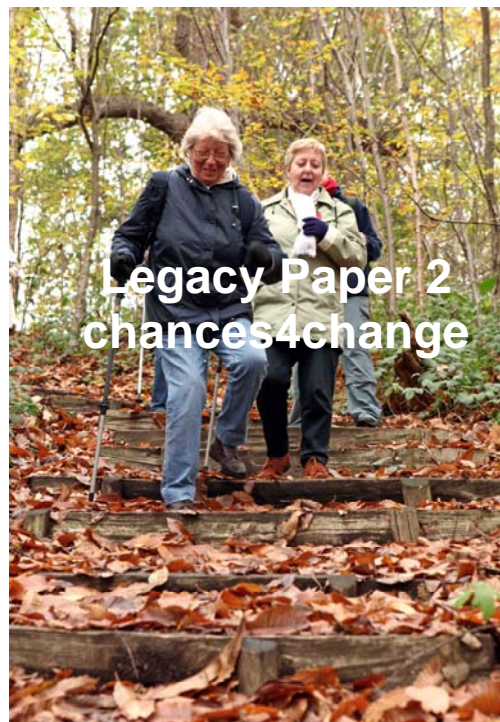


Accessing Social Capital in Later Life: accounts of the social benefits of walking groups

chances4change Wellbeing Portfolio



Picture courtesy of Naturally Active

Executive Summary

This is one of three legacy papers produced by Building Blocks, a capacity-building project that aimed to develop and communicate learning from the chances4change Wellbeing projects, funded by the BIG Lottery.

This paper presents the results of twelve interviews with retired people who attended walking groups part-funded by the Big Lottery Fund through chances4change or their partners. Interviewees were drawn from three different walking groups in the South East. This paper presents part of a wider piece of research undertaken as part of a Masters qualification. The element of the research reported here describes the kinds of social support accessed through the walking groups.

A range of different forms of support were found to exist within the walking group network, with a range of outcomes for members. The kinds of support available included emotional support, sharing local information, practical help, and companionship, but accessing support could be complex and influenced by a number of individual, contextual and group factors.

Other papers available from chances4change are:

- Legacy 1: “Don’t leap in with your cape flying going, ‘Hi, I’m here to change your life’”: Case studies of health promotion with seldom-heard groups
- Legacy 3: Growth against the odds: how three projects continued their work in a hostile economic climate
- A chance to change: results from the lifetime of the chances4change portfolio 2007-2011
- These and further project- and portfolio-level summaries of the work of chances4change projects can be downloaded from www.wellbeingsoutheast.org.uk until end of January 2012. Memory sticks containing this information can be requested by emailing chances4change2@yahoo.co.uk.

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Structure of this report

A brief outline of chances4change, the policy background and a definition of 'social capital' and its relevance to this report will be given. The methodology of the study is outlined then key findings are presented and discussed. Finally, brief recommendations are given for projects providing walking activities for retired people.

Introduction

chances4change was a £5.6m portfolio of 62 projects in the South East funded by the Big Lottery Fund Well-being programme. It aimed to redress the hidden health inequalities and improve the health and wellbeing of people in the South East, targeting 'at risk' groups across the region.

The key aims of chances4change projects were to address one or more of the following strands:

1. increase physical activity, fitness levels or motivation to be more active in the future; and/or
2. improve mental health through preventative approaches, including, as agreed, benefits on proxy variables (including factors known to increase wellbeing, e.g., goal attainment, increased social contact¹) or awareness of mental health needs; and/or
3. increase knowledge and skills around healthy eating, having greater access to healthy food or showing an increase in healthy eating; or
4. build capacity for other projects to improve their performance in specified areas.

chances4change aimed to take a holistic approach to health. Many physical activity projects were also evaluated under the 'mental wellbeing' strand, as participation in physical activity was considered likely to increase mental wellbeing.

One target group in chances4change was older people at risk of becoming isolated. The UK has an ageing population, so this is a crucial issue to address. In 2010 there were 10 million people aged over 65, which is likely to

¹ Based on the findings of the *Foresight Mental Capital and Wellbeing Project* (2008) http://www.bis.gov.uk/assets/biscore/corporate/migratedD/ec_group/116-08-FO_b and the companion publication by the New Economics Foundation (nef), *Five Ways to Wellbeing* (2008) <http://neweconomics.org/publications/five-ways-to-wellbeing>

increase by over 5 million in 20 years and almost double by 2050 (Cracknell, 2010).

There is evidence that involvement in social networks is associated with better psychological health for older people (Wolf & Bruhn, 1993, Blaxter, 1990, Berkman & Breslaw, 1983, Rogers, 1996, Brown & Harris, 1978, all cited by Cattell & Herring, 2002, p.63; Grundy & Sloggett, 2003, cited by Gray, 2009, p.6). An extensive social network is also thought to help prevent dementia (OECD, 2001b, p.53, cited by Field, 2008, p.64). Yet during retirement daily social contact drops and people risk becoming isolated (Barnes, Blom, Cox & Lessof, 2006; McDonald & Mair, 2010).

The importance of including older people in physical activity opportunities has been recommended on both physical and mental health grounds in a series of recent policy papers, outlined below.

At Least Five a Week: evidence on the impact of physical activity and its relationship to health (DH, 2004) outlined the physical and mental wellbeing benefits of taking physical activity throughout the lifespan. In 2011 the Chief Medical Officers put in place guidelines for older people to be active daily to a weekly total of “at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more” (DH, 2011, p.39).

In *Tackling Obesities, Future Choices*, increasing physical activity among older people was identified as an area of policy synergy with other public health goals:

Older people are the heaviest users of health services and an active and engaged physical life can help maintain functional capacity and delay the onset of degenerative disease and disability. This will become increasingly important set against the trend towards an ageing population.

(Butland, Jebb, Kopelman, McPherson, Thomas, Mardell & Parry, 2007, p.127).

In the policy recommendations in the Marmot review, under ‘Action across the life span’ it was suggested that:

Services that promote the health, well being and independence of older people and, in so doing, prevent or delay the need for more intensive or institutional care, make a significant contribution to ameliorating health inequalities.

(Marmot, Allen, Goldblatt, Boyce, McNeish, Grady & Geddes, 2010, p.20).

A case study of a charity (The Bromley by Bow Centre) was also included to illustrate good practice. This organisation ran walking groups and had been

praised in evaluations of its work with older people (Marmot et al., 2010, p.156).

The importance of supporting older people to be active in order to avoid isolation and loneliness was outlined in the Government's Public Health Strategy White Paper, *Healthy Lives, Healthy People*, where building befriending and social networks was portrayed as a role for the government and local agencies:

Local government and central government will work in partnership with businesses, voluntary groups and older people in creating opportunities to become active, remain socially connected, and play an active part in communities – avoiding social isolation and loneliness
(DH, 2010a, p.50).

This echoes the approach suggested in the earlier paper, *A Vision for Adult Social Care: capable communities and active citizens*, where the Department of Health outlined plans for taking a "Big Society approach" to reducing isolation in older people (DH, 2010b, p.11). This involves developing formal settings to build 'social capital' within communities (DH, 2010b, p.11).

There is therefore a strong policy imperative to find ways both to increase the social connectedness and physical health of older people in the UK. Social capital is a key concept, bringing together how networks can have benefits for members, and has been associated with membership of leisure activities in influential literature.

Social capital is "the ability to secure benefits through membership in networks and other social structures" (Portes, 1998, p.6). Putnam's theory of social capital (Putnam, 1995, 2000) is the best known (Field, 2008). Putnam argued that associational membership – such as being part of a bowling league - is one way of building social capital, which will benefit all members of a community (Putnam, 2000). However, his theory does not explain how social capital operates at the individual level (Field, 2008) and is based on American research.

Research in the UK has also suggested that sports clubs and churches can help to foster "supportive friendships" among older people but that further research is needed to understand the kinds of social support generated in these settings (Gray, 2009, p.29).

Ferlander (2007, p.116) highlighted four different forms of social support that could be accessed through social capital and are used here as a framework:

1. "companionship": "spending social time with others, i.e. leisure time";
2. "emotional support": "the provision of empathy, trust and caring";
3. "informational support": "the provision of advice and information" in solving problems; and

4. “instrumental support”: “practical help, e.g. in relation to money or labour”.

Walking groups were chosen as the focal point of this research. This was because early qualitative evaluation work with the chances4change project, Naturally Active, highlighted the wider social benefits of participating in a walking group. In addition, the Chief Medical Officer has now suggested that “regular brisk walking, either as leisure walking or as part of shopping and social routines, and perhaps combined with recreational activity” would be an appropriate way for older people to meet the physical activity guidelines (DH, 2011, p.42).

This report outlines a set of findings from interviews to explore how social capital might work for older people in three walking groups affiliated to the chances4change portfolio. It draws out one strand of the wider research: the positive and negative outcomes people experience from ties made through their walking groups, with particular emphasis on types of social support available (emotional, instrumental, informational and companionship).

Aims

This paper aimed to explore the social support benefits experienced by retired people taking part in three walking groups. It is based on a wider dissertation project carried out as part of a Masters in Social Research at the University of Surrey.

Methodology

A qualitative approach was taken as this has an “unrivalled capacity to constitute compelling arguments about *how things work in particular contexts*” (Mason, 2002, p.1, italics in original). It allows exploration of individual differences in experience (Blaxter and Poland, 2002) and is good at examining the nature of relationships (Strauss and Corbin, 1998).

Interviews were chosen for their enhanced ability to explore issues in depth and allow greater confidentiality (David & Sutton, 2004, p.94). This allowed people to speak freely about their relationships with other walkers. Semi-structured interviews were used for their “topic-centred” focus (Mason, 2002, p.62). The full interviews explored reasons for joining, the nature of links with others, the kinds of support accessed, its impact and basic biographical information. Findings about kind of support accessed are reported here.

All aspects of the research were conducted in compliance with the relevant faculty ethics guidance at the University of Surrey. As the interviews could touch on difficult issues, such as loneliness and bereavement, ethical approval was sought and granted through the faculty.

People were recruited through contacts made with two chances4change projects, Active Communities and Sport and Physical Activity Alliance (SPAA). The researcher joined at least one session of each walk to explain the nature of the study and the group of interest (retired people over or close to the age of 65 who walked regularly with the group). Interviews were set up at a mutually convenient time and place.



Picture courtesy of Naturally Active

All walks aimed to improve health, were free, open to members of the general public and ran during normal office hours. All walk leaders were volunteers who had been trained in risk assessment, first aid and planning routes by a coordinating organisation. On the walks attended by the researcher, the majority of walkers were in their 50s or older, except for one or two people with disabilities and their carers. Group A support a blind woman to walk with them and have a member with Parkinson's Disease. People with learning and physical disabilities attend Groups B and C.

Men were in the minority, comprising 10% of the groups or less.

Walks took place in three areas in the South East of England. A summary of the differences between walks is given in Table 1, on the next page. As can be seen, they vary in terms of strenuousness and walk length.

Table 2, shown on the next page, outlines key demographics of the sample. Interviewees were aged from 63 to 79, with membership of the walks ranging from one to nine years. Three men were interviewed. Five people were walk leaders (all female), but five others also had a formal or informal role such as standing in for the leader, or back- or middle- 'marking' the walk (ensuring the group stayed together). One man and one woman did not have any voluntary role in the group.

Eight out of twelve interviewees lived on his or her own (this included two of the three men). The previous occupations of walkers were office worker, sales manager, skilled manual worker, owner of consultancy firm, nurse, teacher, tax advisor, GP and a woman who described herself as 'working class'. All but

one walker had lived in the wider area of the walk (within 10 miles) for 34 years or longer. All except one joined the walking group after they had retired.

No men were recruited for interview from Group B. The age range of interviewees from Groups B and C were very similar. Group A had a smaller range of ages, but other groups' age ranges overlapped. All interviewees from Group A lived alone.

Interviews were recorded on a digital Dictaphone and transcribed into word processing files. All files were saved on an encrypted laptop kept in a locked cabinet. Identities of participants were anonymised through the adoption of aliases, with other identifying information deleted from transcripts. Consent forms were stored securely and no record was kept linking original names with pseudonyms.

Group	Stated Aims	Pace & length	Terrain	Average attendees per week
Group A	'Healthy', 'safe', 'accessible to all'	1 mile in half an hour (2 miles per hour)	Flat; urban with some natural water features	23
Group B	'Health walks'; 'Occasional stile and gradient'	1 hour's walk in local village area	Mostly flat; village setting on local tarmac roads	30
Group C	'Health walks'; 'occasional stile and usually gradients').	6 miles in 1.5-2 hours (3+ miles an hour).	Varying gradients; countryside	18-20

Table 1. Characteristics of each walk

Group	Gender	Walk leader	Other role in group	Age	Live alone
A	Female	Yes	N/A	66-69	Yes
A	Female	No	Yes	71-75	Yes
A	Female	Yes	N/A	76-79	Yes
A	Male	No	No	76-79	Yes
B	Female	No	Yes	76-79	Yes
B	Female	No	Yes	66-69	No
B	Female	Yes	N/A	65 or under	Yes
C	Female	Yes	N/A	66-69	No
C	Male	No	Yes	65 or under	No
C	Male	No	Yes	66-69	Yes
C	Female	Yes	N/A	71-75	No
C	Female	No	No	76-79	Yes

Table 2. Demographic details of interviewees by group

Lofland, Snow, Anderson and Lofland's (2006) procedure of themed analysis was used to sort, code and analyse the data. This was chosen because the authors combine a grounded theory approach with how findings might "shed... light" on existing literature (Lofland et al, 2006, p.197). This method also allowed 'bottom-up' findings to emerge alongside 'top-down' themes based on theory, such as Ferlander's (2007) summary of the types of social support. The software package NVivo was used to support the coding and analysis process.

Findings

In order to protect interviewees' identities, where contextual information makes someone's identity obvious to fellow walkers he or she is referred to as 'Anon'.

The following kinds of social support were found to exist with the walking groups.

1. Companionship

All walkers experienced some form of companionship during the walks. Walking was seen as the ideal leisure vehicle for conversation.

Walking is a good media, unlike swimming... [where] you can't talk much!
Hazel

This companionship had a number of benefits. One walker felt it was a "stimulant", allowing older people to have conversations that were "more like normal people, not old people":

I... visit ladies that live in sheltered accommodation and... all they talk about is pills... if only I could get these women walking they'd be talking about politics... they're probably all very intelligent... but they don't get a chance. [On the walk]... you don't ever hear anybody talking about pills. Probably all on pain killers. But they talk about... current affairs and it's really interesting.
Beverley

Single people were sometimes able to build new informal ties through socialising on the walks.

There's lots of friendships goes off... [one woman] has just moved... into sheltered accommodation... and she met somebody on the walk and they're great friends now... they go on holiday together... it's... good to see... [because]... when you get widowed... suddenly you're a single person... in a couple's world. Beverley

One male walker, who lived alone, said his main reason for joining the walk was to build up his social network after retirement, which is difficult for single men:

...that's why I did it, for company. It's ... difficult... from a man's point of view, if he finds all of a sudden he's on his own, he hasn't got many friends... ladies tend to have friends because they took their kids to school together and things, then they've grown up, so they always know somebody. But blokes go to work and that's it... so, of course ... I didn't know many people...

Anon

2. Emotional support

The interview focused on the types of support that the interviewee had received but three people also described support they had given or knew others had received from other walkers. Interviewees from Group C reported offering emotional support to others but none received any. Only one person reported both giving and receiving emotional support.

Three of the interviewees (from Groups A and B) had directly experienced emotional support from the group in terms of accessing “empathy, trust and caring” support (Ferlander, 2007, p.116).

There were a number of ways that walkers reported showing or receiving “empathy, trust and caring” support.

Some leaders and walkers would ring those who had not turned up, to show concern.

When there's somebody missing... I'll just sort of ring ... I don't say, 'You haven't been on the walks'... I just check... they're ok... I don't want to be... on their back... but I know... they live on their own so I just make a... friendly [enquiry]... 'Is there anything you need?'.... So they know that somebody cares.

Beverley

Two female walkers agreed it was possible to discuss private or upsetting things with other walkers.

Yes, one could discuss all sorts of things with people. I suppose you do as you're walking around.

Penny

Some forms of emotional support blurred with informational support by having a problem-solving focus. This could involve flippancy, as described by one male walker:

I'm not above saying to... a woman, 'Christ you look miserable, what's the matter?'... then more often than not they... tell you... flippancy might be the way to actually open the gates...
Anon

He attributed this approach to differences in how men and women think:

I discovered a long time ago that if a woman came to me with a problem and was prepared to talk about it, she didn't really want [it] fixing. She wanted to talk about it. Now a man would say right - problem, fix it. End of problem.
Anon

Another man, who said he was worried about a woman who had confided in him on the walk, spoke about issues of propriety that limited the amount of support he could offer her:

...if I thought there was... a big problem with her, then I would say to [a female friend] 'I think you ought to have a word with [her]'... because... I'm not married, but [she] is... they can talk as woman-to-woman... and it wouldn't matter, but... she can't talk to a man, she's got a husband.
Anon

Three walkers from Groups A and B who had not received emotional support said they felt it was available if needed. One woman said she had not confided in anyone – not even family – when she'd had a health scare. She put this down to not wanting to over-burden others:

...I could [confide in walking group friends] but... I didn't... I think they've got their own problems.

Six other walkers from all groups said they would not consider confiding in their own group. Four of these said it was because they were not close enough to any walkers. One man said he would not confide in the group as he never had problems, but hinted his wife might provide support:

Well I never have any problems to worry about really... I'm lucky in that respect I suppose... I've got a wife that looks after me.
Anon

Another man said he went to his sister with any problems, but would not seek help – or betray he was having difficulties – to anyone else:

...you keep it to yourself... I get up every day and I'm happy... [even during difficult times] I never went to work grumpy, I've got a... happy disposition, if you like... I talk to my sister... so if there's a problem or whatever... if I need to unburden or she does, we've done that, so I've ... got over that bit...

Anon

3. Informational support

Eleven members of the group (eight women and all men) reported having received some kind of informational support from the group. This included two from Group A, all from Group B and four from Group C. All the women and one man who had received informational support had also given this kind of support to others. Two men had not given informational support back (but had provided other forms of support).

The only person who could not give an example of informational support had sought some about how to get her chair adjusted after a hip operation, but been given instrumental support in return:

I said, 'How am I going to get it done?' He says, 'Don't bother... I'll do it for you.'

Anon

Examples of the kinds of informational support given or received varied across groups. Members of Group C promoted “village activity” (conservation group, U3A groups such as foreign language groups, farm open days, where to buy local produce, information on local history and artists).

...it's local community help each other...

Anon

They also sought or shared expertise (e.g. from members of amateur societies) on getting funding for local groups, doing photography, choosing walking holidays, or gaining knowledge about wildlife and wild flowers.

...next time... I'm out walking with a botany nut...I'll ask them [about the flowering cycles of bluebells].

Anon

One member also described sharing basic health information, such as dealing with walking injuries and getting free hearing aids on the NHS:

I found out from my... walking group friends that it's commonly known as Policeman's Heel.

Anon

Finally one woman said walkers exchanged investment advice:

...we talk about... finances... where's the best place at the moment to put anything for interest and we talk about our pensions.

Anon

As in Group C, one member of Group B used it to find out about local history. However, unlike Group A members, Group B walkers reported sharing information about “ordinary things” like useful (non-health related) services.

...you know, just ordinary things... 'And the post office does so and so.'

Anon

Members of groups A and B used it to find trustworthy local workmen.

...one of the big problems I think with ladies on their own is... finding somebody to do the DIY jobs. And... the little jobs that you can't get... a professional to do. And... other people... will say... 'Oh yes I know somebody that'll do that'... [you use] personal recommendation because you don't want people in your home... you don't know [about]...

Anon

Like Group C, members of Group A also used the group to find out about local events.

Walkers from all groups valued the breadth of information they could access.

[Being part of the group] gives you the opportunity to tap into a wealth of information.

4. Instrumental support

All but two of the walkers interviewed reported having either received or given instrumental support to other members, meaning some members of each group had experienced it. There was no difference in the ages of people who received or gave this kind of help. Those who lived alone did not disproportionately benefit from or offer it. Only one person both received and gave instrumental support. All male interviewees reported providing it but only

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one said he had received it (a lift to a walk from a female walker). A number of different forms were described.

There was walk-related support in Group C, such as testing new walks out with the walk leader.

Support with chores was given to some members after operations or accidents (Groups A and B).

And... one [walker] came down and made a meal for me... they... took over the role of making sure I'd got me painkillers and... the house was cleaned and one of them would come and Hoover up and change me bed.

Anon

DIY support was given in groups A and C.

I put in a new toilet [in a Scout hut] for somebody who said, 'I could do this but I'm getting... a bit old now'

Anon

Technology-focused support was highly valued in groups B and C. This included troubleshooting computer problems, setting up TVs and booking holidays on the Internet. The woman who received help booking her holiday insisted on paying the person who had given it to her:

there's one lady, I got... quite friendly with her and because I found it trouble booking a holiday at Christmas, I knew she was very keen on the internet and she's been booking my Christmas holidays. I pay her... she doesn't want anything... but I don't like taking people for granted

Anon

Some people reported having items picked up for them from the shops (Groups A and B).

They'll say if you need anything shopping you know just give us a ring and... they mean it... they don't just say it and think, oh I hope she doesn't - cos I've done it...

Anon

Walkers looked after each others' gardens and pets during holidays (Groups A and C).

One walker, who described herself as having a very poor sense of direction, said someone guided her to a new place (Group B):

...[I said] to my friend 'Oh... I want to go here [and]... don't know how to get there' [and] he said 'Okay... I'll come with you'...

Anon

One walker distributed panic alarms to friends and other walkers (Group B).

And then there was a lady on one of the walks from here and she's elderly and I said I'd get her one because, you know, they fall over and they can't get help...

Anon

Another responded to requests by people's grandchildren (Group A):

[One walker's] granddaughter was doing something for school and she asked us if we could help out with that... [and I did]. She was collecting something I think, something like that.

Anon

Finally, one walker was rung up and asked for help by a female walker who had damaged her car wheel on a pothole (Group C):

...I hadn't got my car... [so] I passed it over to [another walker] and... they sorted it out and got someone to go and find her

Anon

Having a particular skill or knowledge to offer was valued. Accounts across all three groups described individual skills and knowledge as a group resource.

everybody can learn from everybody else, you know, because everybody knows something different to somebody else.

A Group A leader described sharing skills as almost a duty:

we're the same with everybody else, if you've got a gift or you want something doing and you can do it, you do...

Anon

In these examples, where both genders were given, there was a split down traditional gender lines. Men did DIY, gave directions and fixed computer problems. Women did household chores, shopping (sometimes online) or watered gardens, with the exception of one man drying people's clothes in his tumble drier. Men reported helping both women and other men, while women mostly helped other women.

Those who had not received instrumental support were the two oldest women interviewed (aged 78 and 79). They both lived away from the immediate area of the walks.

5. Other outcomes

Five walkers (representing all three groups) mentioned how connections made through the walk had led to their engagement in activities benefiting the wider community. These included improving the walking environment and supporting charitable causes.

One man also described how some members of Group C would lend DVDs, books and CDs to each other.

Differing access to support

None of the walkers outlined negative outcomes relating to the provision of support. However, during the interviews, stories emerged about people who had been asked to leave, had left of their own accord, did not feel the walks were for them, were asked to change their behaviour or were unable to access the same levels of support from others during the walks. These are described below.

There was only one account of a man who may have been asked to leave. He had made inappropriate advances to a female walk leader and was considered a risk. She asked the men in the group to speak to him and he stopped coming.

Some people were asked to change their behaviour in response to pressure from the rest of the group. This included a man who was preaching religious messages on walks:

he was a really nice guy. But I just said you've... got to leave it... at the door when you come in. And bless him he did.

Anon

Similarly, in another group, one member (a church goer) considered it bad form to discuss controversial subjects and would avoid people who did.

...to my way of thinking, don't argue with them, just leave them alone...I won't argue, I won't talk to anybody about politics or anything like that... and religion, because I think everyone's entitled to their own opinion.

Anon

In Group C one leader was asked not to bring her dog, which was considered a risk by some other members. This led to her leaving the group.

these groups are not for doggy walkers, some people have complained, but we can only follow one complaint, [others had] complained the dogs are getting between our feet, so [they are] are excluded here. But they had a good network among themselves as well, you know

Anon

Some walkers gave examples of how some men may not benefit or wish to participate in the sociability of the walk:

[my husband is] a bit shy really, he's not like me... he doesn't talk a lot... so... he doesn't really feel that he can, perhaps... I didn't force him, I said 'Did you want to join?' and he said 'No, not really'

Mary

This was seen elsewhere as an example of the lowered likelihood of men meeting up socially with others outside formal activities:

ladies do [meet outside the walks]... you'll find men don't, you know, men are a little bit insular in that respect

Chris

The existing gender balance in the walks could put some men off continuing to walk with the group.

her husband won't go anymore...because there's... no men [here].

Lynn

Two groups talked of the importance of close carer supervision for people with learning disabilities. Five adults with learning disabilities left one group after the walk leader spoke to their carer (who sometimes did not come) about her fears around ensuring their safety on local roads. She described how these adults would run across the road to pet a dog and had poor road sense. It was suggested they “needed a different facility than a general walking group” unless more carers could accompany them. In another group, one interviewee described how people with learning disabilities were encouraged to stay with their carer: “we just have to keep reminding them... that's your carer, follow her...” This may have limited the amount of support offered to people with learning disabilities as part of the walking experience.

Given the importance of the walk settings as a place to raise problems, some people who reported finding it difficult to converse easily during walks may have reduced access to group support.

I have not found it easy to make close friends and I think that is partly because... I... am a bit deaf, so I can't butt into conversations very easily.

Anon

Role and general fitness could also limit conversation.

I can't talk uphill, I weigh too much... when I'm not leading, I talk more and I get to know people better, when I'm leading... you... are responsible for certain things...

Anon

Asking for and offering help within the group was complex. Sometimes people would raise problems within the group setting where solutions might be offered.

Quite often there's group discussions... not... anything formal... we were all sitting in the church hall [for tea afterwards] and... somebody... [says] their washing machine's broken. And somebody said I got somebody to repair mine and my man said this...

Anon

Some people would approach those who looked upset, while others would be 'available' to give support if needed.

Although many were unwilling to ask for help, one walker preferred direct requests.

as long as you can get them to ask for assistance... you don't want to force yourself on anybody. I would prefer to be asked and in fact I insist. If somebody starts making intimations... I'll say, 'Well... intimate away but if you ask me to do it, I will'...

Bill

There also appeared to be a number of tacit rules about when one could access support, such as only if one's family were not available.

They made sure that somebody were looking after me. Cos at that time my daughter had just had a baby... So it were a bit difficult, she lives [out of town].

Anon

Therefore, although support was potentially available, accessing it could be complex and may depend on factors such as settings, behaviour within the group, disability, gender, lifestyle, confidence and availability of support from other sources.

Summary of findings

All the kinds of social support outlined by Ferlander (2007) were found to exist within each group.

All interviewees experienced companionship during walks. One walker suggested that this acted as a 'stimulant' for people living alone, providing intelligent conversation and broadening horizons. This could provide one explanation for why being involved in social networks is thought to improve mental health for older people (Cattell & Herring, 2002; Gray, 2009).

One man commented how single men were particularly isolated at retirement as women often had networks built around child rearing. Although this was only one account it mirrors findings by Sixsmith and Boneham (2003) that men's social networks are strongly related to work and the family, putting single, retired men at risk of isolation.

Emotional support was available to walkers if they needed it. All men and three women said they would only use close friends or family outside the group for this kind of support, as consistent with Ferlander's (2007) summary. One woman rarely sought emotional support even from such relationships. However, some other members (not interviewed) had confided in interviewees around personal difficulties they were experiencing, such as marital problems.

Almost all interviewees had received informational support, which one might expect to find in a walking group or other formal settings (Ferlander, 2007).

Nearly all interviewees had received instrumental support. This is consistent with Cattell and Herring (2002), who found weak ties were often used for practical, physical tasks, but contradicts Ferlander (2007) who claims it is provided by close friends and family.

Type of help in Groups A and B was focused on supporting those who had been incapacitated, which reflected their relatively poorer health, as walks were less strenuous than Group C's sessions. However, some forms of help spanned Groups A and C, such as looking after pets during holidays and support with DIY.

There were a number of gender differences in terms of the kinds of help offered and accepted by men and women.

All men and some women relied only upon close relationships for the provision of emotional support. There was evidence that some women used contacts encountered only through the group for emotional support, but none that men did.

There seemed to be constraints on how men could offer emotional support to women within the group. One man used strategies that bordered on instrumental support, which he described as being 'how men think'. However, there was not enough data to explore whether this differed substantially from how women gave emotional support. A single man described how he felt limited in the amount of emotional support he could offer to a married woman. This might reduce potential confidantes for single men in formal settings like an activity group.

All men had given some form of instrumental support to both men and women, but only one reported receiving instrumental support. Type of support offered was split along traditional gender lines, with men offering skills such as DIY and women offering housework and shopping support.

There were other accounts suggesting men did not join the group because they did not enjoy socialising or that they stopped coming because there were so few men. This is similar to Boneham and Sixsmith's (2006) finding that men perceived some places as female spaces, dominated by women. These perceptions, if widely held, may lead to greater isolation for some men.

There were some people who were unable to attend walks on the grounds of fears about safety risks to themselves or others, or who had reduced access to networking on a walk. Some of these people had disabilities, so this risked unintentionally increasing inequality.

For those continuing to participate in walks, accessing support could be complex. Possible factors described that might influence someone's ability to access help included the recipient's behaviour within the group, how they ask for and how others offer help, if another setting was available for those unable to converse on walks and whether they had current access to other sources of support.

Limitations and strengths

Using a qualitative method allowed an exploration of the kinds of support that people accessed through a walking group without making assumptions about what these might be.

Having a sample that allowed examination of differences along a number of different dimensions – such as age, pace of group (and therefore health), gender and class was both a strength and a limitation. It allowed comparison of a range of experiences accessed within the groups that may have been more or less available to people with different characteristics. However, this also meant that it was difficult to decide which of a number of possible characteristics could potentially explain individual differences in experience.

Most interviewees had a longstanding association with their group. This allowed an examination of the full range of ties and support they had been able to build up over time, but does not shed light on the short-term benefits of participation. Furthermore, most of those interviewed had taken on some kind of voluntary role within the group, either as a leader, or back- or middle-marker, so the benefits these people experienced may have been due to their volunteering rather than simply participating in the walk. However the interviews also included information about others within the groups without a formal role, who had gained support from interviewees, suggesting this kind of help was open to at least some non-volunteers.

Recommendations

- Walking groups may have the potential to meet key policy recommendations of reducing isolation and increasing social networks
- Walking groups may have the potential to provide places to build social capital, which can be harnessed to provide support enabling retired people to remain independent longer without the input of services
- Promoting and creating walking groups close to sheltered and non-sheltered housing could help to reduce the isolation of both groups
- Through engagement in walking groups, people can be made aware of and encouraged to participate in activities that can benefit the wider community
- Walking groups can also provide the opportunity, through volunteering, for people to remain an important part of their community
- Male-only walking groups could be one way of encouraging more men to access these potential resources
- It is possible that walking groups could provide emotional support to some childless older people with limited family networks
- Hosting organisations could provide disability awareness training to walking groups and develop clear policies and actions for how to manage risks relating to disability and walkers bringing dogs
- Providing opportunities for people to socialise after walks (e.g. having a tea or coffee break afterwards) may help open up the social benefits of the group to those unable to socialise during the walks



Picture courtesy of Naturally Active

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