



Sefydliad Cymru  
Gweithgaredd Corfforol,  
Iechyd a Chwaraeon

Welsh Institute  
of Physical Activity,  
Health and Sport



# Interim Report on the evaluation of the Sport Wales 60+ Active Leisure Scheme February 2023 – October 2023

Report produced by:  
Emily Smith, Dr Marco Arkesteijn,  
Professor Joanne Hudson, Dr Richard  
Metcalf, Professor Kelly Mackintosh, and  
Professor Melitta McNarry on behalf of the  
Welsh Institute of Physical Activity, Health  
and Sport (WIPAHS)

sportwales  
chwaraeoncymru

# Contents

**4**

Executive Summary

**5**

Scheme Evaluation

**12**

Overview of Case Studies

- 12 - Geographically Dispersed Populations
- 13 - Areas of Deprivation
- 14 - Inactive Individuals
- 15 - Outdoor and Community
- 16 - Social Connection
- 18 - Minority Ethnic Groups
- 19 - Link with the National Exercise Referral Scheme

**20**

SWOT Analysis

**22**

Conclusion

**23**

References

**27**

About the Welsh Institute of Physical Activity, Health and Sport





# Executive Summary

The 60+ Active Leisure Scheme (ALS) began in 2021 (initially under COVID-19 pandemic restrictions), as part of the [Healthy Weight Healthy Wales delivery plan](#). The aim of the scheme is to reduce health inequalities and social isolation among the over-60 years population by providing people with an opportunity to engage in physical activity initiatives via a promotional introductory offer. The 60+ ALS has since developed into a national scheme with a large variety of activities now available in leisure centres, as well as outdoors and at community venues. For some Local Authorities (LAs), the 60+ ALS has been the first physical activity scheme to specifically consider older adults and their activity preferences, highlighting its importance.

The progress made in 2022 was substantial, with all LAs initiating and developing their offer. Based on shared experiences between LAs, the [Welsh Institute of Physical Activity, Health and Sport \(WIPAHS\) 2022 Annual Evaluation Report](#) (Arkesteijn et al., 2023) reflected on current strengths and provided recommendations for the future development of the scheme. Subsequently, in 2023, the scheme focussed on implementing these recommendations, with LAs exploring the same topic area encouraged to collaborate and share their learnings. This process culminated in the development of case studies shared throughout this report which also presents the progress made in 2023 relative to the scheme’s principles and success measures set out in 2021. Furthermore, short- and long-term future recommendations for the 60+ ALS are provided to enable ongoing impact on the well-being of future generations by promoting more people to be more active.

The current evaluation indicates a successful implementation of the scheme, with all LAs continuing to develop the scheme, expand the offer, and explore solutions to the challenges they are facing. Most LAs have sought to co-produce the offer, listening to, and acting on, the input from the local community. The alignment of the 60+ ALS with the [National Exercise Referral Scheme \(NERS\)](#) is



highly commended and the scheme offers people with a range of (dis)abilities the opportunity to enhance, or maintain, their physical activity levels. A key priority of the 60+ ALS was to target health and access inequalities, with numerous LAs describing their approaches, successes, and challenges to achieving this, typically with underserved communities and ethnic minorities.

These target populations require considerable investment to increase their engagement, but some successes have been reported, especially by collaborating with relevant community organisations. The significant social benefits for the individuals taking part in the 60+ ALS are some of the most positive outcomes of the scheme. Specifically, many LAs report that people enjoy the camaraderie the activities foster.

Whilst much of this arises organically, LAs have also shared and explored ways to facilitate social opportunities. Thus, the 60+ ALS benefits mental well-being through both direct and indirect avenues, with the direct benefits from being active supplemented and reinforced by those elicited through the social elements and connections that come with participation in group activities.

Key challenges and threats to the ongoing, sustainable success of the 60+ ALS revolve predominately around the financial implications and its reach, with ongoing uncertainty around future funding and the associated costs for those delivering and attending the 60+ ALS provision. Furthermore, engaging currently inactive older adults is a challenge that requires a holistic approach linked to the Age Friendly Wales strategy; it is clear that solely ‘offering activities’ is not sufficient to successfully engage the most inactive and disinterested individuals.



There are significant costs associated with accessing, engaging and retaining such target populations and, whilst the health, social and economic benefits of success are considerable, these are unlikely to be seen directly by the LAs who incur the engagement costs. This raises questions about the future funding model for the 60+ ALS given its possible role in promoting older adult public health.

Overall, the first two years of the scheme have been a success due to the commitment of the LAs, with the uptake by over 7,000 people showcasing the appetite and desire for the scheme. Further, ongoing funding of the scheme seems warranted and such a commitment in the near future would enable LAs to not only continue their current offer but to further develop the scheme’s reach and impact.





## Scheme Evaluation

Of the 13 key Principles and Success Measures originally outlined, four have been achieved at this stage, eight are in progress, and one is considered at risk.



### Principles

- Delivery of activities should be in line with current Welsh Government COVID-19 guidelines.
- Activities will be targeted at the 60-plus years population and include additional opportunities to those currently available for the target population.
- Dry side activities that are provided at Leisure Facilities, community venues and digital/virtual delivery of activities.

### Success Measures

- Examples of the impact the scheme is having on an individual's mental well-being.



All LAs across Wales are actively involved in 60+ ALS and there are a large range of offers and types of activities available, as already identified in the October 2022 report (Arkesteijn et al., 2022). To date, 7,234 older adults have engaged with 60+ ALS, with the number of new attendees continuing to increase (e.g., there were 5,937 participants as of February 2022). When joining the scheme, 1,458 attendees indicated that this was the first time they had returned to exercise after COVID-19 restrictions began, showing the importance of this scheme for helping people return to more active lifestyles after their habits had changed due to the pandemic. Similarly, reflecting the time over which the scheme has been implemented and the associated changes in COVID-19 related-restrictions, the delivery format has considerably changed since the initial implementation, from solely online/virtual



offers to predominantly in person activities. There has also been a steady increase in the provision of activities outside Leisure Centres (e.g., in community halls and outdoor settings) and increasing engagement and collaboration with external partner organisations, such as Housing Associations, walking group clubs, and other community groups.

The engagement and support of the 60+ ALS is also highlighted in the case studies. In 2022, 20 LAs submitted a case study and so far in 2023, case studies have been submitted by 17 LAs to showcase their engagement with the scheme. In the case studies from 2022, there were numerous examples of positive effects of the scheme on participant mental health, through being physically active but also through the social opportunities provided through 60+ ALS activities. It is acknowledged that the available data is self-reported (through anecdotes or surveys), and that there is currently no data to provide a stronger evidence-based evaluation.



### Principles

- The offer should incorporate an initial engagement of between 8-16 weeks, with a pricing structure to reflect each LA partner's insight, but with charges for activities no greater than the charge levied for NERS sessions.
- The activities offered should be the result of co-production with the target population.
- A proactive approach to engage with the 60 Plus population from BAME communities and individuals that have a disability would be particularly welcomed.
- The activities offered should enable & encourage social interaction between participants.

### Success Measures

- The development and delivery of a national physical activity scheme that targets the Health Inequalities of the 60 Plus population and has buy in from all partners.
- The provision of a range of physical activity opportunities that meet the needs of the local 60 Plus community.
- Examples of the impact the scheme is having on an individual's Physical activity levels, and Loneliness and Social Isolation.
- Case studies to monitor learning to inform future approaches to increase the physical activity levels of the 60 Plus population.



The above Key Principles and Success Measures are classified as in progress for a variety of reasons, such as there only being evidence of their achievement in some, but not all, LAs, a lack of sufficient evidence to conclude whether they have been achieved, or where the continuation of work currently being done is required before they are considered to have been achieved. For example, there is clear evidence of co-production of the offer in terms of activities, pricing, and location in 9 LAs. Whilst there are indications of similar processes in the remaining LAs, this has not been documented. A Key Principle of the 60+ ALS is engagement with BAME communities and those with disabilities.



In response to initial concerns regarding low engagement rates from BAME communities (2%) in the 2022 report, significant attention has been focused on this as evidenced in the 2023 case studies completed by several LAs. Furthermore, LAs have specifically focused on engaging underserved communities, inactive individuals and those living in geographically dispersed areas, concentrating on determining the barriers and facilitators of residents and seeking out community organisations with whom to collaborate. Further progress in enabling access to 60+ ALS provision for these individuals is a primary focus for 2024.



To date, 529 attendees (20% of those who reported their health status) reporting disabilities have attended. Activities that help to maintain and improve daily functioning, such as strength, balance, endurance and coordination, are offered by all LAs. Some LAs have also offered tailored sessions for individuals with certain conditions such as dementia and musculoskeletal conditions. The link with NERS is now present in all LAs and the cost structure is aligned to NERS. To achieve this, most LAs offer a discounted membership (compared to their typical fees) for 60+ ALS participants, often alongside a discount for individual sessions. However, cost for an attendee after the initial offer is often a concern for continued engagement, this is in part due to associated costs such as transport.

The social benefits of being involved with the 60+ ALS are highlighted in many case studies, with quotes from numerous attendees highlighting that social interaction is central to maintaining participation and provides a motivator to “get out of the house”. Whilst not all LAs have integrated social opportunities, the social benefits were still previously identified as a strength of the scheme (2022/2023 annual report). Social opportunities outside of the activities themselves typically involve an offer of (free or paid) refreshments after sessions, sometimes organised by the participants themselves. The potential for social opportunities to be more ‘deliberately’ offered was explored in the 2023 case studies with mixed success, suggesting that more work needs to be done regarding how and where such social opportunities are best integrated into the offer.

There are numerous case studies reporting that the 60+ ALS has contributed to increased physical activity and reduced loneliness and isolation in those engaged with the programme. However, it should be noted that these benefits are self-reported and based on individual-level case studies – a thorough, objective evaluation would be required prior to firm conclusions being drawn. It is also worth highlighting that the majority of participants in the programme remain those who self-report previously being active, with only 14% who reported being inactive. Having identified this issue in the October 2022 report (Arkesteijn et al., 2022) and following the recommendation to share knowledge on barriers and facilitators to engage currently inactive individuals, multiple LAs have specifically focused on understanding how to increase the engagement of those who were previously inactive.

This has included developing a survey for previously inactive participants and inactive members of other community groups as well as exploring offering activities for the whole family. A reduction in loneliness and isolation have also been specifically focused on by some LAs, especially those with rural and/or geographically dispersed populations, as these individuals may be more at risk of social isolation due to transport and mobility concerns.



At Risk

### Principles

- None

### Success Measures

- Case studies to monitor a long-term commitment to the funding of a physical activity intervention for this target population as a key contributor to the Healthy Weight Healthy Wales Strategy



Participants and LAs are seeing the benefits ‘on the ground’, enjoy working on the programme of activities and are keen to continue. LAs however do not consider the 60+ ALS to be linked to Healthy Weight, but to Health in general, or well-being. The focus on weight is a risk for this scheme as not many attendees seem to be focused on this specific benefit of being active.

The LAs are not yet in a position to be fully independent and self-sustainable and, thus, rely on additional funding (currently, between £17,000 to £51,000 per LA) to develop and more specifically address inequalities and target specific populations who would benefit the most (from health, and thus presenting NHS cost-savings). Without continued funding, the long-term commitment is considered at risk and the positive achievement could be undone, with scheme coordinators seeking other employment opportunities. This risk is considered urgent and imminent, as conversations about this risk with LAs suggest people will explore other jobs within 3-5 months of the current funding deadline, so from November 2023 (funding is due to cease in March 2024).





# Alignment of the Scheme with Policy

The population of older adults in Wales is at its highest ever level and will continue to increase over the next 10 years (16.1% increase predicted; Welsh Government, 2022). This increasing older adult population is associated with considerable implications for health and social care resources, with the greatest proportion of lifetime healthcare costs incurred towards the end of life (Hazra et al., 2018). Both the international (World Health Organization, WHO) and national agenda (Well-being of Future Generations Act, 2015) highlight the benefit of healthy lifestyles, including regular physical activity, to improve physical health and mental well-being, which together will increase healthy life years and reduce health care costs.

The 60+ ALS is well placed to promote healthy ageing across Wales. It is particularly well-aligned, and has already contributed to, a range of targets embedded within national and international policies, as exemplified below:

**1 To increase the number of people meeting recommended physical activity guidelines (WHO Guidelines for Physical Activity and Sedentary Behaviour, p. 43)**

The 60+ ALS addresses this objective by:

- a. Offering more exercise classes suitable for those of lower physical ability and/or fitness.
- b. Offering the programme in more locations and more community-based settings closer to people themselves.

**2 To transform Wales into an active nation where everyone can have a lifelong enjoyment of sport (Vision for Sport)**

The 60+ ALS addresses this objective by:

- a. Specifically focusing on an older age group and tailoring the offered activities beyond swimming and the National Exercise Referral Scheme.
- b. Ensuring the group exercise sessions are enjoyable and include a social component.



**3 Promote the importance of the social environment to health in later life (WHO Age-friendly Environments in Europe, p. 55)**

The 60+ ALS addresses this objective by:

- a. Embedding social engagements such as coffee clubs, which is a current strength of the scheme.

**4 Help create active people (WHO Global Action Plan on Physical Activity 2018-2030, p. 83)**

The 60+ ALS addresses this objective by:

- a. Providing increased tailored physical activity opportunities for older adults in key settings such as local and community venues to reduce sedentary behaviours and address inequalities of opportunity.

**5 Promote healthy behaviours (PHW Long-Term Strategy, p. 31)**

The 60+ ALS addresses this objective by:

- a. Ensuring the physical activity offer is responsive to demands and desires in the local area, integrating the principles of co-production.

**6 Support the development of a sustainable health and care system focused on prevention and early intervention (HWHW, p. 21)**

The 60+ ALS addresses this objective by:

- a. Working alongside the NERS offering the reactive side, the 60+ ALS is targeting non-active individuals who have fewer chronic conditions and less health care use.

**7 Remove barriers to reduce diet and health inequalities across the population (HWHW 2022-2024 Delivery Plan, p. 17)**

The 60+ ALS addresses this objective by:

- a. Developing pilots to specifically target underserved communities, started in 2023.

**8 Enable community participation (Age Friendly Wales, p. 30)**

The 60+ ALS addresses this objective by:

- a. Forming partnerships and crossover with other organisations and services, such as housing, NERS, charities, and local community groups.





## Overview of Case Studies

The case studies for 2023 were based on recommendations in the 2022/2023 annual report (Arkesteijn et al., 2023). In the following section, for each case study topic, background information from the academic literature and the Welsh context is provided to illustrate why it was deemed to be a priority; this is followed by overviews of the case studies from LAs. While developing their case studies LAs worked in consultation with other LAs focusing on the same recommendation. Out of the 22 LAs, 17 completed their annual case study prior to the end of October 2023 and are included within this report.

### Geographically Dispersed Populations

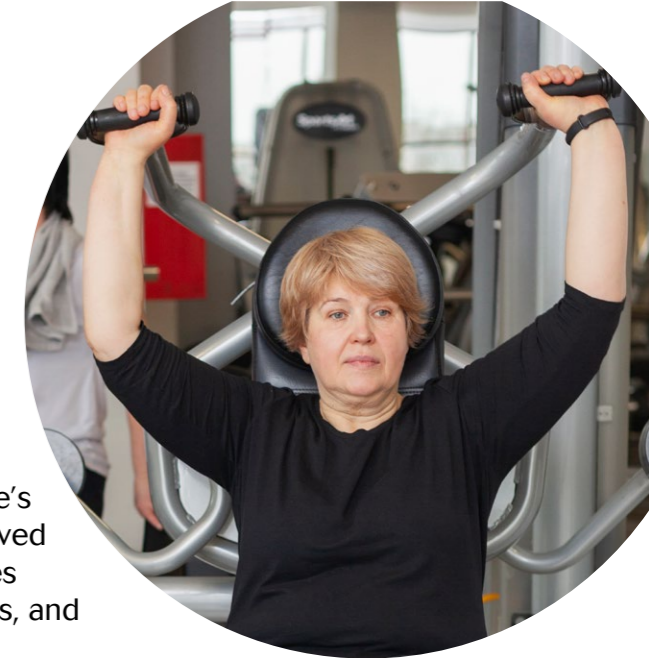
Wales has a significant rural population with around 1 in 3 people in Wales living in an area classified as rural (Welsh NHS Confederation, 2018). When rural communities exhibit certain factors, such as being well connected, have a strong sense of community and being in close proximity to other communities they have the potential to be well equipped to support older adults (Colibaba et al., 2020; Pelletier et al., 2020). However, older individuals in rural areas often face challenges accessing physical activity opportunities due to accessibility and affordability. They must often travel long distances to facilities, and this is made even more difficult by infrequent public transport links that may not line up with programming schedules (Colibaba et al., 2020). Older adults in rural communities may also feel lonely and isolated, having fewer opportunities to socialize and participate in group activities, leading to a lack of motivation or support for being more active (Welsh NHS Confederation, 2018). Rural settings may also face limitations due to a lack of resources including staff and infrastructure that may limit the variety of opportunities available (Marcen et al., 2022).

The two most rural LAs conducted their case studies on access to the 60+ ALS provision amongst geographically dispersed populations. Both LAs found that public transport links from villages and outlying areas were severely lacking, as they were either infrequent and unreliable or non-existent. As a result, participants must travel to the leisure centres by car, with a survey conducted by one LA revealing that only 6% of participants shared a lift to facilities. This LA also found that parking charges were a significant barrier for older adults attending the sessions, as this was an added fee on top of the transportation and session costs, and participants found the payment machines to be too complex. They are now exploring whether the car parks at their facilities can be free of charge for the 60+ years population. It was also a concern in both LAs that the lack of reliable, low-cost transportation options leads to increased loneliness and isolation in rural areas. One LA stated that if they had the resources to do so they would like to offer programming at community venues in villages to make the sessions more accessible and to explore offering virtual classes for those without accessible transport.

*I have no transport to get there, the public transport isn't good enough.*

### Areas of Deprivation

Research has shown that in developed countries, people from socioeconomically disadvantaged population groups are less likely to be physically active and more likely to experience adverse health outcomes than those who are less disadvantaged (Craike et al., 2018). In Wales, only 5% of older adults living in deprivation participate in physical activity three or more times a week (Sport Wales, 2017). For this population group, limited mobility due to one's current health status may be perceived as a barrier to increasing one's physical activity levels (Liljas et al., 2017). Individuals in deprived areas are also likely to face other barriers including difficulties accessing facilities due to insufficient public transport options, and an inability to afford program fees (Liljas et al., 2017).



Three LAs focused their case studies on individuals living in areas of deprivation. One LA conducted preliminary data analysis to understand if their provision was reaching individuals in the LA living in areas of deprivation. Whilst overall, participants of the scheme had very positive feedback about the activities available, only three people lived in the two most deprived wards and of those who did not take up membership after the free period, cost was identified as a barrier.

From this analysis, the LA noted that more work needs to be done to engage with people living in areas of deprivation and identified that collaborating with organisations that are already engaging with the target population could be considered. The second LA developed an aqua aerobics session in collaboration with a community partner that began in April 2023 and was free of charge for participants. A total of 23 previously inactive older women residing in one of the most deprived areas in Wales engaged, with an average of 17 participants attending each week.

At week 12, participants completed a short survey and all agreed that they felt happier and intended to continue taking part in physical activity. The initial evaluation also found that participants wanted more sessions, and they were signposted to other low-intensity physical activity options at other centres. The third case study recounted an individual experience and can be found in the Individual Experience 1 box below.

*We really enjoyed going to the gym and swimming. It kick started us to be active, but unfortunately, the cost became a barrier.*



## Inactive Individuals

Encouraging the inactive to increase their physical activity levels is one of the areas in which this scheme could have a substantial positive impact on the health and well-being of older adults in Wales. According to the National Survey for Wales for 2021-22, only approximately 40% of those between the ages of 65-74, and less than 20% of those over 75 years participated in at least one sport or physical activity during the previous four weeks (SportWales, 2022). Inactive individuals often face various psychological barriers (e.g lack of confidence, fear of injury, etc.) to increasing their physical activity levels and these can be exacerbated by age-related stereotypes and cultural norms, which suggest that exercise is harmful in later life (McGowan et al., 2018). For inactive individuals, it should be emphasized that even small increases in the volume of daily physical activity can have significant health benefits and they should be encouraged to gradually build up their activity levels overtime (Compernelle et al., 2020).

Therefore, shaping knowledge on the importance of sedentary behaviour reduction, with an emphasis on the short-term benefits (e.g. increased autonomy to perform daily activities, participate in valued leisure activities), could be an effective strategy for this population group (Compernelle et al., 2020; Moore et al., 2013)

Two LAs concentrated their case studies on currently inactive individuals. They found that the individuals they interviewed had various misconceptions about physical activity, such as thinking that they were 'too old', that one does not begin exercising in middle age, and that exercise at their age cannot be healthy. One LA also found that poor mental well-being was an important factor that contributed to lack of engagement. All of the case studies reported that transport options were a substantial limiting factor. One LA stated that if they had the resources to do so they would like to set up programming at more community venues and be able to have someone coordinating this on a part/full-time basis. Another LA is now piloting a whole family approach since they found that older adults were more willing to participate with encouragement from grandchildren.

*Previous to joining the 60+ sessions I was leading a very sedentary lifestyle. I was convinced by my friend to attend with her and I haven't looked back since.*

*I always thought you had to be fit to join these sessions and being middle aged I didn't think that starting exercise was something I would enjoy.*



### Individual Experience 1

“ I feel like I have dropped 10 years, I am fitter than ever. ”

- Participant joined the 60+ ALS on the day the program began
- He was previously sedentary, barely leaving home and becoming lonely and isolated after his wife passed away
- Since attending the sessions, he has gained a new lease of life, increased physical and mental health
- He is now an inspiration to others and demonstrates with the instructor during sessions

“ He told me about the class, now I have a purpose ”

## Outdoor and Community

Offering programming in outdoor and community settings has the potential to reduce some of the common barriers to physical activity for older adults, especially for specific populations within the 60+ age group that Sport Wales have highlighted as important to target, and who are not currently engaging with the scheme. Outdoor and community opportunities are often closer to people's homes, less expensive and take place in a setting that is less intimidating than a leisure centre for those starting out or returning to physical activity after a long period of inactivity. Physical activity in outdoor settings has also been linked to greater health and well-being benefits than physical activity in indoor venues (Eigenschenk et al., 2019; White et al., 2019). Finally, outdoor activities and community-based settings have potential to lead to increased community connections and ownership.

Three LAs conducted their case studies about offers being implemented in outdoor and/or community venues. One LA has planned collaboration with a housing association to run community-based sessions. As they are exploring opportunities to offer sessions in the community, the LA has shared that they would like to be able to employ someone full-time to be able to coordinate sessions across the whole LA. The second LA has offered various outdoor and community activities in rural areas and participants shared many benefits of this including close proximity to home, quieter facilities, and the ability to meet people from their local village. This LA has also recently invested in a platform on their booking system that will allow them to take online payments for sessions which should enable them to sustain their community sessions, as they were previously unable to charge for these sessions. The third LA conducted their case study about their walk and talk sessions which are targeted particularly at individuals living in areas of deprivation.

They have noticed that the creation of friendship groups has been facilitated by visits to a café/pub after the walks and these groups have gone on to attend other sporting sessions as they feel more comfortable trying something new in a group. Participants have also shared that they are now finding the 60-minute walks too easy and would like a challenge; the LA is now planning to offer longer walks as a result. Two experienced participants have also become volunteers and assist in planning and managing sessions.



### Individual Experience 2

“ You (60+) have been a key part of my physical and mental recovery. ”

- Individual suffered sudden cardiac arrest in a gym in December 2020
- Discharged from the hospital after 47 days with reduced cardiac output
- Attended an 8-week cardiac rehab program
- Began hiking and using eMountain Bikes as part of the 60+ ALS. Provided him with the opportunity to return to cycling with physical and mental/ emotional support
- Participant commented that the 1st session on the eMTBs was a real watershed moment in terms of confidence and motivation
- 18 months 'post event', participant is using eBikes on a regular basis and was able to meet his goal of walking up Pen Y Fan





## Social Connection

Research consistently demonstrates the value of facilitating group activities for older adults and the importance of the concomitant social engagement due to the positive effects on all aspects of health and well-being (Morgan et al., 2019). Evidence in the scientific literature suggests that promoting how physical activity can contribute to a fulfilling life and stronger interpersonal connections rather than the protective health benefits is more likely to resonate with the older adult population (Morgan et al., 2019).



Indeed, greater social engagement provides the opportunity to expand one's social support network, networks that are subject to significant change during this life stage due to factors such as retirement or the death of partners and friends (Cornwell & Laumann, 2015). The number of people living alone in Wales has also been steadily increasing and in 2020, 53% of single person households were people 65 and older (Older People's Commissioner for Wales, 2022). These factors are well established to contribute to loneliness and isolation in the 60+ years population which are associated with detrimental consequences for health, including decreased cardiovascular function, cognitive decline, depression, a higher risk of falls, and an overall increased risk of all-cause mortality (Bu et al., 2020; WHO, 2017). Thus, as promoting social connections has substantial benefits to the well-being of the individual and could contribute to significant savings for the healthcare system, it should be considered a public health priority (Ige et al., 2019). Furthermore, this provides a real and tangible contribution to the social, connectivity and community dimensions of the Well-being of Future Generations Act and is a key aspect of the 60+ ALS (Welsh Government, 2015).

Four LAs completed case studies on the social opportunities associated with the scheme and their direct and indirect benefits. One LA started a walking group in a rural area aimed for beginners and the previously inactive through a partnership with a free walking group and the community council. At six weeks, an average of 10 people were attending each walk with 15 different individuals having engaged with the initiative. All participants stayed after the walk for refreshments and to socialise, with focus groups revealing that the social aspect was the main motivation for people to join the walking group. One of the challenges that this initiative is facing is that there is currently only one person leading the walks which means that they would not be able to run if he was unavailable. Another challenge is recruiting new participants, as the majority of the attendees were regular walkers at other walks by the organisation. The LA representative will be contacting other

local community groups to try and recruit new participants. The second LA completed their case study about the walk-and-talk sessions that they run biweekly. There is an average of eight attendees with a total of 33 different people attending. The difficulty of the walks was adjusted based on the participants that attended each day.

Instructors shared that the sessions have been a success and that attendees have requested tea/coffee stops at the end of the walks, highlighting the value of the social aspect of the sessions. Participants have also requested and been signposted to other sessions similar to the walking group which they may not have accessed if not for the walking group. The third LA piloted social game sessions after two of their established over 60 years fitness sessions to encourage greater social engagement between participants. These sessions included discounted tea and coffee and games such as Snakes and Ladders,



Connect 4, Ludo and Boccia. The game and coffee morning sessions were heavily promoted online, on-site, in classes, and on first consultation; however, the sessions were not well attended. The time of year likely played a part in the low attendance rates, current members did not want to attend the games and stated that the times did not suit. The final LA completed their case study about a session in a community hall attached to retirement housing. In their case study they explained that the sessions have enabled an important link between residential participants and the wider community. The number of participants attending the session has also doubled due to the community spirit such as people sharing lifts and checking in with each other.

Many participants now attend a dance session led by the same instructor at a different facility and even entered a team into the Olympage older adults' event. They also attend other activities together, such as card making.

*I feel the class has helped me physically and mentally and making a few friends along the way has been a bonus. The instructor is excellent she makes the class enjoyable. She knows our capabilities and limitations with her friendly caring attitude.*

## Individual Experience 3

*“Two years ago, I started on the scheme. I had little energy after some health issues and change in medication. I had lost who I was and had low mood. I decided to try out the Active 60 programme as I knew I needed to do something for my health, at 61 years old and recently retired it was time. I started slow with attending the fit4life gentle exercise class. This was something I would attend as the group would motivate me to go as I would get to mix with people and feel more encouraged to attend.*

*The group have given me confidence to try new classes. One I tried was Dance. As I have been a dance teacher previously, I have a love for dance, and I haven't danced since retirement as I have felt low and felt I couldn't perform as well as I once did. The dance class has really helped me build back up again and I found my passion again along with some friends. Being part of the Active 60 has made huge change to my well-being and physical health, I was so nervous at the beginning but now I really feel I could try anything, and I attend four days a week. On each of these occasions I meet one of my new friends. I would recommend to anyone on the verge of trying the programme it has made a massive difference to my life.”*



## Minority Ethnic Groups

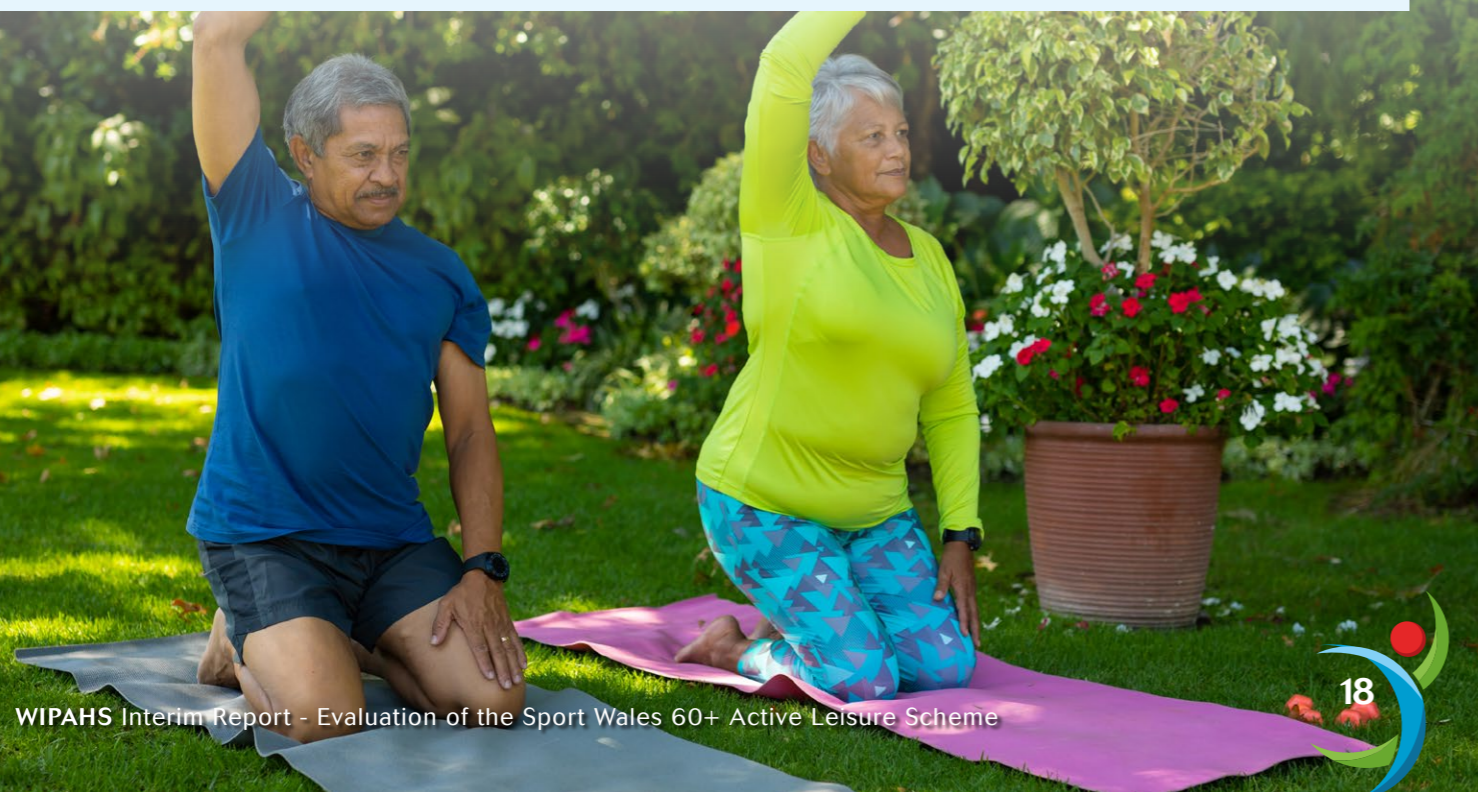
The population of older adults from minority ethnic population groups continues to increase in Wales, with greater ethnic diversity in urban areas (StatsWales, 2023). Research suggests that older adults from minority ethnic backgrounds are more difficult to reach, less likely to attend and more likely to drop out of physical activity programs (O'Regan et al., 2020). This is caused by a variety of factors including the fact that they may have different physical activity preferences due to cultural and religious values and face additional barriers such as language differences (Hartley & Yeowell, 2015; Ige-Elegbede et al., 2019; Morgan et al., 2016).

Although further research is required, preliminary findings have suggested that more effort is needed to engage older adults from minority ethnic backgrounds in discussions about the benefits of physical activity and that developing strong connections with community stakeholders such as religious leaders as well as gender segregated sessions can promote physical activity adherence amongst this population group (Ige-Elegbede et al., 2019).

Two LAs conducted their case studies about scheme participants from minority ethnic backgrounds. They discovered that participation levels of individuals from minority ethnic backgrounds are very low and have started to work to understand what can be done to ensure that these individuals have equal opportunities to be physically active. One LA identified the leisure centre that is the closest to where the highest proportion of minority ethnic people reside needs to understand which sessions to offer that will appeal to people from minority ethnic backgrounds. They have also contacted community organisations that they are hoping to collaborate with and are planning to engage with residents to understand barriers and facilitators to participation.

The second LA conducted a focus group with participants representing the third sector, the local Health Board, and charity and BME community service providers. The focus group revealed a variety of factors affecting participation: a need for increased awareness of the links between physical activity and health, the need for organisations to be culturally informed and accommodating to diverse needs such as language (booking system and classes) and socio-economic barriers, and the importance of using locally accessible venues.

*It's been a request for many in our outreach work (gym and fitness) especially for the men, who sometimes can be very isolated. Some find it harder to engage with services around the city as compared to women that we work with. But for the Men's group that we have started, this would be a great provision especially due to the high cost of living, any money goes to food and vital necessities, leaving the fitness and well-being behind.*



## Link with the National Exercise Referral Scheme

There are 30,000 people in Wales referred to NERS each year, a large percentage of whom are older adults. Limitations with NERS are that it is restricted in who can take part, the extent of provision is one hour per week and there is a limit on the amount of time that one can remain a NERS participant. However, it has been reported by those involved in both the 60+ ALS and NERS that the 52-week limit is often exceeded, due to a lack of suitable exit routes for participants to continue physical activity.

Thus, the 60+ ALS is an important resource that can help to address this and enable people to maintain their physical activity habit which is crucial for the health and societal benefits to be fully realised. Some local authorities have found it beneficial to offer a similar class to the NERS provision through the 60+ ALS to maintain consistency for participants. They have also suggested that having the same staff members or good communication between staff, as well as similar class locations and timings can be beneficial. In addition, approximately 63% of those referred to NERS take up the program, the remaining 37% who decline to participate in NERS may find another form of physical activity offered through the 60+ ALS more attractive (Morgan et al., 2020).

One LA completed their case study about the link between the 60+ ALS and NERS. They offer NERS exit route sessions which are available to those who have completed the 16 weeks of NERS and all 60+ ALS participants. The LA is hoping that participant fees will cover the cost of the instructor so that this class will become self-sustainable. They are also working to develop a Zumba Gold class for clients who previously enjoyed dancing but had to stop due to physical limitations.





# SWOT Analysis

The following SWOT analysis is intended to inform the ongoing funding decisions related to the 60+ ALS. The analysis considers the implementation itself, as well the community it aims to serve. As with any funded scheme, evaluation should consider the value for money in the long-term to determine sustainability. In its initial years from 2021 to 2023, an economic and cost-effectiveness evaluation was not included due to its complexity. However, the 60+ ALS has an annual funding of £725,000, which is allocated across 22 LAs. Specifically, each LA receives between £17,000 to £51,000 to develop, maintain and expand their offer. The level of investment equates to less than £1 per person over 60 years living in Wales.

The UK government suggests the economic burden of physical inactivity is £7.4 billion annually, including approximately £1 billion to the NHS alone (Office for Health Improvement and Disparities, 2022). Given that the population is approximately 67 million (Office for National Statistics, 2022) and that 22% (NHS Digital, 2019) are reported to be inactive (13.2 million individuals), this equates to an average cost of £502 per person to society due to physical inactivity, of which £75 are costs to the NHS directly. The number of years that people are living with illness and disability is increasing (Ferguson & Belloni, 2019).

The National Survey for Wales found approximately 60% of inactive people in Wales (active less than 30 minutes in previous week) are aged 55 years and over. Musculoskeletal disorders cause the most years spent in poor health for people aged 50 years and over, and account for the third-largest area of NHS spend, approximately £5 billion each year, with falls costing the NHS more than £2 billion per year (Tian et al., 2013).

Applying the UK figures to the Welsh population of 3.1 million would equate to 682,000 inactive people (22%) of which an estimated 354,640 are over 55 years old (Office for National Statistics, 2021). If costs to the NHS are £75 per annum per person, this would potentially result in costs of £26.6 million to NHS Wales due to inactivity in people aged 55 years and older. Thus, the return on investment could be substantial if the 60+ ALS offer increases the level of physical activity of those currently inactive.



## Strengths

LAs and Sport Wales well-placed due to their expertise in offering physical activity sessions and their network of partners

Quarterly learning events have led to increased communication across those involved, both within and across LAs

Collaborations have been widely developed with external partners

Social opportunities are provided by the scheme with direct and indirect benefits

Link between 60+ ALS and NERS

## Weaknesses

- Engagement of targeted populations
- Engagement of minority ethnic populations
- Transport for participants (distance, cost, parking; lack and unreliability of public transport)
- Data capture:
  - Data capture of each session is too time consuming
  - Older people have greatly varying levels of digital literacy
  - Several LAs struggle to record all the data they have been asked to collect and meet data reporting deadlines
  - Data is not consistently reported across LAs (e.g. some LAs record new attendees, others report ongoing attendance)

## Opportunities

### Next 6 months:

- Addressing challenges in each LA through continuation of work started in 2023
  - e.g. collaborations with housing associations, local walking groups and organisations representing under-served communities

Continuing development of shared learning between LAs

### 12 months onwards:

- Improved quantitative data collection and consistency between LAs
  - monitoring adherence can provide key insights
- Continued focus on hard-to-reach populations who would benefit the most and those who could save the NHS/government the most money in the long term
- Potential for collaboration with Age Friendly Community initiatives

## Threats

- Lack of certainty around funding continuing beyond March 2024
  - Opportunities will be greatly reduced if there is no financial support for the 60+ ALS
- Lack of staff affecting delivery
  - Role not being filled in or covered appropriately when coordinator leaves their post
  - Potential for high turnover due to future funding uncertainties
- Lack of objective outcome measures
- Lack of direction about the priority of the scheme: financial sustainability or addressing inequality
- Placement of 60+ ALS under Healthy Weight, Healthy Wales may not enable LAs to address many of the barriers older adults face to access 60+ ALS opportunities (e.g. transport)



# Conclusion

Overall, the first two years of the scheme have been a success due to the commitment of the LAs, with the uptake by over 7,000 people showcasing the appetite and desire for the scheme. This interim evaluation has shown that there has been considerable progress, with all but one aspect of the Principles and Success Measures considered achieved or in progress.

The risk of funding insecurity for the long-term delivery of the scheme is however clearly present and a cause for concern, in particular for those delivering the scheme in each LA. The scheme has clear alignment with international and national policies and in particular the strategy for an Age Friendly Wales.

The case studies show LAs are focusing on the success measures and these are expected to be achieved in 2023/2024. The SWOT analysis re-iterates this, suggests future opportunities over the next 6 and 12 months and a provides preliminary cost-benefit analysis.

Further, ongoing funding of the scheme seems to be warranted and such a commitment in the near future would enable LAs to not only continue their current offer but to further develop the scheme's reach and impact.



# References

Arkesteijn, M., Hudson, J., Nolan, C., Simmons, J., Metcalfe, R., Mackintosh, K., & McNarry, M. (2022). Interim Report on the evaluation of the Sport Wales 60+ Active Leisure Scheme. Welsh Institute of Physical Activity, Health and Sport.

Arkesteijn, M., Smith, E., Hudson, J., Metcalfe, R., Mackintosh, K., Nolan, C., Simmons, J., & McNarry, M. (2023). Annual Report on the evaluation of the Sport Wales 60+ Active Leisure Scheme. Welsh Institute of Physical Activity, Health and Sport.

Bu, F., Abell, J., Zaninotto, P., & Fancourt, D. (2020). A longitudinal analysis of loneliness, social isolation and falls amongst older people in England. *Scientific Reports*, 10(1), 1–8. <https://doi.org/10.1038/s41598-020-77104-z>

Colibaba, A., McCrillis, E., & Skinner, M. W. (2020). Exploring rural older adult perspectives on the scope, reach and sustainability of age-friendly programs. *Journal of Aging Studies*, 55, 100898.

Compernelle, S., De Cocker, K., Cardon, G., De Bourdeaudhuij, I., & Van Dyck, D. (2020). Older adults' perceptions of sedentary behavior: A systematic review and thematic synthesis of qualitative studies. *The Gerontologist*, 60(8), e572-e582. Cornwell, B., & Laumann, E. O. (2015). The health benefits of network growth: New evidence from a national survey of older adults. *Social Science & Medicine*, 125, 94–106. <https://doi.org/10.1016/j.socscimed.2013.09.011>

Craike, M., Wiesner, G., Hilland, T. A., & Bengoechea, E. G. (2018). Interventions to improve physical activity among socioeconomically disadvantaged groups: An umbrella review. *International Journal of Behavioral Nutrition and Physical Activity*, 15(1), 1-11.

Eigenschenk, B., Thomann, A., McClure, M., Davies, L., Gregory, M., Dettweiler, U., & Inglés, E. (2019). Benefits of outdoor sports for society. A systematic literature review and reflections on evidence. *International Journal of Environmental Research and Public Health*, 16(6), Article 6. <https://doi.org/10.3390/ijerph1606093736>

Ferguson, B. & Belloni, A. (2019, January 29). Ageing and health expenditure. <https://ukhsa.blog.gov.uk/2019/01/29/ageing-and-health-expenditure/>



Future Generations Commissioner for Wales. (2015). Well-being of Future Generations Act. [www.futuregenerations.wales/about-us/future-generations-act/](http://www.futuregenerations.wales/about-us/future-generations-act/)

Hartley, S. E., & Yeowell, G. (2015). Older adults' perceptions of adherence to community physical activity groups. *Ageing & Society*, 35(8), 1635–1656. <https://doi.org/10.1017/S0144686X14000464>

Hazra, N. C., Rudisill, C., & Gulliford, M. C. (2018). Determinants of health care costs in the senior elderly: age, comorbidity, impairment, or proximity to death?. *The European journal of health economics*, 19(6), 831-842. <https://doi.org/10.1007/s10198-017-0926-2>

Ige, J., Gibbons, L., Bray, I., & Gray, S. (2019). Methods of identifying and recruiting older people at risk of social isolation and loneliness: A mixed methods review. *BMC Medical Research Methodology*, 19(181), 1–11. <https://doi.org/10.1186/s12874-019-0825-6>

Ige-Elegbede, J., Pilkington, P., Gray, S., & Powell, J. (2019). Barriers and facilitators of physical activity among adults and older adults from Black and Minority Ethnic groups in the UK: A systematic review of qualitative studies. *Preventive Medicine Reports*, 15, 1–11. <https://doi.org/10.1016/j.pmedr.2019.100952>

Liljas, A. E. M., Walters, K., Jovicic, A., Iliffe, S., Manthorpe, J., Goodman, C., & Kharicha, K. (2017). Strategies to improve engagement of 'hard to reach' older people in research on health promotion: A systematic review. *BMC Public Health*, 17(349), 1–12. <https://doi.org/10.1186/s12889-017-4241-8>

Marcen, C., Piedrafita, E., Oliván, R., & Arbones, I. (2022). Physical activity participation in rural areas: A case study. *International Journal of Environmental Research and Public Health*, 19(3), 1161

McGowan, L. J., Devereux-Fitzgerald, A., Powell, R., & French, D. P. (2018). How acceptable do older adults find the concept of being physically active? A systematic review and meta-synthesis. *International Review of Sport and Exercise Psychology*, 11(1), 1-24.

Moore, G. F., Raisanen, L., Moore, L., Din, N. U., & Murphy, S. (2013). Mixed-method process evaluation of the Welsh national exercise referral scheme. *Health Education*, 113(6), 476-501.

Morgan, F., Battersby, A., Weightman, A. L., Searchfield, L., Turley, R., Morgan, H., Jagroo, J., & Ellis, S. (2016). Adherence to exercise referral schemes by participants -what do providers and commissioners need to know? A systematic review of barriers and facilitators. *BMC Public Health*, 16(227), 1–11. <https://doi.org/10.1186/s12889-016-2882-7>

Morgan, G. S., Willmott, M., Ben-Shlomo, Y., Haase, A. M., & Campbell, R. M. (2019). A life fulfilled: Positively influencing physical activity in older adults –a systematic review and meta-ethnography. *BMC Public Health*, 19(362), 1–13. <https://doi.org/10.1186/s12889-019-6624-5>

Morgan, K., Rahman, M., & Moore, G. (2020). Patterning in patient referral to and uptake of a National Exercise Referral Scheme (NERS) in Wales from 2008 to 2017: A data linkage study. *International Journal of Environmental Research and Public Health*, 17(11), 1–16. <https://doi.org/10.3390/ijerph17113942>

NHS Digital. (2019, May 8). Statistics on Obesity, Physical Activity and Diet, England, 2019. <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/statistics-on-obesity-physical-activity-and-diet-england-2019/part-5-adult-physical-activity>

Office for Health Improvement and Disparities. (2022, March 10). Physical activity: applying All Our Health. <https://www.gov.uk/government/publications/physical-activity-applying-all-our-health/physical-activity-applying-all-our-health>

Office for National Statistics. (2022, December 21). Population estimates for the UK, England, Wales, Scotland and Northern Ireland: mid-2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2021#:~:text=2.,The%20UK%20population%20at%20mid%2D2021,2021%20censuses%20for%20these%20countries>

Older People's Commissioner for Wales (2022). Understanding Wales' ageing population: Key statistics. <https://olderpeople.wales/wp-content/uploads/2023/01/221222-Understanding-Wales-ageing-population-24-November.pdf>

Pelletier, C. A., Pousette, A., Ward, K., Keahey, R., Fox, G., Allison, S., Rasali, D., & Faulkner, G. (2020). Implementation of physical activity interventions in rural, remote, and northern communities: A scoping review. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 57, 0046958020935662.

Public Health Wales. (2023, May 30). Our long-term strategy 2023-2035. <https://phw.nhs.wales/news/public-health-wales-vision-for-a-healthier-future-for-wales/working-together-for-a-healthier-wales/>

Sport Wales. (n.d.). Vision for sport. <https://visionforsport.wales/>

Sport Wales. (2017). Older People's participation in sport in Wales. <https://visionforsport.wales/downloads/older-peoples-participation-in-wales-the-conversation.pdf>

Sport Wales. (2022). Sport and active lifestyles: State of the nation report. National Survey for Wales 2021-2022. <https://www.sport.wales/files/01950b08b61b39376b51d749e33788db.pdf>

Stats Wales. (2023). Ethnicity by area and ethnic group. Welsh Government. <https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Ethnicity/ethnicity-by-area-ethnicgroup>

Tian, Y., Thompson, J., Buck, D. & Sonola, L. (2013, August). Exploring the system-wide costs of falls in older people in Torbay. [https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug-13.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/exploring-system-wide-costs-of-falls-in-torbay-kingsfund-aug-13.pdf)

Welsh Government. (2015). Well-being of Future Generations (Wales) Act. <https://www.futuregenerations.wales/wp-content/uploads/2017/02/150623-guide-to-the-fg-act-en.pdf>

Welsh Government. (2019, October 17). Healthy Weight Healthy Wales. [https://www.gov.wales/sites/default/files/publications/2019-10/healthy-weight-healthy-wales\\_0.pdf](https://www.gov.wales/sites/default/files/publications/2019-10/healthy-weight-healthy-wales_0.pdf)

Welsh Government. (2021, October 7). Age friendly Wales: Our strategy for an ageing society. <https://www.gov.wales/sites/default/files/publications/2021-10/our-strategy-for-an-ageing-society.pdf>

Welsh Government. (2022, January 12). National population projections (interim data): 2020-based. <https://www.gov.wales/national-population-projections-interim-data-2020-based>

Welsh Government. (2022, March 1). Healthy Weight Healthy Wales: moving ahead in 2022-2024. <https://www.gov.wales/healthy-weight-healthy-wales-2022-2024-delivery-plan>

Welsh NHS Configuration. (2018). Rural health and care services in Wales. [https://www.nhsconfed.org/system/files/media/Rural-Health-and-Care-Services-in-Wales\\_0.pdf](https://www.nhsconfed.org/system/files/media/Rural-Health-and-Care-Services-in-Wales_0.pdf)

White, M. P., Alcock, I., Grellier, J., Wheeler, B. W., Hartig, T., Warber, S. L., Bone, A., Depledge, M. H., & Fleming, L. E. (2019). Spending at least 120 minutes a week in nature is associated with good health and wellbeing. *Scientific Reports*, 9(1), 1–11. <https://doi.org/10.1038/s41598-019-44097-3>

World Health Organization (2017). Age-friendly environments in Europe. <https://iris.who.int/bitstream/handle/10665/334251/9789289052887-eng.pdf?sequence=1>

World Health Organization. (2018). Global action plan on physical activity 2018–2030. <https://iris.who.int/bitstream/handle/10665/272722/9789241514187-eng.pdf>

World Health Organization. (2020, November 25). WHO guidelines on physical activity and sedentary behaviour. <https://www.who.int/publications/i/item/9789240015128>



## Welsh Institute of Physical Activity, Health and Sport

The recommendations in this report are derived from WIPAHS' evaluation, involving all stakeholders. The methodology and data incorporated in this report are available upon request via [wipahs@swansea.ac.uk](mailto:wipahs@swansea.ac.uk).

WIPAHS is a pan-Wales network of all eight Welsh Universities and Sport Wales. With members based across Wales, we can capitalise on the nation's unique culture and its remarkable range of expertise, infrastructure, and facilities. WIPAHS brings together world-leading academics, with representatives from Sport Wales and Welsh Government, who are driven to answer practice-based questions, identify fundamental research questions, and ensure that findings are reflected in Welsh policy and practice. An advantage of working with WIPAHS is the access to such breadth of knowledge and resource available across the partners.



Our research expertise includes health inequalities and the use of physical activity as medicine. We are also experts in physical literacy, and the application of technology to promote physical activity or manage health conditions. Whilst working across the lifespan, many of our researchers are leading experts in using physical activity to improve short- and long-term outcomes in children and young people. Researchers have contributed to numerous Chief Medical Officer's physical activity and health expert working groups (including children and young people guidelines), Physical Activity in the National Institute for Health Care Excellence (NICE) quality standards advisory committee for childhood obesity and are a WHO HEPA Europe Steering Committee Member.

As a practice-driven organisation, WIPAHS seeks to answer the questions posed by partners working in the field, as well as widely disseminate knowledge across a diverse range of audiences. WIPAHS uses the transformative power of physical activity and sport to improve the lives of people in Wales.



**Sefydliad Cymru**  
Gweithgaredd Corfforol,  
Iechyd a Chwaraeon

**Welsh Institute**  
of Physical Activity,  
Health and Sport

If you would be interested in discussing how the Welsh Institute of Physical Activity, Health and Sport (WIPAHS) can assist your organisation to answer important research and evaluation questions, or help provide your organisation with important insight, please do not hesitate to contact us to discuss.



**wipahs@swansea.ac.uk**



**swansea.ac.uk/sports-science/astem/wipahs**



**@WIPAHSCymru**



**www.linkedin.com/in/wipahs**