



## Pilot fiche O1.1

# MobileMe Outdoors

## Part 1: The pilot

## **Pilot Name: Mobile Me: Out and About**

### *Pilot overview*

The aim of Mobile Me: Out and About was to focus on building upon what was already in place by making improvements that address some of the barriers faced by the target group. This included:

- Targeting those people aged 65 years or more who are in poor health, or at risk of poor health who live in either deprived or isolated locations and make use of the natural environment to improve their health and wellbeing.
- Create opportunities for leisure and exercise that are easy to find, easy to travel to and suitable for people who may be in poorer health or physical condition.
- Be low cost and sustainable to deliver.
- Focus on stakeholder and partner relationship's, and the opportunities to embed physical activity within organisational culture and policy / procedure /commissioning.

This pilot was one of two managed by Norfolk Country Council and as such there was some integration of effort between the two pilots. Mobile Me: Out and About operated in both residential care settings but also within the community by introducing opportunities for physical activity at non-traditional venues such as exercise classes in local libraries.

Within residential care settings operated by Norse Care sporting activities were introduced such as mini golf or adapted cycling. This was enabled by the development of a partnership with a local volunteer community group which made the golf sets as part of their scheduled activities. Another initiative that took its prompt from a sporting event was the inter-home cycling competition.

Within the community the pilot looked at asset-based development and how older people could be encouraged to be more active and remove some of the barriers to participation. Such as writing a physical activity and wellbeing strategy in partnership with a local care provider to ensure it is a mandatory part of the care they provide. Another factor was the appropriateness of the offer in terms of ability and physical capability as well as feeling comfortable about participating with others of similar abilities. The pilot recognised this

by offering different levels of exercise at various library sites from totally chair based to more demanding routines. Also basing such opportunities at local libraries meant it was possible to get there easily without the use of transport.

### *Key issues for the pilot*

Norfolk County Council from the outset was seeking to create an organisational shift and this had a significant influence on the pilots. Had they been standalone pilots the outcome of each may have been different. In terms of Mobile Me: Out and About a key partner was Norse Care and as part of the SAIL process this care provider was encouraged through contractual obligations to instigate more physical activity within their care settings which gave the organisation more impetus to introduce crazy golf or sporting competitions, etc. Similarly, the library service had engaged with physical activity sessions within their larger libraries in the past but it had been introduced in a more ad hoc manner whereas SAIL led to looking at more consistent service-wide provision. From this opportunity Norfolk County Council was able to assess the viability of particular sites and they established some locations may have limitations. However, the trial did provide end-user feedback on the initiative and produce some new partnerships with community organisations that could collectively mean that older people might, in the future, be offered a better range of accessible physical exercise sessions. Another point that was noted was that sessions needed to be timed appropriately and take into account what commitments older people might have such as caring for grandchildren during school holiday periods.



Exercise session held at a local library as part of the Mobile Me Out and About Pilot.

Staying Active and Independent for Longer (SAIL)  
*Final Report 2020*



Mini-golf at a Norse Care residential home as part of the Mobile Me Out and About Pilot.

## Part 2: Evaluation

# SAIL Report

UEA: December 2019

## 1. Introduction

This document reports on the SAIL project in Norfolk and includes an analysis of evaluation data from the 'Test' phase for both of Norfolk work packages a) Mobile Me 'Out and About' (Work Package 1 'Movement and sport') and 'Dementia Walks' (Work Package 2 'Wellbeing and food').

## The SAIL social innovation process

SAIL interventions were developed through a social innovation process in four phases:

- 'Explore' a consultation phase where data was gathered from stakeholders, including the public.
- 'Develop', the design phase where projects were refined from consultation findings, largely through a 'core' group consisting of Norfolk County Council Environment Team, Active Norfolk (the Norfolk County Sports Partnership, operating as part of Norfolk County Council) and the University of East Anglia (UEA) (the evaluation partner).
- 'Test' where projects were delivered and evaluation data gathered (some activities took place beyond the test phase dates due to staff absence).
- 'Evaluate', a reflective stage where evaluation data is consolidated along with feedback from the social innovation process.

At each of these phases, feedback was sought through a Stakeholder Group. A stakeholder database was constructed consisting of individuals from public (or representatives of the public, for example, a representative from an older person's forum), the public sector, the third sector, academia and business. In some cases there was some continuity of representation (some individuals attended most of the meetings and some organisations sent representatives to most meetings, even if the individual representative changed) SAIL in Norfolk did not have ongoing, formal engagement with the Stakeholder Group between meetings (although Active Norfolk and Norfolk County Council may have been engaged with members on a case-by-case basis when developing the activity streams). One reason for this was SAIL in Norfolk had a countywide remit that covered diverse geographic areas; the Stakeholder Group were therefore dealing with 'high-level' issues rather than detailed project-development for a specific area. This contrasts to other SAIL projects that were concerned with single towns or villages and where a focussed and ongoing relationship may have been more applicable, and easier to develop and sustain.

The social innovation processes for both projects are summarised in schematics in Appendices 1a and 1b. These are simplified representations of a process that was iterative, involving numerous meetings between the core group and other stakeholders; in some cases, further consultation was

carried out beyond the 'Explore Phase' and a change of direction. One reason for this is because translating consultation findings into tangible interventions is not a straightforward process, with numerous considerations to be balanced such as available resources, an organisation's own objectives, and context (what else is being delivered and by whom). This process can throw up further questions, requiring further consultation. In addition, the external funding and provision landscape changed during the SAIL project timeframe including a scaling down of support for dementia cafes in Norfolk by two major charities and staff changes at partner organisations (Carer's Matters) along with changes to the core staff team at Norfolk County Council and Active Norfolk. Innovation was also inevitably shaped by the initial bid, which had been written before the consultation process had taken place. A final consideration is that the four-stage, social innovation approach to SAIL, with a long lead-in to project development, was new to the members of the core group. Despite these challenges, the Norfolk Group's aim in the social innovation process was to adhere as well as it could to a transparent process driven by consultation findings (as described in the schematic); a further discussion of how well it did this, and how involved stakeholders felt will be provided in the 'Evaluate' wiki.

UEA's role (Work Package 3) changed as the project progressed, from assisting with consultation in the initial stages, assisting with process in the developing stage (for example, facilitating meetings, producing summaries, bringing partners back to the consultation findings) through to project evaluation in the final stages.

## **Developing the Norfolk SAIL interventions**

Consultation in the 'explore' and 'develop' stages resulted in three possible themes of activity for Mobile Me 'Out and About' and two for Dementia Walks.

### **Mobile Me 'Out and About'**

The three themes for interventions were as follows:

- Improving information – improving information systems to better enable older people to find suitable activities
- Developing quality– staff training (e.g. dementia awareness), improving the accessibility of physical infrastructure etc
- Innovation: Developing new activities that met the needs of the audience e.g. activities in parks

Criteria for the Mobile Me 'out and about' interventions were established as follows:

- Be aimed at people 65+ in poor health, or at risk of poor health, who are deprived/isolated (and those around them) in areas identified in needs assessment & using natural environment



- Be easy to find out about, easy to get to, and suitable for audience (e.g. in poor health)
- Be low-cost and sustainable and deliverable
- Link up / improve what's there and work with care, health, leisure and tourism sectors.

### **Dementia Friendly walks**

The two intervention themes were:

- 'Doorstep walks' developed by organisations and users on the doorstep of the host venue and not requiring transport. Doorstep walks will make use of pockets of green space and local interest. (Thought: It may be that other partnerships can be considered developing these e.g. local schools, colleges or museums? How about partnership with local businesses such as café whom could have dementia friends training? The walk could be to the café and back)
- 'Destination walks' developed by working in partnership with Norfolk Trails or district council green spaces teams (Parks). Transport links will need to be carefully considered for these walks, including possible partnership working with community transport.

The aim of developing these two types of walks was to build up best practice guidance and materials that can add to a suite of materials already being developed under a previous intervention run by Active Norfolk known as Mobile Me and to identify how dementia walks can be embedded into organisational practice.

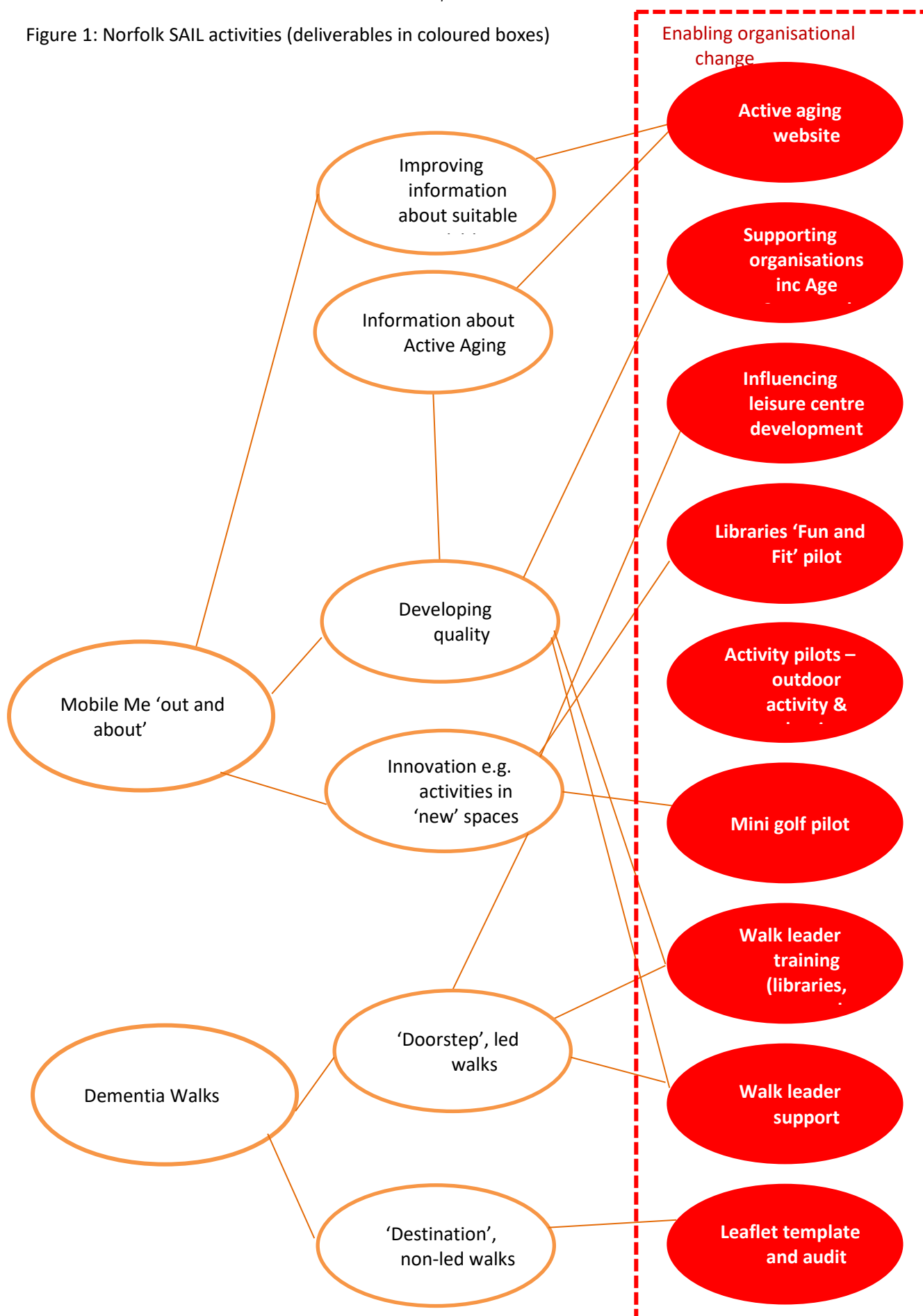
Criteria for the Dementia Walks were established as follows:

- Be aimed at people 65+ living with dementia and those that care for them who are deprived/isolated (and those around them) in areas identified in needs assessment & using natural environment
- Be easy to find out about, easy to get to, suitable for audience (those living with dementia and those that care for them)
- To be low cost and sustainable. Deliverable
- To link up / improve what's there and work with care, health, leisure and tourism.

## **Norfolk SAIL Interventions**

The activity themes and the project that resulted from the consultation and in respect of the activity themes that were identified are shown in Figure 1 (deliverables in red boxes). A core idea running through the package of activity was to facilitate organisational change i.e. providing organisations with support, information, tools and examples (pilot activities) to embed physical activating within their core offer in order to ensure that SAIL activities were sustainable in the longer term.

Figure 1: Norfolk SAIL activities (deliverables in coloured boxes)



## Data collection and the evaluation

Data collection is outlined in Table 1 below. Due to the iterative nature of programme development, and because of the breadth of the programme and evaluation capacity, not all aspects of delivery have been fully evaluated; for example, some activities were delivered late in the SAIL process were not individually evaluated (cycling competition, adaptive cycling and Tai Chi) although they were discussed in interviews with various stakeholders. Due to limited capacity there has also been a focus on pragmatism within the data collection and analysis process. So most interviews have not been fully transcribed, but rather the team have taken notes and used recordings to supply verbatim quote. We have also relied on second-hand data in some cases, and on 'self-reporting' (as in the case of the development of the walks).

The research team at UEA on this project (two researchers) has remained stable over the course of the project, with one individual being present from the bid writing stage, and the other member of the evaluation team joining around the time of the second partnership meeting. From an early stage both researchers attended monthly meetings with the core team and have been involved in the social innovation process; they were both, therefore, participant observers, and have fed these observations into this analysis and report writing process.

Data analysis is qualitative (the small number of questionnaires has meant that information within them as been used largely descriptive purposes. Open-ended responses on the questionnaires have been used to supplement information acquired through interview.

**Table 1 Data collection**

	Evaluation method (and consultation)
<b>Active Ageing information</b>	
Active aging website	Mid 2019: Feedback from relevant partners and stakeholders from the VCSE and Health & Social care sector
	July 2019: Feedback from core group
	Beyond SAIL: Evaluation through usage stats, including download stats of training, and 'how to' materials.
<b>Organisational stakeholders</b>	
	Active Norfolk staff: Interviews with three members of staff
	Norse Care staff: Interview with a member of management team, discussion with care staff on two led walks.
	Libraries staff: interviews with Physical Activity lead and library manger, email feedback from another library manager
	Age Connected: Interview with member of staff
<b>Instructors and participants</b>	
Libraries fun and fit pilot	Questionnaire baseline, and two follow-ups
	Interview with four groups of participants (focus groups)

	Interview with four instructors
Outdoor activities pilot	Interview with facilitator and participant
Led walks	Attendance at two walks (informal interviews with those present)
	Questionnaires
<b>Training</b>	
Walk leader training	Training evaluation forms at sessions and follow-up
<b>Destination, non-led walks</b>	
Leaflet template and audit	Consultation with stakeholder organisations and individuals living with dementia and their carers (audit document and leaflet) to develop the leaflet and consultation at the 'Evaluate Phase' stakeholder meeting to shape distribution plans - see report

### Notes about questionnaires:

A standardised questionnaire had been developed for use with participants in SAIL activities (by the University of Bournemouth with input from other work package 3 partners), this came in 'long form' and 'short form'. The 'short form' of the questionnaire was developed for interventions where it was possible that participants would attend only once; UEA decided to use the short form (Appendix 5) as numbers on interventions were anticipated to be low and there was a risk that there would be a low follow-up rate. The short form questionnaire had the benefit that it included questions to assess outcomes without requiring follow-up (for example, I would like to try out other new activities because of today's activity). This questionnaire has been used for the library pilots. It was not possible to use this questionnaire with the 'lead' Dementia Walk pilots as these were taking place in care settings where individuals already knew each other and where participants were likely to have cognitive impairment (meaning a very simple questionnaire was required, or one that was completed by proxy). A separate evaluation questionnaire was developed for the walks and ethical approval obtained for the National Social Care REC to enable these to be used with individual lacking consent.

## Reports on activity streams

The following reports the activity streams undertaken and take the form of three reports,

1. Developing quality through organisational change and activity pilots ('test' report): Norse Care, Libraries, Outdoor Activities, Age Connected, Sentinel, Walk Leader Training.
2. Active Aging website (development report)
3. Destination walks leaflets ('non-led') (development report)

Report 1 makes up the bulk of the analysis and consists of an analysis of data gathered from a range of stakeholders and participants. Reports 2 and 3 describe the development process of the Active Aging Website and Destination Walks leaflets. These resources had not reached the stage of being disseminated / publicised in the test phase. The Active Aging website was a late addition to the SAIL programme, developed as a result of feedback from the third Test Phase stakeholder meeting. Reports for these resources therefore outline the stages involved in their development, including the extensive consultation carried out as part of this.

## Report 1: Developing quality through organisational change and activity pilots

### Introduction

This project, led by Active Norfolk, aimed to bring about sustainable change in organisations to increase opportunities for physical activity. This approach has been taken based lessons from a previous project, 'Mobile Me' which delivered physical activities in fifty sheltered housing and care homes in Norfolk between October 2015 and December 2017. The rationale for SAIL was to build lasting change that is sustained through the organisation, rather than to develop and deliver short term projects.

*'...what we are trying to do here is take an embedding and sustainable approach, which is about changing the culture ... that isn't going to happen overnight. But hopefully there is going to be some longevity in what we do'*

*Active Norfolk*

Active Norfolk explored working with a number of organisations (see the Explore Phase Norfolk SAIL Needs Assessment for details of organisations contacted), this included leisure providers, tourist organisations and local councils. In some instances, the exploratory work did not lead to continued involvement. In others, while a relationship was developed it did not continue, for example, work with a carer support organisation that did not get beyond initial stages due to staff changes. Active Norfolk has continued to work with Norse Care and developed its relationships with Sentinel leisure, with 'Age Connected' and Norfolk Libraries. It has also delivered outdoor physical activities in the Yarmouth area and provided 'Walk Leader Training' to several organisations. In the next part of this report we report further on these activity streams.

### Norse Care

Active Norfolk's work with Norse Care extended the organisational change work carried out through a previous project, Mobile Me, which resulted in Norse Care purchasing indoor bowling equipment for all of its thirty-seven sites in Norfolk and a strategic change whereby physical activity was considered in the formal planning process for each care site run by the organisation. SAIL funding has enabled this partnership to continue, with Active Norfolk supporting Norse Care at a strategic level, but also introducing new sports, and new ideas for physical activity.

### Dementia walks

Active Norfolk trained care staff in leading walks with residents (see an analysis of training evaluation questionnaires) and arranged for an instructor to accompany staff and residents on walks

at seven sites (two walks per site) in order to identify local walks and provide support to staff with a view that walks would be sustained at the homes.

In total, there were forty-one attendances over the two walks (most, but not all residents did both walks). Questionnaires assessing wellbeing immediately before, immediately after, and one hour after the walk were distributed at each of the homes but it is likely that insufficient numbers will be returned to perform a statistical analysis. However, the questionnaire also sought feedback about the walks and responses from the three home that have returned questionnaires so far include the following comments from residents.

*'Being able to get out.'*

*'Took me to where I used to live.'*

*'Nice to go out in company.'*

*'I got fresh air and I want to keep active, so I don't have to use a wheelchair.'*

*'Would love to do it more, to get out and see places. Change of scenery.'*

*'Enjoyed the walk and watching the dogs play with the ball.'*

*(Residents on questionnaires)*

UEA staff attended walk at two different sites. The paragraphs below describe each of these walks:

#### Walk One, specialist dementia unit:

All four residents on the walk had dementia, and there were two care staff present, along with the instructor. The care home already does a lot of activities with residents, including physical activities; for example the site has exercise machines and one of the SAIL mini-golf sets. Staff already take groups of residents out on foot; for example, they walk residents to a nearby church coffee morning, but walks are for a purpose rather than 'leisure walks'. The residents seem to enjoy the walk, one younger resident ran every so often; he is very physically active. Another was wearing her 'winners medal' from the Active Norfolk cycling competition. It was cold, but apparently not as cold as previous week. This was a circular walk that took around 20 minutes in a residential area, so there were few hazards and it was relaxed for staff and residents; Staff said that they were lucky that there were plenty good walks in the area. However, there was a change of route when staff and the instructor identified a potential hazard (wet leaves on a path). Two of the residents held a member of care staff's hands on the walk and chatted. The group stopped for while at a bench on a green to rest, everyone seemed cheerful. All of the residents on this walk seemed relatively mobile. We went past the former home of one resident and she enjoyed this. The staff had attended the Active Norfolk Walk Leader Training; however the staff involved in this walk were extremely experienced in care work.

Walk Two at a housing with care site (residents have their own flats but get a high level of care).

There were two staff and five residents present at the walk plus the instructor. Two of the residents already walk off-site independently. The researcher was told that one resident had dementia (other residents may have had dementia, but this was not apparent). There were three people in wheelchairs, and one man with a walker (he normally uses a mobility scooter, and this was not working). This latter resident said he enjoyed the group walks even though he could get out on his own. One of the men in a wheelchair got out and walked every now and then. One of the carers seems surprised when he got out for a third time. When asked, he said he really liked going out in a group, as he didn't feel confident going on his own. One of the other residents in a wheelchair wanted to go to the shops; while her children normally buy her groceries, she wanted to do this herself. The group therefore went to a small, local supermarket. After the walk, this resident said she felt 'refreshed'. The resident with dementia was very mobile and walked ahead. The walk at this site started along a main road where the care site was based (unlike the other site which was in a quiet residential area). The member of staff said they had done group walks from the home in the past, for example a sponsored walk, but they were not regular and not in colder weather. The Active Norfolk Walk Leader training had given her the 'nudge' to want to do more walks as the residents enjoyed them. There is already other physical activity provision at this site, for example, lawn bowls.

Comments on 'led' dementia walks:

- More residents at 'Walk Two' experience physical disability than 'Walk One', but less were cognitively impaired. At 'Walk Two' staff were tied up pushing wheelchairs. The resident with dementia raced ahead and there were several busy roads to cross. This was managed superbly by the lead member of staff, but illustrates how different conditions (type of walk, and the capacities of residents) creates differing demands on staff.
- While some residents can go out for walks independently, they enjoyed going out as a group regardless. For others who cannot get out on their own, it was a welcome chance to have a change of scene; for example, the man with physical disabilities on 'Walk Two'.
- At 'Walk One' the group went to where a resident used to live, at 'Walk Two' the group went to the shops so a resident could independently select her own groceries. It is understood that at a previous walk at one of these sites, the group stopped at a café. All of these things gave the walks purpose.
- While both homes already took residents out walking. It would appear that the SAIL led walks programme had 'nudged' staff to do the leisure walks at this time of year

(in cold weather), and at one of the sites the staff member seemed keen to continue.

### **Organisational change:**

Active Norfolk's work with Norse Care through Mobile Me and SAIL, has contributed to Norse Care successfully applying for funding a new post, a Physical Activity Coordinator. Active Norfolk have worked with Physical Activity Coordinator and the Dementia Care Lead at Norse to help them to write a Wellbeing and Exercise Strategy and Dementia strategy. The Wellbeing and Exercise Strategy states that each resident should have the chance to take part in an activity three times a week and considers how each site can use their green (outdoor) spaces. Active Norfolk helped Norse to write the strategy:

*'With our Wellbeing Strategy, which incorporates a lot of exercise, we are quite unique in that instance [respect] as we have a whole strategy around exercise, and with the support of Active Norfolk that has given us a boost.....Active Norfolk helped us write the strategy.'* (Norse Care)

Writing physical activity into strategy in this way is likely to lead to sustainable change.

### **Inter-home cycling competition:**

Active Norfolk hosted a cycling competition at four care homes in the SAIL area to coincide with the Great British Cycling Festival in June 2019. The inter-home cycling competition was won by one of the homes visited by a UEA researcher to evaluate the dementia walks (a specialist dementia unit). One of the residents on the walk was wearing a medal won at the cycling competition. When back at the home after the walk, residents and staff pointed enthusiastically to photos of the competition. The managing director of Norse Care had visited the home to present the trophy.

*'All the four homes did the distance from Norwich to Lisbon and back again. We had a chap who cycled 70 or 80k with his hands. They were saying 'you need to stop and drink' and he would go 'yep, yep, yep' and the end we had to have a straw when he was doing it, as he wouldn't put it down, it was brilliant'. (Norse Care)*

Active Norfolk also brought adaptive bicycles to the cycling festival event for residents to try out



*'... we also had the adaptive bikes and actually had <name redacted> from Active Norfolk cycling a resident around, and later on the resident going around and <name redacted> sat down!' (Norse Care)*

### Mini-golf (crazy golf)

Active Norfolk liaised with a local charity (Poringland Men's Shed) who are constructing five 'mini-golf' sets for Norse Care homes. To date, one set has been built and placed in a specialist dementia home. Staff reported that residents enjoyed the mini-golf and used it a frequently

*[NORSE] 'The golf has been incredible'*

*[UEA] 'Are people happy to go out and play it even in this weather?'*

*[NORSE] 'The golf, yes, as long as they are wrapped up, as long as it's not wet.'*

One man who had never played golf before had become an informal 'instructor', helping staff and other residents. He gathers up the balls at the end of the day for safekeeping.

*'He's out there a lot, I have videos of him [shows video]. Here he is, this is November. He's teaching care staff.'*  
(Norse Care)

Once all the sets are in place, Norse intends to have an inter-home league (inspired by the inter-home cycling competition).

*'Once everyone has had a chance to have a go with them, we want to have a sports league between the homes.'* (Norse Care)



## Libraries

### Introduction

SAIL activities took place in Summer 2019 in four libraries in small towns on, or near to, the Norfolk Coast. Except for Hunstanton, the libraries are very small. The activities were delivered for ten weeks, mostly during the working day (apart from Caister Library, which was at 5pm) and were seated exercise, chair-based Pilates and resistance/balance training (mostly chair based). The sessions took place either within staffed opening hours (Mundesley and North Walsham) or during 'Open Library'<sup>1</sup> – unstaffed times when public can access the library using their library card.

UEA attended sessions at all four sites and interviewed instructors before the sessions and participants afterwards as a group. Instructors were normally also present on during the group interviews. Library managers were also contacted around three months after the sessions ended, and one agreed to be interviewed<sup>2</sup> (on the telephone), another responded by email (there was no response from the other two). Both managers were responsible for other libraries not included in the SAIL pilot. UEA also interviewed the Community Librarian with responsibility for wellbeing (including physical activity) around three months after the sessions ended. In addition to the qualitative data, questionnaires were handed out at baseline, at 10 weeks and then at around 3 months; a prize of £50 was offered for follow-up responses. Twenty-seven people completed a baseline questionnaire, and seventeen a '10-week follow-up (which was handed out at the final session), but there were no responses to a final follow up three months later.

The qualitative data sources were thematically analysed and supplemented with questionnaire data where relevant; findings are presented below. We have avoided naming libraries (referring to library A, B, C or D), except in a few instances (for example when commenting on the library space). Note that both library managers and the librarian responsible for 'wellbeing' are all labelled as 'Library Management'.

## **Participants**

Attendance data shows that there were 35 participants in total, but not all the participants attended all the sessions. The mean number of sessions attended was 6 (min 1, max 10). It was noted in the site visits that many of those attending appeared to have mobility issues and this was confirmed in response to a question about disability on the survey – 61% of respondents stated that their daily activities were 'limited a little' or 'limited a lot'. Just over 80% of survey respondents were female and 31% did not live in their own home. The eldest was 92; there was one participant in their 40s and two in their mid-50s, whilst the rest were 60 or over.

At interview, participants were asked if they were 'new' to the instructor, and this was the case in all sites apart from one (Library D), where the participants had been regulars to the instructors previous

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<sup>1</sup> <https://www.norfolk.gov.uk/libraries-local-history-and-archives/libraries/your-local-library/open-library>

<sup>2</sup> Note that the library manager interviewed on the phone had not been at the library when sessions were held but had spoken to her staff about them prior to the call.

classes for the last 18 months. Most, but not all, participants did not appear to have known each other prior to the activities.

### Finding out

Of the twenty-seven participants that responded to the baseline questionnaire, nine found out through word of mouth and ten through the library; the rest were through the instructor (1), Active Norfolk (2), publicity (4), and Facebook (1). It is not known whether responses 'through the library' are due to personal contact or information materials, however, in interview at Library C, there was agreement from participants and the instructor that recruitment had principally been through a drop-in coffee morning that attracts up to twenty-five people, and that was held the day before the activity class. Word of mouth was cited by a library manager as being the main way of recruiting for events in a small town. This is supported by comments from participants.

*'<name redacted> said to me this morning 'Where you off to?', I said 'I'm going to do my exercise', she said 'Well if I'd known I would have come'. She said 'Can I come?', I said 'No, it's too late mate they're stopping it', she said 'I would have come.'" (Participant at library A)*

An instructor commented that knowing that someone similar (in health and fitness) might encourage a person to attend.

*"And, it's people knowing that somebody has gone. So, like, your friend knows all your health problems, and it's, 'Wow, my goodness me, if she can go to an exercise class with her health problems, then, so can I'". (Instructor, Library A)*

Respondents commented on the need to allow attendance at activities to 'build up'. However, while attendance climbed quite quickly from fifteen in week one to twenty-five at week three, it remained mostly in the low twenties for the remaining weeks. A confounding factor might be that the last six weeks of the activities were in school holiday period when older people may be away or looking after grandchildren.

When asked at group interview, some of the participants did other physical activities, for example, swimming, dance, walking, or Tai Chi. However, seven of the twenty-six respondents to a physical activity question did no days of moderate physical activity and five respondents did one day only. There were also some apparently very active people – six people did six or seven days a week moderate physical activity.

### Reasons for attending

Interviewees gave a variety of reasons for attending the sessions, including for health reasons. A number said that they chose to exercise in the library because it was local. At one library an Active Norfolk 'test' session was mentioned by several respondents.

*'Because it was close and I thought that it would just be interesting, somewhere to go and a bit of exercise, somebody to speak to. Somewhere I could get to on my scooter.'* (Participant, Library A)

*'Because the library is local, and we can get here very easily. And <name redacted> did a demonstration last year, and we asked her to come back because we enjoyed it.'* (Participant, Library C)

There was an awareness of the importance of physical activity for good health; participants also attended for social reasons.

*'There have been lots of cut-backs, you need to look after yourself'*  
Participant, (Library D)

*'There's also the social aspect of it as well, we get together, we have a laugh.'* (Library D)

*'It was for the exercise; we don't always sit and eat cake'* (Participant, Library C)

Open-ended responses from a survey question asking why people took part showed that the main reasons were in order to improve health and fitness, with a number of people (4) describing serious health conditions they had. Social contact and 'doing something different' were also given as reasons for attending.

*Need to get out more for my mental health. (Questionnaire response)*

### The suitability of the library space for PA

There were some issues with delivering sessions in smaller libraries i.e. a lack of space and a lack of ventilation/high temperatures in summer. The lack of space meant that activities had sometimes to be modified, and importantly, restricted numbers meaning the activity was not likely to be sustainable without external funding (if the instructor is reliant on fees).

*'It's limited but the ladies are awesomely good at rearranging and jiggling around the furniture and we push the cubes back' (book shelves)*  
(Instructor, Library A)

*'... there's quite a few hazards with books, so it's a matter of adapting to what we need.'* (Instructor, Library D)

The participants at the resistance class (and instructor) would have preferred to be in the community hall (opposite) where the class had previously been held but accepted that funding for the sessions meant it needed to be delivered in the library, and that this was 'an experiment'. Where activities took place in normal, staffed, opening hours, the presence of other library customers brought benefits and drawbacks; on one hand they allowed physical activity to be 'normalised' and were potential customers, however, at sessions observed at two of the libraries customers attempted to enter activity space to borrow books (ironically one session was next to books on health). In one library, there was a children's club taking place at the same time as a Pilates session (which should be relaxing and involved a lot of instruction), and this was felt to be distracting.

*'...there is kids club going on and the noise is phenomenal, and sometimes you get people walking up and coming right close to the class and talking very loudly... then you get people who walk right into the middle and start trying to get books from behind from where someone is sitting.'*  
(Participant, Library B)

Interviewees were asked whether delivering in the libraries was a possible method of recruitment. An instructor at one library had tried to recruit onlookers without success:

*'No, they look, but they don't want to join in. They run, they run. I've been told off by the librarians for scaring away their customers.'* (Instructor, Library A)

At another library the instructor had a similar experience:

*People come and stand and have a look, but they don't really enquire, I think basically they are shy and say 'sorry', and you go 'it's OK'. (Instructor, Library D)*

None of the classes had signs up explaining what was going on, what time the class finished (for library customers wanting to get books) or how to join if they were interested.

Despite some of the practical limitations of delivering in libraries which could be overridden by careful programming (e.g. holding sessions outside normal opening hours), respondents found many positives. Not least because libraries are central, normally have parking, and are known to people in the community.

*'I live down past <name redacted> road, this is like a centre part for us, <name redacted> lives just up there, this is near the shops, it's central' (Participant, Library B)*

Libraries also had the potential to enable the recruitment of 'harder to reach' populations for physical activity. One reason for this is they are familiar, friendly spaces.

*'...also, I think it's not intimidating. I think intimidation it a big thing'.  
(Instructor, Library A)*

At one library, a participant who attends several clubs said about the library,

*'This is our second home' (Participant, Library B)*

Several participants found out about the activities through their contact with the libraries:

*'Yeah, because had I not come to change my books I wouldn't have known, it's just, I always read everything that's here while I come in to change the books, and I thought 'Oh', and I saw the elastic bands, as my friend calls them, and thought, 'Oh yes, I want to use those', because I had them but I didn't know what to do with them' (Participant, Library A)*

When asked how classes in a library differed to a gym, an interviewee said

*'Usually there are a lot of very fit people at the gym and we are not fit at all.' (Library B)*

In addition to practical reasons for delivering in libraries, there was the perception that they were an important community resource that should be supported and maintained (particularly as they are not a statutory service in England).

*'It's footfall for the library. We don't want it to close' (Library C)*

There was also the possibility of a rent- free room for instructors which may make a session viable.

*'It gets people into libraries. I never go into libraries and used to, I loved libraries growing up. And it makes it economically viable; if I wasn't being charged I could feasibly charge less than £5 a session, because I am normally charged £15-20 hall hire.'* (Instructor, Library B)

The suitability of libraries for physical activity sessions depends on the available space in the library, time of day and what's on offer elsewhere in the area (so that the library is not competing with existing provision).

*'I think libraries are a very good place for physical activity, but the time and days have to be planned as there are many other activities offered in the local area and it is important not to clash. ... We are active in encouraging PA locally, as we have regular sessions in <name redacted> Library and <name redacted> Library which are well attended and very popular, and feedback suggest this is for company and socialisation as well as exercise.'* (Library Management)

*'Every library is different, so the kind of things we do are low-level and easy to do. So, we tend to do seated exercise, there is enough space and chairs and we lend ourselves to that easily. We also do things for children, for example, mini movers and bounce & rhymes. We add a bit of movement in sessions. Bigger libraries with rooms that can be hired, we do have session like yoga, as they are more equipped in terms in running sessions.'* (Library Management)

Feedback from management also outlined other types of initiatives Norfolk libraries are involved with to promote healthy living and physical activity:

*We have a health focus in our service, we also work with public health and have a healthy library offer. So, we promote public health campaigns, for example 'Stoptober' and a physical activity programme from Public Health in summer. We have a role in providing information in all libraries and depending on need some libraries may do a bit more.'* (Library Management)

Norfolk libraries, as a minimum stock health information, but also have talks, take part in campaigns and have ad hoc events.

### **Feedback about the classes**

There was positive feedback from interviews at all four libraries

*'We've had a really good laugh and it's been lovely.'* (Participant, Library A)

At the resistance training, the participants particularly liked the instructor explaining the rationale behind the moves to them; this instructor had a loyal following.

*I've listened to what <name redacted> has said, and instead of using the weight, I concentrate on the exercise I'm doing and using the body'*  
(Participant, Library D).  
*'....not using all these fancy words' (Library D)*

At a seated exercise session, the class did the 'Sun Salutation' (seated yoga). The moves for this had been supplied by one of the participants (who was absent from that session). The class noticeably became highly engaged at this point, and when asked afterwards why this was, a participant replied:

*'It's the flow, I like it also that <name redacted> explained that she loved yoga, <name redacted> really misses yoga; she can't do it now because of her hips'* (Participant, Library B)

At the Pilates class, the students like the relaxation. This was more technical than the other classes, with more instruction, for example, around breath control.



*'I like style, the relaxation. It's relaxing but I don't understand the breathing' (Participant, Library C).*

*'It's energising. Although it's quite gentle you can feel the blood running around the body' (Participant, Library C).*

The social aspect of the sessions appeared to be important

*'I love it! Personally, it's probably my favourite class, the ladies are all so chatty, they all want to join in. The gel between the group is really nice as well. There might have been one or two new people, but they've been welcomed' (Instructor, Library B)*

There was less social interaction at the Pilates class (when compared to the others), as there was more instruction and less time for talk between the participants. However those involved appeared to enjoy it.

Having activities at the right level, and classes with similar people was important

*'It's been a lovely class, the teacher's been beautiful, and she's made it easy...she's made it very nice and easy and enjoyable.'* (Participant, Library A)

*'...at the right level' (Participant, Library B)*

*'It's nice to do it with other people, people of the same sort of age' (Participant, Library D)*

*'...as long as it's sitting down' (Participant, Library B)*

Some of the participants did the activities at home, at Library B, this was actively encouraged, with the instructor giving written instructions to participants. A participant at another library requested instructions to take home. At Library D, a participant said it was hard to motivate herself away from the class.

## **Outcomes**

The activity in the classes varied from being very gentle, for example at Library B where it was all chair based, and more intense at Library D where participants squatted (with the help of a chair back), stood on one leg and used weights. At this library, the instructor delivered the classes as a graded, progressive 'course' with a clear purpose of improving strength and balance.

Several people spoke of benefits to them from the activity classes.

*'I've got fibromyalgia, so I get various aches and pains and it's really good for that, because it's the only thing that I have found that treats all of it' (Participant, Library A)*

*'Yeah, because I was frightened to do it because of my heart and she done exercises that didn't hurt me and gave me confidence that I'm able to do them.' (Participant, Library A)*

*'Gets the muscles going. And I can get up without holding onto a chair.' (Participant, Library A)*

*'I really feel my muscles are stronger with you.' (Participant, Library D),*

*'I can do press ups now, I couldn't before because it hurt my wrists.' (Participant, Library D),*

*'You can feel it loosening your muscles, because bits and pieces you can now move more freely than you could before. My ankle is a lot looser now.' (Participant, Library B)*

*'I couldn't brush my hair or nothing, but now I can get it right up here now [her arm]. (Participant, Library B)*

Responses to baseline survey questions (Appendix 5), 1-4 are shown in Table 2, below and indicate that, on the day at least, participants felt positive about the sessions in terms of social isolation and increase motivation to be physically active.

**Table 2: Answers at baseline to survey questions 1-4.**

Questions	Numbers (%)	
	Yes	No
During this activity I have talked to new people	18 (67%)	9 (33%)
I met somebody I would like to keep in touch with during today's activity	18 (67%)	9 (33%)
I would like to try out other new activities because of today's activity.	20 (83%)	4 (17%)
I am more motivated to be physically active because of today's activity	20 (83%)	4 (17%)

*Note: there were some non-responses to these questions hence uneven numbers.*

## Sustainability

Most classes were not set to continue; this is because, while the venue was potentially rent-free, the class sizes were too small, and mostly (except Library B) this was to do with the available space. However, often participants were referred on, and in one case (Library C) another physical activity session was arranged (through the local council).

*'Active Norfolk sessions are no longer running as the offer was to continue with the same coaches on a private basis charging £5 per week and our customers felt this was too expensive. I now have an arrangement with a sports coordinator from [the local council] to come in once a week in unstaffed times and these are running well... [the local council] charge £2 per session in all three of the libraries I mentioned.'* (Library management).

In Library A, three participants were referred by the instructor to a community gym, and one had been referred to a community transport organisation to get her to another activity class running at a bigger library.

Participants were asked at interview if they would pay for the activity, and while most said they would, a number said that the rate would need to be very low. For example, at one session a participant said she would pay £5, but another participant said it would need to be 'quite a bit under £5'. This same participant said she was attending a cross-stitch class for £1 a session, and she seemed happy with this. Another group of participants pointed out that if you were doing more than one class, costs soon added up. One of the instructors felt that that free sessions are undervalued so a small charge is best.

*When they are completely free, they are undervalued, people don't put any value on them. I think low cost is much better than free* (Instructor, Library A)

### Summary comments

Active Norfolk's work with Norfolk Libraries builds on the Healthy Libraries initiative that ran in 2015-2016 where libraries worked with Norfolk Public Health, and delivered socially-based group wellbeing and healthy lifestyle activities. The Libraries Service became involved in SAIL when they were invited to the 'Explore Phase' stakeholder meeting. From this point there was discussion between Active Norfolk and the Libraries Wellbeing Co-coordinator about how SAIL could influence service delivery. While healthy lifestyles were on the library's agenda, and while physical activity sessions were already run at some libraries (particularly larger libraries and those with separate rooms) the service had not looked systematically at including physical activity in their planning. As part of their interaction with Active Norfolk, they were able to 'test' activity session in different smaller libraries. This enabled them to assess both the benefits and some of the challenges in doing so. It demonstrated that libraries sessions have the potential to recruit 'hard to reach' inactive

populations, but that careful planning is needed around the type of activity delivered and when it takes place. It also suggests that attendance at activities may take a while to build up, that recruitment is best done mostly face to face, and that small libraries may have a challenge with sustaining activities as where limited space restricts earning potential for instructors. However, in addition to sessions continuing in one library (albeit delivered through another provider), in another the library manager aims to start a health walk with the help of a volunteer, and in other libraries participants were referred on to other sessions physical activity sessions. Strategically, the library service is auditing its provision around physical activity (across all ages) and SAIL has helped the library develop a more strategic approach to physical activity for older people.

*'It's helped us to concentrate on libraries in areas where there are older populations, to get something more regularly. And that's something we want to keep the focus on.'* (Library management)

## Outdoor activities

Active Norfolk hosted three types of 'outdoor activity' classes in Great Yarmouth. These were put on partly due to an emphasis in the bid on outdoor activity, and partly due to a call for activities in 'unusual spaces' from consultation. While Active Norfolk had hoped to work with local councils to deliver these sessions, capacity issues within the councils prevented this. The sessions were:

- Outdoor bowls in Great Yarmouth (Wellesley bowls club)
- Cliff walks in Gorleston
- South Town Park stretch and bend / Nordic Walk

Sessions were advertised through traditional marketing in the local paper as well as on Facebook. Consultees in the Explore Phase had emphasised the importance of 'traditional' methods of communication with older audiences.

A UEA researcher attended the Gorleston Cliff walk and the Southtown Park activity. On the day of the visit to the Gorleston Cliff walk there was one attendee (a long-term client of the instructor) and there were no clients at the park activity. This was unusual as there had been two or three walkers on the cliff in previous weeks (all long-term clients of the instructor) and one or two at the park.

The instructor felt that there were several reasons why the two outdoor activities she had been recruited to lead had low attendance:

*'... they are going to think, what if I go there and I'm the only one, how am I going to know what my instructor looks like, is it going to be too hard, am I*

*going to be good enough? The other side of it, it's going to be for the over 60s, maybe I'm too fit for that. It's a difficult one to crack.' (Activity instructor)*

The instructor had seen a number of these classes advertised (on Facebook and in the local paper – the Yarmouth Mercury), but went on to say

*'The one thing that works in word of mouth'. (Activity instructor)*

This instructor is part of a successful, year-round walk programme in Lowestoft. However this had taken a long time to build up and did so through word of mouth.

### **Age Connected Centre and Sentinel Leisure**

Active Norfolk undertook consultation sessions within Great Yarmouth and in the surrounding villages in order to inform the redevelopment of Great Yarmouth's main leisure centre / swimming pool, the 'Marina Centre'. This was with the aim of increasing the footfall of older people through the leisure centre. As part of this programme, Active Norfolk consulted with Age Connected who run the Acorn Centre for older people in Great Yarmouth. Age Connected were identified to be part of the consultation as they have a good membership base and are well known in the local community. This relationship has further developed, particularly after the third SAIL stakeholder meeting that was attended by the Acorn Centre. As a result, Active Norfolk have been in discussion with the centre to identify how it can support it to diversify its current physical activity offer.

*Actually, they've already got a really good timetable of activities for their members; we are trying to diversify that and look at how they can expand their offer.' (Active Norfolk)*

Collaboration with SAIL has enabled the Acorn Centre to test a new activity, 'Tai Chi'. This has proved to be very popular with users, with twenty-three people attending the first session. A member of staff also felt that the Tai Chi had brought new people into the centre. SAIL enabled this activity to be delivered free initially, after which participant will be asked for £5; from this £1 will be deducted by the centre for running costs. While those using the centre do pay for activities, the cost of such activities can be a barrier to some people.

*'Cost is a thing though, people tell us, older people struggle with income, they have to make choices. It's about the total cost of an activity, including transport' (Age Connected Staff)*

A member of staff at the Acorn Centre attended Active Norfolk's Walk Leader Training and intends delivering walks in the future.

While the Acorn Centre runs sessions such as seated exercise and yoga, and while the space is relatively large, they remain restricted in the types of activities they can run due to space and facilities. Discussions with the Acorn Centre yielded ideas for further activities that might be suitable with more space (in a redeveloped Marina Centre); for example, bowls, netball and swimming.

*'There were some really great ideas for activities that you may not associate with an older group and that they didn't necessarily have the space for'. (Active Norfolk)*

Discussions with the Age Connected about how older people may make more use of the Marina Centre resulted in the idea of a 'space' within the centre for older people.

*[The Acorn Centre] would really like a space that they can use for outreach in the Marina Centre, so they can still hold that 'drop in, have a cup of tea with us' in a facility that could offer other types of activities. (Active Norfolk)*

This facility to offer drop-in and social support is an important part of the ethos of the Acorn Centre.

*'The other thing we do, it's not just about the activity, is the social side..... Even Tai Chi, we encourage people to come at 10, even though the class starts at 11, so they can socialise. With Tai Chi, people might sit and watch, and we might encourage them to join in, but the other thing is they end up coming back if they make friends.' (Age Connected Staff)*

At the time of the interview with Active Norfolk, the team were preparing for an upcoming meeting with Sentinel Leisure to discuss and finalise their community engagement programme; this was a stipulation of one of the funders for the redevelopment programme. The proposed relationship with Age Connected and consultation through the SAIL programme would be discussed at this meeting.

*'What we will be able to do, is to use the learning and consultation from SAIL on Monday, to influence...the new programme which will be submitted*

*to Sport England as a commitment for when the centre opens in 18 months' time.' (Active Norfolk)*

Through the relationship-building work with the Acorn Centre, Active Norfolk have made contact with other groups in Great Yarmouth.

*'Actually, there is a lot going on in Great Yarmouth... there's stuff happening, but it's about redirecting, making clubs aware with each other'.  
(Active Norfolk)*

This will enable Active Norfolk to extend the work they do with the voluntary, community and social enterprise sector (VCSE).

*'We are now only starting to scratch the surface with VCSC.. there is so much to build on, and they are very receptive to that.' (Active Norfolk)*

## Walk leader training

### Introduction

Walk leader training has been developed through Active Norfolk, through a Department for Transport funded programme 'Pushing Ahead', and through SAIL (particularly the dementia walks aspects of the training). As part of the organisational change strand of Mobile Me Out and About, organisations that were 'non-traditional' in delivering physical activity were asked to attend (including library and care staff).

Prior to the walks training for these groups, UEA liaised with Active Norfolk to adapt their training evaluation form (see Appendix A). The following reports on the results of two walk leader training sessions that were attended by care and library staff as part of Mobile Me Out and About organisational change strand.

### Background

Five training sessions were run, one on the following dates 27<sup>th</sup> and 28<sup>th</sup> August, and 2<sup>nd</sup>, 26<sup>th</sup> and 30<sup>th</sup> September. Three sessions were run for care staff; one for library staff and one for other organisations working in Great Yarmouth. There were 38 attendees and 36 individuals completed evaluation form; there were 19 care staff, 6 library staff and other attendees from a range of organisations including the third sector.

Thirty of 36 respondents were female, and the average age was 45 (min 21, max 74). The majority intended to lead walks in a paid capacity (23), three intended to deliver in both a paid and voluntary walks capacity (all of these were care staff) and seven respondents intended to deliver walks voluntarily (there were three non-responses to this question). Except for the care staff, who had all found out about the training through their organisation (Norse Care), other participants found out through Active Norfolk (4), word of mouth (5), the library (4) or another voluntary organisation. Two found out by 'email', it is not clear where the emails originated.

### Perceived relevance and added-value of the training.

Participants were asked four questions about how the training might influence practice, and for each of these there was a comments box. Responses to the questions are as follows (Table 3):

Table 3: Attitudinal statements and open-ended responses, walk leader training questionnaire.

Statement	Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly Agree	Number of responses
<b>I found the training useful:</b>	3%	0%	6%	44%	47%	36
<i>Summary of responses to 'Why did you give this answer?'</i>						
<i>Responses to this were mostly general in nature e.g. 'Group discussions identified where others have faced difficulties and how to overcome' and 'very good, a good understanding and learning of keeping fit in the care home sector'. It was clear that for some people the training was a refresher and for others it was totally new. A couple of specific areas were mentioned, i.e. information to consider when mapping, particularly the importance of planning.</i>						
<b>I feel better equipped to lead walks:</b>	0%	6%	0%	53%	42%	36
<i>Summary of responses to 'Why did you give this answer?'</i>						
<i>Again, a while few individuals felt they had already been equipped prior to training (due to previous experience), for all but one of these, the sessions reinforce this learning. Responses from others mostly centred around more awareness of pre-planning and organising, e.g. 'got knowledge on what to look when organising a walk; for example risk assessments. Or about having increased confidence through having increased knowledge.</i>						
<b>I feel knowledgeable about how I can adapt walks for clients with different abilities:</b>	0%	0%	0%	75%	25%	36
<i>Summary of responses to 'Why did you give this answer?'</i>						



*Where answered, people spoke of increased knowledge of what to look for in routes and what residents of different abilities may require and the need to pre-plan a route first with these consideration in mind. 'As again, I have been given the knowledge of what different residents of different abilities may require' and of the need to find appropriate routes 'Look for risks and routes when planning and preparation for walks'.*

<b>I feel confident talking to clients about the benefits of physical activity:</b>	0%	0%	0%	69%	31%	36
<i>Summary of responses to 'Why did you give this answer?'</i>						
Responses to this question, commented a greater understanding of social and health benefits, and in one case promoting independence – 'Can explain the benefits of going for a walk, social, physical etc'. One respondent talks of the importance of inclusivity regardless of ability.						

### **Previous experience of delivery walks and perceived barriers**

The majority (21) of attendees had not delivered a walk before, 11 had delivered a few and 3 had delivered 'many'.

The main issues in delivering walks were (8 responses) for care staff, firstly finding suitable routes, then having adequate helpers, and time. For non-care staff it was catering to mixed abilities

*'knowing the varied abilities of the walkers only done one walk event, but included all ages from children to older people'* and getting people to attend.

### **Comments and suggestions on training:**

The training was generally well received, and satisfaction rates high. However, there were some suggestions from a minority of respondents that may help shape future programmes.

Some respondents felt that the training could have been more tailored to issues in a care or nursing home setting, including (in one instance) people with dementia. A more general request was for more practical activity, or 'a more active role in training'. One individual requested more information on public liability.

### **Other:**

Active Norfolk has developed an online walks training package, and all attendees were told about this as it may be relevant for colleagues. This was developed through the Pushing Ahead (U Department for Transport) funding stream, however the SAIL team (Active Norfolk and Norfolk County Council) inputted into the training, particularly sections on dementia friendly walks.

<https://www.pushingaheadnorfolk.co.uk/training/>

### **Follow up**

A three-month follow up survey was sent via email to the 22 participants who had given consent and their contact details. Eight email addresses rejected. In total, four participants provided a response to the follow up survey. The following paragraphs summarise the findings from the follow up.

### **Continued work as a walk leader following the training**

Respondents were asked if they had led or help at a walk since taking part in the walk leader training. Only one respondent identified that they had, whilst the other three have plans to do so in the future.

### **Comments from respondent who has led/helped at a walk since the training**

The respondent, who has led or helped at a walk since the training, reported that this was a walk for tenants at a housing with care complex, typically for frail elderly and some with dementia. They agreed that they found the training useful, whilst commenting that they have led walks prior to the training. They also have a running qualification so feel confident leading the walk through their experience leading running groups.

The respondent acknowledged that they had received support from Active Norfolk in preparing or running walks. This has involved Active Norfolk overlooking the walk route and reviewing the risk assessment paper work. A member of the Active Norfolk team also attended two of their walks, which enabled more tenants to take part. The respondent agreed that they found the help from Active Norfolk useful in helping them to prepare and lead walks.

### **Future walks which respondents are planning following the training**

Respondents were asked to provide information about any walks that they are planning in the future. All four respondents provided a response. Responses where somewhat varied with one planning a walk from one library to another; another is planning to lead a walk for older residents, and another planning to deliver local short walks. One respondent identified that they have a kilometre walk loop, which they currently use, and plan to continue using as it is suitable for most abilities.

### **Other comments following the training**

Respondents enjoyed the training and found the training increased their confidence to deliver walks with residents in their care home setting.

*'In my experience care assistants require a lot of hand-holding to gain confidence in doing something that is potentially "risky". It's well worth it*

*though as the walks are very popular and the only times some tenants actually go outside in months’.*

*‘I had done a walk prior to the training sometime before, which was hugely popular. I really enjoyed the training and it gave me a lot of confidence to continue this event. All the information was presented in a fantastic way and all possible questions answered.’*

## Conclusions for ‘Report 1’

Active Norfolk has worked on organisational change with an existing partner, Norse Care, and it has developed new relationships with the Norfolk Libraries and with Age Connected. These are respectively a limited company, the public sector and the third sector (voluntary). Through this work, and consultation in Great Yarmouth it also aims to influence a third provider, Sentinel Leisure Trust (also a charity). The work with Norse Care built on relationships and ways of working from a previous project ‘Mobile Me’, the relationship with Norfolk Libraries and Age Connected was newer.

*‘... with Norse is we came in already having had a relationship built up through the Mobile Me project. Libraries come in fresh with SAIL and we are building up that approach, but it’s essentially the same thing’. (Active Norfolk).*

In each case, in addition to relationship-building, Active Norfolk needed to understand the business case for each sector that might motivate it to embrace physical activity, whether the business case it is to provide a more attractive service to customers or meet a funders’ health outcomes.

*‘...it’s about a business case, or justification, about why they should be doing it’ (Active Norfolk)*

Demonstrating to partners what is possible is important. When asked to identify the main way in which Mobile Me, and then SAIL, had influenced the Norse Care, a key informant said that this was through inspiring the organisation by showing it new way of working, along with employing a dedicated member of staff to promote physical activity:

*‘I think there needs to be an inspiration to start with, there’s stuff out there already, but unless you see it with your own eyes, you don’t see as much value in it. And you need a person to lead it, you definitely need a person to lead it.’ (Norse Care)*

However, provision needs to be adapted, not only to organisations, but to individual sites. This was evident in the libraries where it was found that some sites were not suitable for some types of activity – particularly during main opening hours.

*It's about thinking a bit deeper about what physical activity is. It's not about 'I'm going to be the deliverer, I'm going to be the host', it's about 'How can I best affect my service-users to become active?', some that will be what we host and put on, some of that will be about how we affect the message and where we signpost people to.'* (Active Norfolk)

Working with providers has involved relationship building, but also making change as easy as possible, whether it is through staff training, accompanying care staff on led-walks, or the demonstration projects run through SAIL

*'Your message has to be 'We are going to make this as easy for you as possible.'* (Active Norfolk)

Active Norfolk are currently in the process of writing a funding proposal in partnership with Norfolk Adult Social Services, Norfolk Clinical Commissioning Groups, and the Voluntary, Community and Social Enterprise sectors. This is being done using National Health Service long term plan and the Enhanced Health in Care Homes guidance<sup>3</sup> as tools to guide the bid. It is intended that this funding proposal will form the legacy for SAIL by building on the strategic partnership model developed.

## Report 2: Developing the Active Aging Website

The development of the Active Aging website<sup>4</sup> (<https://www.activenorfolk.org/active-ageing>) was a response to consultation through stakeholder meetings (where information provision was raised as a key issue) and in order to enable several core components that, building on learning from pilot projects, will underpin a successful approach to influencing the system. These include:

- **Strategic Capacity** – to work within the system around the ageing population, including health and social care, and develop appropriate resources to support with building physical activity into their service.
- **Workforce** – Support with input into the health, social care and VCSE workforce to enable them to embed physical activity into service delivery and job descriptions

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<sup>33</sup> [https://www.kingsfund.org.uk/publications/enhanced-health-care-homes-experiences?gclid=EAlaIQobChMlvOb10bC85glVDbDtCh3-fwuQEAAAYASAAEgLH2\\_D\\_BwE](https://www.kingsfund.org.uk/publications/enhanced-health-care-homes-experiences?gclid=EAlaIQobChMlvOb10bC85glVDbDtCh3-fwuQEAAAYASAAEgLH2_D_BwE)

<sup>4</sup> Note that this is currently hosted within the Active Norfolk website

- **Building capacity and provision** – To support with the development of programmes of activity within care/residential homes and the community through relationship/partnership development, that are led by insight and consultation and are collaborative in nature, often building on the assets that are already there, as well as building private enterprise and VCSE delivery.

The website is a resource to support organisations in mainstreaming physical activity and embedding it within their systems. It's intended to empower organisations to expand their offer and contribute to the wider agenda of increased quality of service. The website should be scalable within other areas of the country.

Links to the website were sent for consultation to the Active Ageing Working Group, which is made up of relevant partners and stakeholders from the VCSE and Health & Social care sector (Table 4). The group were asked for initial thoughts, and how easy they found the site to navigate, how useful they would find it etc.

Table 4: Members of the Active Ageing Working Group

Role
Commissioning Programme Manager – NCCG
Commissioning Manager -GY&WCCG
Quality Improvement Nurse for Care Homes – NN&SNCCG
Commissioning Manager Healthy Ageing & Care Homes – NCC Social Service
Head of Integrated Commissioning – NCC Social Services/NCCG
Commissioning Manager – WNCCG
Public Health Officer – NCC Public Health
Age UK Norwich – Community and Neighbourhood Support Manager
Norfolk and Suffolk Care Support – Chief Operating Officer
Norse Care – Dementia Care Lead
Norfolk library Services – Healthy Library Lead

Feedback was also sought from the SAIL operational group who advised that it was quite hard navigate, and that they didn't understand where the headings would take you or what they meant. This differed to feedback from the Active Ageing Working Group who thought that it easy to navigate and that it compiled a lot of relevant resource and information within one place. It was decided that to do some rewording and restructuring of the site (that is within the capabilities of the main host site) and look for some further user feedback when appropriate and once decisions are made about where the website should finally be hosted (it is currently hosted on the Active Norfolk website)

The website is intended to provide support for the workforce and sector generally, as well as having public facing information for people to source information themselves. It will need ongoing maintenance to ensure it remains relevant and influential. The website will be a key component in upscaling the work Active Norfolk are doing around active ageing and the legacy work of SAIL. The website was included within Active Norfolk's Active Ageing Proposal and subsequent bid they submitted to the Innovate UK pot of funding.

Figure 1: Screenshot of Active Aging home webpage



## **Report 3: Development of ‘Destination’ Dementia Walks leaflets (non-led).**

### **Background**

The Core Group and Dementia Friendly walks sub-group decided, based on consultation findings, to undertake two activity streams – ‘doorstep walks’ for care homes and other organisations such as libraries, and ‘destination walks’ that would cater for individuals and their families / carers that had transport and for tourists. The destination walks would be mapped using the walks audit developed through previous dementia walks project at Active Norfolk and refined through consultation. This report describes the process of developing the non-led, ‘destination’ walks (for a description of led-walks, see Report 1).

### **Developing the brief for the leaflet**

The aim was to provide external partners with the tools to audit and promote their own dementia friendly walks and provide a bank of walking resources that had been audited and mapped. The project design brief (Appendix 2) was developed following an internal meeting with Active Norfolk and the Environment Team. The initial brief was for a logo design, a resource toolkit that would include checklist & promotional poster, and a trifold leaflet for “Norfolk Easy Walks”. However Active Norfolk were subsequently updated that following an internal SAIL meeting in April 2019 a change of name had been decided upon – “Norfolk Easy Ambles.”

### **Managing the design process**

Active Norfolk communications lead was the initial point of contact for the design brief (Appendix 2) and sourcing a designer. The decision to engage an agency who had worked with the Environment Team previously, the portfolio they included in their quote showed age-appropriate experience. All content was to be supplied to Active Norfolk communications lead who was to liaise with the designer. At the time of the initial brief, it was unclear whether we would be using the maps as supplied by the Environment team, or if we were asking them to redraw the maps. It was also subsequently decided, after an agency had been engaged, that we wanted to get the design files released so that we could amend/update maps internally after the initial design. This required an additional file release fee to be factored into the budget.

The initial design draft was completed by the agency. However on-going design costs would prove too costly with their hourly rate, so Active Norfolk suggested engaging a freelance designer who could use the design files and make the subsequent eight walks leaflets.

Changes in project management meant that the communications with the designers were taken over by an internal member of the Environment Team for the completion of the leaflets.

Along the way the design brief changed, with the creation of a video highlighting the use of the audit checklist and reduction from a 6-page resource booklet to a 2-sided PDF.

## **Developing the branding, logo and name**

The name 'Norfolk Easy Ambles' was developed after discussion at a Core Group meeting on 1st April as it had the potential to be a brand that the County Council/Active Norfolk could use for other groups where accessibility is key e.g. wheelchair users, and families with pushchairs, as well as for learning disabled. The design agency provided four key design concepts; these incorporated key visual cues associated with walking e.g. signposts, walking boots. The brief specified that the logo for the leaflets should be recognisably for dementia users, but not put off audiences who do not wish to be defined by this label. We incorporated subtle references to dementia by using the strong (and dementia appropriate) colours of turquoise and yellow from the Alzheimer's Society and the incorporation of the 'forget-me-not flower' recognised from the Society's dementia campaign. Alternative logos were produced and sent for review/comment to several of Active Norfolk's partners within the sector, including the Norwich City Dementia Action Alliance, Age UK Norwich, and the Dementia lead at Norse Care.

The final logo selected took consideration of the partners' input as well as the design needs of the logo on marketing materials. The resulting logo provided a brand that looked 'mainstream', could be adapted, but for this leaflet series of dementia walks, would use the flower within the logo.

The core group decided on a strapline of "An accessible walk suitable for people living with dementia" on the basis that this did not imply that walks were only for people with dementia, and to take into account the feedback of stakeholder groups who variously found the phrases 'dementia friendly' and 'dementia accessible' problematic.

## **Developing the first draft of the leaflet**

The objective was to create several walks across the Norfolk SAIL areas. This was done using a walks audit that had been produced from previous Active Norfolk projects, and developed through the course of SAIL, including feedback from stakeholders ('Evaluate' stakeholder meeting).

The team started with one area, Cromer, to hone the design and process for creating the leaflet. The design agency developed a template for a trifold leaflet to include: front cover, map across the inside spread of the leaflet, and on reverse accessibility information about the walk and points of interest. The design agency also developed graphic icons for key features on the map route e.g. icon for benches, café etc. A walk audit was carried out using the criteria developed, the route was captured on Google Maps by the auditor. The route information was passed back to the County Council Environment team where GIS software was used to plot the route. The same team member



then exported the base layer of the map to graphically improve the map using Adobe Photoshop. He added the icons such as benches onto the route.

It was decided by the project group (based on successful dementia walks leaflets from SAIL project in Ostend) to add photos of points of interest to the map. These were also added in 'bubbles' to the map. Points of interest were developed using desk research of the local area based on the route.

The map information and copy (including points of interest) was then sent to the design agency by the Comms team at Active Norfolk (delivery partner for SAIL).

### **Testing the walks leaflet with 'users'**

Norfolk County Council set up an opportunity for those living with dementia and their carers to test the Cromer leaflet in situ. The morning was arranged to meet people at the start of the walk at 10.30am, brief them, given them the leaflet and free time to go on the walk using the leaflet. Staff observed from a distance and then had a feedback session with them over lunch in a local restaurant (a small incentive for taking part).

In order to set up the testing we required:

- Setting date, booking an appropriate restaurant
- Sending comms through all local contacts including dementia groups and local media
- Writing a questionnaire to guide the evaluation of the walks feedback and defining protocol for the staff undertaking feedback
- Drafting sign up form and email templates for the event
- Responding the enquiries from carers about details for the day

On the day, we had two people, each with their carers. Our experience was that it was very difficult to get people to sign up to take part in testing. Many reasons were given for this including distance and being on 'wrong' day; it makes sense that people might be cautious about taking vulnerable people to a situation which is not 'tried and tested' and is not guaranteed to be convenient or enjoyable. The time of year and rainy weather may also have been an issue.

The people involved were however extremely keen and diverse in that they provided perspective from a wheelchair user and from early onset dementia. The format of the day worked well, they enjoyed taking part and the feedback was extremely useful.

The questions asked of the four participants can be seen in Appendix 3. Responses were taken at a meal provided after the walk in a local restaurant. Comments and suggestions from the participants

can be seen in Appendix 4 and include simplifying some aspects of the map, but also adding information, for example, including disabled parking (not just parking) and clearer start points.

## Lessons learnt from developing and testing the first walk leaflet (Cromer)

We learnt a lot from the process that we refined for the development of the further 8 leaflets. To get the first leaflet to completion for printing to test with users in situ took at least 10 iterations. To some degree this level of changes is beneficial to develop a design. We learnt however that:

- Points of interest were best developed at the time that audit was being done
- Photographs should be taken of the route accessibility along with the audit
- We had an unclear group structure with a lack of an overall coordinator for overseeing the gathering of the separate elements and liaising with the designer.

Through trialling the process with one leaflet (which took 6 months) we managed to streamline the production of a further 8 leaflets in 2 months. This was enabled through:

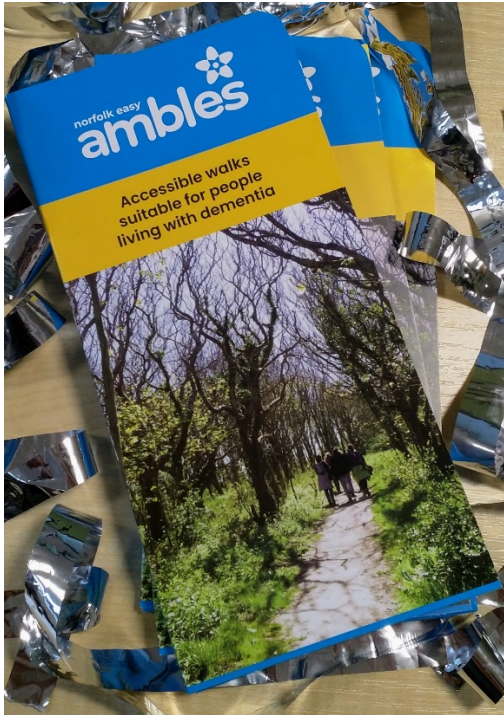
- A dedicated coordinator for production of the leaflets who could research, revisit sites, accompany a photographer, and dedicate time to the specific detail required to make the leaflets as clear as possible.
- Working with a single designer per hour to make changes

## Norfolk County Council Environment team and Active Norfolk working in partnership

The County Council Environment team, and Active Norfolk through previous Health Walks have walk auditing as standard practice to develop a walk. What has been new within the SAIL project is building the knowledge of criteria for dementia walks, and integrating this into walk leader training. This means that there will not only be explicit dementia walks but that all walks going forward should be audited with dementia in mind.

Figure 2: Norfolk Easy Ambles leaflets close up, and on display in a library





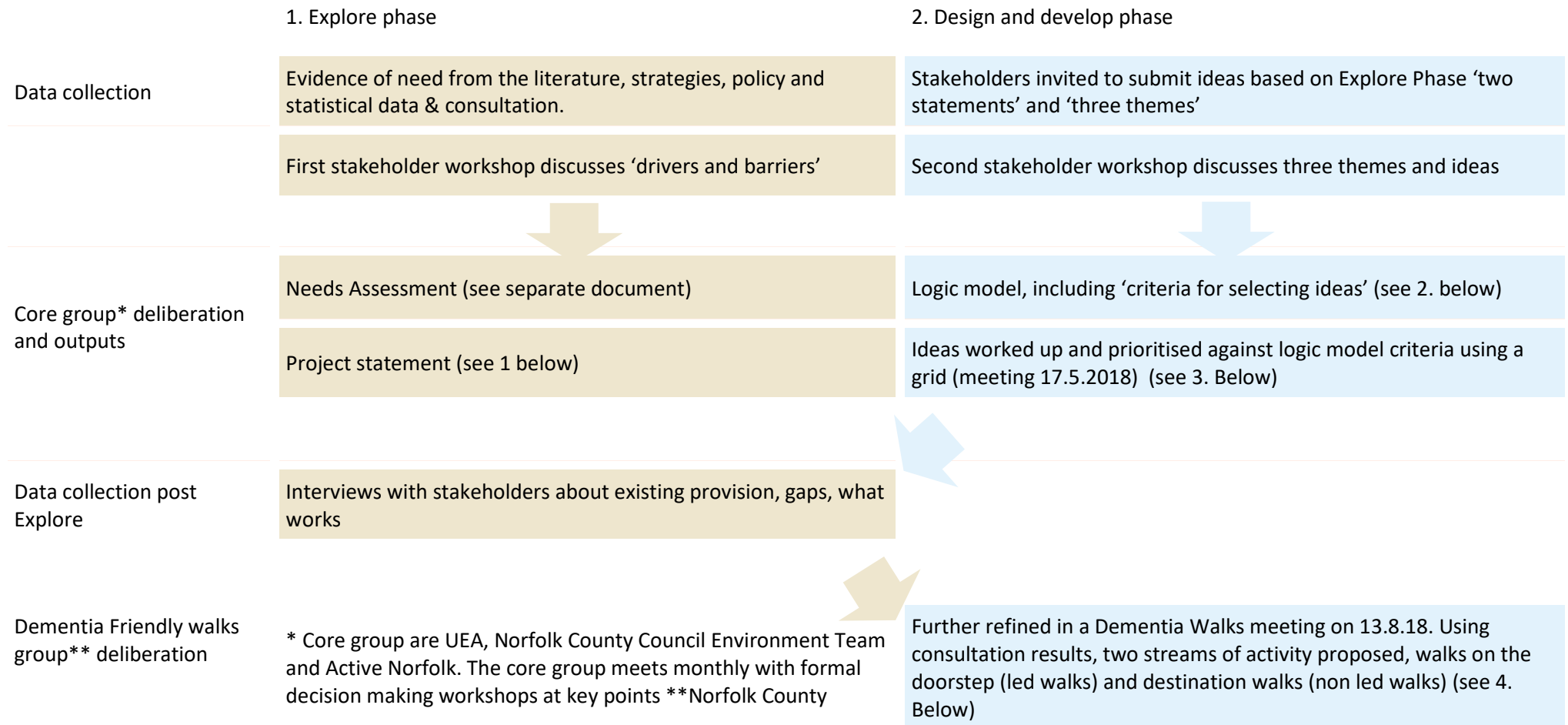
## Dissemination plans

Leaflets were distributed to all forty-seven Norfolk libraries and mobile libraries where the nine walks will be presented together in a bespoke folder; Individual walks leaflets have also been sent to Libraries closer to specific walks as well in case people do not want the whole pack.. Each library and library van will also be given a poster to display letting people know about the leaflets and the Active Ageing website with all the further information on the SAIL project initiatives.

Active Norfolk's Active Ageing website (developed through SAIL) will be the primary landing page for the dissemination of information about the project. PDF versions will be available there and on the Norfolk County Council walking pages. The leaflet will also be made available through Public Health's leaflets distribution service (HILS); Environment Team contacts in Public Health are letting GP surgeries and pharmacies know directly how and where they can order the leaflets from and the posters.. We are using the networks of local Destination Management Organisations (DMOs) to ask tourism businesses if they would like leaflets for their local business. Leaflets and a poster will be sent to Dementia Friendly Communities, Dementia Friendly Cafés and other local volunteer groups on our communication networks. Other suggestions for distribution channels and dissemination will be gathered at the final stakeholder meeting.

## Appendix 1a: Dementia Friendly Walks, social innovation process summary

The objective of SAIL is to stimulate active ageing, longer independent living, and less dependence on traditional health and social care services. This will be done by developing new, sustainable business and service models through a process of co-creation, innovation and partnership working. SAIL takes place in four stages, 'explore', 'design and develop', test, and 'evaluate'. The schematic below sets out the main activities that Norfolk has undertaken for the first two of these stages. **This process is characterised by cycles of data collection and reflection by the Core Group\* and Dementia Friendly Walks group\*\***



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Council and Active Norfolk staff member responsible for  
Dementia Friendly walks, occasional UEA participation.

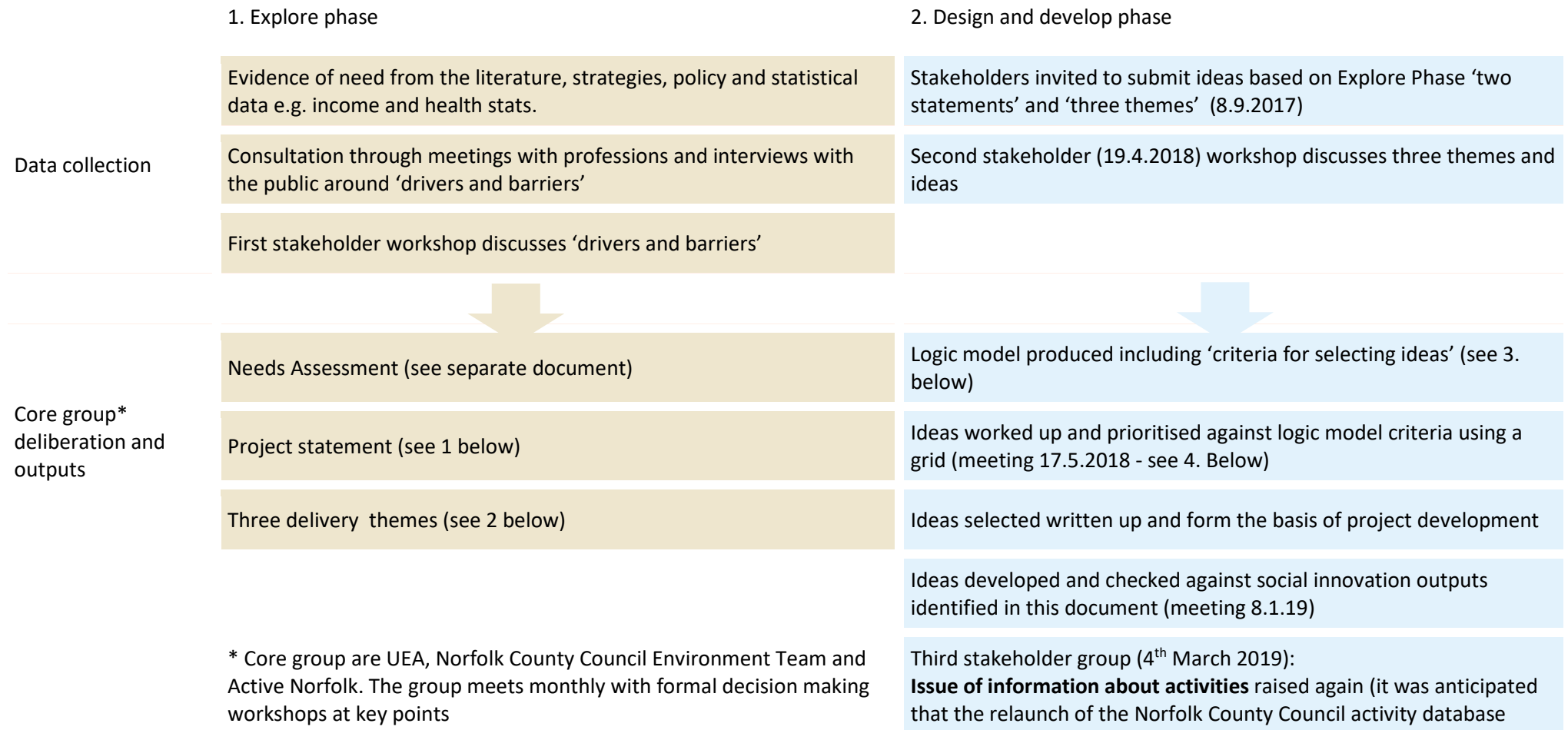
Ideas checked against consultation and with stakeholders (4.4.19):  
**Access to activities (transport)** raised as an issue, particularly for people with dementia. Active Norfolk will explore introducing journey planning into training.

**Feedback on walks audit** obtained from meeting, including person living with dementia. To be incorporated into guidance

**Feedback from third sector representatives** was that the provision of audited walks is useful, a 'ready-made' activity.

## Appendix 1b: Mobile Me ‘Out and About’, social innovation process summary

The objective of SAIL is to stimulate active ageing, longer independent living, and less dependence on traditional health and social care services. This will be done by developing new, sustainable business and service models through a process of co-creation, innovation and partnership working. SAIL takes place in four stages, ‘explore’, ‘design and develop’, test, and ‘evaluate’. The schematic below sets out the main activities that Norfolk has undertaken for the first two of these stages. **This process is characterised by cycles of data collection and reflection by the Core Group\***



\* Core group are UEA, Norfolk County Council Environment Team and Active Norfolk. The group meets monthly with formal decision making workshops at key points

would fill this gap). **Action:** Ryan to explore the provision of limited information around PA for older people (or condition specific) in Norfolk. This resulted in the 'Active Aging' web pages.

**Access to activities (transport)** raised as an issue, particularly for people with dementia. Active Norfolk will explore introducing journey planning into training.

**Third sector delegates concerned that SAIL activities may 'compete'** with existing provision (through the 'Innovative activities' strand) rather than support it. **Action:** Active Aging pages to provide information and advice to organisations to support them in delivering activities. [Note: AN also d working with Acorn Centre in Great Yarmouth to support provision here]

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Meets criteria well	Work with non-traditional commercial partners e.g. supermarkets/garden centres other businesses and promote physical activity and to offer rewards for volunteering.	<p>Training/Awareness/Directory for professionals/ organisations/groups to understand benefit of PA and opportunities available.</p> <p>Work with organisation at strategy level to embed physical activity. Include champions/friendly faces.</p>	<p>Training to support deliverers to be dementia friendly. With Alzheimer's association. Cascade.</p> <p>Activity for older people embedded into Healthy Libraries scheme. Grant available.</p> <p>Dementia friendly walks from libraries to have safe start/finish place with facilities. Reminiscence resources included. *</p> <p>Link dementia friendly walk with dementia cafes. *</p> <p>Work with leisure providers in novel ways to support physical activity and reward volunteers. E.g. instructors outreach to dementia friendly cafes.</p>
Meets criteria ok		<p>System to label of facilities/activities as to how dementia accessible it is.</p> <p>Videos of walks to help reassure and prepare for DF walk.</p>	Public call to action campaign (dependent on what is on offer)



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Does not meet criteria			
	Hard to implement	Ok to implement	Easy to implement

\*For dementia friendly walk element of the project

## Appendix 2: Design & Print Brief

<b>What needs to be designed?</b>	<ol style="list-style-type: none"> <li>1) <b>Norfolk Easy Ambles</b> branding/logo</li> <li>2) A4 Norfolk Easy Walks Resource guide/toolkit: an Audit checklist for Dementia Accessible Walks – up to 6 page resource guide for partners inc promotional material</li> <li>3) A4 DL pamphlet – “Norfolk Easy Walks” a template/skeleton that can be adapted for other audited walks. Content will be provided for a Cromer walk which will be the first of a series of walks, so needs to be clear this pamphlet is part of a series</li> </ol>
<b>Where will it be used?</b>	<p>Digital download (A4 Guide)</p> <p>Digital channels (logo &amp; branding)</p> <p>Printed (A4 DL pamphlet)</p>
<b>The objective:</b>  What do you want to achieve: • what is the KEY MESSAGE?  • What is the call to action?	<p><u>Resource Guide/Toolkit</u></p> <p>To inform and enable partners to audit their own local walks that are accessible and easy for all ages/abilities. Provides information, an A4 checklist for them to use to audit their own walks, plus promotional poster for them to display to promote they have an Easy walk</p> <p><u>Pamphlet</u></p> <p>Provide a clear map to an easy walk that has been audited for use by those living with dementia. Enable people to clearly use the map, highlight areas of interest in the area, and Top Tips for walking safely</p>
<b>Target Audience:</b>	<p><u>Resource Guide</u></p> <p>Partner organisations and stakeholders (e.g., local authorities, libraries, community help hubs, local restaurants etc)</p> <p><u>Easy Walks Series</u></p> <p>Older people, their families, carers, support workers</p>

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<p><b>Tone and Manner:</b></p> <p>Consider your primary target audience</p>	<p><u>Resource guide:</u></p> <p>Informative. Needs to be well signposted in the design to enable partners to quickly jump to the sections they need.</p> <p><u>Easy Walks Pamphlet</u></p> <p>Supportive, accessible, easy-to-digest. Bright and easy to read.</p>
<p><b>Copy Information:</b></p> <p>What do you want to say?</p>	<p><u>Resource Guide</u></p> <p>Checklist &amp; all wording to be provided. Need creation of a poster to enable promotion as part of the guide</p> <p><u>Pamphlet</u></p> <p>The Cromer walk map will be supplied by the NCC Env team – may need to be redrawn to fit in with the style of the map booklet (?).</p> <p>Sections needed:</p> <p><b>Front cover:</b> branding/image/title.</p> <p><b>Open inside pages:</b> Route summary down the side or along the bottom, with large map across inside pages, with legend and legend icons clearly labelled</p> <p><b>Inside flap:</b> Points of interest</p> <p><b>Outside back flap:</b> Top tips for walking safely, links to resources, and logos</p>
<p><b>Mandatory requirements:</b></p> <p>Logos, images?</p>	<p>Active Norfolk logo</p> <p>Norfolk CC logo</p> <p>SAIL logo</p> <p>Forget me Not (Alzheimer's Soc)</p>
<p><b>Design Budget:</b></p>	
<p><b>Deadline</b></p>	<p>Tues 23 April</p>

## Appendix 3: Testing method and questions

### Cromer – Testing

#### Purpose of testing

To receive feedback on (1) experience of the walk/route (2) usability of the leaflet

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#### Guidelines for testing

Steve/Natalie will meet the participants and:

- give them a brief overview of the project – what we're trying to achieve and why
- brief on the plan for the morning – this will be a self guided walk at their own pace, followed by lunch where they will be asked some questions to get feedback. Participants can ask questions if needed.
- give them the leaflet

Steve/Natalie may deem it appropriate for certain questions to be asked during the walk, but the suggestion is to merely observe what the participants do on the walk – what catches their attention, do they experience any difficulties. Is there anything that we could include on the leaflet that would have been useful for them.

When carrying out questioning – Steve and Nathalie to divide roles of note-taker and interviewer.

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#### Questions to steer feedback for all participants\*

\*ascertain capacity to answer questions

#### Overall experience/walk route

- How did you find the walk? (experience of it)
- What did most enjoy about it?
- Is there anything that you would change about the route?
- What the most important features of a walk for you? What do you consider before starting a walk? (show checklist on next page)

#### Leaflet

- What did you think of the leaflet?
- Show me and talk me through how you used the leaflet. (Prompts: What drew your attention first? Did you read it aloud? Did you share the map?)
- Did you use the points of interest? Were they of interest? Were there other things that we might include given space?

- Did the leaflet provide all the information you needed? If not, what's missing or not clear? Was the information in the places you expected on the layout?
- If you saw the leaflet, do you think you'd be interested to pick it up? Why/why not?
- Is there anything else you'd suggest or like to mention?

### Other

- Is the idea of a self-guided dementia accessible walk something that you would do more of?
- How far would you travel to get the start of a walk?
- What groups/places do you know of where we could promote these walks?

### **Checklist - Making walks dementia friendly and accessible for all**

- Location
  - not isolated, sensory, familiar – parks, proms
  - not noisy, main roads or traffic
- 
- Accessibility
  - Parking
  - flat hard surfaces
- 
- Facilities
  - Toilets
  - Shelter from weather
  - Seating
  - Refreshment venue
- 
- Walks that can be easily shortened or lengthened
- 
- Paths with similar smooth surface. Sudden changes, especially dark areas, could seem like holes or areas that people need to step over due to a reduction in space awareness and depth perception.
- 
- Entrances and access to be wide enough for wheelchairs
- 
- Walks with high walls/hedges will mean that people in wheelchairs will have a reduced view – for example if walking by a river/sea/landscape

## **Appendix 4: Feedback from testers**

### **Amendments to leaflet**

#### Addition

- Multiple routes on map, colour or indication of different routes
- Gradient indication for areas on route that have an incline
- Arrows along route, especially at start to clearly show where to move from start?
- Addition of disabled parking areas rather than just car parks
- Labels on sea and pier, name of pier and North Sea maybe?

#### Subtraction

- Thinner route to see road/paths
- Removal of areas that are unimportant, if the map can be zoomed in
- Removal of all bench symbols for routes that have regular seating throughout. Include symbols on routes which do not have many benches

#### General changes

- Pictures guiding route rather than points of interest
- Clear start points
- Change route colour and scale bar, make route colour stand out
- Movement of information on front page
- Route colour so that it stands out
- Change design of certain elements used in key (Benches unclear)

### Activity questionnaire: SAIL

This questionnaire is about the activities you took part in that were funding through a project called SAIL. More information about this questionnaire, and why we are collecting this data can be found in the information sheet you have been given.

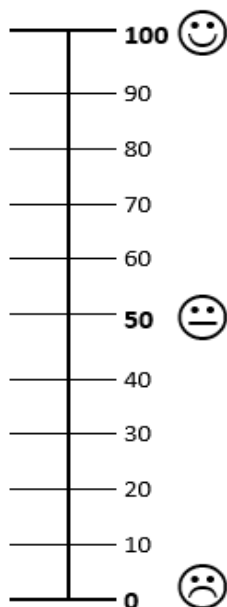
Please think about the activity that you did today, and answer the following questions:

1. During this activity I have talked to new people ☐ Yes  
☐ No
2. I met somebody I would like to keep in touch with during today's activity ☐ Yes  
☐ No
3. I would like to try out other new activities because of today's activity. ☐ Yes  
☐ No
4. I am more motivated to be physically active because of today's activity ☐ Yes  
☐ No

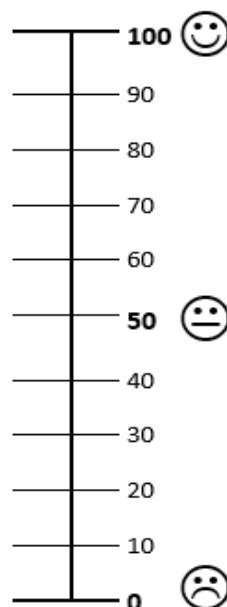
Why is this? \_\_\_\_\_  
\_\_\_\_\_

5. After today's activity I feel..... (please place a mark on all three scales):

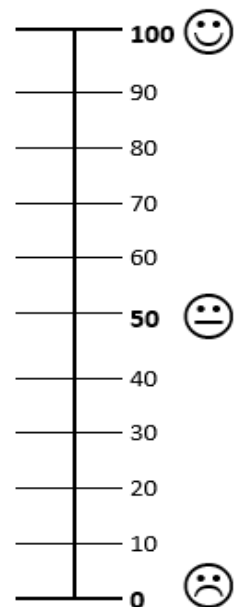
a. Happy



b. Well



c. Interested



Sad

Unwell

Bored

6. Are you male or female?

☐ Male

☐ Female

7. Your year of birth:

\_\_\_\_\_

8. Do you live in your own home?

☐ Yes

☐ No

9. What is your home postcode?

\_\_\_\_\_

10. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, 12 months? ☐ Yes, limited a lot ☐ Yes, limited a little ☐ No, not limited

11. In the past WEEK, on **how many days** have you done a total of 30 minutes or more of physical activity which was enough to raise your breathing rate? This may include sport, exercise and brisk walking or cycling.

Please tick one box: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7



If **you answered less than zero days**, have you done **more than** 30 minutes of physical activity **in total** in the past week? ☐ Yes ☐ No

12. Thinking about both the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?

☐ Very good ☐ Good

☐ Alright

☐ Bad

☐ Very bad



**13.** I have social or leisure activities/hobbies that I enjoy doing:

☐ Strongly agree    ☐ Agree    ☐ Neither agree or disagree    ☐ Disagree    ☐ Strongly disagree

**14.** Do you have any comments / ideas for improvements about the activity today?

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**15.** How did you find out about the activity?

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**16.** Why did you decide to take part in the activity?

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### **17. Following up this evaluation**

Would we be able to contact you in a few weeks to follow-up this evaluation? We will send you a questionnaire similar to this one (and no longer) and will enter you into a prize draw for a chance of winning £50 One4all shopping vouchers. Is this ok?    ☐ **Yes**    ☐ **No (finish here, thank you)**

**If yes**, how should we get in touch (your details will only be used for our evaluation, and you can opt out at any time)?

☐ Email the survey: your email: \_\_\_\_\_

☐ Post: your address: \_\_\_\_\_

Your name \_\_\_\_\_

**Thank you for your help**

## Appendix 6: Walk leader evaluation

### Walk Leader Training 2019 – post training survey

#### A. YOUR DETAILS

1. **Your gender:** ☐ Male ☐ Female ☐ Other..... ☐ Prefer not to say

2. **Your year of birth:** .....

3. What type of organisation will you be delivering walks on behalf of?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Care sector e.g. care home                | <input type="checkbox"/> Sports sector e.g. leisure centre | <input type="checkbox"/> Cultural sector e.g. Libraries or museums |
| <input type="checkbox"/> Walking charity e.g. ramblers association | <input type="checkbox"/> Other charity                     | <input type="checkbox"/> Other (please specify):<br>_____          |

4. Will you be delivering walks on a voluntary basis?

- ☐ Yes, it will be as a volunteer
- ☐ No, it will be part of a paid job

5. How did you hear about the training?

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> Facebook                      | <input type="checkbox"/> Twitter | <input type="checkbox"/> Pushing Ahead website |
| <input type="checkbox"/> Care Home                     | <input type="checkbox"/> Library | <input type="checkbox"/> Word of mouth         |
| <input type="checkbox"/> Other (please specify): _____ |                                  |  |

B. Your thoughts of the training

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6. To what extent do you agree or disagree with the following statements... (Please tick one answer for each statement)

A. I found the training useful:

Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly Agree
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please explain why you have given the answer above

B. I feel better equipped to lead walks:

Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly Agree
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please explain why you have given the answer above

C. I feel knowledgeable about how I can adapt walks for clients with different abilities:

Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly Agree
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please explain why you have given the answer above

D. I feel confident talking to clients about the benefits of physical activity:

Strongly disagree	Disagree	No opinion or uncertain	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain why you have given the answer above

7. What could be done to improve the training?

8. Have you delivered any walks before completing this training? *(Please tick one answer only)*

None at all	A few	Many
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. *(If you have answered 'A few' or 'Many')* What do you think are the main issues with delivering walks?

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C. Following up this evaluation

Would we be able to contact you in a few months to follow-up this evaluation? We will send you a questionnaire similar to this one (and no longer) and will enter you into a prize draw with a chance of winning a £50 Love to Shop voucher. Is this ok?

(We will only use your email address to send you a follow-up questionnaire and for no other purpose)

☐ Yes ☐ No

**If yes**, please provide your email address below

Your email: \_\_\_\_\_