Executive Report for Active Families NE CIC

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Prepared by

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EXECUTIVE SUMMARY

This report details the collaborative project set up between Active Families NE and the University of Sunderland to survey the opinions and perspectives of elderly services users attending community-based exercise sessions, to evaluate the current provision and to help shape future developments in the service. Opinions were sought via focus groups and questionnaires. An initial pilot study focus group was held in October 2023 with two subsequent follow-up groups in December 2023. A service user questionnaire was distributed in November to December 2023. A second survey was commissioned to identify the opinions of the business partners of the Active Families NE service and utilise them in an evaluation of the service's provision of physical activity sessions in Gateshead and South Tyneside. The business partners' survey was distributed March to April 2024. Participants were 16 service users attending a total of 3 focus groups, 60 individuals completing the service user's questionnaire and a further 6 completing the business partners' questionnaire.

The expansion of the Active Families Well Bean Machine was funded by the UK Research and Innovation (UKRI) Healthy Aging Challenge.

Special thanks to Mauro Amatosi of the Helen McArdle Nursing and Care Research Institute at the University of Sunderland for supporting the project during the data collection phase. Also, thanks to Abigail Moss our short-term intern from Emmanuel University, Georgia, USA who was involved in background research.

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1 INTRODUCTION

Despite the increased mortality from COVID-19 and slowed rate of improvements in recent years, the life expectancy of a 65-year-old person is higher than it was 40 years ago (1). In 2020 to 2022, life expectancy at age 65 years in the UK was 18.3 years for males and 20.8 years for females (1). Improvements in mortality over many decades have resulted in an increasing proportion (and number) of people reaching age 90 years over time (2) with the number of people in the UK aged 85 years projected to increase by 1 million in the next 15 years (3). However, across the UK there are considerable regional differences in projected life expectancy at birth and at age 65 (5). In 2018-2020 for those living in the least deprived 10% of areas in England compared to those in the 10% most deprived areas, the life expectancy at age 65 for males varied by 9.7 years and by 7.9 years for females (5). Out of 316 local authorities in England, Gateshead is ranked as the 47th, Sunderland as the 23rd and South Tyneside as the 12th most income-deprived areas (6).

Healthy life expectancy (HLE) is an estimate at birth of the number of years you would live in a state of 'good general health' and is related to exposure to level of deprivation (5). In 2018-2020, male HLE at birth was 18.2 years less and female HLE was 18.8 years less for those living in the most deprived areas (5). Lifestyle and aging are key factors in developing a long-term health condition (LTHC) (6), with people living in lower socio-economic groups having a higher risk of developing a LTHC (7). Although there is diversity in the health of older people, increasing age can bring a higher prevalence of a LTHC or multiple LTHCs such as cancer, diabetes, stroke, hypertension, coronary heart disease and musculoskeletal problems that limit their lives and reduce their independence (7). Importantly, poorer mental health is associated with physical LTHCs which can lead to worse health outcomes (7). The prevention, delaying of onset and slowing of progression of LTHCs are important for the quality of life for individuals, and for reducing health and social care costs (7, 8).

Research has shown that there are health benefits associated with regular physical activity which can bring improvements in cognitive functioning, mental health, and emotional and social wellbeing (9). In addition to acting as a protective factor against chronic health conditions such as diabetes and cardiovascular disease, other benefits arising from physical activity are increased physical function, improved balance, independence, and a better quality of life (9). The literature has highlighted that older people require support to overcome the barriers to physical activity which include; reduced bodily functions, health issues, competing activities and schedules, lack of company, lack of transport, lack of suitable activity programmes, fear of pain or falling, personal safety concerns, limiting self-beliefs, environmental and weather conditions (10, 11). The motivators for physical activity are social support, social contact, a desire to maintain health, enjoyment, advice from a medical professional, increased self-confidence, and positive exercise experiences (10).

Active Families NE CIC works across the North-East (NE) of England encouraging people of all ages to be more active and to improve their physical and mental wellbeing. The Active Families Well Bean Machine Programme was created to target health inequalities and aimed to engage with over 20,000 older people as it was rolled out in phases across neighbourhoods in the Gateshead and South Tyneside areas. Age-appropriate exercise sessions were delivered utilising park-based locations, pop-up and regular classes in the community, sheltered accommodation and care settings to encourage older people to improve their mobility and fitness levels and enhance their health outcomes. To ensure that this Programme is meeting its aims, an evaluation is required of the impact of this provision in supporting older people to age well. A report on service users' and business partners' perspectives will inform the development of subsequent provision in locations across the NE region.

2 METHODS

This section gives an overview of the methods used to undertake this evaluative assessment of the pilot sessions of the Active Families NE Well Bean Machine Programme with older people.

2.1 AIMS

- To evaluate the Active Families service in their provision of physical activity sessions in Gateshead and South Tyneside for service users.

- To identify the opinions of the partners of the Active Families NE service and utilise them in an evaluation of the service's provision of physical activity sessions in Gateshead and South Tyneside.

Objectives

1. To evaluate the impact of the Active Families Well Bean Machine Programme from the perspectives of the service users and business partners

2. To identify the barriers that prevent service users from participating in physical activity

3. To ascertain the service users' recommendations for overcoming barriers to physical activity

4. To examine the benefits and challenges of working with the Active Families service for business partners

5. To identify the expectations and experiences of working with the Active Families Programme for business partners.

6. To provide recommendations to shape and inform future provision as the Programme is rolled out across the region.

2.2 INCLUSION/EXCLUSION CRITERIA

In order to maximise participation, there were broad inclusion and exclusion criteria for each arm of this project.

Inclusion/Exclusion Criteria: Focus groups

Inclusion	Exclusion
Adults (>18 years of age) Individuals who attend the Well Bean Machine exercise sessions at the three selected locations	Adults who are members of the public Adults who do not attend Well Bean Machine exercise sessions at the three selected locations

Inclusion/Exclusion Criteria: Service User's Questionnaire

Inclusion	Exclusion
Adults (>18 years of age) Individuals who attend the Well Bean Machine exercise sessions at any of the locations	Adults who are members of the public and who do not attend Well Bean Machine exercise sessions

Inclusion/Exclusion Criteria: Business Partners' Questionnaire

Inclusion	Exclusion
Adults (>18 years of age) Representatives from the business partners of Active Families NE.	Adults who are members of the public, service users and are not representatives of the business partners of Active Families NE

2.3 RECRUITMENT

Focus Groups

Recruitment for the focus groups took place between September 2023 and December 2023. The service users were recruited from three locations where Well Bean Machine exercise sessions were hosted.

Service User's Questionnaire

Recruitment for the service user's questionnaire took place during November and December 2023. Paper copies of the questionnaire were distributed at all class locations and a URL link for the online Qualtrics version of the questionnaire was also provided. These options were chosen to promote inclusive access.

Business Partner's Questionnaire

The business partners of Active Families encompass a range of organisations and include the community settings/premises which host the Well Bean Machine sessions (e.g., primary care settings, residential accommodation or care, community centres, faith centres etc.). Recruitment for participants from the business partners took place during March to April 2024 where a URL link for the online Qualtrics questionnaire was provided for completion.

2.4 DATA COLLECTION

The methodological approach to the evaluation of the impact of the Well Bean Machine Programme was threefold. Quantitative and qualitative data were captured, to provide a comprehensive perspective of all stakeholders and evidence of the impact of the Active Families Programme.

2.4.1 Focus Group Discussions

Firstly, service users at three venue locations were invited to take part in focus group discussions on their participation and experiences in the Active Families' sessions. The discussions, lasting up to 45 minutes, were to facilitate a deeper exploration of their perspectives and opinions of the Well Bean Machine Programme. The semi-structured questions explored four key areas; (1) the service users' experiences of attending the sessions, (2) the benefits of sessions, (3) the barriers to involvement in physical activity and (4) recommendations of ways of overcoming the barriers. An initial pilot focus group was held in September 2023 (NE8 postcode area) to appraise the questions, with two further

sessions in December 2023 (NE16 and DH3 areas). All three groups of service users had attended indoor exercise sessions, with participants from one focus group also attending at an outdoor venue. The audio-recorded focus group discussions, totaling 16 participants across the three locations, were subsequently transcribed and analysed for themes.

2.4.2 Questionnaires with Service Users

Secondly, service users at all Well Bean Machine class locations were asked to complete questionnaires which explored a range of aspects including; their social lives and living arrangements, their engagement with the classes, the benefits they have experienced from attending the classes and any barriers they have to physical activity. For inclusivity and ease, the survey questionnaires were supplied both as paper copies and also as an online option to avoid digital exclusion. The questions employed a number of devices; (1), for simpler questions a 'Yes/No/Not applicable' approach was used, (2) a 5-point Likert Scale was employed to achieve a greater differentiation in the data, and (3), the respondents were encouraged to add clarity or further details to their rating scores with free-text boxes. This allowed a qualitative and quantitative assessment of the Programme within the context of the daily lives of the service users, in addition to an understanding of the barriers and facilitators towards the Programme and physical activity. To facilitate the data analysis process, the data from the paper copies of the questionnaires were collated with those completed online within the Qualtrics software platform. The final sample comprised of 60 questionnaires.

2.4.3 Surveys with Business Partners

The final component of the project was a survey of the Active Families NE business partners exploring two over-arching topics; their relationship with Active Families NE, and the impact of the Well Bean Machine sessions for service users in the region. The questions employed a number of devices; (1), for

simpler questions a ‘Yes/No/Not applicable’ or ‘fully met/partly met/not at all’ approach was used, (2) a 5-point Likert Scale was employed to achieve a greater differentiation in the data, and (3), the respondents were encouraged to add clarity or further details with free-text boxes. Six representatives for the business partners submitted their Qualtrics questionnaire in March to April 2024.

2.5 DATA ANALYSIS

Data were analysed through descriptive statistics from the questionnaires, and thematic analysis of the free text comments provided in the survey and the focus group discussions. All full and partial responses from the questionnaires were incorporated in the data analysis and thus this will be distinguished in the results by expressing them as a % based on ‘n’, the actual number of responses received for that question. The number of responses for any question on the service users’ questionnaire varied between 59 and 60 and between 5 and 6 for the business partners’ survey.

2.6 ETHICAL APPROVAL

The University of Sunderland Research Ethics Committee reviewed and approved the project under two applications. Firstly, the service user’s evaluation was approved 11 September 2023 (021856) and the business partners’ evaluation 27 February 2024 (025221).

2.7 FUNDING

Active Families NE received funding for the Well Bean Machine Programme from UK Research and Innovation (UKRI).

2.8 ADJUVANT ACTIVITIES TO SUPPORT THE PROGRAMME

Raising awareness of the Well Bean Machine sessions via social media and local engagement

Engagement with individuals was promoted by Active Families NE using social media channels, leafleting and face-to-face approaches. Connection with the public was created via doorstep calling, area-specific monthly newsletters, promotional pop ups at community locations and via Twitter/X, Instagram, Facebook and YouTube social media channels to signpost the activities. Unique social media groups were created for each area to engage with individuals and other local groups via shared posts and page interactions. Partnerships were formed with local councillors, businesses, residential and care providers for older people, primary care surgeries, and community groups by meetings, newsletters, and leaflet drops.

3 RESULTS

The study recruited 60 service users who responded to the questionnaire and a further 16 individuals who contributed to three focus groups. A total of six representatives from the business partners submitted their targeted questionnaire. The service users' experience of attending the sessions were examined and analysed with the findings encompassing the following topic areas:

- Programme Recruitment and Service Users
- Venue and Accessibility
- Sessions and Staff
- Impact on Health and Wellbeing
- Barriers and Recommendations

The business partners' survey explored the following key themes:

- Relationship with Active Families NE
- Impact of the Well Bean Machine sessions for service users in the region

3.1 PROGRAMME RECRUITMENT AND SERVICE USERS

3.1.1 Service User Demographics

Of the 60 service users who completed the questionnaire, 72% (Figure 1) identified as female and the remaining 28% of the individuals identified themselves as male. Similarly, the majority of the focus group members were female.

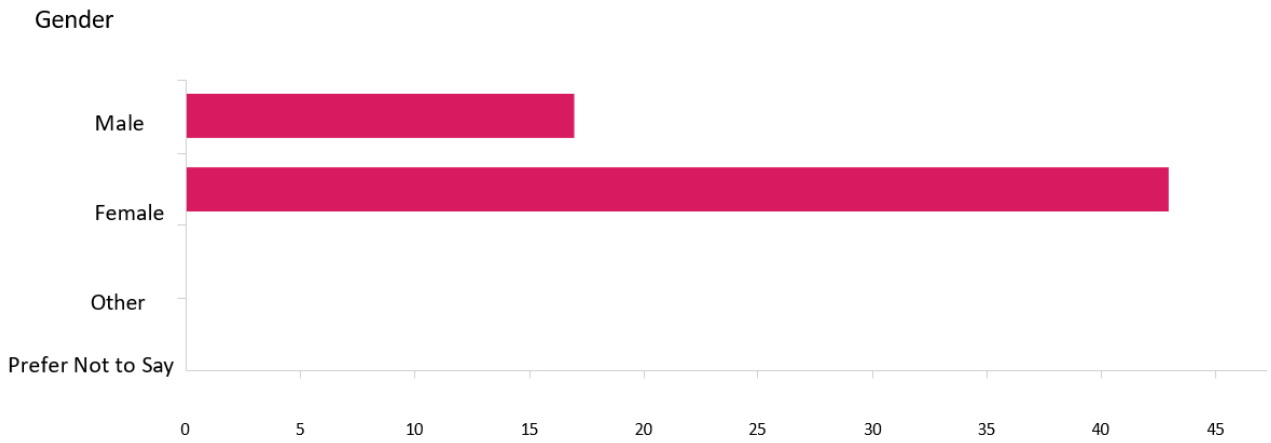

Figure 1: Gender of Service Users (n=60)

3.1.2 Living Arrangements

Just under half of the respondents (42%, n=60) live alone (Figure 2), with some of the respondents and focus group members commenting on having been widowed, and one mentioning that they are their partner's carer. Of the respondents, 75% live independently but 13% are in assisted living accommodation and 12% in sheltered housing. During the focus groups some members had also mentioned that they lived in an over 55's flat or assisted living accommodation.

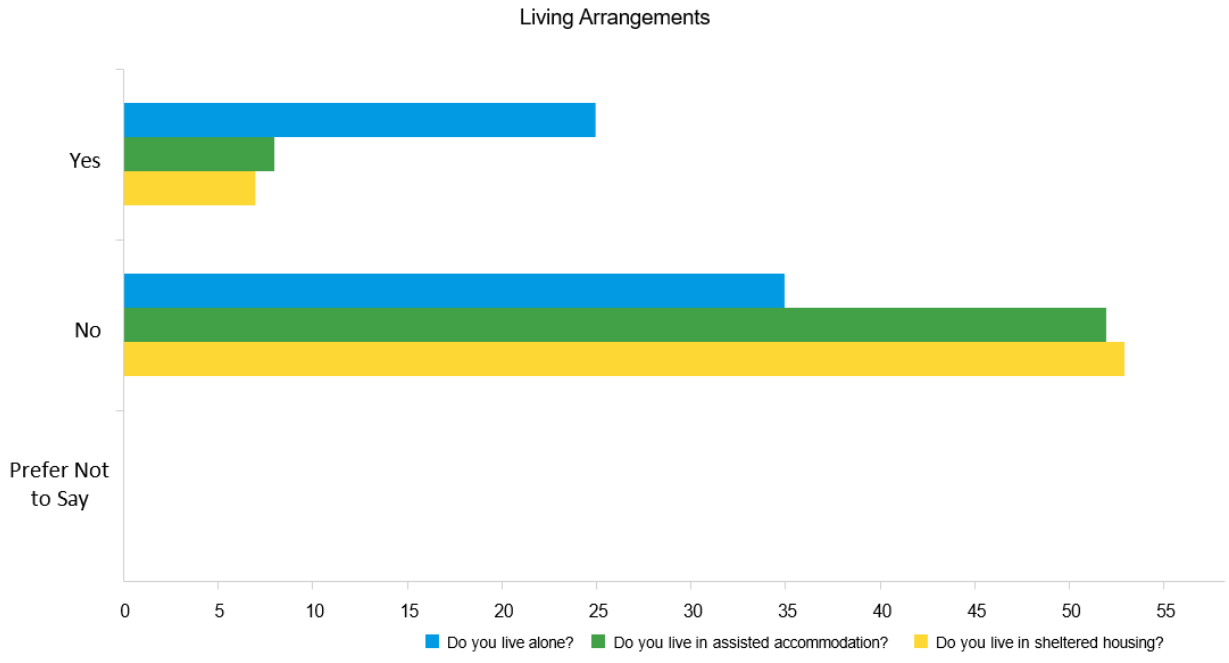

Figure 2: Living Arrangements (n=60)

A key discussion point raised in the focus groups was the significance of feeling isolated for those living alone and its impact on attendance of the Well Bean Machine sessions. There were repeated references to the service users' partners who had passed away that had bearing on the level of activities they engaged with. The participants highlighted the need for the Well Bean Machine sessions as they described how they helped to support their emotional health. This aspect was examined further in Section 3.4.

> *'There's a lot of people live on their own, so therefore it's so important- for them to come – and that includes myself – to come to these classes, otherwise you're in the house completely on your own, and that's not good. So, it's good to come to these classes.' (Focus Group participant)*

> *'Can I make a little point here? I think it makes a huge difference to people who live alone. If you go back to a partner or back to even an animal, or whatever, it's different. But I think people that are living on their own, for whatever reasons, it makes a huge difference to have that contact where you are actually opening up and vocalising things, whether it's, 'Morning, thank you.' And you sit there, and you do nothing else. But you take in whatever's going on.' (Focus Group participant)*

Note: The term 'Assisted Living' is used to describe a form of independent accommodation that is a combination of a self-contained flat that provides more support than sheltered housing. Residents in Assisted Living accommodation benefit from staff being available up to 24 hours a day to provide personal care and support services.

3.1.3 Newsletter

The majority of the respondents received the Active Families NE newsletter (88%, n=60, Figure 3) with many commenting on enjoying reading it and that it keeps them up to date with the Active Families activities. One respondent to the questionnaire stated that '*there's loads of good stuff to read in it!*'. The positive comments from the questionnaires were echoed by members of the focus groups.

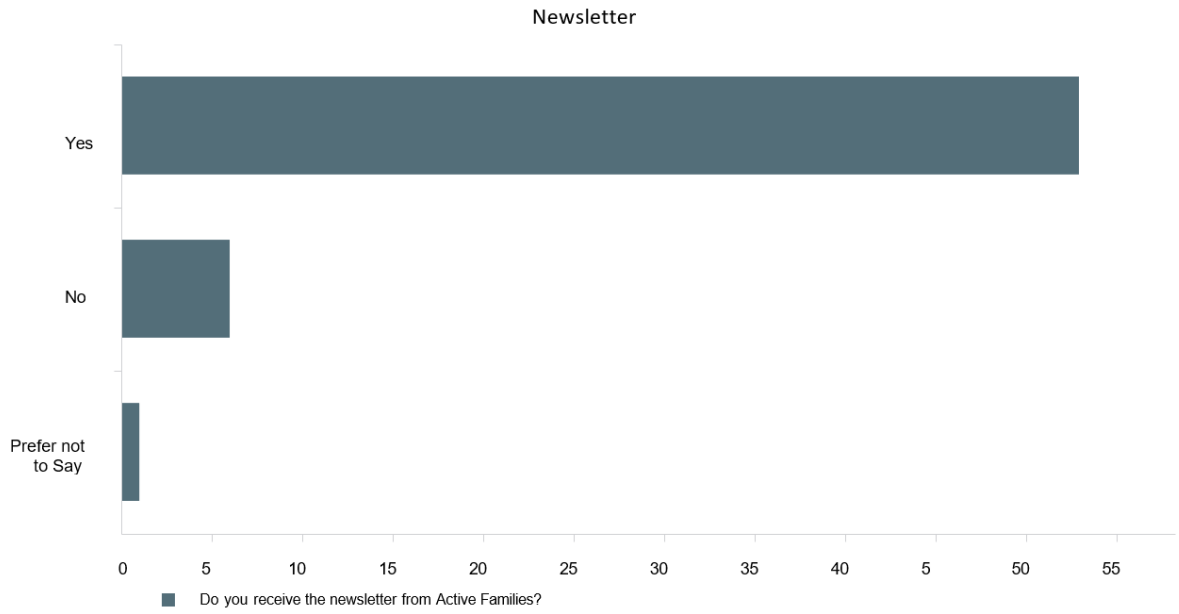

Figure 3: Newsletter (n=60)

3.1.4 Enrolment

The survey results indicate that 55 out of 59 participants (93% -Figure 4) stated that they found it easy to enrol in the Programme. Comments arising from both the questionnaire and focus groups showed that awareness of the sessions arose via a number of modes and sources; social networks, medical professionals, social media and printed materials. Whether this was from their membership of other clubs (University of the Third Age, Seniors clubs, walking groups, churches, breakfast clubs, Women's Institute etc.) or from promotional efforts (leafleting, social media, doorstep visits etc.), there was a further spread by word-of-mouth. With many of the participants having health and mobility issues (e.g., sensory impairments, stroke, arthritis, joint replacement, awaiting surgery etc.) additional promotion of the events was enabled by medical professionals with some respondents and focus group attendees citing recommendations from a GP, physiotherapist or consultant who had either encouraged physical activity generally or specifically mentioned the Programme. For example, '*My GP got in touch to advise me of these classes- I'm so pleased that they did*' (Questionnaire respondent).

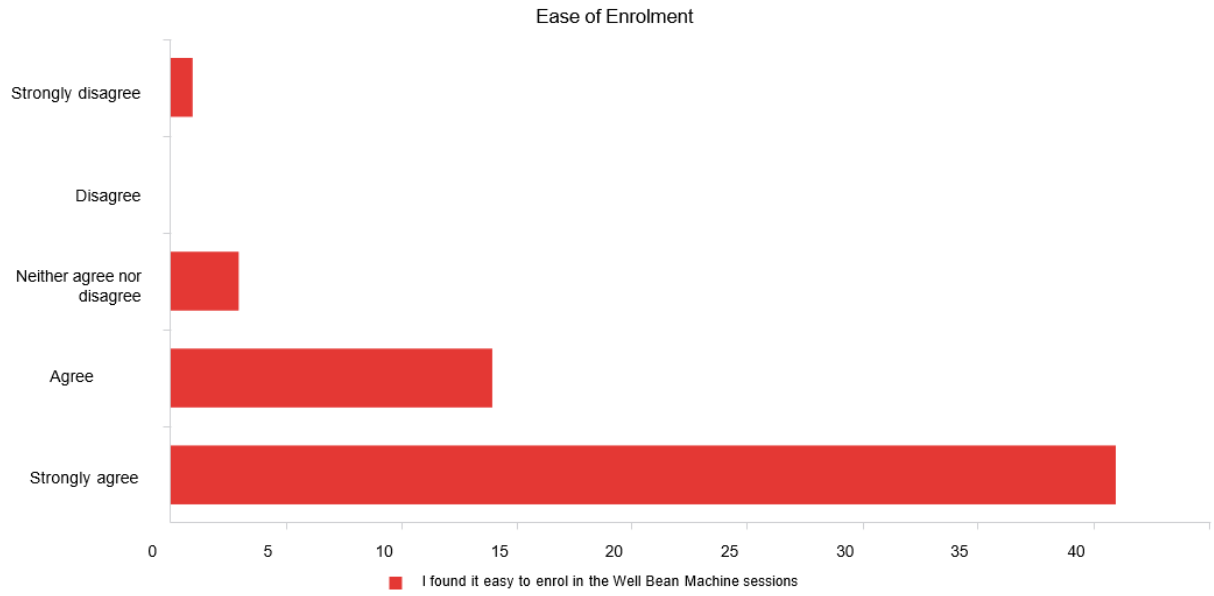

Figure 4: Enrolment (n=59)

The circulation of promotional materials by leafleting and canvassing door-to-door encouraged further attendees that might not have access to social media or those with physical access issues. A number of survey respondents and focus group members specifically mentioned hearing about the sessions via the door-to-door approach employed by Active Families NE. Comments from the questionnaires indicated the significance of having a doorstep chat in encouraging people to attend the sessions.

'Someone knocked on my door and chatted to me about the sessions. The lady was very professional and friendly and this helped me make up my mind to come along.' (Questionnaire respondent)

'Everything was well thought out and I wouldn't have gone if no-one had approached me directly' (Questionnaire respondent)

3.1.5 Recommend to a Friend

56 out of 59 participants (95% - Figure 5) agreed that they would recommend this service to a friend with 66% strongly agreeing. Both focus group members and questionnaire respondents commented on

telling their friends about the Programme or having heard of it through a friend and then attending sessions together.

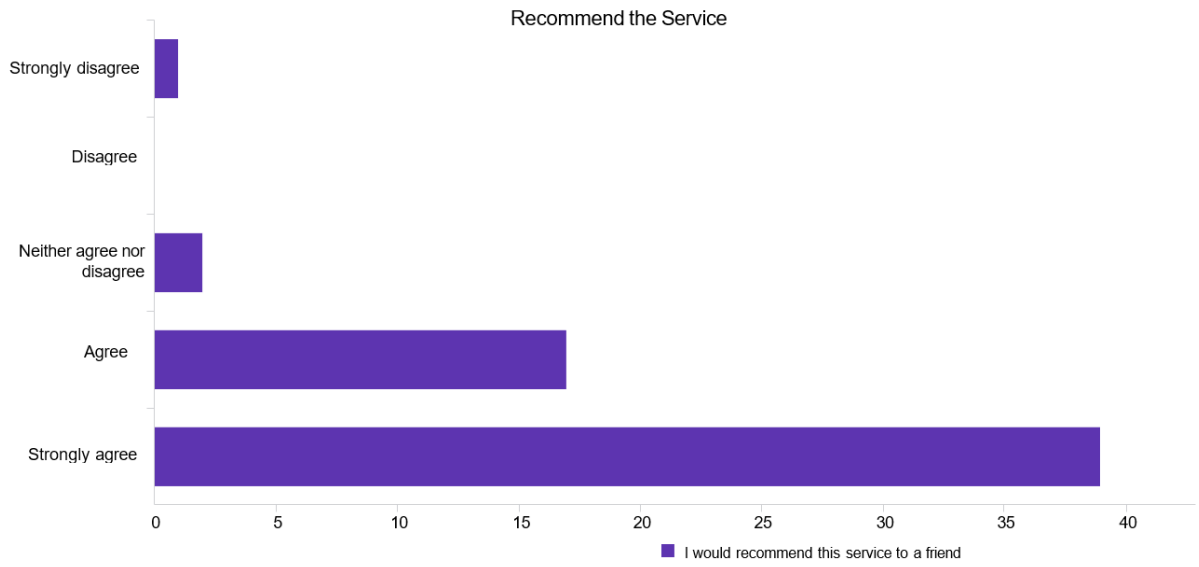

Figure 5: I would recommend this service to a friend (n=59)

3.1.6 Other Activities

The service users were asked about the other activities that they took part in, and which were categorised under social, religious, cultural, physical or other activities (Figure 6). The most popular activities involved family members (67%) and friends (83%), with 42% taking part in physical activities, 15% attending religious or cultural events, and 45% of respondents with other activities.

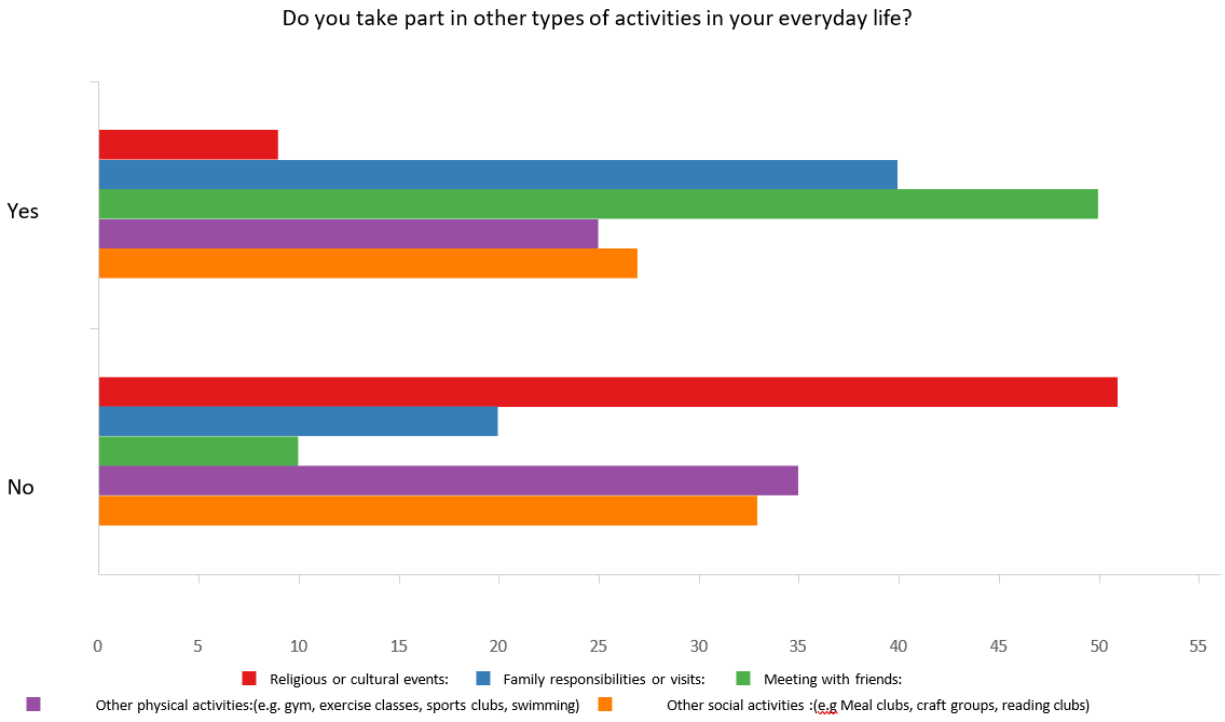

Figure 6: Other Types of Activities (n=60)

Activities enjoyed by focus group members and survey respondents were wide ranging; some taking place in the home such as reading, watching TV or completing jigsaws whereas others involved interests outside of the house; book and film clubs, crafts, attending church, heritage groups, lunch clubs, bingo, University of the Third Age, Women's Institute and a men's shed group. Physical activities that the service users mentioned included tai chi, walking, swimming, and exercising either at a gym or at home. Some respondents also mentioned active household duties such as gardening, cleaning and walking to the shops. Whilst many service users stated they enjoy being 'out and about', there were barriers to accessing activities such as reduced availability from other providers due to leisure centre closures or lack of provision by other local authorities, health reasons, feeling lonely and that they lacked confidence to go out. These aspects are explored further in Section 3.5.

'I go to the gym alongside these classes. Doing these classes made me realise I am capable of participating in physical activity not just for my mental health, but to keep me mobile.' (Questionnaire respondent)

'I can't get out much and have no family' (Questionnaire respondent)

3.2 VENUE AND ACCESSIBILITY

3.2.1 Outdoor Sessions

Activities in the park were enjoyed with the service users appreciating the fresh air aspects and that locals would come, facilitating recruitment from passersby. The majority of the initial difficulties with the park- carrying chairs onsite and the cafe closed for refreshments- were resolved but access to the toilet facilities was reliant upon there being a volunteer to open the cafe. Activities in the park were positively commented upon by the focus group members but were weather-dependent as sessions were cancelled when it rained. However, some service users still met up and took a walk together instead, demonstrating that the Programme has encouraged a commitment to exercise.

'There would be random people come and join us, but then some people got to know about the class because of it.' (Focus Group participant)

'One day in the park when we couldn't decide. The rain clouds were coming over, but we couldn't decide whether to do it or not. We went for a walk then as well...' (Focus Group participant)

'The staff have been professional and ensured that everyone could take part. The sessions have been fun, especially when the sun was out. I feel really positive and me and my husband are looking for something else to do. I would recommend that anyone who is stuck in the house takes part. Don't be scared, the staff are lovely and you'll have a great time and meet new people.' (Questionnaire respondent)

3.2.2 Indoor Sessions

A number of aspects of the indoor venues were considered including the building accessibility, the appropriateness of the venue size and the session times, and the ease of travelling to the venue.

Accessibility Needs

No negative comments were received regarding disabled access to the buildings with 97% (n=59) agreeing or strongly agreeing (Figure 7) that the venue was appropriate for their accessibility needs. The survey highlighted that toilet access was important for some users.

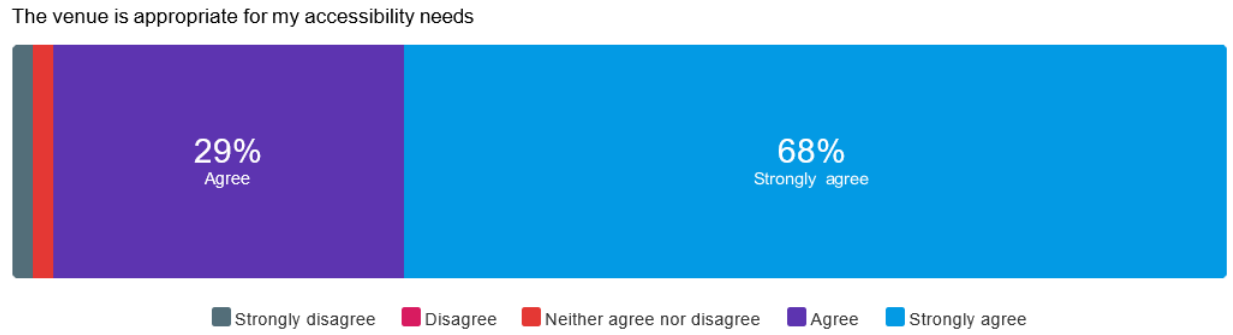

Figure 7: The Venue is appropriate for my accessibility needs (n=59)

Venue Size

There were mixed feelings about the size of the rooms from both the survey respondents and the focus group members. Many of the respondents (83%, n=59) agreed or strongly agreed with the statement that the size of the venue was appropriate (Figure 8). However, some of the focus group members and survey respondents commented that the rooms could be a bit small, or at full capacity when all the class members attend.

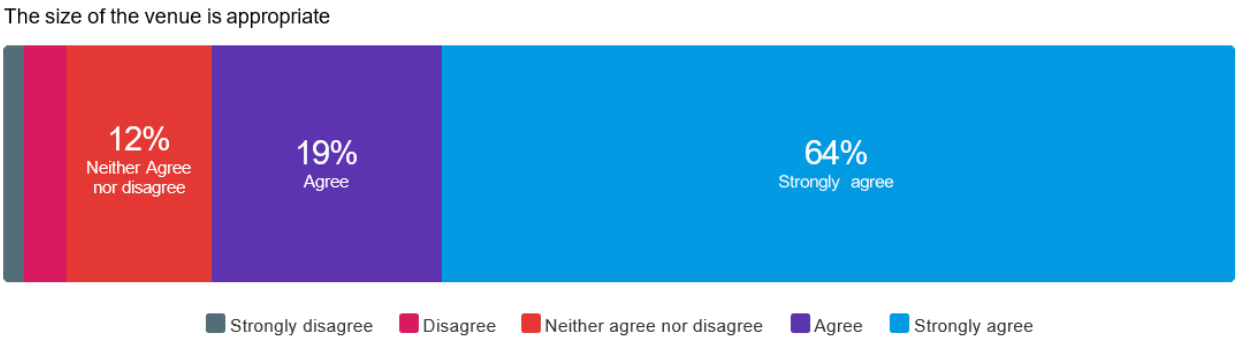

Figure 8: The size of the venue is appropriate (n=59)

Session Times

91% (n=59) of the survey respondents agreed or strongly agreed (Figure 9) with the statement that the session times were appropriate for them. Difficulties attending the sessions for some respondents arose occasionally when session times clashed with hospital appointments or family caring commitments.

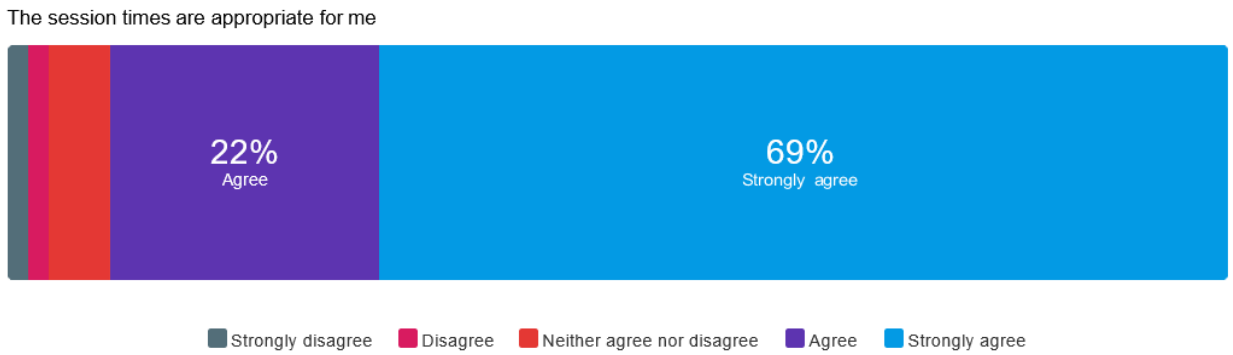

Figure 9: The session times are appropriate for me (n=59)

Ease of Travel to the Venue

83% (n=59) agreed or strongly agreed (Figure 10) that the sessions were easy to travel to. The park and the associated indoor venue discussed in one focus group, were seen as central locations for the village which was said to help attract local people. It was apparent at a focus group held at a church-based venue, that these community facilities provided multiple opportunities that were inclusive towards all/none faith individuals, and where older people could enjoy activities and social contact both at the local venue and further afield through the church social networks. Some respondents and focus group members described living locally to a venue and are able to walk there but others come from further afield, a few drive to the classes, whilst others are reliant on public transport services. Those using buses have had difficulties attending the sessions during recent bus strikes and poor weather such as snow and flooding- as noted both in the focus groups and in the survey questionnaire. These barriers to attendance are explained further in Section 3.5.

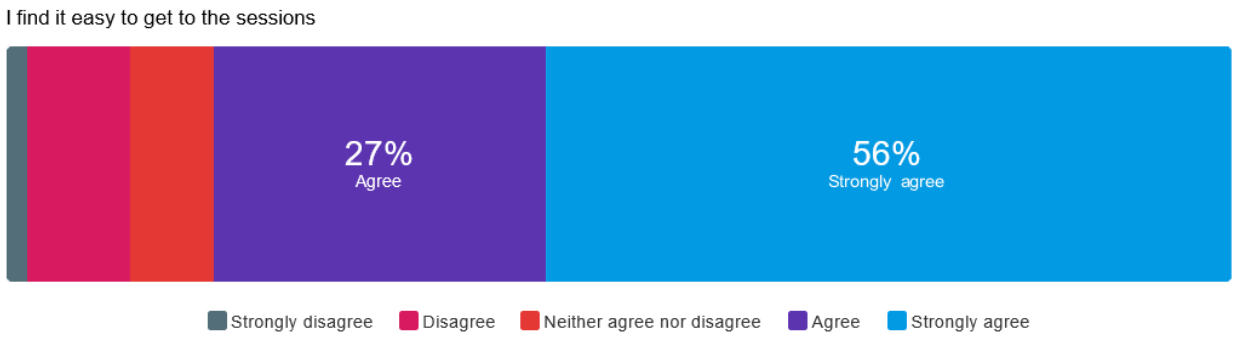

Figure 10: I find it easy to get to the sessions (n=59)

3.3 SESSIONS AND STAFF

3.3.1 I enjoy the exercise sessions

The service users in both the focus groups and those who completed the survey really enjoy the sessions with 99% (n=59) of respondents agreeing or strongly agreeing (Figure 11). They find them friendly and stated they are always laughing - with one person describing it as '*the highlight of their week!*'. They are motivated to attend, and they feel more enlivened afterwards with some continuing to exercise at home, enhancing the benefits of the class- '*...I feel like I have really improved from the start to the end of the programme'* (Questionnaire respondent).

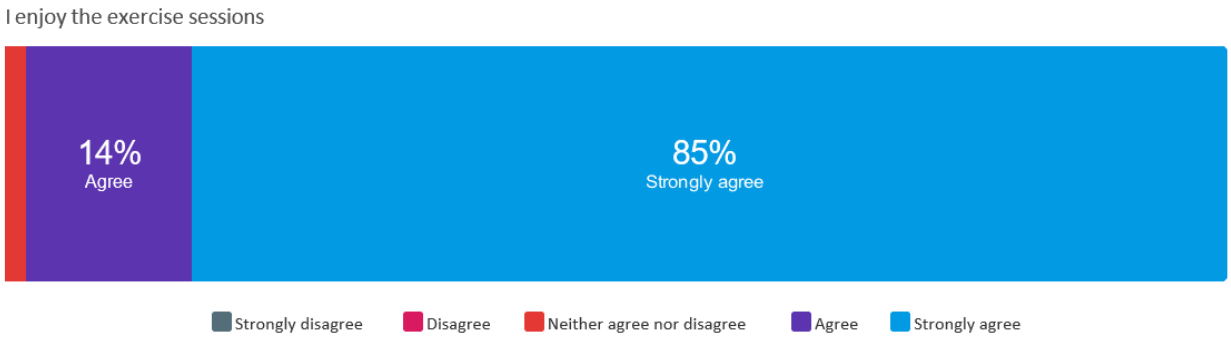

Figure 11: 'I enjoy the exercise sessions' (n=59)

3.3.2 Exercise Instructors

There were numerous positive comments from the focus groups and the questionnaire respondents about the Programme and the Active Families NE instructors. They described the instructors in glowing terms; that they were professional, friendly (100% agree or strongly agree, n=59, Figure 12), knowledgeable (100% agree or strongly agree, n=59, Figure 13) and that they made sessions fun and motivating.

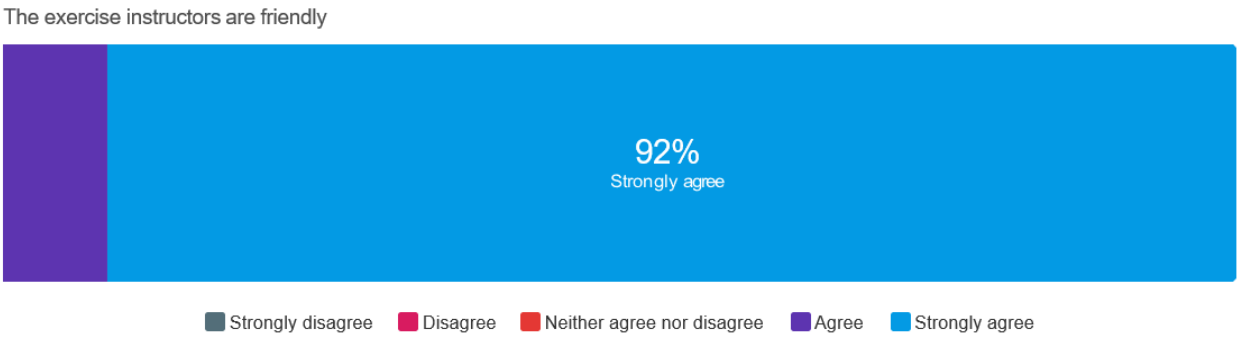

Figure 12: 'The exercise instructors are friendly' (n=59)

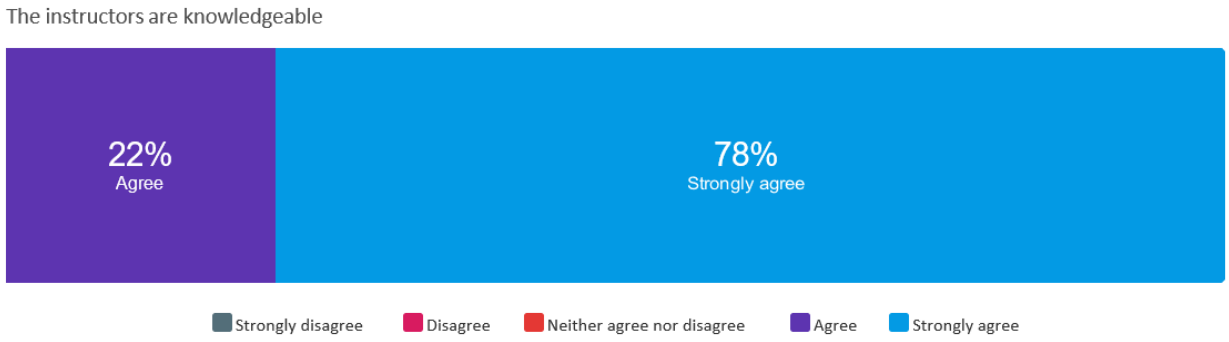

Figure 13: 'The instructors are knowledgeable' (n=59)

The focus group members and questionnaire respondents affirmed that the instructors were '*brilliant*', welcoming, put them at ease and kept them motivated in the session.

'Excellent class with fabulous understanding facilitator.... She definitely 'gets our gang'!' (Questionnaire respondent)

'She's [instructor] just so lovely, and she continuously smiles, ... She's full of life and energy and you think I wish I was her.' (Focus Group participant)

'I went along to sessions after meeting the staff. I felt more comfortable knowing there would be someone friendly there to meet me' (Questionnaire respondent)

3.3.3 The sessions are well planned

The users liked that the sessions were well planned (97%, n=59, Figure 14) and felt that they were appropriate to their needs. The service users enjoyed the variety in the classes, for example, one participant mentioned buying pompoms for herself and a friend to practice the exercises together outside of the sessions. This illustrates the wider impact of the Well Bean Machine sessions on the health of the participants.

'Well, it's (pom poms and tambourines etc) made you go, like, for me and (name) – she lives round the corner... and I bought her a pair of the pompoms so we can do it during the week at home.' (Focus Group participant)

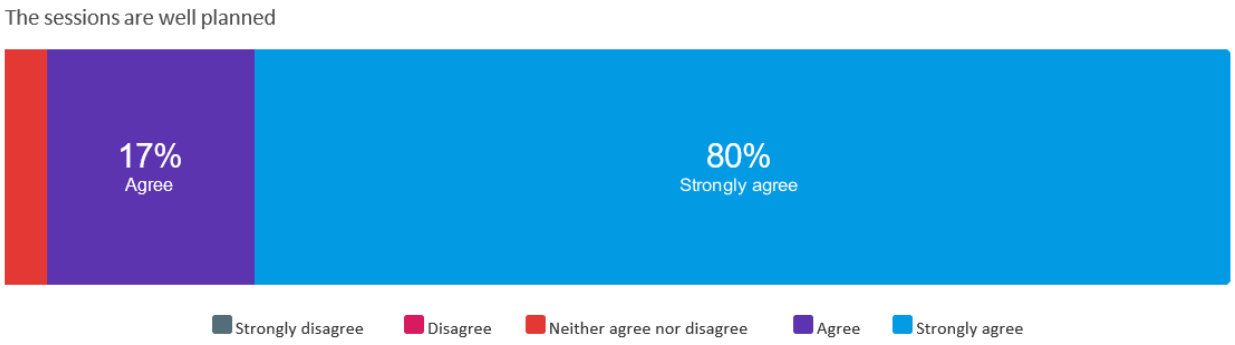

Figure 14: 'The sessions are well planned' (n=59)

3.3.4 The instructors offer options with the exercises

It was important to the service users that they could choose to do the exercises seated or standing and they appreciated that the instructors gave them options for the exercises – with 98% (n=59, Figure 15) of respondents agreeing or strongly agreeing.

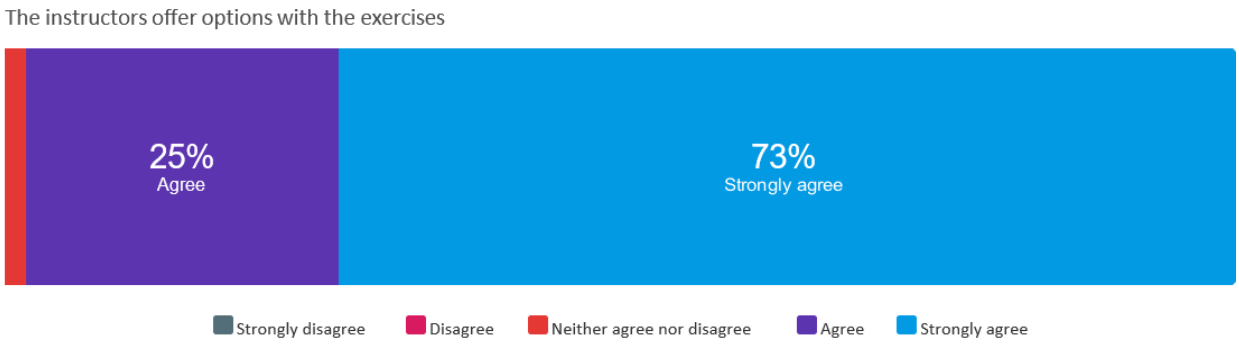

Figure 15: 'The instructors offer options with the exercises' (n= 59)

This was corroborated by the focus group members, some of whom stated that they would not have been able to exercise whilst standing up. A number of questionnaire respondents and focus group members commented on the inclusion of the exercise props and aids as increasing the fun in the exercises.

'... I know if there wasn't the chance to sit down, I probably wouldn't have done any exercise, you know?' (Focus Group participant)

'Like, with the stretching band, and you've got the tambourines. So, it's more exciting because there's different things going on.' (Focus Group participant)

3.3.5 Class Duration and Size

The majority of the questionnaire respondents deemed the class duration (98%, n=59, Figure 16) and class size (92%, n=59, Figure 17) to be appropriate for them.

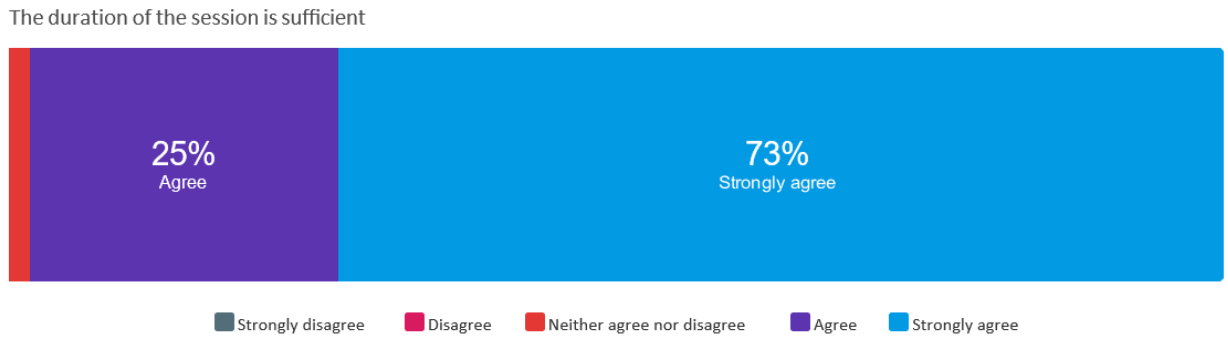

Figure 16: 'The duration of the session is sufficient' (n=59)

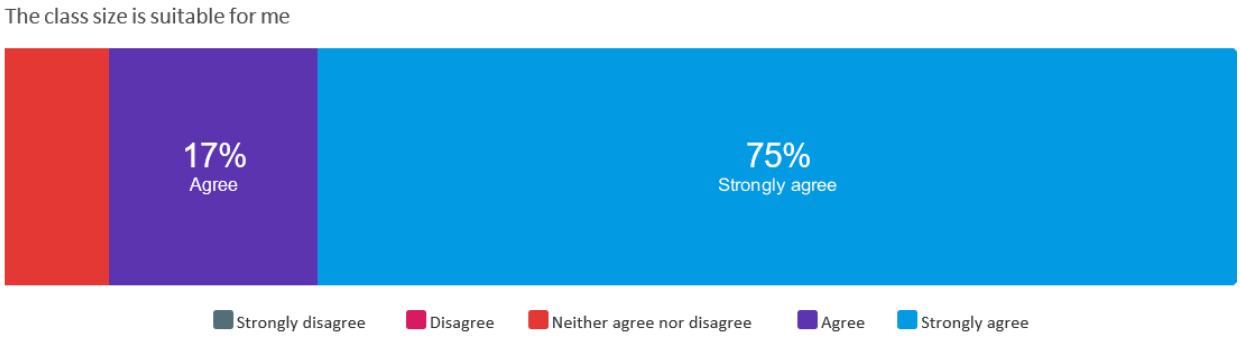

Figure 17: 'The class size is suitable for me' (n=59)

These findings were similarly illustrated in the focus groups. Additionally, the participants acknowledged a connection between the activities and improvements they had noted in their health with many having energy to continue with their day.

> *'...I'm always raring to go. I've loosened up, I seem to have got more energy, and I can keep going and get on with things' (Focus Group participant).*

Several individuals in the focus groups and the questionnaires mentioned that they would like the sessions to last longer as they were enjoying them- for example, '*Could go on longer - I enjoy them so much'* (Questionnaire respondent).

3.4 IMPACT ON HEALTH AND WELLBEING

3.4.1 General Wellbeing

The service users of the Active Families Programme have confirmed that the sessions have provided them with wider benefits as 93% (n=59) of the survey respondents agreed or strongly agreed with the statement that the sessions enhance their general wellbeing (Figure 18).

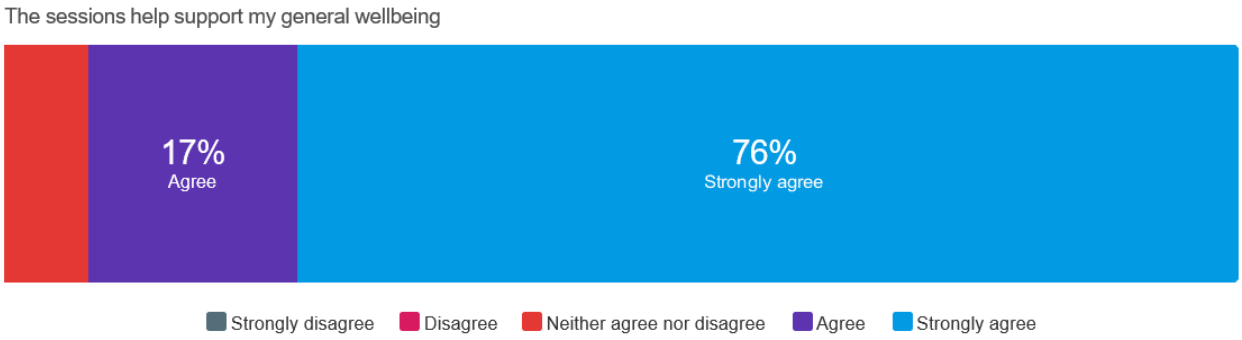

Figure 18: 'The sessions help support my general wellbeing' (n=59)

Focus group members and questionnaire respondents spoke of benefits such as losing weight, getting '*the blood pumping'*, feeling more positive and recognising that the sessions were keeping their bodies and minds active. Overall, the participants highlighted that the Well Bean Machine sessions supported their general wellbeing and health – for example, '*The sessions help with all areas of health and I feel fitter from taking part'* (Questionnaire respondent)

3.4.2 Wider Benefits of the Well Bean Machine

The majority of survey respondents (n=59) believed that the Well Being Machine sessions provided social (88%) and cognitive (87%) benefits. In addition, 92% of them have experienced emotional benefits and 95% have also experienced physical benefits from attending the Well Bean Machine sessions (Figure 19).

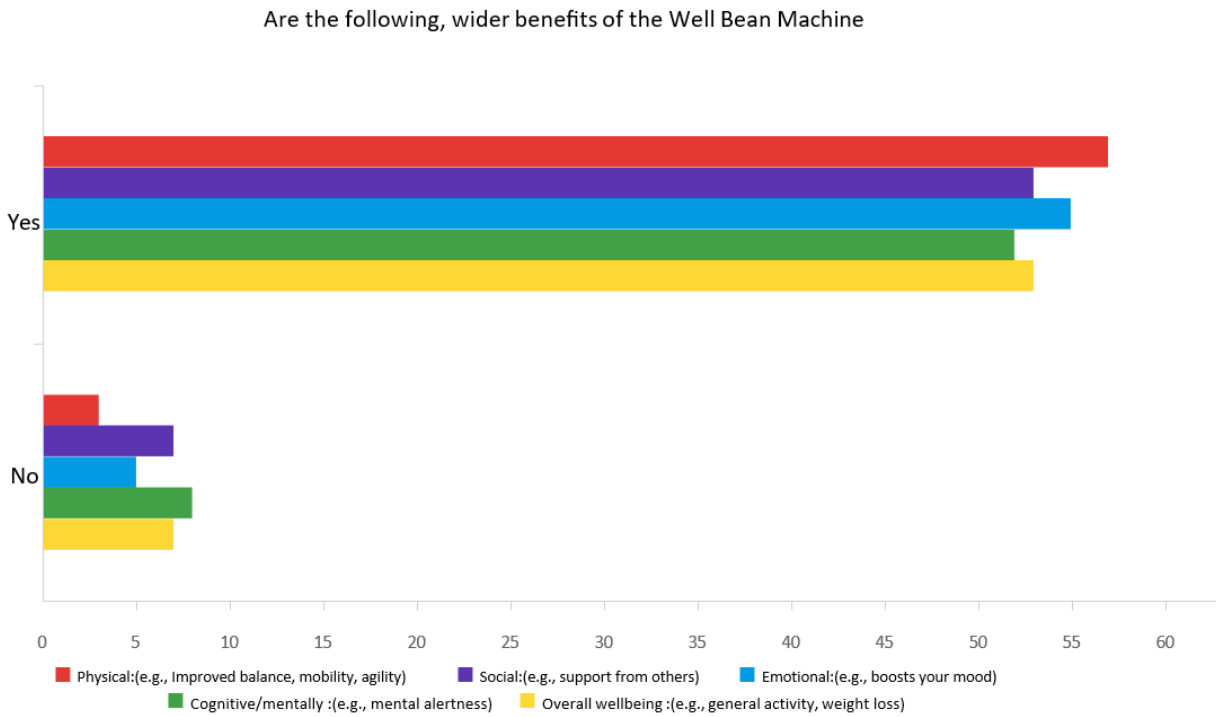

Figure 19: Wider Benefits of the Well Bean Machine (n=59)

A key discussion point mentioned in the questionnaires focused on important improvements to their balance. This has associated wider benefits for the older people as it has increased their confidence in moving about inside and outside their homes, allowing them to access physical and social activities.

'Attending the sessions has helped me to feel more positive about myself, improved my balance and I've enjoyed meeting new people' (Questionnaire respondent)

'The group has definitely improved my strength and balance and I feel more confident when I am out and about' (Questionnaire respondent)

3.4.3 Physical Benefits

The majority of the respondents (96%, n=59, Figure 20) agreed or strongly agreed with the statement that the classes met their physical needs however, some of the focus group members felt that the

exercises are heavily upper body focused and would like time to exercise their legs more. 95% (n=59, Figure 21) agreed or strongly agreed with the statement that their physical health has improved since attending the sessions.

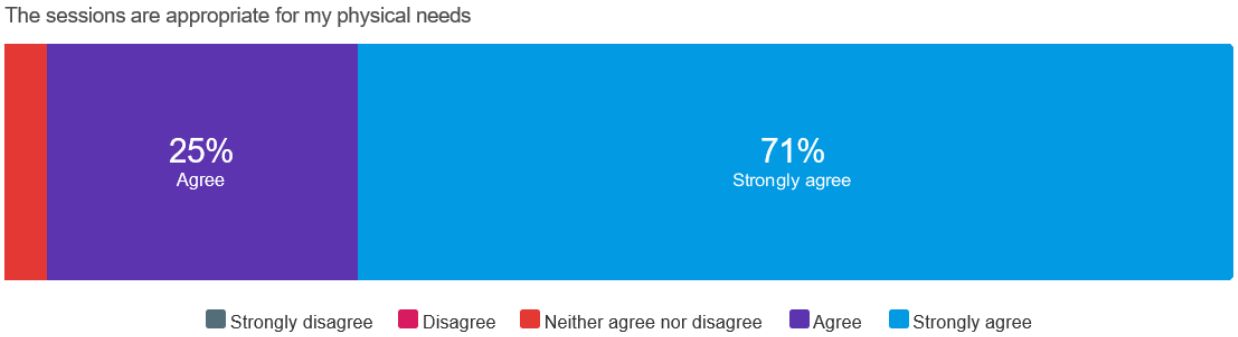

Figure 20: 'The sessions are appropriate for my physical needs' (n=59)

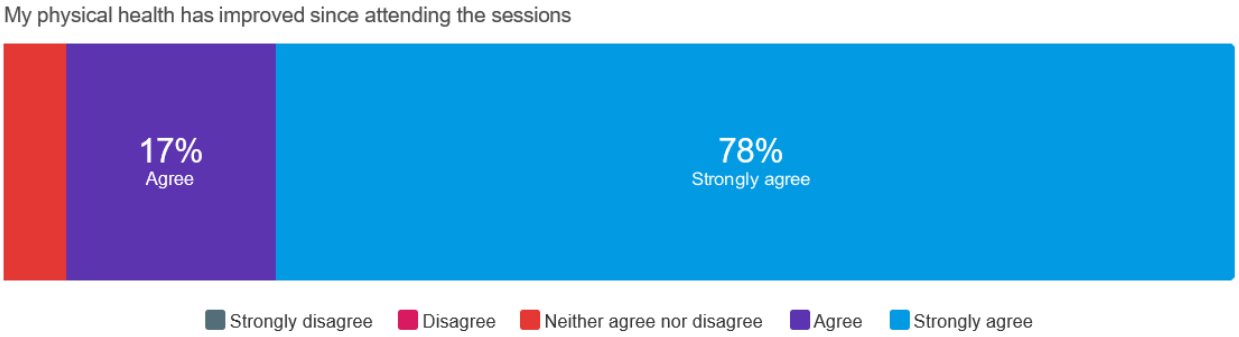

Figure 21: 'My physical health has improved since attending the sessions' (n=59)

Comments from service users in the focus groups and survey included how they appreciate the improved activity levels, flexibility, cardio-vascular benefits, and weight loss from attending the classes. They recognised the benefits of mobility and health and that poor health limits their lives. The service users had also reported various health conditions (e.g., joint stiffness/mobility issues/stroke recovery) which have improved by attending the classes. Similarly, a number of individuals were awaiting an operation or recovering from surgery/stroke and stated that they found the sessions of benefit.

> *'You feel as though there's other people in your situation. I had a stroke five years ago, and it's affected my left arm. But I was just saying to the girl today, I feel better because*

I can move my arm better. So, that's a good positive sign for me. Because I can't lift a heavy glass, but I can do that, you know.' (Focus Group participant)

'I've got a friend that said to me, you know, the one that's in the walker... and now she's started coming, and now, since she started she has been able to lift her leg into the car because there had been a thing there with her leg, with her lifting, she's able to get into the car now. Like, so that was a big kind of … advantage there then, of being able to move more. Yes, being able to, like sort of to get there- her legs sort of there. Not properly, but there's been a difference.' (Focus Group participant)

The participants commented on how these improvements have enhanced their engagement in other physical activities and performance of every day tasks. This is important as, for some people, this class is their only exercise. Some focus group members expressed how they had difficulties in performing exercises given by their physiotherapist and of their concerns that when doing exercises at home they might struggle trying to get up off the floor but would have no one to help as they live alone. However, they had found that exercises from the sessions were more manageable with some exercising at home and using cues to remind themselves to exercise (during the TV commercials) or walking to the supermarket rather than driving - demonstrating an ongoing impact on sustaining a healthy lifestyle.

'Well, I had a stroke about, well it must be about 17 months ago- and I struggled after that. And that's why I go to all these fitness classes because I was determined I was going to get well again. And I have, yes.' (Focus Group participant)

'Since doing this class, I've started to do stretching exercises when I get up of a morning because I'm always so stiff and sore when I do the neck one and I do the arms. I stand up on my tiptoes. I wasn't doing anything at all before, but I've found since doing even just 10 minutes when I first get up, it helps me.' (Focus Group participant)

3.4.4 Social and Emotional Benefits

The Well Bean Machine sessions are important and serve a number of functions for different people; something to look forward to, giving them a purpose, providing an opportunity for social contact and

social support to overcome loneliness, a distraction from more serious aspects of life etc. The service users commented on how the sessions improves their spirits, especially for those that live alone and seek the social contact that the sessions bring. The majority have made friends at the sessions (87% agreed or strongly agreed, n=59, Figure 22) or have encouraged their friends to attend.

'Once I got to the class, I was made very welcome and everyone spoke to me. It made my day. The class was fun and got me out of my comfort zone. it was nice to make friends and exercise at the same time' (Questionnaire respondent)

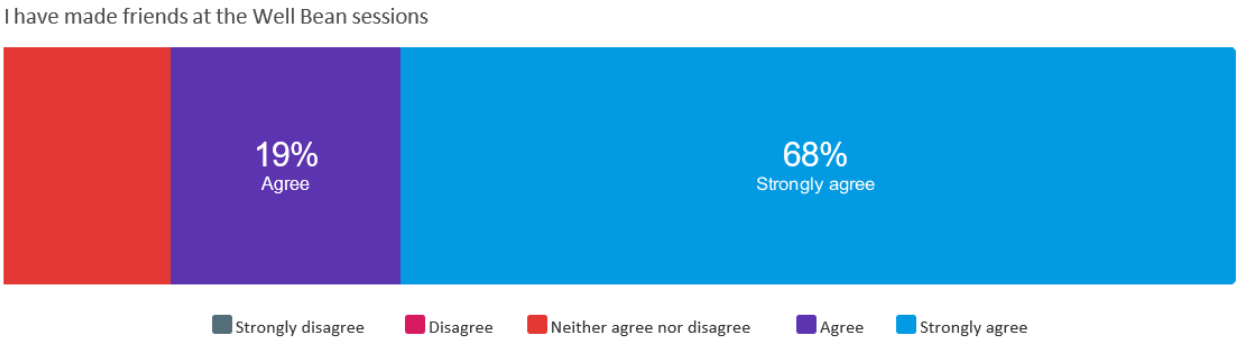

Figure 22: I have made friends at the Well Bean sessions (n=59)

Overall, the service users in the focus groups and questionnaire respondents have found the sessions to be very sociable; '*Lovely to socialise*', '*Everyone is very nice*', 'I *don't feel as lonely*' and '*Really like chatting to people'*, and about making friends at the classes. Some attendees noted how they have regular meet ups together at times unassociated with the sessions, enjoying the extended social benefits from the classes. Focus group members stated that they find the aspect of the scheduled classes gives them something to look forward to, they feel motivated immediately afterwards and also during the week to continue with some exercise.

'Although I am fairly fit for my age. I have found that I am more mobile and have more energy from attending the sessions. I feel sessions stop you being isolated and is a good way to meet new people' (Questionnaire respondent)

This finding is particularly significant for those service users who live alone, as many believed the social aspects of the sessions were a priority for them and that they would like further social opportunities to overcome the loneliness. Their isolation is exacerbated in winter when the darker days and restricted travel negatively affect their mood and can affect their willingness to participate in activities or socialise. The participants from the park-based sessions recognised the mood-boosting effects of being outdoors, and the majority of the service users reported positive emotional benefits from hearing music and moving their bodies, in combination with the social benefits such as meeting with friends. The sessions allow service users to stay afterwards for '*a cuppa'* and a chat, or a walk when the sessions haven't run, which maintains the social contact and exercise benefits beyond the classes.

3.4.5 Mental and Cognitive Benefits

83% (n=59, Figure 23) of survey respondents agreed that their mental health has improved after attending the sessions.

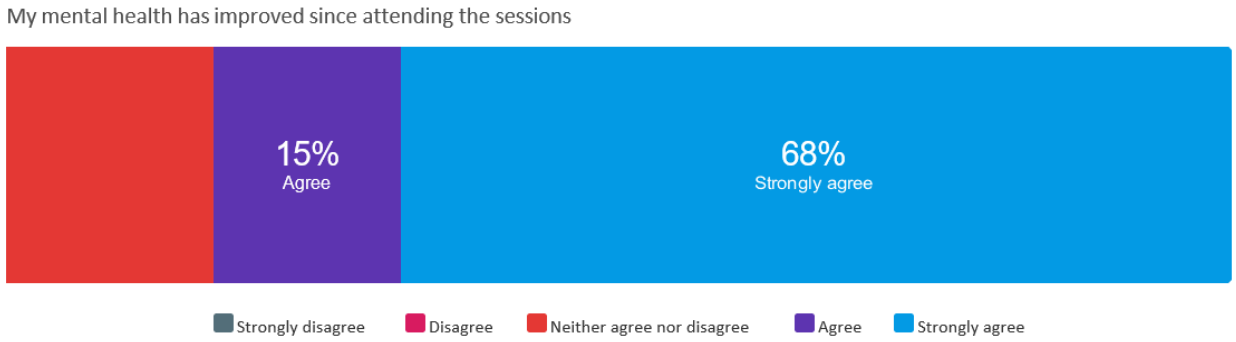

Figure 23: My mental health has improved since attending the sessions (n=59)

Many of the service users commented that knowing they had the sessions in their diaries gave them a sense of motivation or purpose, they described them as helpful for their mental health and some participants stated the importance of keeping their minds active as well as their bodies.

'It's motivation I think as well. It's just motivation to get ready and come up, especially if any of them are depressed for any particular reason, you know, and then- because you're quite proud that you pushed yourself out and you made it, you know?' (Focus Group participant)

A number of participants made reference to the mental and cognitive benefits of the sessions which included giving them a positive energy which continued throughout their week, for example, '*It gives you the good feel factor when you're leaving*' (Focus Group participant). This was further supported by comments about how the classes '*get them out of the house'* helped them to feel more confident, or they were less lonely as they share in each other's lives. This was particularly important for individuals who were struggling with personal issues such as loss and grief over loved ones.

'I know she's not here today, but there is another lady. She has sent a message into [name] and it's helped her amazingly because her husband died at the beginning of the year. Her son at the minute is in a hospice, [name and location]. So for her this hour is just something to take her mind off it, but she couldn't be here today. She's had to go to the hospice.' (Focus Group participant)

'Yes, you know you've got that Monday morning and it's, I think, something to look forward to and something that just spurs you on, having a place to go to do it.' (Focus Group participant)

3.5 BARRIERS AND RECOMMENDATIONS TO OVERCOME THEM

The questionnaires inquired about aspects of the service user's lives that act as a barrier to their participation in physical activity (Figure 24). The responses to this question may not in all instances refer directly to the Well Bean Machine sessions but could still have relevance to the Programme as it expands. The barriers were considered under six categories; health, travel, financial, the venue, personal and other. The data show that the most significant barrier was their health (40%), followed by travel (36%), personal (29%), financial (12%), the venue (15%), and other (9%).

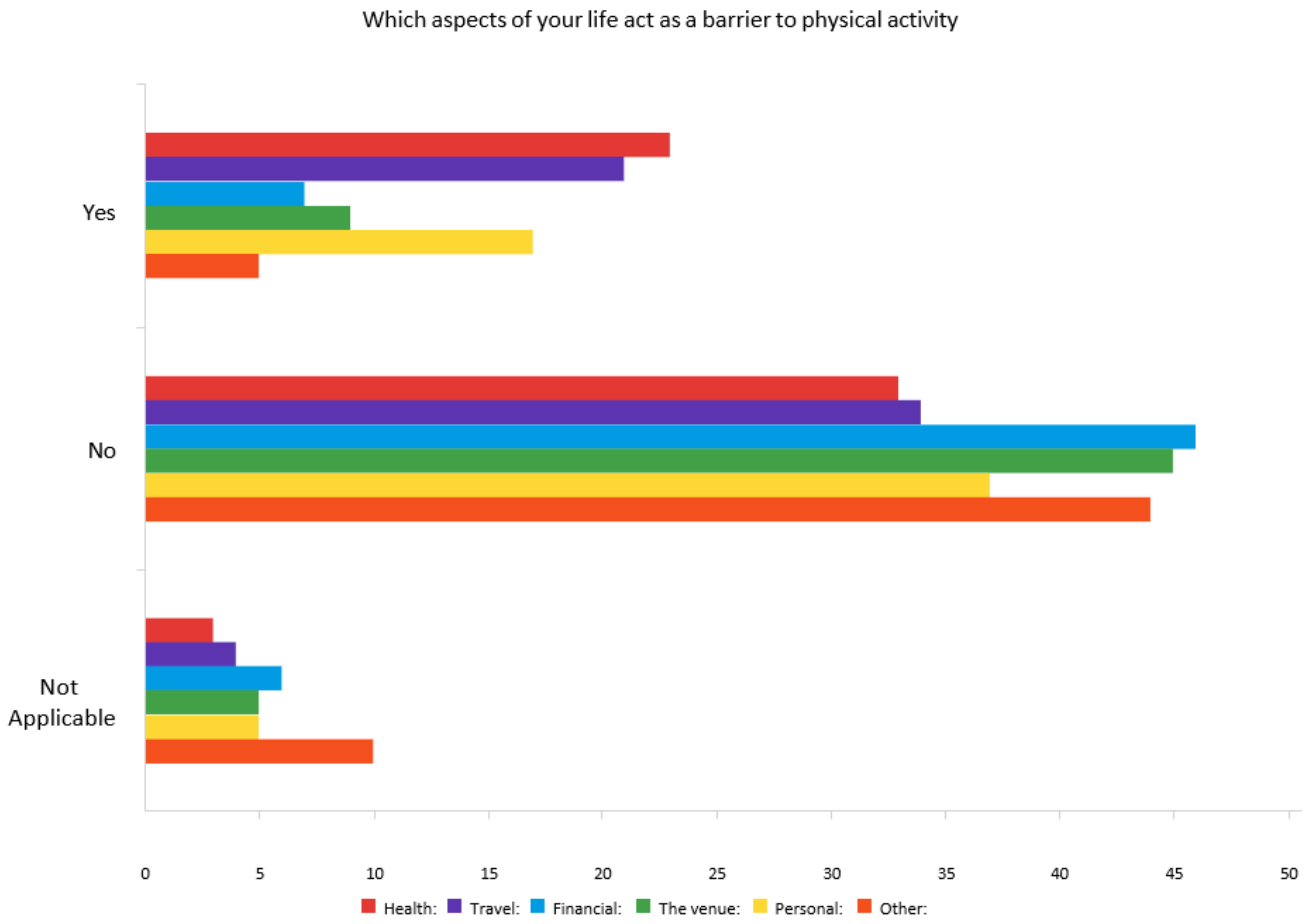

Figure 24: Which aspects of your life act as a barrier to physical activity (n=59)

The data (Figure 24) shows that these aspects were not a barrier for most of the participants, however they still commented on these as being barriers in the focus groups and questionnaires. In addition, they provided a further three barriers; family commitments such as caring for a partner or grandchildren, the weather and public awareness of the classes. At times the comments provided displayed some overlaps between these categories for the service users.

3.5.1 Health

Many of the service users from the focus groups and those surveyed attributed health reasons with not being involved in physical activities, when they had bad days or that they were currently awaiting

surgery. The service users have a number of physical complaints that affect their level of activity and mobility (for example, arthritis, joint replacements, Guillame Barre syndrome, stroke, heart conditions, sensory impairments, balance etc.) which can act as an acute or chronic barrier to physical activity.

> *'Mobility mainly because I've got arthritis everywhere. I'm on the list for a left hip. I've already had the right hip done, and my right knee is joining in with the others as well.'*
> *(Focus Group participant)*

Although 40% of respondents stated that their health was a barrier to physical activity (Figure 24), it is positive to consider this alongside the many comments from focus group members and respondents about improvements they have noted in their physical (95% agreed or strongly agrees, n=59, Figure 21) and mental health (83% agreed or strongly agreed, n=59, Figure 18) due to attending the classes. Also mentioned was that of missing sessions due to session times conflicting with medical appointments - *'I did struggle to get to sessions when the times conflicted with hospital appointment*' (Questionnaire respondent).

Physical health issues were predominantly discussed but often brought associated mental health concerns. This was exacerbated by the social situations of the service users, such as living alone or not having a family, resulting in additional barriers to participation. Whilst many service users stated they enjoy being '*out and about*', other respondents and focus group members commented on feeling lonely, with some stating that they lacked confidence to go out.

The respondents' recommendations for mitigating the health barrier tended to focus on their own circumstances and provided personal solutions such as discussing their medication with a consultant or GP or remembering to take it and having their awaited surgery. The primary recommendation to support overcoming the barriers to their health was a need to attend exercise sessions, such as the Well

Bean Machine, to build their strength, balance and flexibility.

'Full body exercises that really have helped my mobility, strength and confidence.' (Questionnaire respondent)

'I'm waiting for a hip replacement specifically, and it's [the Well Bean Machine sessions] giving it movement. It's just the small little exercise like this, helps it.' (Focus Group participant)

3.5.2 Travel

Whilst for approximately 2/3 of the survey respondents (64%) travel wasn't a barrier impacting their access to physical exercise, 36% of respondents agreed with the statement that it was a barrier for them (Figure 24). A significant topic highlighted was the difficulties in attending the classes due to the limited bus routes to a venue and recent bus strikes, with some participants stating they do not travel after dark- '*Bus can be unreliable...'* (Questionnaire respondent). In addition, the closure of leisure centres is requiring service users to travel further to access suitable events. Whilst the Active Families sessions are filling this gap, this can make some service users reliant on public transport or driver-friends to be able to attend the classes. The respondents' suggestions for this barrier centred on improvements to the bus services, such as an increased frequency of buses on routes to venues, multiple possible alternatives for travel or alternatively to relocate to a more accessible central location.

3.5.3 Financial

The data from the survey showed that for 88% (Figure 24) respondent's financial implications are not a barrier to taking part in physical activity however, it must be noted that at the time that the focus groups and survey were conducted, there was no charge for attending the exercise classes. The cost of the activity being free was much appreciated by the service users, especially when considered alongside

the current high costs of living and people doing multiple activities – '*[the service] it's been brilliant, especially that it's free as well'* (Focus Group participant). Reference to the financial implications of increasing the cost of the Well Bean Machine sessions was discussed by several members in the focus groups. One participant stated that with other classes typically costing £8-£10, this can limit the number of activities they can afford. In conjunction with the list of activities that the service users regularly undertake, the amount they pay for future sessions may cause a barrier to their participation. Therefore, this factor needs consideration for the development of this Programme.

3.5.4 The venue

The percentage of survey respondents that identified the venue as a barrier was 15% (Figure 24). This barrier may be associated with the travel aspects as these two barriers were often mentioned in conjunction with each other. Focus group participants noted that the indoor venues have good facilities for their access needs, but at one of the venues there were comments that parking can be an issue. However, a barrier to physical activity is the limited toilet access at the outdoor venues and which was also an important consideration for some users at indoor venues. Therefore, a key recommendation is to ensure the availability, reliability, and accessibility of facilities at all venues.

> *'Occasionally if I have a health flare up I struggle to get out and about. My husband needs to be near a toilet for his health reasons - so this is important' (Questionnaire respondent)*

3.5.5 Personal

29% (Figure 24) of respondents identified 'personal reasons' as a barrier to physical activity. From the comments provided that might encompass this data, some people highlighted caring responsibilities for a partner or grandchildren- '*I look after my grandchildren so can't attend the classes all the time'* (Questionnaire respondent). Other reasons were not provided in either the focus groups or

questionnaire. In addition, there were no specific recommendations for overcoming this barrier however, consideration for each individual's circumstances may help to provide direction for future developments of the Programme.

3.5.6 Other

To allow survey respondents to record barriers to physical activity without a requirement for them to be specific, the category 'Other' was provided. 9% of respondents selected this option. The continuing discussion encompasses two main additional topics raised in the focus groups: weather and public awareness of the classes.

3.5.7 Weather

The weather was a factor that had some overlaps with the barriers for health and travel. Outdoor activities can be affected by the weather as sessions were held during warmer months and cancelled if it rained. Although often the classes were held inside, the weather as a barrier to attendance was discussed in the focus groups and mentioned on the surveys. Those who live locally can generally walk to the venue though in poor weather some may be reluctant to walk as it affects their joints, or they wish to avoid the risks of falls and injury. Further, the weather also impacted those reliant upon public transport as attendance dropped due to snow and rain (flooding). A primary recommendation to help overcome this issue is to have multiple indoor and outdoor venues which will accommodate the weather changes whilst still reaping the benefits of exercising outdoors in good weather. The Programme has started to utilise this approach but there could be an opportunity for further expansion in this area.

3.5.8 Public Awareness of Classes

There is an overlap between two of the barriers to physical activity; 'public awareness of the classes', and 'travel'. The participants of the focus groups expressed feeling they are generally viewed as a low priority group and commented on the differences in health funding and facilities between different areas/ local authorities. The focus groups spoke of a reduced availability of activities from other providers due to leisure centre closures or lack of provision by other local authorities. With the funding cuts to leisure services and delays in NHS services, a barrier for older people is that may need to travel further afield to be able to access activities to support their health and wellbeing.

> *'I mean, not everybody can make it. I mean, you do the Well Bean Machine van, which goes out. But, again, there's nothing round here.' (Focus Group participant)*

> *"Well, I used to go to exercise from the Stroke Association, but that dwindled off. And then COVID and the leisure centre closing, and that was it. So, it's good here." (Focus Group participant)*

Although the service users had found out about the Well Bean Machine sessions through a number of ways (social media, local newsletter, leafleting, door to door), a key recommendation is to expand the advertising zones to reach people living further away and promote the activities. This could further be achieved through having classes in more areas.

> *'(Barriers to physical activity) Well, I think the only barrier is you're Sunderland, this is Gateshead. Durham does nothing. County Durham does absolutely nothing. So you won't find this type of class on that side.' (Focus Group participant)*

> *'Yes, if we realise there is still investment in older people. There's a stigma. We have still got a brain and we still can think. Whereas I think, sort of… I don't know. I just think they [a local council] don't see the investment there. I think the investment is in the wrong places.' (Focus Group participant)*

3.6 BUSINESS PARTNERS

The business partners' survey explored the following key themes:

- Relationship with Active Families NE
- Impact of the Well Bean Machine sessions for service users in the region

3.6.1 Business Partners' Relationships with Active Families

The business partners' relationships with Active Families NE were regarded as overall positive with 100% of respondents (n=6, Figure 25) agreeing with this statement. The business partners made numerous comments that highlighted the efforts of the Well Bean Machine staff who were described positively- '*very approachable, friendly and inclusive*,' '*professional, always willing to help'* and '*great, friendly engaging staff*'.

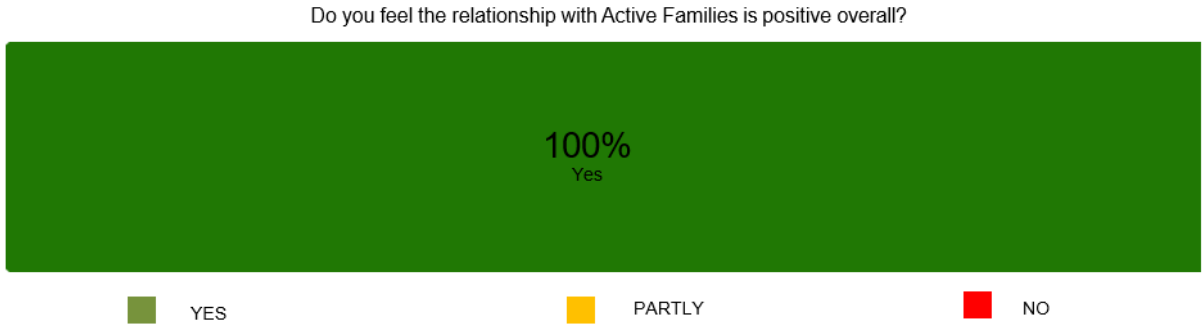

Figure 25: Do you feel the relationship with Active Families is positive overall? (n=6)

83% of the business partners (n=6, Figure 26) stated that they felt the relationship with Active Families NE had been of use to them. There was praise for good communication prior to the events but some felt there had been a lack of feedback from Active Families NE afterwards to inform them if any of their own service users had engaged with the Programme.

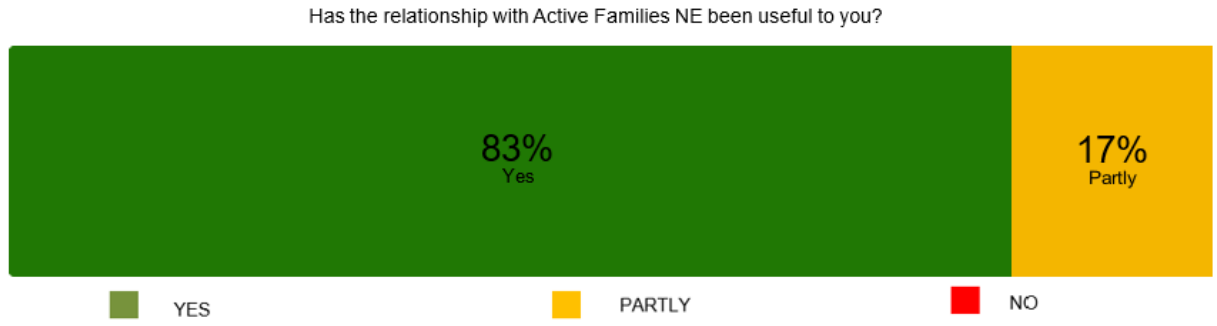

Figure 26: Has the relationship with Active Families been useful to you (n=6)

83% (n=6, Figure 27) of the respondents agreed with the statement that their relationship with Active Families NE had brought benefits for themselves as the partner. One partner mentioned having found the Active Families training helpful, where they had used it to train a member of their staff to deliver the classes and they spoke of wanting to train another. Key benefits and strengths have been the support and instruction from Active Families NE in helping the business partners setting up the Programme in their facilities which a participant stated as a *'professional team, very friendly and go out of their way to help'*. The partners described the service users as having interacted well with the Programme and stated that they had received good feedback from them. They felt that through the partnership with Active Families NE their own engagement with their service users had improved, bringing a better understanding of their needs. The basis for the '*No'*, response was explained as solely for wanting feedback from Active Families as the partners were keen to emphasise that they wanted to stay involved in the Programme and would welcome further engagement with the Well Bean Machine.

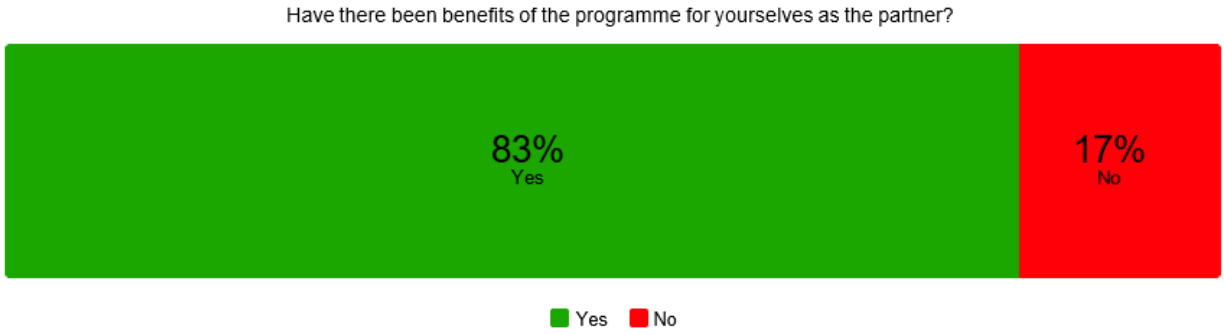

Figure 27: Have there been benefits of the programme for yourselves as the partner? (n=6)

The business partners were also asked if there had been any challenges in working with Active Families NE and of the extent to which these were overcome. 67% (n=6, Figure 28) stated they had not faced any challenges and that they found the work had been '*very productive'* and the '*resources very useful'*.

Figure 28: Did you face any challenges in working with Active Families NE (n=6)

Of the 33% (n=6, Figure 28) of the business partners who had had some challenges, half of them felt the challenges had been overcome (n=6, Figure 29). The issues or concerns commented upon were; of trying to reach their service users who didn't have internet access, concerns about having no control over the low numbers of service users in the premises on the day for Active Families to engage with, and the level of funding for the classes. It was felt that funding would be required for an extended period to fully establish a class and to give people confidence in attending. For those service users without internet access, text messages with a contact phone number were utilised to facilitate engagement in the Programme.

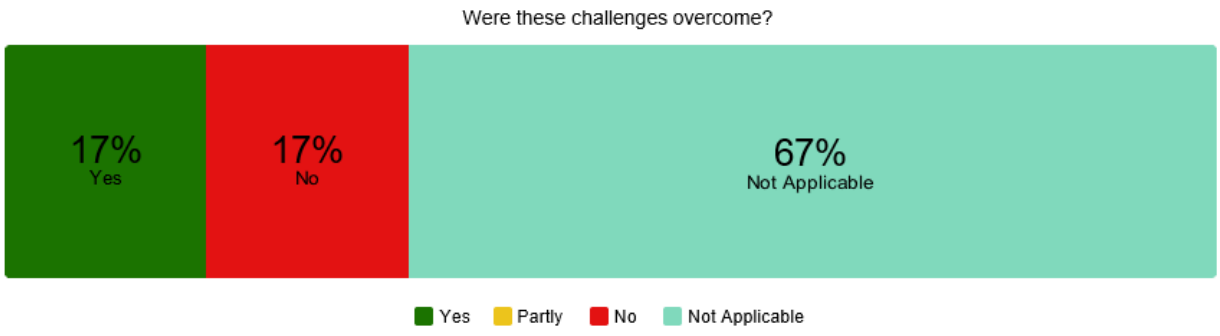

Figure 29: Were these challenges overcome (n=6)

The respondents were equally divided (n=6, Figure 30) with regard to whether or not they had any prior expectations of working with Active Families NE. The expectations commented upon were that the partner was aware of the work of Active Families NE and had high expectations of impact, or thought the classes looked fun and engaging. When the partners were queried with regard to whether those expectations had been met, the replies revealed that delivery had been high with a positive impact and that they had received great feedback from their service users who had enjoyed the sessions. For the partners who suggested that their expectations were partially met, they highlighted a desire to have longer for relationships to build with service users and for feedback from Active families NE on the level of engagement.

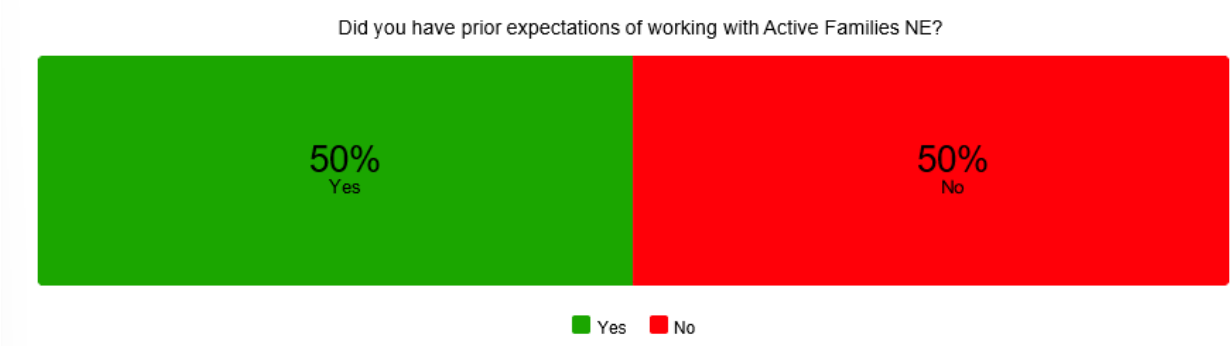

Figure 30: Did you have prior expectations of working with Active Families NE (n=6)

All the business partners respondents (100%, n=6, Figure 31) would be very happy to work with Active Families NE again, highlighting the helpful, professional staff and the high level of engagement the Programme had with the service users. The key suggestions mentioned by the business partners to improve the Programme were better communication from Active Families NE after the event(s) and continued provision.

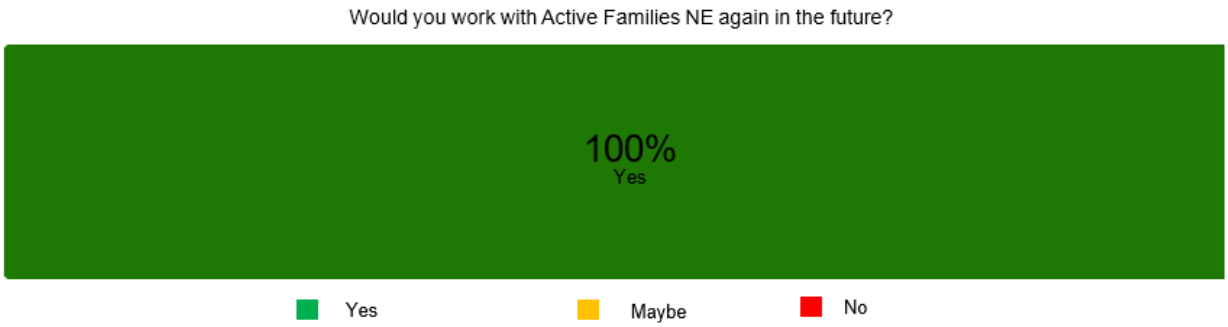

Figure 31: Would you work with Active Families again (n=6)

3.6.2 Business Partners' Perspectives on the impact of the Well Bean Machine Programme

To gain an insight into the business partners' awareness of the reach of the Programme, they were queried for their opinions on how much the Well Bean Machine addressed or engaged with the target group; at the individual level, with local interest groups, within local residential areas, within the wider Metropolitan area and across the NE region.

100% (n=5, Figure 32) of the business partners agreed that there were benefits of the Programme for the service users. The partners felt that the sessions were inclusive in terms of different cultures, ages, abilities and with them being free to attend. They stated that the staff engaged very well with the service users, succeeding in increasing activity levels in fun ways so that they joined other classes. The partners had received feedback from the service users, that they loved going, and felt it was good to get the patient involved and interacting with a different service.

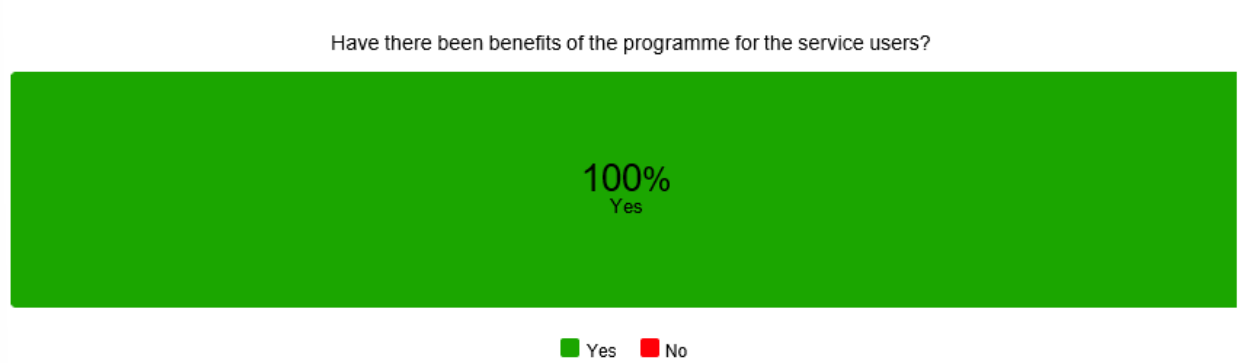

Figure 32: Have there been benefits of the programme for the service users (n=5)

80% (n=5, Figure 33) of the partners felt that the Well Bean Machine had engaged fully with service users at an individual level, with a further 20% feeling this was only somewhat achieved. The partners noted that, after the Well Bean Machine classes had finished, some of their service users had been encouraged to continue to participate in physical activity sessions and had attended other classes. Although, one of the business partners remarked upon how difficult it is for them to measure the individuals remaining active after the classes have finished.

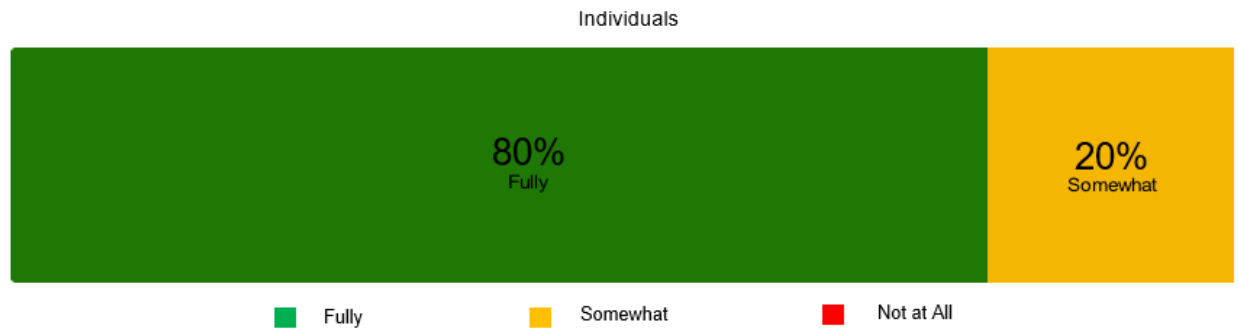

Figure 33: How much did the Well Bean Machine address/ engage with individuals (n=5)

The figure for the Well Bean Machine addressing local interest groups was lower than for individuals with 60% fully agreeing and 20% somewhat agreeing with the statement, but 20% believed they had not engaged at all (n=5, Figure 34). One of the business partners, who represented a local interest group,

noted that '*We are a minority ethnic women's centre and our members felt included and understood'*. The disparity between the ratings at the local interest group and individual levels became apparent from the comments with one of the business partners not knowing this level of information.

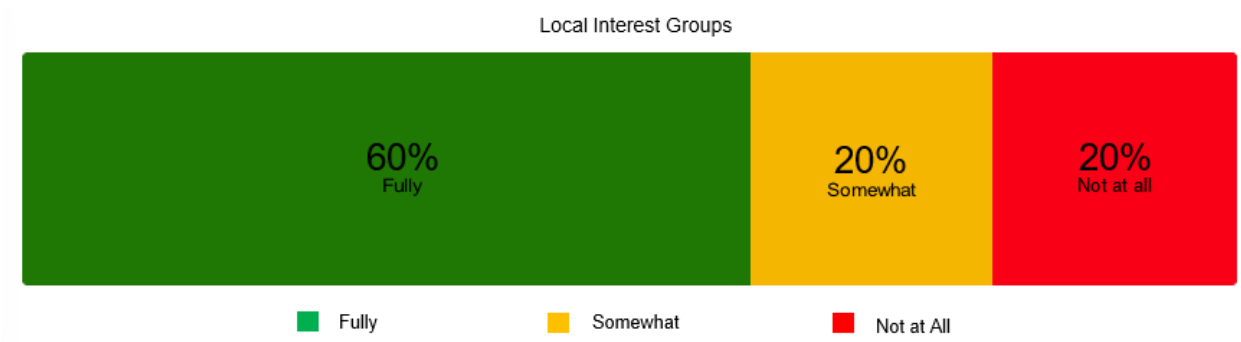

Figure 34: How much did the Well Bean Machine address/ engage with local interest groups (n=5)

When queried on how well the Well Bean Machine had engaged or addressed the needs of individuals in the local residential area the partners indicated that this was 40% fully, 40% somewhat met and 20% not met at all (n=5, Figure 35). It was recognised among the partners that the activities of Active Families NE were helpful as they were demonstrating alternative approaches to addressing the health inequalities and wellbeing of older adults to complement traditional medical approaches. A participant added that as Active Families NE is locally based they are knowledgeable about the communities and are more able to identify how the Programme can meet the needs and objectives of residents. Lower assessment ratings for this topic were due to either the participant not knowing the information or being unable to make a judgement as their service users came from a wider catchment area.

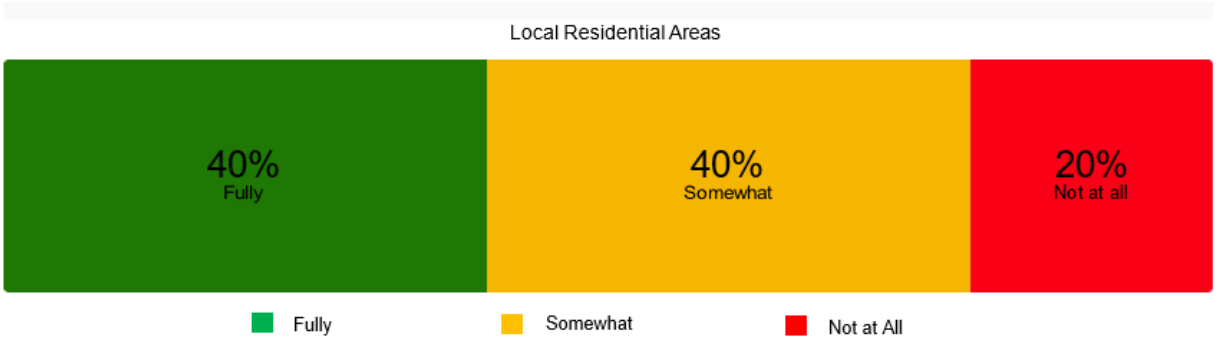

Figure 35: How much did the Well Bean Machine address/ engage with local residential areas (n=5)

The business partners were questioned regarding the Well Bean Machine's engagement with the wider Metropolitan areas with 80% stating this was achieved fully, whilst 20% noted not at all (n=5, Figure 36). One participant commented that they '*are aware of a wide range of places impacted through their [Active Families NE] work*' illustrating the business partner's knowledge, and the reach and impact of the Programme. However, one partner was unaware of the wider influence of the Well Bean Machine.

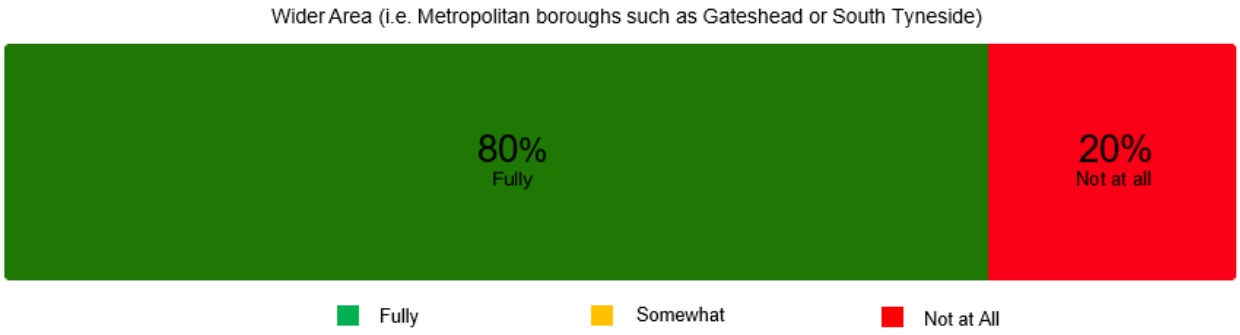

Figure 36: How much did the Well Bean Machine address/ engage with Metropolitan boroughs (n=5)

When invited to rate the Well Bean Machine on their tackling of the high levels of inactivity across the NE region, the business partners stated this was 40% partially addressed with a positive impact, 20% mostly addressed with a positive impact and 40% fully addressed with a positive impact (n=5, Figure 37). The participants mentioned that the Programme encouraged the target group who did not normally exercise and provided the opportunity for their carers to get involved as well. They noted that the Well Bean Machine sessions were enjoyed by all who attended and many service users have enquired about further sessions to be included, demonstrating the ongoing success of reducing inactivity.

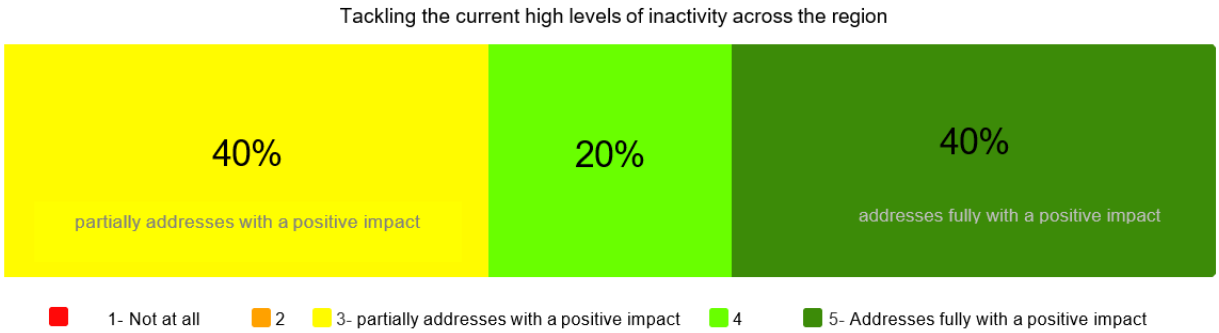

Figure 37: Do you feel the Well Bean Machine has helped to tackle the high levels of inactivity across the region (n=5)

The business partners felt that Active Families NE had a positive impact on the reduction of the number of health-related issues caused by a sedentary lifestyle, with 40% noting this was partially addressed and 60% stating it was addressed fully (n=5, Figure 38). The participants remarked that overall, the Well Bean Machine Programme was effective with a positive and professional team. They recognised that there are multiple reasons why individuals do not participate in exercise and are specifically prevalent in the older age groups. Improvements in the health of this target group can, and have, been made by the Programme. To see further benefits, the business partners recommended the continuation of the Well Bean Machine and targeting local communities where there are substantial health inequalities.

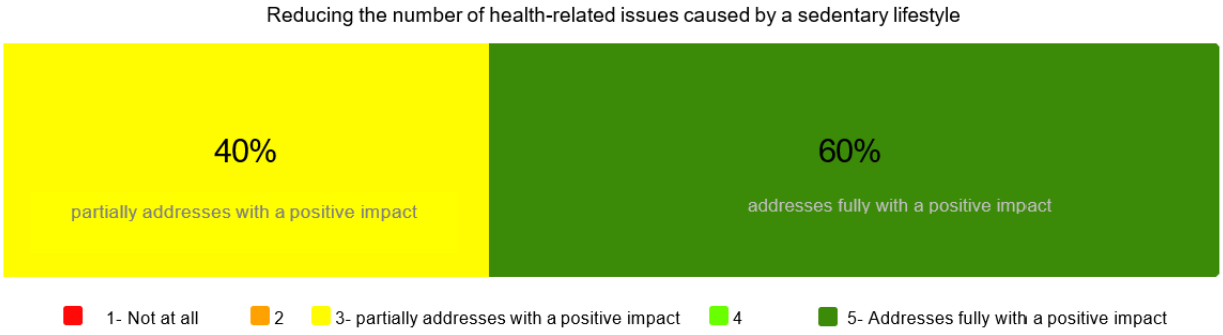

Figure 38: Do you feel the Well Bean Machine has helped to reduce the number of health-related issues caused by a sedentary lifestyle (n=5)

4 DISCUSSION

The aim of this project was to evaluate the Active Families service in their provision of physical activity sessions in Gateshead and South Tyneside for service users. In addition, the project aimed to identify the opinions of the partners of the Active Families NE service and utilise them in an evaluation of the service's provision of physical activity sessions in Gateshead and South Tyneside. The service users' experience of attending the sessions were examined and analysed with the findings encompassing the following topic areas: Programme Recruitment and Service Users, Venue and Accessibility, Sessions and Staff, Impact on Health and Wellbeing and Barriers and Recommendations. The business partners' survey explored the following key themes: Relationship with Active Families NE and Impact of the Well Bean Machine sessions for service users in the region.

As people age, the risk of developing a long-term health condition (LTHC) or comorbidities increases affecting their quality of life (7). LTHCs associated with increasing age include; cancer, diabetes, hypertension, coronary heart disease and Musculo-skeletal problems (7). Healthy ageing has been defined by the World Health Organisation as 'the process of developing and maintaining the functional ability that enables wellbeing in older age' (13). Interventions and investment to support healthy ageing may improve people's health with a subsequent offset against more expensive forms of care due to reduced demand (12).

Physical aspects such as declining function and health are cited as barriers to participation in physical activities (10, 11). However, healthy behaviours including regular physical activity brings a number of health benefits for older people; improved functional independence, balance, flexibility, strength and coordination (13). This has been demonstrated to provide some protection against non-communicable diseases often associated with ageing, and to reduce falls and associated injuries (7, 13). Participation in

the Well Bean Machine Programme sessions has shown improvements and physical benefits for attendees including those with LTHCs. Also of significance were the improvements in their balance and confidence, which in conjunction with increased mobility, helped them to access or maintain physical and social activities. Equally, the business partners recognised the increasing improvements in the physical health of the service users as the Well Bean Machine Programme progressed. The literature states there is a wide range of capabilities and disease-burden for individuals within the target age group (13), yet although health was a barrier for 40% of the service users this did not fully prohibit them from physical activity and they gained functional benefits. Longer term provision of opportunities for older people to engage in physical activity could promote sustained participation and enhance the positive outcomes observed.

A wide spectrum of relationships with family, partners, friends and acquaintances are important for older people (13). This study found benefits for service users that were associated with the attendees' social and emotional wellbeing. As people's capabilities reduce, often with advancing age, they experience difficulties in maintaining their social networks and can suffer social isolation and experience feelings of loneliness (13). The social benefits of the Well Bean Machine Programme in combating loneliness and improving social networks were frequently commented upon by the service users. Research has shown that older people state lack of company as a barrier to participation in physical activity (11), which may have relevance to the number of service users who attended with a partner/friend or made friends at the classes. Companionship may be important in providing supportive social relationships in addition to the motivational aspects that encourage participation (11, 15). A further aspect mentioned in the literature was that of a lack of self-confidence and the fear of 'walking in alone', which can be mitigated by attending with a friend (14). This may go some way towards understanding why some service users had appreciated the more personal invitation of the door-to-door recruitment strategy as a potential deciding factor for them joining a class. Other possible benefits

to face-to-face modes of recruitment include bringing awareness of the events to those at home more or those without digital access, discussion to facilitate prior expectation setting of the class format, the opportunity to challenge beliefs about appropriate activity levels for older people and a friendly face for the Active Families organisation.

Difficulties associated with travel were a barrier for over one third of participants with many reliant upon public transport. In the study, travel was found to be closely related to the weather, participant health and the venue location as barriers to physical activity. The literature has highlighted a number of aspects relevant to travel as a barrier to physical activity including; access to a car, possession of a driving licence, the availability of public transport, and the time and distance taken to travel to the venue (11). In considering potential venues for scale up of the Programme the focus groups preferred locations that are central or within the target audience residential areas with strong transport links and good parking facilities, and venues with accessible facilities. Therefore, travel and venue implications need to be considered in the future of the Programme.

At the time of the study there was a no-cost aspect to the classes. Financial considerations were deemed to not be a barrier for the majority of the respondents; however, removal of funding may promote the extent of this barrier. Withall *et al*. suggested that uptake in programmes of physical activity interventions was less likely by those from more economically disadvantaged groups or with lower financial resources (14). With the correlation between socio-economic factors and the prevalence of LTHCs among older people, the introduction of an attendance charge may have a negative effect on the Programme reaching those most in need. However, as one participant suggested exercise classes are typically £8-£10, then having an attendance fee below this market pricing may be an attraction towards the Active Families NE classes rather than a total deterrent. Future developments of the Programme will

need to consider these cost implications.

With many older people having retired from full-time working, research has suggested that the barrier of a lack of time for physical activity is low (11). Personal commitments such as caring for a partner or other family members, volunteer activities, schedule conflicts or participation in sedentary activities can impose differing limits on an individual's free time and underpin a barrier of a (perceived) lack of time for physical activity. Focus group feedback demonstrates the effectiveness of attendance at the sessions in encouraging service users to integrate general daily physical activity as they continued exercising at home, with class friends, and in 'micro break' format fitted into their more sedentary leisure time and around their time commitments. To support ageing well, the Programme is required to continue educating their service users on the benefits of incorporating lifelong physical activity into their lifestyle and ensuring the sessions are appropriate for older people's schedules.

The Programme has effectively demonstrated a positive impact of physical, social, emotional, and cognitive health with the service users. Similarly, this has been seen by the business partners who noted that the Well Bean Machine Programme was tackling sedentary lifestyles of older people at individual, local interest groups, local residential areas and the wider Metropolitan area levels in the NE. Successful collaborations have been created between Active Families NE and their business partners who wish to build on their relationship to see further improvements for their service users. Therefore, a continuation of the Programme may see sustained and enhanced long term health benefits to the target group.

4.1 RECOMMENDATIONS

- Both the service users and business partners have found success with the Active Families NE Well Bean Machine Programme. To make further inroads in supporting older people by providing access to physical activities, an expansion into additional residential areas and an increase in the number of sessions needs to be factored into future planning.

- The relationship between Active Families NE and their business partners has been positive. The business partners requested increased communication with Active Families NE after events to enable them to improve their support and monitor their users' activity levels. This element needs to be incorporated into future correspondence within the Programme and may provide the partners with evidence of the ongoing impact of the sessions on their service users.

- A significant factor for the service users attending sessions was the venue as this was associated with transport links and accessibility aspects. Although Active Families NE have taken some of these into account when selecting a venue location, further consideration may be required.

- There were a high number of service users who spoke positively about the recruitment strategies employed by Active Families NE. Of particular note was the strategy of going door-to-door and engaging directly with older people, which regularly made the difference between individuals becoming active or not. To promote inclusivity, future developments of the Well Bean Machine Programme need to take the advertisement strategies into account.

- There was a high percentage of the participants claiming that they did not experience barriers to physical activity such as health, travel, etc. However, they reported in the focus group and free-text comments of the questionnaire that they may have difficulties, but these did not prohibit them from participating in the Well Bean Machine sessions. Future research needs to discover the extent to which these aspects impact the target group.

- This evaluation project was conducted within a short timescale thus potentially limiting the data collection. Future research needs to consider this with a longer study duration to allow more perspectives to be captured. This may also support an extended participant reach and an enhancement to exploring the long-term effects of the Well Bean Machine Programme.

4.2 DISSEMINATION

The findings of this project will be written up and submitted for consideration of publication in peer-reviewed scientific journals. The project steering group will meet to discuss the findings and identify areas for future projects, which would be of benefit to older people across the target areas, address the issues found, and provide evidence to inform the expansion of the Well Bean Machine Programme.

5 CONCLUSION

This was the first collaborative project between the University of Sunderland and Active Families NE to explore the impact of the pilot sessions for the Well Bean Machine Programme, targeting older people in the Gateshead and South Tyneside areas.

The strengths of the project were the collaborative approach, the high number of service users who took part in the project and the mixed methods data. Additionally, the strong social media presence and adjuvant activities created a high level of awareness of the Well Bean Machine Programme with individuals and community groups across the region. A limitation of the project was the comparatively small number of business partners who completed the survey, which may be partially attributable to the short timeframe available for them to respond.

In summary, the project has identified a number of barriers to physical activity facing older people, the benefits of the Well Bean Machine with service users and business partners and has provided a number of recommendations for the development of the Programme. Further, the Well Bean Machine Programme has been shown to have had success in reaching older people in the local community and has reached the aim of helping them to improve their lives.

'[Anything else to add?] No, just it's made a real difference to (the) community.' (Focus Group participant)

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