relation to project staff roles and responsibilities 'on the ground' but also regarding the responsibilities of the steering group itself.

Project staff did not always find the 'steering' or 'advice' from steering group members particularly helpful if that advice was not felt to be practicable, workable or applicable to the project:

They kind of say, "Yes well you could do this, how about trying this, have you done that or have you contacted this person?". And that kind of thing, yes they do that kind of thing... My feeling is - I feel like they want to hear good news all the time ... because they have this expectation that everything is great, and they want everything to be going great...

In order to tackle such misunderstandings, the **provision of training and support** for project coordinators and staff was highlighted as a possible area for development:

So, I think knowing how to engage with different individuals at different levels is a key skill of any kind of coordinator, and then finding out about the different types of steering groups that go on, and it is difficult because I think it's no one's responsibility to organise it, if you know what I mean. It tends to be coming together of individuals who want to drive it, and you always need that niche, that particular area, but I think if you can get people involved in those types of steering groups, and information sharing groups, that it would really help then.

That's perhaps another area of training that would have been useful, about actually, steering groups and what to do with them, what they should be doing, what their responsibilities are... (project coordinator)

### **6.1.6 Strategic and operational management**

'Management' was very much perceived as a continuum with the 'strategic' level at one end (often located within the steering group) and the 'operations' level on the other, primarily located at the project level, although it was recognised by project staff that some steering group members were also familiar with the latter domain and able to advise on this. 'Operations' management was necessarily more concerned with the everyday processes and functions 'on the ground' and in tackling immediate issues as they arose within the working, operational environment. The focus at this level was noted to be on relatively short-term goals. The 'strategic' level of management, on the other hand, was more concerned with developing and directing policies and longer-term plans, allocating resources and achieving balance between overall performance and meeting long-term objectives.

Different levels of working, experience, and expertise emerged as potential barriers to effective communication, where project staff 'on the ground' had rather different conceptions and concerns from those working at a more 'senior', strategic level:

You can't work through problems or solutions if you are in a strategic position. You have to get down on the ground ... It's like textbook isn't it for them, so they just see it as like page 6, blah blah blah, "OK, well that says that you..." ... sometimes I think how can someone go in and give advice, but you've never even done a project, a single project!

I think most of the people on the steering group are of a high enough level in terms of community work, that I'm not sure that they always get what the 'on the ground' necessity is or rather how realistic what they're suggesting would be, and I think that's probably a reasonably common problem when you look at management in terms of community action, what management thinks is realistic in terms of an action. When you're actually on the ground working with those communities, it's just a bit like, well it's not realistic (project manager/leader)

So it's a fine balance to walk at times, but try to keep grounded. But I think often around a board room there's often lots of discussions about what the, or how easy, or the way to solve problems that isn't necessarily relating to what is realistic to achieve those goals (project manager/leader)

Boxes are steering groups in a way. Somebody's got to do and to try things. But the whole idea, and even our head office in X, they say to me, "Oh, why don't you try and do this with them?" And I say, "Come and stay in Y for one night. Stay in a hotel, and see what...". They've just no idea what kind of communities we work with; what the difficulties are, how grim it is, how desperate it is in some places.

Although the gap between the strategic and operations levels could potentially be problematic, strategic management was also reported to be very useful and productive in providing steering group advice to the projects, particularly at certain stages of a project. This form of strategic guidance was considered to be particularly useful at the beginning of, and towards the end of a project; the latter when 'sustainability' was a concern:

During that [initial] consultation process they need senior management opinions and ideas and advice. Once it's finished and the project's started rolling on, it's more on the ground process, we felt that they don't really need that senior management level feeding back, they probably would benefit from maybe middle management group who've got more idea what's happening on the ground, feeding back to the project as a steering group member.

I think it's the same with the steering groups as well – the initial year, the set up phase, the National Partnership and the Local Steering Group was quite vital but after that there was a period when it wasn't so necessary and I didn't have a steering group meeting for a year it didn't seem like it was necessary.

### **6.1.7 Territorial disputes and cross-border battles**

The problems of territorialism and 'cross-border' battles between different schemes emerged; sometimes these considerably pre-dated the MA Programme itself and MA staff found themselves caught in the 'cross-fire':



There's three different Communities 1<sup>st</sup> in X and they don't cross the border. So not only am I not linked to X, I'm not linked to any Community 1<sup>st</sup> area, and I don't really understand why they don't get on ... I don't know. They're just territorial, I don't know why they don't get on, it's just they don't. They haven't done for years and they're not going to either. So that's that ... But I still tried to go and see them and always tell them what was going on, and asked them, 'What do you want us to provide?' But then it got tricky. If you put a walk in one area of X, the other area wouldn't come. If you put a walk in the Y area, the other two see it as not their turf so you're always, it doesn't matter where you are, somebody won't turn up. I just can't get my head around that (project staff)

Along similar lines, territorial issues were also evident between counties or boroughs particularly with regards to the allocation of funding:

Well again this goes down to funding issues, which is still very much at a territorial level, because times are difficult, times are tight, people are accountable for money, and in which case people like myself who are not a budget holder have to recognise that there are people who are accountable and take it very seriously, they have to. So again it goes back to what I was saying before, which exists between health and local authorities, exists between counties, there are accountabilities for funding and if it is recognised to be there, the whole of it is going there, then that's where it will go (steering group member)

Traditional practices who have got budget holders and struggle, it's very territorial, geographically orientated, and if you're an elected member of a council, 'why is money there and not here?' (steering group member)

There's a bit of territorialism in it, in that people don't want to share budgets because (of) the cuts (steering group member)

The impact of territorial inter-borough or inter-county disputes was also seen on the ground. In order to sustain their social inclusionary ethos, some projects found themselves having to fight against management wishes to charge more fees to potential beneficiaries living outside the county:

I don't exclude anybody who phones or rings or, people have come from X, people come from Y, and they all get charged the same rate. I did get told I should charge them double but I don't ... I did get told, but ... I think it was Z who said that, but then s/he never came to visit the project or check or so I've never charged anybody double for coming to, I know what the reaction would be [by the beneficiaries] because it's prejudice ... Because I think people do live on the border as well, so how do you actually distinguish where the border is, because some people live literally on the border, so are they a participant, are they not? I was never shown a drawn map of anywhere, or postcodes, so I haven't specifically been given a boundary (project staff)

In some instances funding transport to travel outside the county became an issue, in the following case vis-a-vis a mental health group which was unable to access an MA activity that was offered:

I don't really know how far and wide our clients come but I think it is quite wide. So I know when we were outside [outdoors], one of the teams who belong to the mental health attached team in X [county], they couldn't come

because it [activity] was in Y and it was out of county, so they weren't allowed transport funding, so that was quite a big problem (activity leader)

As a consequence, such territorial disputes and funding issues could render problematic the inclusion of some groups with 'mainstream' community provision. The following testimonies illustrate this aspect in relation to people with **disabilities**:

Another issue that has come up is how to mainstream people who have disabilities into mainstream facilities ... the main issue is around the way they're funded, and the way those funds are available ... (activity leader)

In terms of disability projects, so you get funding for just supplying that, in fact it's come up with some of the funding for X, the local authority, we actually got some money for the more inclusive, everyone can try trikes and things that were running at another site possibly, and they got very panicky and uncomfortable with the idea that they were funding from a disabilities pot for general cycling... (activity leader)

Or you have your general leisure provision, in which case they turn round and say, "but so and so has the money for disabilities, unless they give me some of that money, I'm not going to supply for disabilities," which is an issue... (activity leader)

When they first started funding disabilities in the community years ago, then they should have said, "right, if we're providing equal access, what extra support do we need in there?" and funding it directly, but whether we'll get there 's another matter... (activity leader)

#### **6.1.8 Criteria for 'success'**

Just as concepts of, and criteria for 'success' were found to differ widely at project level, similar differences in conceptualisation and perception were in evidence at Programme level. As participants highlighted, schemes that focused upon quantifiable measures of 'success' often had an easier time measuring performance against targets. The more subtle, but often more enduring indicators of success in a Programme such as Mentro Allan could be difficult to 'measure' in any traditional, quantifiable sense, when they resulted in sustained behaviour change toward more 'active living' over a relatively long time-frame:

I think so, and a lot more support yes [has been offered to sport-oriented national projects by national partners]. The reason I think that, one of the reasons for that is it's easier to measure targets on sport and sport clubs, it's easy to count numbers of people who are active. It's very hard to do that for someone who's being taught to ride a bike and goes out cycling. They're a non recognised bit of physical activity whereas Sport Wales and how physical activity is measured, it's all about targets, so those are the people that go under the radar, therefore Sport Wales, it's never going to be something that's that high. Just the way the system works, it's hard to recognise active living, so therefore it doesn't get as much support, so I think that's an issue (project manager)

#### **6.2 *In what ways have your partnership arrangements influenced the chances of reaching, involving and sustaining positive behaviour change in your target group(s)?***

We now proceed to address the sub-questions of the revised KLO4, although it should be borne in mind that participants did not always answer these questions directly, but

tended to give more general responses as to what worked well with partnership arrangements, and the areas in which these could have been improved.

### **Summary**

*Participants were often unsure as to the ways in which actual partnership arrangements themselves had influenced the chances of reaching and involving target group(s) and sustaining any positive behaviour change, but instead suggested more globally what made for a 'successful' partnership. These included having shared aims and objectives with partners, a single target group focus (for some projects) in order to enhance the relevance to both beneficiaries to both beneficiaries and to other stakeholders such as partners, effective referrals via partners, and sharing information, resources and training opportunities. More challenging partnership relationships were also reported where aims and objectives were found to differ substantially between different partners in the partnership. Just as concepts of 'success' varied greatly between individuals and groups, concepts of 'sustainability' were found to differ widely between participants, particularly at different levels of the MA Programme.*

### **Key points:**

*Having shared aims and objectives between projects and partners  
Focus on a single target group or small number of groups - to aid social interaction  
Need for effective referral processes  
Benefits of shared information, resources and training opportunities with partners  
Need for clarity and agreement regarding conceptions of 'sustainability'*

### **6.2.1 Successful partnerships**

Projects worked with local partners, often at an operational level. Some partnerships were considered as having more of an advisory role than a steering role depending on their degree of their involvement with the projects:

Well, as I said, the steering group's been more like an advisory group...

They're beneficial, then kind of getting a steering group, which we're about to change the name to an advisory group, finally, because that's what it's always been. So they've provided really good advice as well.

*With financial and staff management responsibilities being shouldered by the lead partner the supporting partners often felt the need to redefine their relationship to the project. In almost all cases the partnership has become referred to as the project Steering Group (SG) although in one case the partners felt more comfortable describing themselves as an advisory group. In general SGs have met two or three times a year to review progress with their project and to offer advice and encouragement. (p. 30; paragraph 7.3)*

It was reported that during the course of the MA programme some steering group partnerships had worked very well whilst others had been less successful. Those storied as being more successful were noted to have supported the projects from the inception of the project through its lifecycle:

We've had support, so people from the W or X, Y, Z sports officer in particular those four stand out as being very supportive throughout the life of the project.

Linkages with partners holding aims that cohered with the MA ethos, as well as with the target group, were also noted as being likely to lead to greater success in supporting behaviour change, in this particular case in relation to disability groups:

And I think having close links as well with the support, other agencies that work with disabled people, has definitely helped to get more people involved ... and those kind of partnerships, which are quite strong partnerships I think, this is the kind of thing you could put into future funding bids.

### **6.2.2 Shared aims and objectives with partners**

Coherence between the aims and objectives of MA and those of the partner organisation was seen as crucial in helping to support behaviour change in beneficiaries. Partners who actively supported the projects tended to appreciate and value the MA programme not least because their own organisations' needs and aims were also being addressed:

If you're working with groups you need to have support from the organisation which you're working with, and they need to buy into the project, if they don't buy into the project then you're going to be fighting a losing battle... they're the ones who know the people you're working with and if they're not supporting you then it's going to struggle to happen isn't it?

Indeed, sharing common aims and objectives between projects and partners was found to be of central importance and could have a great impact on the partners' involvement with the projects, particularly when time and resources had to be prioritised:

It's obviously not the priority of their managers or when they've come in they've got other things going on and, because it's difficult isn't it, because people have their own targets and if you can help them meet their targets and they're interested or whatever, or you can provide funding or whatever...

Because you have to go to so many different meetings. You tend to [think], 'Right, what can I do for my members?' I have to think of it like that - what am I doing for my members? I'm giving my time for my members, and so, rather than, like X [PC] is there for Mentro Allan, I'm there for my members ... It reaches the stage where you have to decide yes or no, this would be good for my members or that (steering group member).

Where partners were also involved at the grassroots level in the delivery of activities, they tended to place more value on the MA programme and 'buy into' its goals:

But it's really been about the ones who've bought into the idea and signed up to it and seen the value and maybe, a lot of the partners will probably never come on an activity, whereas some of the ones, even if they aren't particularly powerful partners, they've seen an activity happening, they've seen some good come of it, so they think, buy into a bit more themselves and are more likely to contribute usefully, but I think it's all about getting that buy in, seeing that it meets some of their needs and seeing that it's shared outcomes, but it's really hard.

Furthermore, if 'the outdoors' was seen as central to the 'core business' of partner organisations, this was likely to enhance the value accorded to the MA Programme and increase partners' commitment:

I think we've probably got more from organisations who see the outdoors as their business, I think, so national park, the National Trust, although they haven't got the capacity for doing a great deal, they see the value and support the project well (project staff).

It's very useful for us because we get sales from it, from what they're doing, they're drawing people to us naturally, they will possibly see something else that they might not have seen before or they might see something that engages them further, and you don't know what barriers there are to their participation, so they might wander in and see something and think, 'well that doesn't look that bad I'll come along and have a go'. So it works on both fronts really, definitely (steering group member).

X and I have kept allotments in the past and we've grown on allotments for many years. So then we got in touch with X [PC] and Y thought we were being a little under optimistic, pessimistic then, that it could go much further than allotments for children on the estate, and then we got together a business plan I think Y didn't we, we got together a business plan and we were saying that we could get all sorts of groups on this allotment and it just took off from there (committee member of community group)

This type of business relationship also proved beneficial for the projects themselves, for example in utilising the facilities of the partner organisation:

We kind of use X as a headquarters, as a convenience as well because we have got such a great surroundings and we have got good relations with the X manager and staff not only can we hold all our equipment there but a lot of the activities that we do provide, we do provide there.

The project-partner organisation link also had mutual benefits in terms of advertising and promotional work with target groups:

... the disability sports officer advertises the activities through her/his website and her/his brochure that goes out with our contact details, so that's one thing, so that's gone out to different people, people on her/his mailing list.

### **6.2.3 Single target group focus**

Some projects, tasked with targeting more than one group, found that the delivery of their project, as well as their partnerships arrangements, would have been rendered easier if they had only one target group of beneficiaries:

I just think it's, if we were just focussing on older people, then we could have all people who are interested in older people on the steering group, and they'd all have a stake in it, whereas we had some people from older people's forums and some people to do with young people...

Maybe it would have been easier I sometimes think with our project to have more of a, I was going to say a specific group...

I think having that broader, it's just impossible to say the whole of X and all of these different groups, and you're like, oh, on the one hand that opens you up to every possibility of what you could do, but it also makes it incredibly daunting in terms of having targets with all of those groups (project manager/leader)

A more unitary focus was also reported as likely to enhance the relevance to steering group members and thus increase their likelihood of commitment to attending meetings:

So it's like this tiny little bit of the meeting is relevant to me, and then others think that this tiny bit of the meeting is relevant to me (steering group member)

#### **6.2.4 Referrals via partners**

As noted in earlier sections, projects were sometimes involved with referral schemes provided by partner organisations. This, it was noted, could facilitate the outreach work of the projects in targeting more precisely particular groups and individuals, and could also enhance credibility amongst those who might need convincing of the benefits of MA:

Through that we were able to reach a group that, they'd been handpicked by the physio team as being particularly at risk of serious health problems with being obese, and they allowed us to work with that group once they'd finished with them, we carried on with them, so that was quite good ... But I think it gave, because the physios were involved and also their doctors, it gave it more influence with the support workers or carers, they felt more compelled to bring people along regularly.

Another form of referral via partner organisations was volunteer referral schemes, with which some projects became involved. These schemes proved very helpful in providing additional staff resources to deliver the activities, facilitating volunteers' skills development, and potentially leading to employment opportunities:

But probably the best example is someone who came through the job centre scheme, so DWP, as a volunteer, he got referred to the volunteer centre, put him in touch with us ... [they partners] send us volunteer referrals ... Well we did recruit volunteers from previous years as well, but we're trying to focus a little bit more on getting people, and it's actually trying to get them to do 200 hours over the course of a year, which is quite tricky, but we've had a few of them now. And so one person, this one person was referred in January ... and he started talking more to people, and he decided he wanted to apply for jobs, so we helped him to do the application form, gave him some advice, and ... they liked him and decided to offer him 25 hours a week contract as a support worker for their trust.

#### **6.2.5 Information, resources and training opportunities**

Successful partnerships often provided both project staff and beneficiaries with valuable knowledge, resources and also training opportunities to help engage with beneficiaries:

We basically made 4 pamphlets, each with 10 walks, progression walks, going from beginner to countryside advanced walks, and we did that in partnership with the X and Y, so that has been a really strong ongoing partnership.

Knowledge of opportunities: if you think about the countryside services, getting to know about routes that we weren't familiar with and things like that.

He did a little bit of training specifically for us, because he's got some mountain rescue expertise, but also him putting on training for some of our participants as well, and always letting us know when that was coming up so we were in touch with that. So that's a combination of knowledge but also training opportunities.

We've run [our activities] through X and they run an outdoor pursuits course, so they [beneficiaries] could train to be outdoor pursuits leaders and that sort of thing, and they know all the people who work at the X as well, and some of them I think would be keen to go on that course, that aren't that

academic, so it's something that they've got that they can aim towards, and they know the people there so it's not so daunting a thing for them.

If the young people participate in the activities will achieve the Duke of Edinburgh's Award. So that's what I do in a nutshell. I'm a development officer, so I develop all the projects with, underpinning the Duke of Edinburgh's award. So working with Mentro Allan was a big part of the service section of the Duke of Edinburgh's award... (steering group member).

## 6.2.6 Challenging relationships - divergence of aims and objectives

In contrast to the positive outcomes when partnerships worked well, there were projects that reported steering group partnerships to be somewhat challenging and thus to have no positive influence, or even a detrimental effect upon the chances of promoting behaviour change. For some PCs, steering group members had not proved to be particularly supportive. One of the reasons suggested for members' absence from meetings was a certain lack of clarity regarding the aims and processes of MA (see above), especially at the inception of the Programme. This meant that some partners were unsure of how and what they could contribute to the partnership and indeed why they were working with certain social groups:

Most partners in the project as it started out haven't really had much influence really. I think some of them got involved because they thought they should be, rather than they wanted to, and perhaps didn't really have a clear idea of how they could contribute to it.

Well, what was their remit in the beginning for working with economically inactive and unemployed? What were they hoping to - why were they given the money to work with that category of people? At the end of the day, because we've got targets we have to reach, we've got outcomes. What were their outcomes? (former steering group member, no longer involved)

It was considered that SG members were not always as supportive as they might have been because they did not recognise the relevance or value of the MA programme in relation to the key aims of their own organisation(s):

[They] haven't actually bought into the whole outdoor thing and don't see it as a high priority, and haven't put any effort into development or helping move things on.

*When partner organisations can see clear benefits from their involvement in the project, commitment to the SG tends to be stronger. However given the time it took many project staff to get to know their target group(s) and to build working relationships before starting their activities, such benefits sometimes remained unclear for a considerable time. This may be one reason why attendance at a number of SGs by partners has been patchy. (p. 30; paragraph 7.4)*

As indicated in earlier sections, definitions of 'success' differed greatly between individuals and groups. Some SG members appeared to measure the worth and success of an MA project merely by the number of beneficiaries engaged, according to some participants; a perspective which did not cohere well with the MA ethos and the wish to attract those from 'hard to reach' groups. Low numbers of beneficiaries, and the focus only upon specific target groups, were thus viewed as problematic by some SG members, who would have preferred a greater 'mass' uptake:

The X [leading organisation] is not used to having only three people participating [in the activity] so they stopped the activity.

They just haven't [attended]. Whether they've got other things, they're busy or, it's difficult, because Mentro Allan, because we don't work with huge numbers of people, there's 200 or so, 2-300 people who are registered, of which we are generally working regularly with 100, maybe 150, so it's not a huge number of people ... it's quite specific groups we're working with, so what they want is something that they can say anyone can take part in these activities, whereas what the programme was set out was to work with these groups, and to try and learn from how, it wasn't about, what's the easiest way to attract lots of people, it was about how do you attract people who are really hard to attract, or why don't you attract them, that's what it was about, so that's why you had the focus groups set up, but I think that's quite hard for people to see, that a lot of times you're not going to necessarily be succeeding in getting the most amount of people you could be getting.

Where partners were found to focus only on the quantitative element of evaluating a project, the 'numbers game', this was viewed as negative, running counter to the very ethos of the MA programme, and failing to capture some of the real gains made by beneficiaries:

So it's not like we didn't do what they were asking us for but... they were quite influenced by the X team there and... s/he is very anti any qualitative data, s/he is all about facts and figures, you can't tell her/him that you've made, 17% of the people involved are now doing 5 times 30 a week, s/he's not interested, s/he doesn't care, it's not success, it doesn't mean anything to her/him, that's her/his viewpoint.

### **6.2.7 Sustainability issues**

Just as concepts of 'success' varied greatly between individuals and groups, concepts of 'sustainability' were found to differ widely between participants, particularly at different levels of the Programme.

**Financial sustainability** was a key concern for many, with the need for income-generation to fund future staffing being signalled as essential for the continuation of the MA activities:

Well I think it would always, it's not sustainable no, and I would say that it will always need a coordinator, some sort of person that pulls it all together, that liaises with the volunteers, liaises with the other users, and other organisations that want to be involved with the Mentro Allan programme, so I don't think the way that it was going, it was sustainable at all in terms of not enough income generated to employ a coordinator. So it would always be reliant on grant aid (steering group member)

[What] I'm looking at now is economic sustainability, income generation that, from a building in X, so that will generate income, will fund an activities officer, and hopefully physical activity for local people will be sustained ... so the idea is that we draw down capital funding to extend the building and put green technology in there to make the costs of running that building really low, and then we develop the cafe area, we have a workshop in there so that X [PC]'s volunteers can continue with the bicycle recycling but in a proper workshop situation, we have interest from a private bicycle shop, to run a satellite of his shop from there, selling new bikes and clothing



and brake blocks and all those sorts of things. We have a meeting room/training room, so we can run training from there... (steering group member)

To enhance the likelihood of financial sustainability, developing and extending existing links with commercial partners was suggested:

We've got the cycle recycling project that Mentro Allan are currently running, we could be directing people to those, we could say, 'OK you hire your bikes at the moment to learn your mountain biking skills, if you want to buy a bicycle but you don't want to spend a lot of money, get one of these recycled bikes, buy one of those, see how you get on, if you like it you can always donate that back to the project and buy yourself a better, brand new bike,' and if we've got a bicycle shop with a satellite on their selling brand new bicycles as well, we've got that continuity (steering group member)

**Sustainability of activities via 'mainstreaming'** - for other participants, success was conceptualised in terms of the sustainability of a project or activity group beyond the life of the MA Programme, via 'mainstreaming' MA activities into existing provision, rather than as a continuation of an MA-type project:

Well we have got the likes of X that are interested in keeping environmental activities going. They have had funding to put another orienteering course in Y, so there are other reasons to buy in for the activities to be made sustainable as well.

We developed a programme of walks that were going to be open to the public over the course of 10 days, we did 18 different walks, all of different levels of strenuousness, and some of them were themed, so they had maybe a guide who was introducing natural history or social history. Some were just a walk in a pretty place, some were local right in the centre of X, some were a bit further away, and the reason why we got involved, not only because we've had quite a good, strong working arrangement with these guys, but we thought this might be an opportunity for us to mainstream some of our walks. So we hoped that by introducing groups that have been a little bit reluctant to go into mainstream walking groups they would have their first real taste of it.

Mainstreaming activities into statutory service provision was highlighted as a key way of sustaining the activities set up under the MA rubric:

In terms of sustainability that's probably as good as it's going to get, if you can get actual services adopting activities. It's always difficult and it always will rely on volunteers and it will always rely on personalities involved in the project, you can never guarantee 100% sustainability forever because there's always going to be a turnover of people involved, but getting groups and community groups, Communities First, statutory services to be involved and adopt some elements of it, I think is a good way... (project manager/leader)

The need to address and strategically plan for sustainability right from the inception of MA was highlighted by many, who felt that this element of the Programme had been relatively neglected until the latter stages:

I think I wanted right from the start to see a more complete planning through to an exit, not to build Mentro Allan necessarily as something, and now we've reached, Mentro Allan isn't a club, it's the organisation to develop

things, and I think I've always in my head thought, this has got to move on for sustainability and where's it going, and it never was going anywhere except with Mentro Allan, that was how I felt... (steering group member)

I think the way that Mentro Allan was established in the first instance, I don't think anyone had thought about sustainability at all (steering group member)

As highlighted by the MA evaluation element in relation to the sustainability of activities, the effectiveness of links between key partners in both the statutory and voluntary sectors was seen as a key factor in 'mainstreaming' MA activity:

*One aspect that may turn out to be important in terms of the potential for 'mainstreaming' MA activity as the programme draws to a close is the degree to which SGs (and OGs) have succeeded in establishing links between key statutory and voluntary sector partners. Whilst there are some good examples where this has happened, there are also instances where the contact has been weak or non-existent. Building working relationships and confidence between key individuals and departments both within and between the sectors is usually a critical precursor to embedding services in partnership work longer-term. (pp. 31-32; para 7.7)*

However, some participants noted that for key partners like GP practices, the nature of the MA programme as a research project would be unattractive and therefore not 'seriously' considered as a 'sustainable' provision for service users and patients:

They will do a referral into a recognised scheme. It had to be reliable in the sense that they were not willing to be responsible, directing the patients to somewhere - one's not credible, they've got to be looked after, health and safety, all of that, quite understandable, and also that it was credible in terms of reliable, that the person was not going to turn up and not be there ... This [Mentro Allan] has been set up, my understanding, as a pilot, to demonstrate accessibility, affordability, availability, needs assessment, it was not seen as a sustainable project, can't sell it to GPs on that basis, it's not got longevity, sustainability, durability, whatever you want to call it. It wasn't intended from the start... (steering group member)

This potential lack of sustainability was also noted by others in terms of the deleterious consequences for those beneficiaries who had commenced the challenging task of changing behaviour to adopt a more active lifestyle, but who might subsequently be left without the support systems considered necessary to sustain this behaviour change on a longer term basis:

I think there'll be a lot of negativity to come and it will give Mentro Allan a bad name when activities stop. For example, I think there'll be a huge moral injustice really, and what's been set up and the relationships because it's been a research project, I think the relationships are very intense and close, it's not just like a general project, I think there's been a lot of work with individuals and groups, that they've bought into and rely on and need now, because that's, I think a lot of people will personally go backwards ... That cycle of making changes will suddenly start going the other way and that's a worry really because that affects people's health and it's not promoting change of behaviour (project staff)

### 6.3 What changes have been made to improve the impact of your project?

#### Summary

*This proved a challenging question for participants to answer as it was sometimes difficult if not impossible to ascertain which changes had actually resulted in improving the impact of a project, due to the lack of a 'control group' amongst other factors. It was also noted as difficult to distinguish between the 'impact' of a project and other criteria for the 'success' of a project. Participants did identify changes that they considered to be general improvements to the management of projects, without being sure that these necessarily improved the project's impact. 'Impact' was also assessed along a variety of criteria, including, for example, the geographical spread of a project, and the number of target groups with which a project worked. Changes reported included revisions to the strategic and operational balance, changes to steering group composition, the developing of key contacts, sharpening the focus of some projects, and also widening the focus of others, and providing flexibility in relation to the activities offered.*

#### Key points:

*Changes in the balance between strategic and operational management*

*Changes in steering group composition*

*Development of key contacts*

*Changes in target group focus*

*Changes in activities offered*

#### 6.3.1 Changes to the strategic and operational balance

As clearly emerged from our research and also from the evaluation and action research elements of MA, different Steering Groups developed markedly different roles in relation to the management of the projects, particularly concerning strategic and operational management processes and how these changed and evolved longitudinally. The support of managers within the lead organisation was also highlighted as key to effective partnership working in order to enhance the impact of a project.

*One pattern that can be traced across several projects is the progressive shift away from strategic towards operational considerations as projects got underway. This resulted in many instances in a change of personnel attending SGs from partner organisations which also changed the character of meetings. Some SGs decided to hold on to their strategic role but decided to form Operational Groups (OGs) to enable those most closely involved in practical day-to-day issues to get together to deal with them. In these instances SGs have tended to meet less frequently (sometimes only annually) whilst OGs have enabled new partners and key individuals (e.g. activity providers, community representatives and volunteers) to get involved in practical discussions about activity design and delivery issues. In a few cases the SG has in effect become an OG, which holds the danger of reducing its capacity to make higher level strategic links as the project starts to reach its sustainability phase. (p. 31; para 7.5)*

*For obvious reasons project staff have welcomed the focus on operational issues, and many have appreciated the practical support which OGs have facilitated. It has been easier for them to see the purpose of an OG rather than an SG, although that is now beginning to change as the end of the programme gets nearer. Whether or not an OG has been overtly created,*

*experience has shown that supporting partnerships need to be dynamic, changing the nature of their composition at different phases of the project cycle. This can be done reasonably smoothly without completely losing the strategic overview, or the process can be rough-edged and uncomfortable. Much can depend on the way the supporting partnership (SG) is perceived by managers within the lead organisation and whether it is given status and appropriate support. This experience has varied across the projects. (p. 31; para 7.6)*

Some projects reported that adding SG partners with both strategic and operational input enhanced the effectiveness of the partnership and improved the impact of the project:

I think in recent, more recent times we've had some new people come on the partnership, although they perhaps aren't fully signed up as partners, but they come to the steering group meetings and contribute... X is a provider as well as being a strategic partner, in that they contribute to ideas as well as going out and actually doing it, and that's worked well, whereas the Y have been a strategic partner, but actually not really very involved in delivery...

Project staff also noted the importance of working with people at an appropriate management level within partner organisations in order to improve the success of projects, in the following quote in relation to social service-users:

If you're meeting with the managers, I think social day services, once we got involved with the actual managers of the day services and the overall manager, once we'd met with them, then the information filtered down, and that really improved our ability to get service users on the activities. Whereas in the early days, it was working with people who were not so high up in the organisation, not so influential.

### **6.3.2 Changes to steering group composition**

Many projects had thus found it beneficial to make changes to the composition of their steering group in order to include specific perspectives or to ensure greater or fairer representation. For example a project with a cross-county remit, decided to take on additional members in order to provide fairer representation:

We had changes to the steering group, so we added additional members because it felt that it wasn't a fair representation of both counties... (project staff)

Including beneficiaries in the steering group was found greatly to improve user input, and to enhance the decision-making process by avoiding time delays when project staff had to report back to their beneficiaries and then in turn report beneficiaries' comments back to the SG:

And we felt that we needed a service user on the steering group that we should have a representative, which was X who came onto the steering group and that was good to have an individual's perspective on the steering group ... very helpful - it broke up a lot of, "I think you should do it this way" or, straight away X would come in and give his point of view and then suddenly it completely changed, and it was thought about in the meeting as opposed to me going away, trying it, and then saying, "it won't work" and reporting back, we had that information there (project staff)

### **6.3.3 Developing key contacts**

The development of key contacts with organisations was highlighted as important in accessing target groups:

I don't know, someone latched onto the project, sort of had the information regularly but decided that - so that's been, taken that long to get to work with them ... I think when we first started, we sent out information to prospective groups and individuals, and they didn't get in touch with us, and you would have had fairly regular updates... but I think so yes [the right person], and just sometimes the right time ... and I think that only really happened because X's wife is an interpreter who's got personal links, so that's quite interesting.

They were introduced to us by a development worker we used to work closely with; she's changed roles but we did get a lot of value out of her in terms of being that bridge to certain groups.

The supportive relationship with the key contact person was considered essential for projects to obtain initial access to partner organisations and thence to their target groups, but the importance of flexibility and responsiveness to changing needs was also noted. Once access was secured and ongoing, the role of the contact person was likely to change and become more 'back seat':

But it has quite recently been identified that some of the young people have become too dependent on the youth worker, which is now where my role changed and I took a bit more of the lead because they wouldn't do anything, and it wasn't just with our project but anything in the community without the youth worker going to the house, dropping off the letters, getting their parents to sign, going to pick them up, so we needed them initially to support that access, but then almost to give us support but from a back seat, so that we could try and instil that behavioural change because they weren't getting a behavioural change...

On occasion [the development workers] have linked us up with a group that we weren't working with already, [they] let us know about them, we went in there and met them and then bit by bit their [development workers'] role became less important and our [project staff] role, we took on the [target] group let's say.

### **6.3.4 Sharpening the focus**

For some projects, having a greater impact on a smaller area was found to be preferable to having a lesser impact on a larger area, particularly when also trying to engage more than one target group:

Originally we talked about the whole of X but in the end we've worked on specific areas rather than just taking on that, that whole local authority would just have been impossible ... So I think taking that different approach, working more consistently in specific areas ... you either spread yourself so thin that a behaviour change is an impossibility, or you work quite intensively and get some learning outcomes. I think that's something that we've changed, and I think we've probably evolved... (project staff)

### **6.3.5 Widening the lens**

Conversely, some projects had changed their remit to open their activities up to a wider range of target groups so as to promote greater social inclusion:

Including mental health within the programme and then people under 18 as well, that it shouldn't just be, an adult shouldn't just be classed from 18 because there was people who weren't in school or educational settings from a young age. So changing almost, because Mentro Allan was meant to be inclusive and accessible, it was almost like we were being discriminatory of the actual group, the target groups ... it was felt that because they weren't in school or college where there is provision to do physical activity, that the individuals should be included within the target group ... if you're not in a school or a college, you don't have access or links to existing activities (project staff)

X [organisation] sent us, I think it was a newsletter, and in it they said that there were these sessions for rock climbing and for kayaking, and we were very interested because that's exactly what we were looking for Y. And although it's usually for older, well for adults really, because Y is educated at home, when we contacted them they were quite happy for him to be included, and it was perfect for us, it was just the type of activities we were looking for. So that's how we got their address and the phone number (parent of beneficiary)

### **6.3.6 Flexibility regarding activities**

The need for a flexible approach to activity provision was highlighted across many of the projects, together with an openness to learning and to change, as projects evolved and sometimes departed radically from their initial plans in order to find out what worked and what was less successful:

I think a project such as this, any project, you have to learn as you go along and adapt to what you see as successful or not, otherwise if you're so rigid, you always keep to an original framework, because let's face it, it was put together in two weeks by a room full of people that never particularly consulted with the local community, then you have to evolve. So those are things I think that we've changed from the original (project manager/leader)

We started to do 6-week and 12-week programmes, so tried to, but then we found the problem was that at the end of that time they thought that was it then and there was too big a gap before the next activity started, the next course, so then we were finding a lot of drop outs, so as a team we realised then that we have to have continual activities, because a lot I think, at the end of the 12 weeks, they'd achieved everything that we were about and off they went and we didn't see people then (project staff)

Yes there probably was in the beginning [more variety of activities], yes because we had the scavenger hunts and orienteering and different things, but it was mainly through take up of activities that we decided that it was no use having all this money spent, when no one was really coming to any activities, so we tried to home in on existing people coming, and what they, we tried to home in on what was working and spend more time developing the activities to different levels, as opposed to trying to lots and lots of things... (project staff)

Another one was the walking group. We had a walk for about a year which was going into a park but the problem was the path that led into the park was about a mile long and it was enclosed. It's quite claustrophobic, if you were on your own, if it was a low number of people on that walking group they felt, especially women, quite, not unsafe but there was no emergency exit, it wasn't open, so we changed the walk to go to a completely different area, a big open X park, plenty of parking, teas and coffees at the end of the walk, and it worked brilliantly, we had, we went from about 5 or 6 people to we had 38 people ... last year, and then the Thursday morning walking group is even more popular, but it's the same day, same time, same locations, we tried to do it in one area but it didn't work, so then we changed it to another area, because of those, because you've got the running water, you've got, it's quite a low gradient of walk, a loop, so you start off and loop back, a nice open area worked, people were, 'Oh this is great.' (project staff)

But they were saying, 'Well we don't know, some of them can't do the longer walks,' that was it, some of them weren't actually physically capable of going for more than half an hour or something, so that's why we ended up doing like a varied timetable and planning out walks, some easy, some hard, to try and suit everybody, so at least even if they had a group then that could manage a bit of a longer walk then they could see that it would be a bit longer... (project staff)

Flexibility with regard to changes in staffing level was also highlighted as important, so as to be able to distribute the work load in order to have a greater impact as a project:

I understand from what my, in terms of the steering group was, in the beginning the Lottery weren't that keen on coordinating some of the project, and then I think the steering group took that very much on and then fought a little bit when we proposed that, as getting a second member of staff in. In the end it worked out fine and we did get a second member of staff, but I think it would have been better in the beginning. So yes something I would change is having more coordinators on the group. I think you engage with a wider group as well, because they, a team is better, I think that's something I've gauged from both X's project, Y and Z's project, and another project I ran, both of which have, most of these projects, this has had a single person leading the project, it's really hard to do that kind of community project on your own, not be part of a team, and be able to have that kind of support, and I think, that's something to definitely learn (project manager/leader)

#### **6.4 Can you identify some 'golden rules' for creating a successful framework to support long term behaviour change in your sedentary group(s)?**

As noted above, and in interim reports and in discussions within the ESG, the notion of 'sedentary' is problematic and has been defined in a myriad of ways in the literature. Here, for practical purposes, we take the term to apply to those individuals who are physically less active than the weekly '5 x 30' (for adults) and '5 x 60' (for children) guidelines on physical activity.

'Framework' was interpreted in a range of ways by participants and we give below suggestions for supporting long-term behaviour change as posited by participants at all levels of the MA Programme in response to this particular sub-question.

## **Summary**

*A core 'golden rule' was noted as effective communication of aims and objectives to all participants in projects and also in the programme more widely. The role of partnerships was also seen as key, and the importance of establishing good partnerships relationships, and engaging with strategically- and operationally-oriented partners was reported, as was the need to take advantage of linking opportunities, to develop a wide network of partners and get to know key contacts, to become involved and known in local networking, and to become familiar with other projects/schemes in order to enhance learning and good practice. Regarding service delivery, it was felt important to establish good relationships with service providers, to be prepared to negotiate charges with service providers, to make links with existing provision, and to consider income-generation to fund sustainability of a project. Again, the benefits of incorporating physical activity as just one component within activities offered was noted as likely to support long-term behaviour change.*

### **Key points:**

#### **Programme level:**

*Communicate clearly and early on the aims and objectives of the Programme  
Develop good working partnerships at Programme level  
Share good practice across projects*

#### **Project level:**

*Integrate with existing local provision  
Engage in local networking  
Develop good working partnerships at project level with partners interested in the target group(s)  
Develop good working relationships with service providers  
Offer other activities alongside physical activities*

### **6.4.1 Effective communication of aims and objectives**

Communicate clear aims and objectives of the Programme and of specific projects to all stakeholders from the inception of the Programme and to all newcomers who subsequently join.

### **6.4.2 Partnerships**

i) Establish good relationships with reliable partner organisations interested in the project's aims and/or target group(s):

I think good personal relationships with partners. Reliability on both sides.

Finding partners who've got a sympathy and good understanding of the target group, or would be willing to learn and work with the target group.

I think in terms of partnership, it's really getting your partners on board as well with what your ultimate aims are, and it not just being targets, that's it's not just a number of, it is just, making sure people understand it is about behaviour change and not just getting 300 people in one year to ride a bike, that actually there needs to be more buy-in than just a target set by a funding body, that's fundamental, but so often you look at projects, everything's so funding driven and so target driven, that I think sometimes that's lost in translation, that level of buy-in from organisations (project manager/leader)



ii) Engage with strategically- and operationally-oriented partners, depending on the needs of the project during specific stages during its lifecycle:

I think we can be in touch with the big statutory formal organisations but also people are quite comfortable on a grassroots level as well. So we straddle these two quite nicely and generally we can fit in with lots of different types of partnerships, whether they're quite informal arrangements putting together an activity or more organisational.

So then we've started to get more people, because originally when we first started we needed more practical help with setting up the activities, so we started inviting people who were more involved with that. So they came, but then the people at a higher level were like, "Oh, is this a strategy meeting or is it a delivery meeting?" and it was a bit crossed, and then we needed more help with the delivery so that was good at that stage, they helped us deliver the activities. But now we actually need more help from the people involved with the strategy, to say, well these are the lessons learned, how can we take this forward and deliver projects in the future.

iii) Take advantage of linking opportunities:

*Where strategic support has been poor, one or two staff have managed to get involved with other partnership structures in their locality with agendas that make connections with what MA is trying to do. These have been productive sources of support and have raised awareness of the 'MA approach' with potential future partners, especially where there is a shared interest in improving the health status of sedentary populations. (p. 32; para 7.9)*

iv) Develop a wide network of partners and get to know the key contacts:

The more contacts and the more partnerships that you can create, the wider your network and the stronger your chances of, when there is a moment when you think, bloody hell I need that person, you know the person and there is the immediate, you don't have to phone up and say, "I'm so and so" they know you and you can go straight in there.

v) Become involved and known in local and regional networking:

So involve yourself as much as possible in everything that's happening locally and regionally, be well known, network and don't say no to opportunities, even if they don't always strike you as immediately relevant, quite often they'll become relevant, at least two thirds of the time they'll become very relevant.

vi) Become familiar and involved with other projects and other schemes to enhance learning and good practice:

I am involved in that and I, that's actually a much better forum for me because it still covers most of the issues we're doing ... lots of similar projects all under one group ... look at the learning from all different projects, rather than maybe just looking at, just learning from our project. I much prefer - I find it a better forum than the steering group ever was...

We did something a little bit different. X and I both sit on the committee of the local festival, it's quite big, and we tried to link that up with something recently where over the summer I did an arts and crafts based walk...

In terms of partnership, loads of our original walks and themed walks and more special kind of things, we've always done in partnership with other groups...

### **6.4.3 Service delivery**

i) Establish good relationships and rapport with service providers:

The first one is the building up of trust and putting that investment of time into developing the relationships, and once you've got those relationships developed, to be reliable and consistent.

ii) Be prepared to negotiate charges with service providers:

I think some people sometimes, actually yes, I don't know, sort of look for value for money because I think sometimes you can get, negotiate better deals with partners, service providers.

We've got a good partnership with X, the climbing centre; they've been giving us a good price for a weekly session, so they reduced the initial price which they quoted us ... so paying by direct debit is going to reduce the price again.

iii) Make links with existing provision rather than competing with it:

Yes, link into schools, see what stage, say if X, whatever year he's in, or whatever year that child or youngster is in, what are the schools doing at the time, what is the curriculum doing at the time, then why not assist, read off the curriculum, if they're doing horticulture or geography or something like that, then Mentro Allan can put the physical aspect to the theory, do you get what I'm saying. If there's a study about say the Romans or something like that, then Mentro Allan can take the field trip. Because schools now don't have time to get out of the classroom, and because of the teachers, because of all the health and safety, the teachers don't want to bloody get involved.

But you could argue that it complements 5x60 in schools not duplicates it. This goes back to competing with the same young people, will you not? Because if there's an opportunity for young people in 5x60 that identified outdoor activities you can signpost them into a Mentro Allan project, so therefore that officer, 5x60, can concentrate on something else for the other people.

Yeah, bring those projects together rather than keep them down separate lines, and I think that was a bit short sighted from a national perspective, from officers (steering group member referring to the 5x60 programme).

iv) Consider income-generation to fund sustainability of a project:

The possibility of generating an income through setting up a scheme for people coming from outside X to come to visit, usually putting together tourism packages for people, so we're hoping to look into that.

### **6.4.4 Incorporate physical activity as one component of activity**

The varied and multidimensional experiences of project staff in the MA programme encouraged many of them to approach the organisation and delivery of outdoor physical

activity to their target group/s in a radically different way in the future, including shifting the focus away purely from physical activity for its own sake to physical activity as part of a more holistic approach:

Develop some different things to do with biodiversity and, so moving away from physical activity, focusing more on getting people into the countryside, learning about nature, which is a good thing I think. That's something I think you've bettered the project if it's looked a little bit more holistically, because this one's focused a lot on the physical activity, that kind of measuring, increasing physical activity levels of the participants, is one of the measures of success, or how it's going, the target, but in fact there's so many other benefits to the individuals who are taking part ... And probably more important, these kind of, getting out into nature and all the benefits that can bring, and the soft skills [social skills, confidence, self-esteem, skills that 'can make you more employable in the future'].

This chapter has addressed the original research question posed for Key Learning Outcome 4:

**What partnership and management issues have arisen from the Mentro Allan programme?**

Along with the newer research question and its subsidiary questions:

**What partnership, management and service delivery arrangements work best to support long term behaviour change**

- In what ways have your partnership arrangements influenced the chances of reaching, involving and sustaining positive behaviour change in your target group(s)?
- What changes have been made to improve the impact of your project?
- Can you identify some 'golden rules' for creating a successful framework to support long term behaviour change?



## **CHAPTER 7**

### **Participants' feedback on the evaluation process**

As the MA Programme was highly innovative in its design as an action research programme, the projects themselves were engaged in undertaking action research and in involving beneficiaries in determining many of the elements of the local activities themselves. Distinct from the Bath/CCRI Research Team's research contract, a separate participatory action research (PAR) project was in place from the very inception of the MA Programme, led by the Central Support Team and guided by the Evaluation Steering Group. The PAR focused on the use of participatory methods to inform the development of local activities, and the extraction and reporting of learning both to and at Programme level. As part of the PAR, it was the intention to train all local Project staff in some form of action research methods. This training was provided by consultants previously involved in the Welsh Assembly Government's Sustainable Health Action Research Programme. These consultants became part of the Central Support Team (CST) and prepared practical guidance on action research techniques, together with one-to-one tuition and support to help Project staff implement these methods with their target groups. Full details of the PAR project can be found in the *Mentro Allan Briefing Paper Action Research Issue 1* (2010), available from Sport Wales.

In October 2010, the Bath/CCRI Team was asked to seek the views of beneficiaries and other participants regarding their experiences of being involved in the ongoing evaluation process of MA, including the PAR. As is considered good practice with such participatory forms of research, feedback from the participants themselves on the research processes and the research project itself was considered important (c.f. Allen-Collinson et al. 2005), and the PAR Team thus undertook to garner detailed feedback on the participatory action research project itself.

#### **7.1 Participants' feedback on the evaluation process**

In general, beneficiaries indicated that they did feel consulted about what activities they would prefer to do, and both PCs and beneficiaries felt that it was more productive and effective to develop activities in consultation and by mutual agreement. Many beneficiaries, however, indicated that they relied on their projects, particularly the PCs, to 'show' them what activities were potentially available. In many cases beneficiaries were simply not aware of these possibilities, and needed guidance in thinking through what might be of interest. Some beneficiaries were more than happy to leave it to projects to decide upon a range of activities, seeing this as the responsibility of project staff, and then to 'give it a go' once the activity was up and running. PCs emphasized that it took time to develop trusting relationships with and between beneficiaries, to a point where beneficiaries felt empowered to make their own decisions.

For many participants, when their views were sought on the evaluation process, there appeared to be some degree of confusion between the evaluation element of MA and the completion of Physical Activity Level (PAL) forms to assess a beneficiary's level of activity (see section 7.4 below).

For those who did provide feedback on the evaluation element of MA, experiences were found to differ widely between projects, with different degrees of involvement being expressed, both in terms of 'formal' evaluation, for example at specific evaluation events and in focus groups, and in more informal, ongoing situations.

So we tried to then, at the end of the cycles, do a focus group, to try and talk and find out what they enjoyed, what they didn't enjoy, what do you

want to see now, do you want to see more of the same, what can we do to improve it, and it went from there really. So it was always through what they wanted to see (project staff)

Yes, what we did, there was about 20 of us in the meeting and we had to write down on a bit of paper, what do you think the money should go for? So I think they counted them all up and I think most of them said it would be for maintenance and refreshment... (beneficiary)

Yes I think so because we had a Xmas lunch, Xmas before last maybe, in X, and there was a little meeting before hand where Y went through the aims and asked for our ambitions, our suggestions, whatever, but yes I've never felt I couldn't [offer suggestions]. I never came up with anything because I don't have anything to come up with, but no I've never felt that I couldn't contribute (beneficiary in relation to feedback on activities)

They've implemented most of what we, because we had a feedback session a few weeks ago, and some of the things, like we've mentioned about the minibus, well they've got us a minibus once a month... (beneficiary)

For some projects, the informal mode ('normal talking') was found to be an effective means of gaining beneficiaries' feedback on what worked well, did not work well, and on their general preferences and ideas for improvements.

Our project has always been one where we've always done things evaluation wise, informally ... Just by going on away trips, away days, going into the class and just sitting down for 5 or 10 minutes and talking with them ... I wouldn't want people coming and questioning me, using me as a bit of a guinea pig, because I don't want to be a guinea pig, I want to feel like I'm doing this because I want to do it, not because X [PC] has got to get some statistical evidence from you. So then I'll just usually keep up there and just come back and write some notes on it, looking to the start of the project, not so much in the participant but just general, and then just feed that back, and the questionnaires, hopefully that information'll come back. So whereas Y is like, 'Have you done an evaluation session?' 'Well I have but I've done it informally: Z and I just jotted down some notes'. I feel that, because the way I work with the groups, the way I am personally, I don't want to go in there continually, 'There's a form, sit down, put a dot round,' because some people ask how it works, when we go to the seminars, it's a bit more formal isn't it? The seminars, what we've had with the central support team, so yes, we are, we're coordinators feeding that back and that's fine, but when you're a participant on a programme and you're actually actively doing something that affects your life, I don't think you should be seen as a bit of a guinea pig, it just should be off the cuff, and sometimes people, especially up here they're more giving when it's an informal environment, whereas if we sat them in a room they'd clam up. Some of the best conversations I've had with participants is when I've been on the activities themselves, 1 on 1 just walking round the park or the lake, and you get, you can start off the conversation by saying, 'Did you watch TV last night?' and quite often the information has come out naturally, without even the questions being asked (project staff)

Through normal activities, talking, 'How's this going?' we don't tend to sit down with them and write on the board what we want to do. If they've got anything that they want to add, let us know, put it down on paper, we'll

keep it with us, and we'll make sure that it comes up then when we have our big meeting [steering group meeting] (project staff)

Yes because s/he comes and makes sure s/he talks to everybody when s/he's got a minute, so s/he's, s/he talks to you, 'How is it going? What do you think of it?'... (beneficiary)

Just by speaking. Having conversation ... Yes during the activity (project staff)

There was a wide range of experiences of beneficiary involvement in the action research process, via evaluation of the activities provided and how best to run them. Some beneficiaries reported being involved at the inception of the project and then again when activities actually commenced. Others felt involved during the full life-cycle of the project, and their suggestions were taken on board:

I said to X, designate people to specific roles and [it] has been taken on board... (volunteer)

We suggested that the MA offers a package of risk assessed walks to service users (carer)

I can give you two examples [of involvement in evaluation]. The first one I joined, X asked me was there anywhere in particular I wanted to go and I couldn't think of anywhere, because I'm a very slow thinker, and then must before Xmas we had a feedback session, up at Y in the old rugby club where we had a meal, and Z used a flip chart and we all fed into it what we wanted out of it and what was good and what was bad, and one of the things was we started at half past one and finished at half past 3, it's too short, so we now start at half past 12, themed walks cropped up like historical, or do a bluebell walk when the bluebells are in season, that sort of thing, that came up, and the exercise part of it came up, because I strictly believe that the secret of keeping moving is to keep moving, so, there is arthritis in our family and I am determined to keep moving, so that's why I walk, so we did have a lot of input into how it was developing... (older beneficiary)

Well yes because we never used to go on outings, but then when we had a meeting, somebody said, 'It'd be nice if we could go somewhere else,' and since then once a month... (beneficiary)

Other beneficiaries felt they were not really involved actively in the evaluation to any great degree:

No, we've never been asked if we want to do any more activities, or do anything else (beneficiary)

Whilst others felt that they could be involved if they so wished and had something they wished to raise:

Not really discussed it, to be quite honest, I've never really discussed anything like that, but perhaps you just don't feel as though you could do or something, you could actually do that ... it's never crossed my mind really ... It probably never crossed my mind but now you've said it, if it came up as an issue I probably would ask (beneficiary)

For beneficiaries joining an existing activity, many were happy to join in with what was already in place, and were not aware that they had the option of feeding any comments in to the action research project.

The evaluation process was found to vary greatly, depending upon a range of factors, details of which follow.

## **7.2 Degree of commitment to the evaluation and research element**

Project staff varied in the degree of commitment they felt to the evaluation and research element of MA, often depending upon the time available to engage in this element of their work on top of a sometimes heavy workload, where they had to juggle competing priorities. The following quote relates to the use of reflective diaries, which were initially used to elicit feedback from project staff:

Not so much in the beginning, but I think, maybe 6 months in or, initially it was ok, but I don't think they were really looking at what we were writing initially because there was that much going on, they weren't really looked at, and then obviously when we weren't writing enough, they were saying, "you've got to write more, you've got to be writing every day after an activity," which is impossible to do anyway. But that was quite a, I thought that was a negative tool so I didn't end up using it in the end. I thought, well, if it's not going to be used effectively, it's not worth spending time, and it was time because it was after your working hours you were writing on the diary and obviously the times you're writing it are not always the best times to write a diary anyway, when you've had a crap day and had enough and don't really know where you're going or whatever, it's not the best time to write stuff (project staff)

## **7.3 The type of target group**

The nature of a project's target group(s) also influenced project staff's engagement with the evaluation and PAR elements of MA. For example, some groups were reported by project staff to be quite challenging groups in terms of engagement with the evaluation methods (for example, young people, people with disabilities and those with mental health issues):

It was more about we weren't doing, but if you, what really I think the bug bear was they didn't see what we were trying to do on the ground, and not every project fitted their evaluation methods that they were trying to enforce, that it doesn't work for every target group, and we spent loads of sessions trying to get that across, and then never getting any solution... (project staff)

As highlighted in section 7.1, PCs noted that it often took some time to develop trusting relationships with beneficiaries, to a point where beneficiaries felt able to take part in the evaluation process, particularly when beneficiaries were reluctant or resistant to getting involved in additional 'work' beyond engagement with physical activities.

## **7.4 Evaluation and use of the PAL forms**

Confusion regarding what actually constituted 'evaluation' was reported at all levels of projects, from beneficiaries through to project staff. Many participants perceived the Physical Activity Level (PAL) forms to be part of, or indeed the only component of, the evaluation process, perhaps due to the fact that these forms were often circulated during formal evaluation events. Furthermore, some projects had adapted the PAL

forms to incorporate additional questions seeking feedback on what types of activities were being undertaken and how often, perhaps understandably leading to a perception that the PAL forms constituted part of the wider evaluation process.

The following comments were made in response to interview questions about the MA evaluation process and participants' involvement in providing feedback as part of MA's action research:

Because they [target group] don't understand the [PAL] form, the light and moderate doesn't mean anything, but that was the same with all the target groups, that light and moderate isn't an effective way of measuring physical activity. So they said they'd take all this on board and redevelop the form, and then nothing ever happened, so we as a project had to devise the activity diary, as a method, which took probably months to devise and run through the steering group and test the actual method with people to see if it works or not work, and then months later a PAL form came out that had been re-devised by another project, and they said, "just use that," that was their solution, so we had to completely change again, how we were collecting the PAL forms and use another method. So when the form went back to the people who'd already done the first method then it was just confusion city, but it was lots of things like that really, that there was never a solution made, it was always, "that project's doing it this way, so everyone does it that way." But I just don't think it was understood what each project's needs were locally (project staff)

Yes [we do get feedback - from doing the PAL forms] well lots of people have commented, especially the X group... I think so yes. It's not the ideal way but it's a start, it's a form, a start of communication, even if, 'Oh here come the PAL forms' (project staff)

Not in any formal way. Which I think a lot of people would hold back if it was formal, they wouldn't want to, 'Oh no, I'm not doing that,' but because it's, 'Oh do you want to do this? How do you think you're doing?' people say, 'Oh yes, I find I'm going out other days as well' (beneficiary)

## **7.5 Evaluation events and methods**

With all the projects, a member of the Evaluation Team helped to set up an evaluation event with beneficiaries, and conducted discussions with them in order to assist with their input into the project and its evaluation. There was participation in and facilitation of steering group meetings by the Evaluation Team, and project staff reported this involvement to be very helpful; indeed greater help with the evaluation dimension of MA was seen as important, particularly at the inception of projects:

Evaluation, so support with evaluation, actually physically on the ground, so not just going to Cardiff, having somebody who's an expert working with you, especially in the beginning (project staff)

The need for a 'listening ear' and a positive and helpful response from the CST when projects signalled that things were not progressing too smoothly or needed advice and support for a particular problem, was highlighted, so that project staff felt able to report negative as well as positive evaluations, without being criticised. The following quote refers to on-line evaluation diaries that project staff were asked to keep early on in the operation of MA as a means of providing feedback.



The only person who's been brilliant is X. Because when things are going really bad, s/he was always, no matter what you were doing, supportive. Because when things were always going really bad, or you felt really low like you didn't know what to do next or, s/he was brilliant really ... s/he's got the perfect manner and takes time to listen, whereas if you reported anything to Y, then it was never really responded to or commented on. And if you put something ['negative'/'not working'] in your diary, then you'd just get phoned up and, "what've you written in your diary? What's this all about?". And then I thought, right, I'm not writing the diaries anymore - the evaluative diaries on line ... Instead of [saying], "is there anything we can do to help? Do you need support with anything? Is there anyone we could link you with to talk to? So and so's had a similar experience," because surely if they notice things in a diary that are similar, they could say, "ring so and so at Mentro Allan and they might be able to discuss how they've come through a problem" (project staff)

Given the confusion at all levels of the programme regarding what exactly constituted the evaluation element of MA and the role of the action research project, the need for clarity of communication regarding the nature, aims and purposes of the programme as a whole was again evident. It appeared that 'on the ground' in the projects, a diverse range of different forms of evaluation was in operation, some methods being 'formal' than others, but that these evaluative forms were not always necessarily recognised as 'evaluation'. In many cases, however, the informal methods of seeking and gathering evaluative feedback were highly effective and, in the light of beneficiaries' experiences and suggestions, did result in changes to the operation of projects and to the kinds and patterns of activities organised.



## CHAPTER 8 Conclusions

### 8 Introduction

In this chapter, we summarise and draw together the findings of both the qualitative and quantitative elements of the research project, highlighting any connections between the two data sets across the KLOs where these exist. Where appropriate, we also indicate where key findings are appropriate to a particular target group or groups, and to the activity providers.

#### 8.1 KLO1: How do people in different sedentary groups change their behaviour to get active and stay active?

##### 8.1.1 What sort of things cause people to take the first steps towards change?

###### Participants in general

From the perspective of the beneficiaries themselves, health concerns and issues often acted as a trigger to engagement. The attraction of the social aspects of participation was also highlighted by beneficiaries, as was the possibility of engagement with 'value-added' activities (such as education and conservation) alongside the physical activities themselves.

###### Target groups

For some people with disabilities, mental health issues, and some older people, the importance of effective referral (whether formal or informal) by a key person was noted as important in initiating their engagement with an activity. For children and young people generally, an informal approach to engagement was found preferable. Using an approach that did not resonate with school-based forms of compulsory engagement with PE was indicated as important. For some all-female groups, the importance of having a female instructor or leader was emphasized, but this finding did not relate to all female groups.

###### Providers

From the perspective of the providers, the need to raise awareness of opportunities for undertaking physical activity, and to provide clear and regularly updated information on what was available, was noted as crucial. The need for outreach promotional activity by projects, particularly with older people, and those with disabilities and mental health issues was also highlighted. The benefits of providing 'value-added' activities, where something other than just physical activity was offered to beneficiaries in order to attract them (for example nature or history walks, or conservation activities) emerged clearly, as did the importance of providing a social dimension to the activities.

###### How can the quantitative data inform these issues?

Whilst the quantitative data offer limited potential to identify *causal* relationships between observed behaviour and the reasons for it, they do indicate clear successes within the project as a whole in targeting specific groups – black and ethnic minority people, women, older adults and those with disabilities in particular. To the extent that these demographic groups contain higher proportions of sedentary people in the population as a whole, this is a clear success of the project. The quantitative data also do indicate that behaviour change towards increasing exercise is positive amongst those who filled in a series of PAL forms: the proportion of those filling in successive PAL forms, who meet minimum government exercise requirements, increases.

**Key points of practice:**

- Provide clear, regularly updated information regarding opportunities
- Facilitate the social aspects of activities
- Provide 'value-added activities' with elements additional to physical activity
- Consider the gender of the instructor/leader

**Key issues relating to target groups**

- Ensure an effective referral system is in place (whether formal or informal) for people with disabilities, mental health issues, and some older people
- An informal approach to engaging young people may be more productive
- Consider outreach promotional activity in order to engage those with disabilities and mental health issues, particularly if they are not involved with support services

**8.1.2 What are the barriers that have to be overcome to achieve change?****Participants in general**

The key barriers reported were cost, particularly costs of transport to the outdoor venues, and of the activities themselves where a charge was made for these. Transport problems were similarly highlighted as considerable barriers, in both urban and rural areas, and participants suggested potential ways of tackling the transport barrier, such as the use of car-sharing and car pools, ring-fencing project funding for the provision of transport, and paying a mileage allowance to volunteers for transporting beneficiaries to activities. A lack of appropriate 'alternative' (non competitive sport) opportunities was signalled by beneficiaries as constituting something of a barrier. For some potential beneficiaries a lack of self-efficacy and belief in their own capabilities operated as mechanisms for self-exclusion and thus barriers to participation.

**Target groups**

For some BME groups, language issues emerged as a barrier to engagement, where instructors for example did not speak the same language as members of the activity group(s). Not all BME groups experienced such problems, however. For those with children, particularly those from economically-disadvantaged groups, a lack of childcare provision acted as an important barrier to participation. Means of tackling the childcare barrier were suggested by participants, for example, linking with existing schemes that already provided childcare, such as Sure Start and Flying Start schemes, the provision of family-friendly activities where the whole family could take part, and the ring-fencing of project funding for the provision of childcare.

For young people in particular, social and peer pressure, and certain sub-cultural practices (smoking, alcohol and drugs) were reported as barriers to sustained participation. Stereotypical thinking about what was 'appropriate' for certain social groups was found to constitute a barrier to participation, with class-based and gender-based stereotypes being particularly salient, as were social constructions of disability and mental health groups as being unable to do certain activities.

For beneficiaries with carers and support workers, the attitudes of these latter could operate as barriers to participation by their clients, and health and safety concerns and requirements often worked as constraints that carers and support workers were obliged to take into account, for example in relation to the need for specialist equipment, the security of their clients and also the support workers' own health problems and potential injury risk. Means of tackling the 'carers barrier' were suggested, such as trying to match client and carer/support worker in terms of physical activity capabilities and preferences, and treating carers/support workers as a separate 'target group'.

## **Providers**

The need to reduce barriers of cost (of transport, activities and childcare), particularly for those on benefits or low incomes, emerged as key. The language and communication needs of some specific groups need to be taken into account in engaging these groups. For those with childcare needs, especially those on low incomes, the provision of childcare was essential. The need to provide 'alternative' activities rather than just 'school games' type, competitive sport activities was highlighted. Efforts should be made to tackle prejudice and negative stereotyping - based on gender, age, ethnicity, 'class', dis/ability, mental health issues, at least within the projects and programme.

## **How can the quantitative data inform these issues?**

The quantitative analysis suggests that barriers to participation do not lie in the inherent demographic composition of those who registered for Mentro Allan or who filled out at least one PAL form. Together, gender, age, ethnicity and disability accounted for only about 8% of the factors that could be considered to trigger participation. Indeed for those filling in successive PAL forms, the proportion of people declaring themselves to have a disability actually increased as a proportion of all of those filling in a PAL form. This would suggest that barriers to participation are largely to do with material constraints or with attitudes and dispositions about participation.

### **Key points of practice:**

- Reduce barriers of cost (of transport and activities), particularly for those on benefits or low incomes, for BME groups and for young parents
- Take into account language needs for those without English/Welsh as a first language
- Address transport and childcare needs, and where possible those of carers/support workers
- Provide 'alternative' physical activities rather than only traditional, 'School-type', competitive, team-based sports
- Tackle prejudice and negative stereotyping - based on gender, age, ethnicity, 'class', dis/ability, mental health issues

### **Key issues relating to target groups**

- Language support may be required for some BME groups
- Communication support may be required for those with learning disabilities

## **8.1.3 What motivates and de-motivates people in the course of behaviour change?**

### **Participants in general**

The attraction of the locality was signalled as an important motivating factor, together with the perceived relevance of activities to beneficiaries. Again, having activities other than 'mainstream sporty' ones clearly worked as a motivating factor, as many beneficiaries indicated feeling alienated from more mainstream sports. Social and hedonic incentives were also highlighted as strong motivating factors, along with a sense of achievement.

In contrast, de-motivating factors included the cost of participation, boredom with the activities, and for some, a perception of environmental and conservation-related activities as 'work' and therefore undesirable. A lack of consistency in, and predictability of provision was also indicated as very de-motivating. Other de-motivating factors were individuals' experiences of injury and pain during and following the physical activities.

## **Target groups**

Some young people perceived environmental and conservation-related activities as 'work', which they found de-motivating. Whilst the opportunity to take part in non-mainstream, non-'school games' sports was signalled as a motivating factor across all target groups, young people were particularly vocal in this domain, indicating that they preferred exciting, 'adventure-type' activities. Some disability groups also, interestingly, signalled that participation in these latter forms was particularly motivating. It should be emphasized, however, that these findings relate to specific groups of youth and/or disability beneficiaries engaged in MA, rather than to all such groups in the population more generally. MA sought to target young people not currently engaged in physical activity, and in offering outdoor activities (beyond the 'school games' type), it was, not surprisingly, found that these groups expressed a preference for 'outdoor pursuits' rather than 'outdoor games' types of activities (see Appendix 3 for Sport Wales' categorisation of 'outdoor pursuits').

## **Providers**

One of the key de-motivating factors was found to be a lack of consistency and predictability of provision, particularly when activities were cancelled at the last minute, so providing consistency of provision is clearly of central importance. The need to provide 'alternative' activities rather than just 'school games' activities was again highlighted. Goal-setting and incremental, 'staged' activities were reported as motivating factors by beneficiaries. Making good use of the benefits of the locality was signalled as important.

## **How can the quantitative data inform these issues?**

The quantitative data certainly indicate that greater proportions of those who fill in successive PAL forms increase their activity and meet government targets at each successive PAL stage. Whilst this again does not describe a causal relationship, it would appear that 'staying the course' does seem to lead to increased physical activity over time. The quantitative data also indicate shifts in popularity in different kinds of activity over time according to the PAL form activity classification: outdoor activity becomes increasingly important as an activity category and competitive sports become less popular.

### **Key points of practice:**

- Maximise usage of the attractions of the locality, including 'doorstep' locations
- Provide 'alternative' as well as more mainstream, 'school games-type', team-based sporty activities as these former attract beneficiaries and sustain their commitment
- Use goal-setting and staged levels of activity to sustain motivation
- Ensure consistency in, and predictability of activity provision so that beneficiaries know what will happen, where, and when

### **Key issues relating to target groups**

- Young people and disability groups in particular expressed a preference for 'non-traditional' non 'school games' type activities (including exciting 'adventure-type' outdoor pursuits)

## **8.2 KLO2: What support do people in different sedentary groups need to get involved, change their behaviour and sustain that change?**

### **8.2.1 What types of social/group/professional support do people find helpful?**

#### **Participants in general**

With regard to support for initial engagement, participants highlighted the need for informational support, the provision of incentives such as 'freebies', consultation and dialogue, the provision of specialist clothing, and of specialist training for project staff.

Support for continued participation included incentives and rewards for achieving progress. Again, consistency in provision was signalled as very important to beneficiaries. Tangible support in the form of equipment was also highlighted, as was the facilitating of social support via a group ethos. In relation to interpersonal support, motivational support from project staff and other workers such as volunteers, was emphasized, although so too were the dangers of 'over-support' and a dependency culture, particularly given the need for sustainability of physical activity participation beyond the life of Mentro Allan. Overall, it was reported that the nature of types of support was likely to change longitudinally, as beneficiaries developed in their physical activity trajectory.

#### **Target groups**

Language support for some (but not all) BME groups, and communication support, for example for groups with learning disabilities, were indicated as forms of support specific to target groups.

#### **Providers**

The need for consultation and dialogue with beneficiaries was emphasized, in order to provide the most appropriate forms of activity in the context. Incentives for engagement and progress, such as 'freebies', were seen as useful forms of support. The provision of specialist equipment and training for staff was also seen as important, together with appropriate levels of motivational support to beneficiaries from project staff and other workers involved in providing the activities.

#### **How can the quantitative data inform these issues?**

The quantitative data did not address any issues associated with support mechanisms.

#### **Key points of practice:**

- *Engage in consultation and dialogue with beneficiaries to ascertain their needs and preferences*
- *Provide incentives for engagement & continuation such as 'freebies'*
- *Provide specialist training for staff in the use of equipment and in relation to working with groups with special needs*
- *Provide specialist equipment*
- *Provide appropriate levels of support to beneficiaries from staff & other workers*

#### **Key issues relating to target groups**

- *Language support may be needed for some BME groups*
- *Communication support may be needed for those with learning disabilities*

### **8.2.2 What practical needs have to be catered for both short and long term?**

#### **Participants in general**

Informational needs were again highlighted in this domain, including the need for advertising and promotion of activities, and for effective signposting to other existing activity provision, in order to ensure sustainability of the activity beyond the life of the MA project itself. Material support was also highlighted in relation to practical needs,

such as the provision of transport, equipment and also facilities such as public conveniences. Health and safety needs were seen as key areas, particularly (but not exclusively) for special needs groups.

### **Target groups**

The importance of reliable and affordable transport was signalled, particularly for those on low incomes or state benefits. Health and safety needs are important across all target groups, but particularly for those with physical and learning disabilities, and for those with mental health issues.

### **Providers**

Again, the need for accurate and updated information regarding availability of opportunities was highlighted, along with the importance of signposting beneficiaries to existing provision in the locality. Reliable and affordable transport was again highlighted as an essential practical need, as were appropriate equipment and facilities, and health & safety provision.

### **How can the quantitative data inform these issues?**

The quantitative data lend support to the importance of information needs because a number of data omissions in the quantitative datasets do restrict the explanatory power of the data. In terms of project monitoring, for example, the steep decline in the completion of successive PAL forms does place limitations on the ability to monitor partnership projects successfully.

#### **Key points:**

- *Ensure that accurate and updated information is provided to potential and existing beneficiaries*
- *Facilitate signposting to and linking with existing provision, particularly with regard to sustainability of physical activities*
- *If possible, provide reliable and affordable transport*
- *Ensure the provision of appropriate equipment and facilities in order to ensure that activities take place safely*
- *Consider health & safety requirements in order for activities to take place safely*

#### **Key issues relating to target groups**

- *Affordable, reliable transport is a key requirement, particularly for those on low incomes*
- *Special health & safety provision may be required for those with physical and learning disabilities, and for those with mental health issues*

## **8.2.3 What ways of running physical activities are the most successful?**

### **Participants in general**

Participants found this particular question difficult to answer given the myriad of ways in which 'successful' could be judged, and so tended to focus upon what 'worked well' in the projects. For most beneficiaries interviewed, criteria for success were viewed as relating to the smooth and efficient running of the activities, and having consistency of provision, in terms of knowing what, when and where activities would be held. Including physical activity as just one component of activities was again considered by many to lead to a greater chance of 'success' in terms of sustaining numbers of active beneficiaries.

## Target groups

For some all-women groups, the availability of single gender activities/sessions was seen as important in ensuring the successful running of activities.

## Providers

Facilitating individuals and groups in sustaining their physical activity post the MA Programme was certainly highlighted as indicative of a measure of success by some project staff. Some of the key themes that emerged were: the need for local consultation and also integration with existing local provision, together with the need for forward planning in order to provide variety and stimulation in the activities offered. The importance of having appropriate, well-trained instructors, leaders and volunteers was noted as salient. Again, the benefits of providing other activities alongside physical activities emerged clearly.

## How can the quantitative data inform these issues?

Whilst the quantitative data do not allow the identification of different ways of running successful activities, they do identify which kinds of activity became more popular and less popular over time (see section 8.1.3 above). To the extent that the running of successful activities is influenced by 'giving people what they want', then acknowledging their preferences for different kinds of activity will support this.

### **Key points of practice:**

- Consider carefully the benefits of integration with existing local provision when setting up activities so as not to compete with other providers
- Provide appropriately trained instructors, leaders & volunteers
- Provide other 'add-on' activities alongside physical activity, to attract beneficiaries and sustain their participation

### **Key issues relating to target groups**

- Female leaders/instructors may be needed/preferable for some all-female groups

## 8.3 KLO3: What effect does an outdoor location have on people's experience of physical activity? Does this make a difference to staying active?

### 8.3.1 How does an outdoor location improve the chances of behaviour change?

#### Participants in general

Whilst this specific sub-question was not amenable to investigation via the qualitative element of the research project, given the question's causal focus, nevertheless an earlier research question posed by the National Partnership concerning the impact of 'place' and the outdoors generally, did generate a great deal of rich data. With regard to the general impact of the outdoors on participants' experiences, the weather was signalled as having a great impact. Accessibility and mobility factors were highlighted as salient, including time constraints on travel. The appreciation of nature, the sensory pleasures of the outdoors, together with the experience of freedom, all featured as key benefits of participation in outdoor physical activity, and for some beneficiaries appreciation and conservation of the 'natural' environment were important motivating experiences.



### **Target groups**

Privacy requirements when 'exercising' outdoors were raised as important by some female BME participants.

### **Providers**

The role of the weather was seen as central, engendering the need for 'weatherproofing' some activities as part of a contingency plan for inclement weather conditions. The accessibility of the outdoor locations was highlighted as important to beneficiaries in terms of accessibility via public transport, and also fears of trespassing on private land in the countryside. The privacy needs of some BME groups also need to be taken into account when planning activity sessions in outdoor locations.

### **How can the quantitative data inform these issues?**

The quantitative data show that outdoor activity became an increasingly important kind of activity for those who progressed through the PAL form-filing stages. Whatever the reason for this (and the quantitative data cannot say why this is the case), it clearly indicates that outdoor locations increase in importance with increasing exercise experience.

#### **Key points of practice:**

- *Make contingency plans regarding weather conditions, so that some activities can be 'weatherproofed', changed to suit meteorological conditions, or moved indoors*
- *Take into account the accessibility of outdoor locations when planning locations - e.g. use of 'doorstep' locations wherever possible; accessibility via public transport routes is important for many beneficiaries*
- *Make the most of the sensory benefits of the outdoors - the sensory dimension and freedom experience were cited by beneficiaries as being particularly motivating*

#### **Key issues relating to target groups**

- *The privacy needs of some BME groups should be taken into account when utilising outdoor locations*

### **8.3.2 What are the disadvantages and how are they successfully overcome?**

#### **Participants in general**

One of the principal disadvantages of the outdoor location was reported as exposure to inclement weather, and the provision of well-designed, outdoor, covered spaces was suggested as a means to overcoming the disadvantages of outdoor physical activity in such weather. Accessibility problems were again highlighted, particularly due to poor transport provision, but also due to fears of trespassing on privately owned parts of the countryside.

#### **Target groups**

For some BME groups, there was a fear of racism and victimisation when out in the open countryside. For some BME groups also, however, being away from 'surveillance' by members of their own community was seen as an advantage of physical activity participation in the 'wider countryside', in contrast to being in the outdoors more generally. For some older people, disability, and mental health groups, difficult terrain was indicated as a great disadvantage, leading to fears of falling. For some, moving immediately to the outdoors was found to be too challenging and problematic. So, for example, for those with disabilities and/or mental health issues, accessing rural areas and the wider countryside was seen as too challenging as a first step; a problem that could be overcome by providing local 'transition spaces', such as an outdoor garden of local park in order to acclimatise beneficiaries more gradually to the wider outdoors.

## Providers

Again, the role of the weather was seen as salient, with inclement weather signalled as a key disadvantage of the outdoor locations, that could be tackled by 'weatherproofing' some activities by using outdoor but covered spaces, for example. Providing maps and guides could help allay beneficiaries' trespass anxieties in the wider countryside. The use of 'stepped' transition activities and locations could help acclimatise beneficiaries to the wider countryside, particularly for those with disabilities and mental health issues. Providers need to take into account difficult terrain when planning outdoor activities for some older people, those with disabilities and those with mental health issues

## How can the quantitative data inform these issues?

The quantitative data do not address this issue.

### **Key points of practice:**

- Contingency plans may be needed to 'weatherproof' some activities, revise how they are undertaken or even move them indoors where possible
- Take into account the accessibility of the outdoor locations & trespass anxieties of beneficiaries, by for example providing transport, guides, maps
- Use 'stepped' transition activities & locations to 'acclimatise' beneficiaries to more challenging activities and locations

### **Key issues relating to target groups**

- Take into account the privacy needs of some female BME groups & also their fears of racism when in the wider countryside
- For some older people, those with disabilities and mental health issues, special provision may be required when activities take place on more challenging terrain; for example a guide person or 'walking buddy' could be provided
- Use 'stepped' transition activities & locations to 'acclimatise' beneficiaries to more challenging activities and locations, particularly for those with disabilities and/or mental health issues

## 8.3.3 What role does the outdoors play in helping people sustain their change?

### Participants in general

This also proved a difficult question for participants to answer, as it overlapped considerably with the first sub-question of KLO3 in participants' minds and so they sometimes conflated the two questions. Again, from a qualitative perspective, it was not possible to attribute causal mechanisms to the role of the outdoors in helping people sustain a change in behaviour, but we could explore participants' experiences of the outdoors and how they reported these as influencing sustained behaviour change.

The role attributed to the outdoors in helping people sustain behaviour change varied widely, often depending upon people's actual motivations to sustain their engagement with physical activity. Again, the complex relationships between 'outdoors', 'natural' and 'countryside' environments came into play, with participants sometimes conflating these different elements. For some participants, being outdoors was of no particular significance, whilst others found that the 'open countryside' location enhanced social interaction and inclusion. The aesthetic and sensory elements of the outdoors were again emphasized as beneficial in helping people sustain behaviour change, as was the outdoors as a learning environment, and a 'healthy space'.

## Target groups

Whilst the benefits of the aesthetic and sensory dimensions of the outdoors were emphasized across all target groups, for those with sensory impairments or disabilities these benefits were reported as particularly significant, as were those of the outdoors as a learning environment and 'healthy space' for young people and those with disabilities and/or learning difficulties.

## Providers

As the role attributed to the outdoors in helping people sustain behaviour change varied widely, there is clearly a need to ascertain what people's motivations are to sustain engagement with physical activity, before deciding whether, and what sort of, outdoor locations could help enhance such motivation. All target groups did, however, highlight the benefits of the aesthetic and sensory dimensions of undertaking physical activity in the 'healthy space' of the outdoors, demonstrating the attraction of an outdoor environment.

## How can the quantitative data inform these issues?

This issue is covered in the response to issue 8.3.1 above

### **Key points of practice:**

- Consider making use of 'open countryside' locations to enhance social interaction in a 'relaxed' space
- Make use of the benefits of the aesthetic and sensory dimension of the outdoors, e.g. provide sensory stimulation opportunities, not just visual but other senses
- Make use of the outdoors as a 'healthy space' and a 'learning environment' by providing opportunities other than just physical activity

### **Key issues relating to target groups**

- Maximise the benefits of the sensory dimensions of the outdoors for those with sensory impairments or disabilities, e.g. haptic and olfactory experiences
- Make use of the outdoors as a 'healthy space' and a 'learning environment', particularly for young people and those with disabilities and/or learning difficulties, by providing activities other than just physical activity

## **8.4 KLO4: What partnership, management and service delivery arrangements work best to support long term behaviour change?**

### **8.4.1 Partnership and management issues arising from MA**

#### **Participants in general and providers**

An earlier question posed by the National Partnership related to the identification of partnership and management issues arising from MA, and participants highlighted the need for clarity of aims and objectives, together with the need for MA projects to link effectively with existing provision. Other issues that emerged as salient under this heading were: the role of the lead organisation, and of voluntary and statutory organisations, and the mode of operation of steering group partnerships. Differences between strategic and operational management were noted by participants, along with the problems engendered by territorial disputes and cross-border battles. Criteria for judging 'success' in partnership, management and service delivery arrangements were found to differ widely at programme- as well as project-level.

### **How can the quantitative data inform these issues?**

The quantitative data do not address this issue

#### **Key points of practice:**

- *Ensure clarity and agreement regarding aims and objectives at the inception of the Programme; revisit and revise these as necessary throughout the duration of the Programme and communicate to all stakeholders*
- *Consider the integration of activities with existing local provision*
- *Consider carefully the role of the lead organisation and how its aims and objectives mesh with the Programme as a whole*
- *Ensure effective and regular communication between steering group and project*
- *Ensure clarity and agreement regarding conceptions of 'success'; revisit and revise these as necessary throughout the duration of the Programme and communicate to all stakeholders*

### **8.4.2 In what ways have your partnership arrangements influenced the chances of reaching, involving and sustaining positive behaviour change in your target group(s)?**

#### **Participants in general and providers**

Participants did not always answer this question directly, but tended to give more general responses as to what worked well with partnership arrangements, and the areas in which these could have been improved. Participants were often unsure as to the ways in which actual partnership arrangements themselves had influenced the chances of reaching and involving target group(s) and sustaining any positive behaviour change, but instead suggested more globally what made for a 'successful' partnership, which included having shared aims and objectives with partners, a single target group focus (for some projects) in order to enhance the relevance to both beneficiaries and to other stakeholders such as partners, effective referrals via partners, and sharing information, resources and training opportunities. More challenging partnership relationships were also reported where aims and objectives were found to differ substantially between different partners in the partnership. Just as concepts of 'success' varied greatly between individuals and groups, concepts of 'sustainability' were found to differ widely between participants, particularly at different levels of the MA Programme.

### **How can the quantitative data inform these issues?**

The quantitative data do not address this issue

#### **Key points of practice:**

- *Negotiate and agree on shared aims and objectives between projects and partners*
- *Focus on a single target group or small number of groups as most appropriate to the specific project*
- *Ensure effective referral processes (whether formal or informal) are in operation*
- *Share information, resources and training opportunities between partners*
- *Ensure clarity and agreement regarding conceptions of 'sustainability'; revisit and revise these as necessary throughout the duration of the Programme and communicate to all stakeholders*

### 8.4.3 What changes have been made to improve the impact of your project?

#### Participants in general and providers

This proved a difficult question for participants to answer as it was sometimes difficult, if not impossible, to ascertain which changes had actually resulted in improving the impact of a project, due to the lack of a 'control group' amongst other factors. It was also noted as difficult to distinguish between the 'impact' of a project and other criteria for the success of a project. Participants did identify changes that they considered to be general improvements to the management of projects, without being sure that these necessarily improved the project's impact. 'Impact' was also assessed along a variety of criteria, including, for some projects, the geographical spread, and the number of target groups with which the project worked. Changes reported included revisions to the strategic and operational balance, changes to steering group composition, the development of key contacts, sharpening the focus of some projects, and also widening the focus of others, and providing flexibility in relation to the activities offered.

#### How can the quantitative data inform these issues?

The quantitative data do not address these issues

##### **Key points of practice:**

- *Make changes in the balance between strategic and operational management as required at different stages of the project's lifecycle; this may require changes in steering group composition at appropriate junctures*
- *Develop key contacts locally and regionally*
- *Be adaptable: be willing to make changes in target group focus if required and to make changes in activities offered better to suit beneficiaries' needs and preferences*

### 8.4.4 Can you identify some 'golden rules' for creating a successful framework to support long term behaviour change in your sedentary group(s)?

#### Providers

A core 'golden rule' was noted as effective communication of aims and objectives to all participants in projects and also in the programme more widely. The role of partnerships was also seen as key, and the importance of establishing good partnerships relationships, and engaging with strategically- and operationally-oriented partners was reported, as was the need to take advantage of linking opportunities, to develop a wide network of partners and get to know key contacts, to become involved and known in local networking, and to become familiar with other projects/schemes in order to enhance learning and good practice. Regarding service delivery, it was felt important to establish good relationships with service providers, to be prepared to negotiate charges with service providers, to make links with existing provision, and to consider income-generation to fund sustainability of a project. Again, the benefits of incorporating physical activity as just one component within activities offered was noted as likely to support long-term behaviour change.

#### How can the quantitative data inform these issues?

The quantitative data do not address these issues

##### **Key points of practice:**

##### **At Programme level:**

- *Communicate clearly and from its inception the aims and objectives of the Programme*
- *Develop good working partnerships at Programme level*
- *Share good practice across projects*

**At Project level:**

- *Integrate with existing local provision*
- *Engage in local networking*
- *Develop good working partnerships at project level with partners interested in the target group(s)*
- *Develop good working relationships with service providers*
- *Offer other activities alongside physical activities*

## 8.5 Key themes

The following key themes emerged across several Key Learning Outcomes, supported by the qualitative findings and also, in some cases, by the quantitative data.

- The need to reduce **barriers of cost** by as far as possible providing free or reduced-cost:
  - Transport
  - Childcare
  - Activities
  - Specialist equipment & clothing

The use of appropriate 'doorstep' locations, where available, could help mitigate barriers relating to transport costs.

- **Informational** needs: potential and actual beneficiaries need to be provided with clear, accurate, and regularly updated information regarding what opportunities are available, where and when, what these will involve and what will be required of beneficiaries;
- It is important to ensure **integration or linking with existing activity provision**, in order to avoid competing with such provision and also better to enhance the sustainability of the activity beyond the life of the particular project or programme;
- There is a need to ensure **consistency of provision** in relation to the activities, in terms of what activities will take place, where, and when, so that beneficiaries can 'count on' these activities going ahead, and not be disappointed. They will thus be more likely to remain motivated to continue participation;
- There are advantages in providing **'value-added' or multiple outcome activities** alongside the physical activities in order both to engage beneficiaries and to sustain their engagement over the longer term. Activities such as local history walks, bird/animal-watching, or nature walks were portrayed in this domain;
- There is a demonstrated need to provide **'alternative' physical activities** outside of 'mainstream', traditional, 'school games' types of sports. These latter kinds of traditional sports were less likely to engage beneficiaries (particularly young people) initially and to sustain their engagement over the longer term. Activities described as **'outdoor pursuits'**<sup>1</sup> and **'alternative activities'** were found to be much more appealing and engaging;

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<sup>1</sup> See Appendix 3 for Sport Wales' categorisation of outdoor pursuits.

- The advantages of having '**incidental**' **physical activity** as a component of an overarching activity were signalled. Activities such as gardening, environmental and conservation work were portrayed in this domain, where beneficiaries indicated the benefits of undertaking particular activities, which included 'disguised' physical activity and so did not feel as though the whole focus was upon physical activity *per se*;
- Organisers should address specific **cultural and subcultural** needs and preferences by consulting with members of the sub/cultural groups concerned when planning and devising activities. This relates not only to ethnic cultural groups, but to others such as youth subcultures, for example. So, scheduling of activity sessions to take into account religious or other cultural activities was noted as important, as were the kinds of activities considered appropriate, and the privacy of the locations in which activities were offered. Similarly, creating an ambience not redolent of compulsory school-based 'games and PE' was particularly important for many younger people;
- Organisers should take into account the impact of the **weather** when devising outdoor activities. Whilst the great majority of participants emphasized the advantages of participating in the outdoors, inclement weather had a major deleterious impact upon motivation. 'Weather proofing' activities by, for example, having a sheltered area in which to undertake outdoor activities, having contingency plans for alternative activities in case of bad weather, or having an indoor location as a 'back-up' venue, could help counteract the disadvantages of inclement weather;
- The advantages of using a '**stepped**', **graduated approach**, in developing beneficiaries' fitness levels and confidence over time, were highlighted. This could include using a 'stepped' approach to outdoor locations, where beneficiaries first become accustomed to 'safe', familiar doorstep outdoor locations such as a park, before venturing out into the 'wider outdoors' of the countryside.

### **Management issues**

- The need for clarity of communication regarding the overall aims and objectives of the programme, to all stakeholders from the very inception of the programme, was signalled as crucial to its successful operation;
- The need for clarity of, and agreement on, criteria for success, sustainability and other key concepts within the programme, and within projects, was emphasized;
- The need for linkage or integration with existing local provision as appropriate was highlighted, so that projects and activities were not placed in competition with extant activities, and had a greater chance of achieving sustainability after the completion of the MA programme;
- The need to establish shared aims and objectives between partner organisations was signalled as key to the smooth operation not only of projects, but of the programme as a whole.
- Partner organisations need to establish clarity regarding the role of their steering groups in relation to the strategic and operational elements of the running of projects, and to be flexible in moving between these two elements over the lifetime of a project, dependent upon the needs and priorities at different points in a project's lifecycle. Steering group membership may need to be revised in order to ensure such flexibility.

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## **APPENDIX 1**

### **Research Team Working Paper 1: Definitional Issues - Sedentariness**

Jacquelyn Allen-Collinson & Nigel Curry  
For Research Team  
June 2009

#### **1. Introduction**

As agreed at the Evaluation Steering Group (ESG) meeting on 20 May 2009, the ESG considered that it would be helpful to receive a working paper on definitional issues surrounding 'sedentariness' (and its variants such as 'sedentarism', 'sedentary lifestyle') and 'inactivity', to inform future discussions and reports.

#### **2. Sedentariness and inactivity: some complexities**

As has been noted (e.g. Tudor-Locke and Myers, 2001; NHS Health Scotland, 2007) currently there is no consensus regarding the definition of 'sedentarism', including within public health policy documentation. Although there has been a shift more recently to referring to an 'inactive' rather than a 'sedentary' lifestyle (USDHHS, 2008), there similarly exists no standard definition of this term either.

With regard to 'inactivity' there is also substantial debate as to what kind of approach best measures activity at the lower end of the physical activity continuum, for example regarding the difference between the construct of very light physical activity and that of sedentary behaviour (see Pate *et al.*'s (2008) definition below). As a NHS Scotland (2007: 2) report notes in relation to young people:

While being sedentary clearly increases the possibility that an individual may be classified as inactive, a more holistic analysis would suggest that it is possible to be both sedentary and active. In this context, many propose that sedentary behaviour is one element that exists alongside a multitude of light, moderate and vigorous activities and stress the need to assess the whole activity profile. Any limited understanding of sedentary behaviour is seen to be particularly problematic in understanding young people's activity that tends to be relatively unstructured and intermittent.

Further complexities emerge regarding the *temporality* of sedentary behaviour and a challenge to the notion of sedentary/active behaviour as being an 'either/or' activity. As Biddle *et al.* (2005) report in relation to young people, the two forms of behaviour may co-exist, so that individuals are both active *and* sedentary, dependent upon the time of day (and perhaps also the season).

#### **3. Examples of definitions**

The following section provides some examples of definitions of sedentariness and inactivity. For Mentro Allan definitions of physical activities used for the 'standard' PAL form, see Appendix 1. Different Projects may use different definitions and examples, however.

### 3.1 United States Department of Health and Human Services (USDHHS) (2008)

This is a widely accepted definition in terms of current academic research. The USDHHS defines as inactive those individuals who do not meet current guidelines. Specific guidelines are tailored to a range of groups, including 'older' adults, adults with disabilities, and pregnant/postpartum women, but the key elements are listed below (my emphases):

#### 3.1.1 Children and Adolescents

Children and adolescents should do **60 minutes or more** of physical activity daily, most of which should be either moderate- or vigorous-intensity aerobic physical activity, and should include vigorous-intensity physical activity at least 3 days a week. Muscle-strengthening physical activity should occur on at least 3 days of the week. Bone-strengthening physical activity should occur on at least 3 days of the week.

#### 3.1.2 Adults

All adults should avoid inactivity. Some physical activity is better than none, and adults who participate in any amount of physical activity gain some health benefits.

For substantial health benefits, adults should do at least **150 minutes** (2 hours and 30 minutes) **a week of moderate-intensity**, or **75 minutes** (1 hour and 15 minutes) a week of **vigorous-intensity aerobic physical activity**, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Aerobic activity should be performed in episodes of at least 10 minutes, and preferably, it should be spread throughout the week.

For additional and more extensive health benefits, adults should increase their aerobic physical activity to **300 minutes** (5 hours) **a week of moderate-intensity**, or **150 minutes a week of vigorous-intensity** aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity activity.

### 3.2 Pate et al. (2008)

This research team defines sedentary behaviour as activities that do not increase energy expenditure substantially above the resting level, including activities such as sleeping, sitting, lying down, watching television, and other forms of screen-based entertainment.

Operationally, sedentary behaviour includes activities that involve energy expenditure at the level of 1.0-1.5 metabolic equivalent units (METs).

They define light physical activity, which, they note, often is grouped erroneously with sedentary behaviour, as involving energy expenditure at the level of 1.6-2.9 METs. This includes activities such as slow walking, sitting and writing, cooking food, and washing dishes.

### 3.3 HBSC - see Parry-Langdon and Roberts (2005)

The HBSC defines sedentary behaviour as time spent watching television, computing and doing homework. The following question was used to measure time spent watching television for both weekdays and weekends, although the report does not indicate at which of the levels 'sedentariness' was established:

*About how many hours a day do you usually watch television (including videos) in your free time?*

Response categories: *None at all; About half an hour a day; About 1 hour a day; About 2 hours a day; About 3 hours a day; About 4 hours a day; About 5 hours a day; About 6 hours a day; About 7 or more hours a day.*

### **3.4 NICE guidelines for children and young people (2009)**

The NICE (2009: 3) recommendations refer to opportunities for moderate to vigorous-intensity physical activity. NICE employs Casperson *et al.*'s (1985) definition of physical activity as any force exerted by skeletal muscle that results in energy expenditure above resting level.

The recommendation is that children and young people should undertake a range of activities at moderate to vigorous-intensity physical activity level for at least 60 minutes over the course of a day. At least twice a week this should include weight-bearing activities that produce high physical stresses to improve bone health, muscle strength and flexibility. This amount of physical activity can be achieved in a number of short, 10-minute (minimum) bouts.

Moderate-intensity activity increases breathing and heart rates to a level where the pulse can be felt and the person feels warmer. It might make someone sweat on a hot or humid day (or when indoors). Vigorous activity results in being out of breath or sweating. This would include 'mundane' activities such as walking, cycling or using other modes of travel involving physical activity).

It should be noted here, however, that this categorisation of *desirable* levels of activity does not define 'sedentariness' satisfactorily as it makes no pronouncements about the desirability of undertaking exercise at levels less than the recommended amounts.

### **3.5 The Chorley Life Style Survey (2007)**

This Survey defines a 'sedentary lifestyle' simply as constituting no vigorous activity on an average weekday and vigorous exercise less than once a month.

### **3.6 Other Definitions**

The World Health Organisation (2007), the United Kingdom Chief Medical Officer (Department of Health, 2004) and the English Department of Culture, Media and Sport (2002) all have slightly different recommendations around taking 30 minutes daily exercise in the pursuit of healthy lifestyles. Other exhortations come from the reporting of the consequences of *not* taking regular exercise (World Health Organisation, 2006). In Scotland, National Performance Indicator (NPI) 41 is to 'increase the proportion of adults making one or more visits to the outdoors per week' (Scottish Government, 2008); a specific exhortation in respect of the use of the outdoors.

## **4. Implications**

We may wish to consider carefully the implications of our choice of definition in terms of reporting, including in relation to whether the Mentro Allan Programme can be deemed 'successful' in its principal aim of: increasing activity levels amongst the 'hard to reach' 'sedentary' population by increasing its recreational use of the natural environment of Wales.

In terms of the principal aim of the Mentro Allen Programme, it could be considered that *any* increases in activity levels might be considered a success (in accord with the USDHHS (2008) definition for adults), but of itself this is not likely to be considered adequate in either policy terms or in respect of value for money. On the other hand, if raising activity levels from below the recommended 5 x 30 (or 5 x 60 for children) to above this level is considered the *only* measure of success, this will ignore undoubted successes achieved by those improving their activity levels considerably but not quite achieving the '5x' benchmark.

In this context, it might be useful for the research team to focus on degrees of attributable *change* emanating from the MA Programme (without making judgements about the relative

'success' of these changes) and then allow these degrees of change to be interpreted by the Evaluation Steering Group as relative levels of success.

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**Physical Activity Level Form**

Your name: \_\_\_\_\_  
—

1. Thinking about the last four weeks, how many days a week on average do you take part in light exercise or physical activity?

The boxes should add up to 7

	Number of days in a week
Less than 30 min	
30-60 min	
More than 60 min	

2. Thinking about the last four weeks, on how many days a week on average do you take part in moderate or vigorous exercise/activity?

The boxes should add up to 7

	Number of days in a week
Less than 30 min	
30-60 min	
More than 60 min	

3. Of the moderate or vigorous exercise you do, on how many days do you get 30 minutes for adults or 60 minutes for under 16's of exercise from each of the following types of activity?

- Competitive sport  
(eg tennis, gymnastics, athletics, football)
- Active recreation indoors  
(eg aerobics, swimming, dancing for fitness or pleasure)
- Active recreation outdoors  
(eg cycling, walking, sailing, jogging for fitness or pleasure)

	Number of days in a week
Competitive sport (eg tennis, gymnastics, athletics, football)	
Active recreation indoors (eg aerobics, swimming, dancing for fitness or pleasure)	
Active recreation outdoors (eg cycling, walking, sailing, jogging for fitness or pleasure)	

Active travel  
(eg walking or cycling to get somewhere)  
Domestic or non sport activity  
(eg housework, gardening)  
Part of your work/school


The information in this form will be held on a computer and used by Sports Council for Wales and Wales Council for Voluntary Action for the evaluation of the project. Personal details (name, address, telephone, email) will not be passed to a third party under any circumstances.



## Physical Activity Level Form Flashcards

### Flashcard for question 1:

Activities include housework (eg vacuuming, dusting), walking at an average pace, golf, light gardening (eg weeding).

Blocks of activity lasting at least 10 minutes, which were done in the same day can be added together.

Include physical activity which is part of your job.

The boxes should add up to 7.

### Flashcard for question 2:

Moderate activity is activity that causes you to breath heavily, increases your heart rate or makes you warm or sweat. It can include heavy housework (eg spring cleaning, walking with heavy shopping), fast walking, dancing, gentle swimming and heavy gardening (eg digging).

Vigorous activity includes running, jogging, squash, swimming lengths, aerobics, fast cycling and football.

Blocks of activity lasting at least 10 minutes, which were done in the same day can be added together.

Include physical activity which is part of your job.

The boxes should add up to 7.

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## APPENDIX 2

### 1 Details of the fieldwork and other research visits

#### 1.1 Extended fieldwork

As a core element of the qualitative research, periods of extended fieldwork with six different Projects were agreed with the Evaluation Steering Group, and undertaken by the full-time researcher, Dr Leledaki. Project Steering Group meetings were also attended for all of these Projects, apart from Powys and Anglesey, where this did not prove possible due to the scheduling of meetings.

#### 2009

06/7/09 – 24/7/09	City of Cardiff & Vale of Glamorgan
09/10/09 – 02/12/09	Neath Port Talbot

#### 2010/11

19/07/10 – 04/08/10	Powys - Dyfi Valley
18/08/10 – 30/08/10	Anglesey
29/09/10 – 10/10/10	Flintshire & Wrexham
01/03/11– 11/03/11	Rhondda Cynon Taff

#### 1.2 Project review visits

Annual project review visits were originally introduced as part of the PAR, to collect information intended to be captured by the on-line staff diaries, when these latter proved not to be an effective means of data collection. During the research project, project review visits took the form of semi-structured interviews with project coordinators and other project staff, together with visits to, and (sometimes) participation in, activity sessions. Dr Leledaki undertook such visits as follows:

10/06/09	Cardiff and Vale - BME
16/06/09	Powys
17/06/09	Neath Port Talbot
14/07/09	Caerphilly and Torfaen
20/07/09	Bargoed
21/07/09	Rhondda Cynon Taff
22/07/09	Newport
23/07/09	Cardiff - disabilities
21/10/09	Merthyr Tydfil
22/10/09	Pembroke Dock
28/10/09	Swansea
22/09/10	Caerphilly and Torfaen
22/09/10	Newport
23/09/10	Pembroke Dock
24/09/10	Cardiff - disabilities
24/09/10	Merthyr Tydfil
28/02/11	Swansea
06/03/11	Bargoed

### **1.3 Attendance at, recording and analysis of Cluster Meetings and Evaluation Seminars**

In order to capture shared experiences, draw together common issues and themes, and to inform future project and wider Programme development, Evaluation Coordinators from the projects met in 'cluster meetings'. Cluster meetings were coordinated and led by Neil Caldwell Associates for the MA Evaluation Team. Dr Leledaki was invited to attend some of these cluster meetings and permitted to record the sessions.

Project coordinators also met on a national basis three times per annum at an Evaluation Seminar, to discuss common issues and provide feedback, and again, Dr Leledaki was permitted to attend, observe and record some of the Seminars for reporting purposes.

Cluster meetings and evaluation seminars were attended as follows:

25/06/09	Evaluation Seminar, Cardiff
01/12/09	Cluster meeting, Cardiff
02/02/10	Cluster meeting, Cardiff
20/1/11	Evaluation Seminar, Cardiff

## **APPENDIX 3**

### **Sport Wales' classification of 'outdoor pursuits'**

- 0 BMX
- 0 Canoeing
- 0 Car Rallying
- 0 Caving
- 0 Climbing (Outdoor)
- 0 Cycling
- 0 Fishing/Angling
- 0 Game Shooting
- 0 Hang Gliding
- 0 Horse Riding/Jumping
- 0 Karting / motor racing
- 0 Kayaking
- 0 Lifesaving / Surf lifesaving
- 0 Moto Cross/Scrambling
- 0 Mountain biking
- 0 Mountaineering/rock climbing
- 0 Orienteering
- 0 Rambling/hill & fell walking
- 0 Rollerblading / In-line skating
- 0 Rowing
- 0 Sailing
- 0 Skateboarding (Outdoor)
- 0 Skiing
- 0 Snowboarding
- 0 Sub Aqua
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- 0 Wind surfing or Boardsurfing
- 0 Yachting

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