

## EXECUTIVE SUMMARY

### Context

This is the final report for the Age UK Walking Football qualitative evaluation, which has been conducted by the Sport Industry Research Group (SIRG) at Sheffield Hallam University. This report focuses on the findings from the project, which for most local Age UKs, saw delivery begin in March 2023. Initially, there were eight local Age UKs being funded to deliver walking football, with the aim for the funding to cover delivery across 14 groups, with six of the eight areas delivering two groups, and two areas delivering one group each. The partner organisations included in the funding application were a mix of delivery partners, facilities, County FAs, and local charities/organisations, however, many of these partners were not involved as much as originally planned. One project did not finish delivery; therefore the evaluation was based on the 13 groups that were still operating by October 2023.

### Method

The evaluation incorporated a mainly qualitative approach, including the following aspects:

- **Context:** Creation of a programme logic model, a review of existing literature (up to April 2023), visits to existing walking football sessions in Sheffield.
- **Secondary analysis:** Analysis of data from cohorts 1 & 2 including the online survey of staff (n=33) and the assessment of feedback from participants (n=318); and cohort 3 monitoring data.
- **Primary research:** Interviews with staff from all local Age UK groups in May (n=8), and in October (n=8); interviews with project partners in May (n=3) and October (n=4); focus groups with participants in May/June (n=62), and October (n=70).

### Research questions

The evaluation had three headline research questions:

1. *What approaches have local Age UKs used to identify and engage older people with walking football, and how successful or not have they been?*
2. *How have local Age UKs worked with other organisations in their area to deliver walking football to older people, and what lessons can be drawn from this on how it impacts the successful delivery or otherwise of the sport?*
3. *What are the motivations and barriers for older people participating in walking football both in terms of sparking initial interest in playing, and then sustaining that engagement?*

### Summary of the literature review

The review provided some compelling and useful evidence around walking football interventions for older adults. The review demonstrates a wide range of considerations to be made by practitioners, funders and other stakeholders and partners in the design, development, and delivery of walking football interventions, including important considerations for how to make such interventions sustainable – engaging people to participate in the first place, and sustaining their participation longer term. The review highlights some gaps in existing evidence and calls for further evidence to be developed around partnership working in the delivery of interventions. It highlights a need for building further high-quality evidence around the outcomes of participation, particularly for mental wellbeing, individual development, and social and community development.

### Summary of monitoring data / engagement

The final project data showed that 254 participants joined one of the 13 groups. Overall, 312 sessions were delivered, generating 2,510 total attendances. The average age of participants was 62, with the oldest participant 86. A slight majority of participants were male (53%); however 96 female participants joined a female only session.

## Headline findings

### *Key learning: Identifying and engaging older people*

- There is no 'one-size-fits all' approach to the design and delivery of walking football sessions. It is important to allow plenty of time for market research, understand local demand, and to factor in time for planning, set up and development.
- Some projects need more time than others to set-up a physical activity intervention depending upon the previous experience of the project lead.
- Different methods of recruitment have different levels of success depending upon the target group and local area. Social media (notably Facebook) was an important tool for promotion in some areas, but less so in others. Aspects of social prescribing and referral from other agencies was present sporadically, but not widespread in every project.
- Promotion through word of mouth and having positive advocates recruited early is important, to promote, welcome people and to get started with a core group of people.
- Being very clear on skill levels and who the sessions are aimed at is important – for example, people need to know the age range, if you need previous experience, whether sessions are mixed gender. There appear to be some pre-existing assumptions about what walking football involves and who it is aimed at, so marketing and promotion therefore needs careful consideration and needs to be very clear.
- There are different preferences on session formats, venues, and timing. It is important to listen to the needs of target groups and be flexible in designing sessions that meet their needs and wants (e.g., training and drills, versus playing games more competitively).
- The Age UK lead having a presence at sessions worked well to help engagement.

### *Key learning: Working with other organisations*

- The amount of time required to set up a brand-new partnership can be longer than the 8-10 months afforded to it in cohort 3. Unless the partner is secured early, a large part of the delivery phase can be taken up with planning, as building relationships and understanding with new partners takes time.
- For future cohorts, applicants should have a confirmed partner before the commitment of central funds, to ensure projects can maximise delivery time with a confirmed facility, alongside a strategy for promotion and referral routes, and a plan for sustainability clearly built in. The partner should have a more substantial role than just providing a facility or access to a coach.
- The partnership should be built with a plan for the project beyond any grant funding clearly set out to improve how the project will sustain, and ideally the partner are the ones to take ownership of the sessions beyond the initial funding.
- Most partnerships were based on single touch points (e.g., events) or transactional in nature (e.g., a facility booking or use of a coach). The level of strategic partnership working was limited. Most County FAs were not involved in any great depth, or at all.
- Projects should have a confirmed partner and a clear commitment for a booking with a facility to host the sessions. Some of the projects were delayed starting due to not having a suitable facility and this reduced the number of delivery weeks available.
- The venue should be consistent (place, day, time, surface, indoor/outdoor), not be split over two venues on alternate weeks or have changes to the day/time.
- The literature review found very little evidence specifically around partnership working in the development or delivery of walking football interventions, or in engaging and sustaining older people in walking football participation. Literature did outline that participant themselves are key partners that should have an important role in the design and planning of the programme.

### ***Key learning: Motivations and barriers to participation***

- There were varied motivations for taking part in walking football, including having played when younger, to try something new, to improve fitness/physical health, mental wellbeing, part of a rehabilitation programme from illness/surgery, the opportunity to socialise, reduce loneliness and having a regular activity to look forward to.
- Participants reported improvements in fitness levels, losing weight and improvements in energy levels. It had positive impacts on participants' mental wellbeing, such as making new friends, reducing loneliness, and improving confidence, providing time out away from other challenges in life, a lift in mood and a more positive outlook on life.
- The additional analysis by the central Age UK team demonstrated that physical activity levels recorded a statistically significant increase in participants' activity levels between baseline and the 3-month and baseline and the end of project points.
- One primary barrier faced by project leads was securing appropriate facilities, and factoring in clashes with pre-existing bookings, holiday camp bookings etc. For project leads, low attendance numbers in the early weeks and the struggle to attract a balanced gender mix for mixed sessions were also discussed as barriers.
- For participants, the cost of the sessions was not cited as a barrier to participation, although it may be for people not participating who were not consulted. Transport links and access to transport were also barriers which some participants overcame.
- Time constraints around work or caregiving commitments, managing injuries and existing health conditions, fear of not knowing anyone or not being 'good enough' were all cited as challenges that participants faced before joining.

Additional learning was gathered around how to factor in sustainability planning with a delivery partner, the importance of cultivating a 'workforce of volunteers', creating networks to transition participants into other football provision or other Age UK groups/support, how to develop sessions with a focus on facilitating the social aspect. The feedback also touched on how walking football can change the perception of the Age UK brand with walking football reaching a target market which is younger than other Age UK sessions, and people less likely to be attached to other Age UK projects.

The level of learning about attracting people to walking football and the motivations and barriers to participation was stronger than the development of new partnerships which are then embedded and sustained. On reflection, only one project genuinely created a new partnership then embedded it into delivery for the purpose of sustaining it (Age UK North Yorkshire Coast and Moors). Age UK Buckinghamshire also worked well with Wycombe Wanderers, but this was not a new partnership, as they had been involved in previous Age UK walking football cohorts. Much of the other work with local partners was at the surface level rather than strategic, and focussed on securing facilities and coaches, with some for promotional purposes, but not around the development of relationships with a new partner that takes responsibility for sustaining the project post the Age UK funding. Project leads suggested that 8-10 months, where delivery needed to start quite quickly from the funding award, was too short to develop and embed new relationships. Where it happened, it took a lot of time and resource to set up, further suggesting that these should be agreed in advance.

The quantitative monitoring data about improvements in activity levels, coupled with the qualitative stories presented here (thematically and individually), outline that cohort 3 of the walking football has improved the physical wellbeing of many participants. This very much corresponds with the findings in the literature review from previous studies about the benefits of walking football. The wider mental wellbeing benefits and social connections were widely reported, and the funding for cohort 3 has had a positive impact on many people's lives.

*"I feel fitter and healthier. Sometimes I leave there, and I am aching from laughing, not from the walking football, but because we have such a laugh. So, for me it is more the social side of it. I love it. It's outshone everything I expected it to be."*