

Notes from the GM Active Ageing Programme: Evaluation Workshop

Breakout session 1

- 1) **What do you want to take away from today?**
- 2) **Why have you joined?**

- To take the key learnings into our ongoing work (local areas)
- To hear from other places and hear how it all comes together
- This was the first opportunity to take the GM Moving principles/local pilot principles into an ongoing area of work.
- also to hear from local work and from the GM wide work as it all comes together
- Take the learnings of the ageing programme and how we build on that. Also a bit around dealing with the current covid restrictions.
- Interested in seeing how the project has evolved, sustainability, next steps...Understand the learnings, creating change, working together, spreading the word, positive messaging, meeting new colleagues with same ambitions.
- From the evaluation teams perspective-need to learn how the findings can support people moving forwards
- Inspired to connect with GM. We have a grant with over 60's to support over 60's to become more active so wanted to learn from this approach.
- Interested in working with organisations to reach audiences who are not active. Older people comes up a lot, and social prescribing is a popular approach for older people and keen to explore.
- Interested to find out what people take away from the learnings shared.

Breakout session 2

- 1) **How can these findings inform the way you support older people to be more active in the future? (Both informing strategy and physical activity delivery.**
- 2) **What one thing will you or your organisation commit to doing differently based on these recommendations?**

Group 1

- Plans to widen participation workstream - dedicated resource for OA. One of the three focused groups in Older Adults. Social hub really important. Co-design really valuable. Told that is wasn't 'just leisure' but forced partners together which was really helpful
- Working with target audience / adapting activities depending on need. Offer that they didn't have prior to this. At Debdale Older adults now use the space for other activities rather than first proposed activity (bowls group)
- Embedding physical activity into daily activity. Start building activity into all engagement programmes. E.g. Befriending – adapting to walk and talk. Changed perceptions of physical activity at strategic and delivery level.

Group 2

- Social aspect and taking the activity to people is huge.

- Interesting about what Tom (Sport England) discussed in terms of more longevity in the strategy that is different to what we have seen before. They understand that more time is required to work in this way. From a ground level perspective, we are starting to see a change in this from what has happened with COVID-19. We see this as an opportunity and that there is a substantial amount of activity for older people, which may have been easy for older people to connect with. We need to display that older adults have a pivotal role in displaying their views to guide this work.
- Fear of losing members of clubs. Need to understand how we can support older people to maintain membership to bowling clubs post COVID. This is an opportunity for us to connect with GM and link up on some activity. We have now linked up with crown-green, investment through Sport England. How can we take this forward? Reach for over 55's is huge for GM. We know that the bowling club model is really effective in support these principles in terms of having a club how to bring people together over a tea and coffee, bring together a number of volunteers etc. Links well with what we have heard come out of the evaluation.

Group 3

- Findings have outlined the need to engage older people and there's is an appetite to do it, but as a community football club, it's hard to know where to start and who to get support from... the club has little knowledge/experience in this space but really want to support older people for all the reasons that have been discussed. There is little awareness of who the local organisations are that can enable a community club to play their part.
- Older people have a lot to give. Not sure where to go beyond ideas that I have. Need support to implement; there is so much to do. It is good to see the amount of work going on, but the isolation, how do you get the older people. There is a difficulty in getting them to a club. They have no friends, passed away, my dad's in his 80's and he does not want to, there must be many people who are cut off.
- Challenges around a community setting, clubs rely on older retired people, E.g. chairs who keep the club running, how do you use them to engage with the wider population? Junior section to engage grandparents.
- Can the club go build partnerships?
- Organisations we have worked with have enabled the community engagement to happen, Age UK have been great. Social element is critical, social isolation is big and services have had to adapt.

Group 4

- The challenges that have been highlighted echoed the challenges that other areas have had with the delivery and evaluation of projects.
- Social interaction is key. Opportunity to tackle social isolation.
- Interested in whether the ethnicity results in the evaluation are truly representative of participation in the programme. Language barriers making surveys difficult to complete and therefore resulting in them being under represented.

- Possibility to utilise digital more particularly with the evaluation and whilst this may not be accessible for all older adults it can help with evaluation/surveys and prevent sessions being taken up by registers, surveys etc.

Group 5

- Interested in whether the programme engaged all across the older adults age group. Does the data reflect the younger end of the group?
- Highlighted the importance of social engagement with activities
- Work to be done to include partners from sports/clubs/community groups such as Petanque and Bowls.

Group 6

- Value of social interaction, so important. Messaging on this is key.
- Programme purposefully not too fixed on who and why. Flexibility for localities to co-design.
- How do we make learnings more widely available, what are ingredients to success?
- Let's be explicit about this i.e. partnerships, we all acknowledge these are key but what exactly about a partnership that makes it flourish/succeed.
- Need to continue to share new/emerging GM partnerships/collaborations
- There is a drive to make things work, however huge value in understanding what does not work as well, let us have the confidence to talk, confront and ultimately learn from this too.

Group 7

- Embedding physical activity into daily activity. Start building activity into all engagement programmes. E.g. Befriending – adapting to walk and talk. Changed perceptions of physical activity at strategic and delivery level.
- Interested in role of sustainability, without funding. Use of co-production and learning.
- Explore the role of marketing, based on what older people want to get out of it.
- Large population, very diverse. Challenges with the programmes, activity provision is diverse already. Focus of intervention rather than activities. About balancing resources, stuff for everyone vs tailored.
- We rely on this age group to come to services. Through health, social prescribing etc. People who have never been to a leisure centre before. Must collaborate across all bodies/agencies
- The role of Age UK, tying public health, leisure, Age UK have connections with older adults: church halls, community centres, cafes. Away from leisure centres. Have consultation with people from this diverse group.
- It appears that you go straight from chair-based exercise to high intensity sessions. There appears to be nothing in-between.
- Need to look at and review the demographics of an ageing population.
- Older demographic, local authority, housing association, community groups-must involve as many perspectives from different agencies as possible.

General Comments and observations from the chat

- Reducing inequalities is key, as it seems clear that the pandemic has amplified existing inequalities. Highlights importance of addressing poverty, as difficult to improve health, if finances are precarious.
- We hear that this work can continue in people's ongoing work in the community. Building it in. Similar comments from other groups- some questions about how we can best work together in the covid context- and support people to move when people are at home more, some shielding.
- The "not pre-determined" message really resonates with both Ageing Better and GM Ageing Hub work on challenging ageism and stereotypes of ageing. We have had a very similar conversation in relation to housing- there is not a single model.
- We are embarking on something similar on Anglesey, via a Sport Wales Grant. 42% of Island's population are 65+. We have planned a programme in leisure centres and outreach programme in community centres. Have an open mind on activities - an interesting article in Times outlined that top five exercises for older people (NHS) were gardening, tennis, aqua aerobics, Nordic walking, pilates.
- Lots of learning from this work that will take us forward in our work on healthy ageing together. Some great examples today of how the work can bring about systemic change, culture change and behaviour change locally and at GM.
- Individuals are really interested in how these approaches can become a part of everything we do, in 'service' and 'intervention' design and delivery. Taking what we have learnt in this to influence and inform all the social activities on offer in communities on an ongoing basis. What would this take? Would welcome thoughts/reflections from leisure provider colleagues, and those whose core role is supporting ageing in place.
- There is a tension between genuine co-design and the traditional ways of measuring success by KPI's.
- Interesting point there David, about the value of ageing charities, leisure services and local authorities coming together in the approach.
- Just to say I've been really impressed with the Active Ageing work across GM - in terms of the planning/delivery in each locality, but importantly the joined-up, systemic approach being taken. A great blueprint to continue and build on - particularly through the key priorities
- Such great insights from both MCR and Stockport. Really valuable. Great to hear how the work has changed culture, perspectives, embedded activity across wider ageing work in adult care too. Love all the stuff from Manchester about the importance of place, a brew, local leadership.
- Great to see the impact of connecting with charities targeting older people (Age UK etc) and how this adds so much value.
- Parks have been really popular during lockdown etc and while indoor space is difficult currently does the business case for regenerating/ creating innovative new indoor spaces in parks and on other green/blue spaces in the future get stronger? Multigenerational. Thinking that local parks have a defunct youth centre and toilets that were only open for Park Run.

- Curious about the importance of the outdoor space combined with the indoor brew space. Experience of working with adults with learning disabilities has shown that having both co-located locally was key to providing a recognisable structure for people to engage well with. And not least to address some of the tricky issues of logistics and transport. Is there anything else we know about the nature or quality of these spaces that is desirable?
- Love hearing/seeing the experiences from Manchester-really adds richness to the evaluation.

Questions & Answers from the chat

- **Any thinking behind such a large gender split in the data?**

Professor David French (University of Manchester)

A-This is a pretty common finding in PA programmes with older adults-women are more likely to take up than men. I remember when looking at walking groups years ago, most participants were women but nearly all walk leaders were men. The discussion there is that men more "task focussed" and women more "social focussed". Without looking at demographic breakdowns, I would have thought that some programmes are more likely to appeal to men, e.g. gardening as well as more traditional sports, e.g. bowls and walking football/ rugby. However, one would need to specifically target men to get them to engage more - women generally more likely to "give it a go". The other issue is that for any given age, the women are likely to be in better physical health - and for the older old, women greatly outnumber men as the men have tended to die off.

- **Where does policy transformation sit - both local & national?**

Tom Burton, National Partnerships Lead (Health & Inactivity) (Sport England)

A-Keen to refine what these policy 'asks' are-who the case needs to be made to, who's best placed to make that 'ask' etc.

- **How did you conduct the engagement with the 15k people?**

Amy Davies, Research Assistant (University of Manchester)

A-The engagement data (the 15k) comes from the development work carried out by locality leads: a lot of consultation in the way of coffee mornings, surveys with community, carrying out co-design/co-production, taster sessions to name some examples of where this data came from.

- **Of the 2666 enrolled - how did they find out about the sessions? Was there a referral aspect to this or more traditional 'put an activity on and they will come'?**

Amy Davies, Research Assistant (University of Manchester)

A-For the 2666 enrolled - there were a range of referral methods, a lot of this supported by older adults in the community. Definitely not a traditional approach of putting on an activity and they will come. Suggestions of how to get the message out there e.g. leaflets in the chippy, banner in the park - these ideas came from the co-design/co-production work and consulting with older adults in the community. Also the use of "community champions" identifying those at sessions who seemed to be quite influential characters to go and spread the word to start a "chain of engagement", the use of peer mentors to

refer people to sessions, and ensuring marketing/promotional materials were appealing to OA.

- **What sort of training and investment would be most helpful for deliverers? Can link this in to some of the wider workforce development work-e.g. with GM Active colleagues**
This was a general question to all listeners please do email any responses to this to beth@greatersport.co.uk.