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Walking, connecting and befriending: A qualitative pilot study of participation in a lay-led walking group intervention

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ABSTRACT

Lay-led walking group interventions to increase physical activity often use community engagement methods to ensure intervention reach and to address the determinants of neighbourhood walking. More needs to be known about how social factors support engagement and maintenance of group activity. This paper presents results from qualitative research on a pilot project in the North of England, UK that sought to increase participation in lay-led walking groups run as part of the national Walking for Health scheme. The 'Walking for Wellness' project included the introduction of a befriending role as a support mechanism. Focus groups and individual interviews were used to examine social processes within lay-led walking groups and how these processes facilitated participation and led to wellbeing outcomes. The sample comprised walkers attending six health walks, befrienders and professional stakeholders. In total 92 people were interviewed, including 77 walkers. Thematic data analysis identified six major themes: pathways to involvement; factors influencing involvement; widening access; befriender role; benefits from participation; and strengthening communities. There was strong qualitative evidence that social factors, which included mutual aid, strengthening of social networks and social support to facilitate participation for those having mild difficulties, facilitated engagement in group-based walking. Walk participants did not see social benefits as an unanticipated outcome but as integral to the processes of engagement and maintenance of activity. In contrast the introduction of a formal befriending role was seen to lack relevance and raised issues around the stigma associated with poor mental health. The paper concludes that understanding social processes and how they link to health outcomes has implications for the design and evaluation of lay-led walking group interventions.

1. Introduction

Reducing sedentary activity is a major public health challenge requiring action around health behaviours and the environmental and social determinants of those behaviours (Public Health England, 2014). Promotion of walking as a physical activity that most individuals can engage in, either as a means of transport or as a leisure activity, offers potential for population level health benefits (Bull & Expert Working Groups, 2010; Heron and Bradshaw, 2010; Department of Health,

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2011). However, public health interventions may inadvertently generate health inequalities (Lorenc et al., 2013); in the case of walking interventions, by appealing more to low risk groups or by failing to reach disadvantaged groups where significant barriers may be present. Health promotion programmes based on the formation of walking groups, often led by volunteers, aim to break down barriers to physical activity by providing a social structure to motivate and sustain engagement in walking (de Moor, 2013). The US Surgeon General's Call to Action highlights the key role of volunteer and non-profit community organisations in promoting walking, including where they reach and connect with underserved communities (US Surgeon General, 2015).

In England, a volunteer-led scheme 'Walking for Health' (WfH) was established in 2000 with the aim of increasing physical activity in the sedentary population (The Countryside Agency, 2005). The scheme, which is currently coordinated by two national charities, has grown to be a national network of health walks based on the recruitment and training of volunteer walk leaders, who organise regular short health walks in their local areas (Macmillan Cancer Support and Ramblers, 2016). WfH has proved to be a sustainable community-based model with over 10,000 volunteers and 70,000 regular walkers, of these 72% are over 55 years old (Coleman et al., 2011). Despite the scale of the network, there are questions about intervention reach (Phillips et al 2011; Department of Health, 2009), coupled with evidence of inequalities in scheme provision (Hanson & Jones, 2015a). This paper presents results from qualitative research undertaken as part of an evaluation of a pilot project in the North of England, UK (South et al., 2013a) that sought to increase access to and engagement with walking groups run through the WfH scheme. The aim of the paper is to examine social processes within lay-led walking groups that facilitate participation and lead to improved wellbeing.

1.1. Lay-led group walking interventions

There are a variety of models of community-based walking group interventions, both professional and lay-led, and these range from primary prevention to those targeted at individuals with existing health conditions (Hanson and Jones, 2015b). Walking group interventions have been found to be broadly effective for increasing physical activity, with no statistically significant difference found between lay and professionally-led groups (Kassavou et al., 2013). Hanson and Jones (2015b), in their systematic review and meta-analysis of outdoor walking group interventions, found evidence of positive health effects including reductions in blood pressure, Body Mass Index and increased physical functioning scores. The results also showed statistically significant changes in depression but not in mental health as measured by SF-36.

Many interventions use community mobilisation methods and involve lay walk leaders, coaches or volunteers in recruitment, health education, social support or walk organisation. Examples include interventions that utilise community-based organisations to deliver walking groups (Schulz et al., 2015; Peissers et al., 2013), training lay health advisors for outreach and peer education (Westhoff and Hopman-Rock, 2002; Plescia et al., 2006; Anderson-Lewis et al., 2012), and walking groups involving advocacy activities to improve neighbourhood walkability (Hooker et al., 2009; Adams and Cavill, 2015).

Our review of the literature indicated that more needed to be known about how social processes affect engagement in lay-led walking groups, particularly for marginalised groups. Social capital, that is the social networks, norms of reciprocity and social trust within and between groups (Ferlander, 2007), is central to understanding this. Research points to the associations between social capital, the local environment (including walkability) and physical activity (Ball et al., 2011; Renalds et al., 2011; Kaczynski and Glover, 2012; King, 2008). Social support has been shown consistently to predict physical activity behaviour (Trost et al., 2002; McNeill et al., 2006). Types of support include informal social support from family and friends (McNeill et al., 2006), neighbourhood social connectedness (Kaczynski and Glover, 2012) and community-based social structures (Peissers et al., 2013). Lay-led walking interventions often aim to formalise support systems through volunteer or lay health advisor roles (Plescia et al., 2006; Anderson-Lewis et al., 2012). In that regard, leader behaviour, including having enthusiasm and ability to motivate, was found to be related positively to group cohesion in a women's walking programme (Caperchione et al., 2011). A case study of WfH also found that the volunteer walk leader was a pivotal role requiring good social and communication skills to manage the group and ensure people were supported during the walk (South et al., 2013b).

The opportunity to strengthen social networks can provide a motivation for participation in walking groups (Ashley and Bartlett, 2001; Jones and Owen, 1998) and interventions may in turn strengthen community capacity and networks (Anderson-Lewis et al., 2012). In contrast, Hanson et al. (2016) found that while some walking group participants valued the social aspects, others saw this less positively and reported experiencing anxiety about joining. Some US interventions have successfully worked with underserved communities (Plescia et al., 2006; Schulz et al., 2015), but overall there is scant research on how social factors might improve the reach and accessibility of lay-led walking groups. This paper now reports on a qualitative evaluation of a project to increase engagement with walking groups, which included the introduction of a befriending role as a support mechanism.

2. Walking for Wellness project

Walking for Wellness was a pilot project that sought to widen access to the national WfH scheme within one county in the North of England, which is characterised by a mix of rural areas, towns and coastal villages. In term of health indicators,