

# Walking Befriending project report



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## Executive summary



This project, funded by Sport England, has enabled Age UK Milton Keynes to offer a Walking Befriending Service to encourage older people to undertake regular short walks with a volunteer walking befriender to increase their physical activity and help reduce loneliness.

Previous research has shown that walking is the safest activity that can help an older person improve their health and have a positive impact on their overall wellbeing. However, for many older people starting regular walking can be daunting, especially after a period of inactivity for example due to illness. Walking Befriending was therefore aimed at people who had experienced a significant life event such as time in hospital or bereavement, who were at risk of loneliness and would like company to become active again.

Walking Befriending recruited and trained volunteer befrienders to accompany an older person on one-to-one short walks in their local area to encourage them to include walks in their weekly routines. It was vital to have a dedicated Walking Befriending Coordinator, who liaised with local organisations to identify potential clients, and encourage people to become volunteer walking befrienders. The Coordinator also carefully paired each befriender (age range: 20-89 years) with a client, based primarily on their shared interests, gender and locality and was a regular point of contact so that befrienders felt supported and involved.

During this project, Walking Befriending recruited 72 clients, (21 male, 51 female) spanning the age range 58 to 96 years. Of these clients, 73% lived on their own, 50% had experienced bereavement and 50% felt their health was poor due to a range of health conditions. During the previous 12 months, 46% had fallen and 32% had been a hospital inpatient. Over 90% of these client-befriender pairs walked together for at least 3 months, with many (over 75%) continuing to walk together for 12 months.

Of those who participated for at least 3 months (94% of clients), 36% reported that when they joined Walking Befriending they had not walked continuously for 10 minutes during the previous week and 30% did not walk outside their home at all. Impressively, by 3 months, 91% of clients reported they had walked continuously for a minimum of 10 minutes outside on at least one day in the previous week (range: 10 minutes to over an hour). In addition, 77% of clients had increased their walking activity (either the number of days they walked each week or the duration of the walk or both the number of days and the duration).

Recruitment was ongoing throughout the project and at project end, 79% of clients who had joined the project at least 12 months previously were still walking at least once a week with their volunteer befriender. Of these clients, only 68% reported undertaking a walk during the previous week when they joined the project, and this percentage had risen to 96% by 12 months, with 80% of these clients reporting they were walking with sufficient effort to become breathless (compared with only 45% reporting this when they joined). In addition, the percentage of clients walking for 1 day per week had increased from 23% to 43% and walking for 2 days per week from 11% to 27%.

The duration of the walks had also increased during this period. When they joined the project, 48% of clients reported walking for between 5 and 30 minutes (range: 5 minutes to 1 hr) and this percentage had increased to 73% of clients by 12 months (range: 10 minutes to 2 hours 30 minutes). However, although the percentage of clients becoming fairly active rose from 21% to over 70% by 12 months, few of this client group were able to engage in the 150 minutes of moderate activity to be regarded as active, and other less physically able clients found walking for 10 – 25 minutes very challenging. In addition, the barriers clients felt prevented them from walking: poor

mobility, risk of falling, poor health, safety, and adverse weather remained fairly constant across all the review points.

The befriending aspect of Walking Befriending was equally important - walking and talking helped improve clients' mental well-being. The percentage of clients reporting moderate/high mental well-being rose from between 33-39% when they joined to 87% at 12 months. Many clients reported that they enjoyed the walks: being outside in the fresh air, seeing the changing scenery throughout the year and valued the company – making new friends.

Walking Befriending aimed to help reduce loneliness and it had a positive impact over the 3-month period. The percentage of clients reporting they felt lonely often/ sometimes fell from 85% to 65% and those agreeing they 'felt close to people' rose from 62% to 74%. Walking befriending had an even more positive impact on the lives of clients who continued walking regularly. By 12 months, the percentage of clients reporting they often felt lonely fell from 41% to 5% and those agreeing they 'felt close to people' rose from 45% to 70%.

All feedback from clients was very positive. They reported that having a 'walking buddy' made the walks more enjoyable, motivated them to get out of the house, increased their confidence to walk and improved their physical health and mental wellbeing.

Walking Befriending has been highly successful, with clients primarily leaving due to deteriorating health. In the words of three clients, 'it's wonderful to have the support', 'it's a wonderful service' and 'it is the highlight of my week'.

## Recommendations

1. It would be helpful if professionals promoting physical activity targets for people in England recognised that for some older people, especially those of oldest age or with poor health/ mobility

- Encouraging them to bring walking into their weekly routine and be 'fairly active' on a regular basis may be more reasonable and attainable goals than 150 minutes of moderate intensity
- Additionally, for some of these older people, walking for just 10 minutes or up to 25 minutes is challenging and encouraging them to achieve this regularly may be a more attainable goal, unless support can be given for more than one visit per week.
- Also, some older people do not have the confidence or physical ability to walk at sufficient pace to raise their breathing rate, so encouraging them to walk regularly for more than 30 minutes without raising their breathing rate may be a more attainable goal

It would be more useful if older people in these latter situations were referred to as 'slightly or reasonably active', with 'inactive' reserved for people undertaking zero minutes of physical activity.

2. Walking Befriending needs to be sufficiently resourced, e.g. by local authorities, clinical commissioning groups, Sport England etc, so that it can

- be developed for every UK community - to support inactive older people to become active
- be available to clients on a permanent basis, with clients themselves deciding when to leave the service, either because they feel ready to walk alone or with family or they would benefit more from the home visiting services. Benefits experienced by clients continue to increase as time progresses so short programmes e.g. 12 weeks are less likely to be as effective.
- be considered for all clients referred to a home visit befriending service. A range of people can benefit: those with poor mobility, poor health including Parkinson's disease, dementia, a previous stroke or have lost their confidence/motivation
- provide befrienders with timely access to walking and befriending training, preventing delays
- meet one of Sport England's goals for volunteers – helping the people who are least active to become active



# Introduction



The Walking Befriending project, supported by Sport England, aimed to increase physical activity and reduce loneliness amongst older people, building on Age UK Milton Keynes experience and expertise in providing befriending services for over 20 years.

Loneliness is a significant cause of poor mental and physical health (Luanaigh & Lawlor, 2008; Cacioppo et al., 2011) and is recognised as a national problem in the UK (UK Gov., 2018). Community befriending services, such as that run by Age UK Milton Keynes, address this problem by building ongoing relationships between a volunteer befriender and an older person, through regular visits to the older person in their own home. Such visits can improve older people's health and mental wellbeing, thereby reducing the uptake of health and social care services (World Health Organisation, 2021).

Moreover, it is known that volunteering can also enhance the wellbeing of the volunteers. For example, over 80% of volunteers with the Royal Voluntary Service feel the work they do has improved their mental health and wellbeing and almost half think it's improved their physical health (RVS, 2022). Befriender volunteering also demonstrates a commitment to intra-community solidarity (Ten Bruggencate et al., 2018) and reasons people have cited in other studies for choosing to befriend include to "develop a more inclusive community" (Bantry-White et al., 2018) to "give something back locally" (Askins, 2016) and 'do something meaningful' (Sundström et al., 2021).

More recently, physical activity such as walking (Wright, 2018) has been shown to enhance people's health and mental wellbeing. However, Sport England's Active Lives Adult Survey (2018) showed that 'over half of all inactive people in England are aged 55 and over' and this inactivity is exacerbated by increasing age (aged over 75 and especially if aged over 85) or having a disability. The Chief Medical Officer defines an inactive person as someone who, over the course of a week, does not achieve a total of 30 moderate intensity equivalent minutes of physical activity. Moderate activity raises a person's heart rate but not to the extent that they can no longer carry out a conversation.

Sport England also reported that research by the Richmond Group of leading health and social care organisations in the voluntary sector suggests that inactive people with multiple health conditions often would like to be more physically active but regard physical activity and exercise as 'not for people like me'. The strongest barriers to activity are often related to their symptoms such as pain, breathlessness and fear of exacerbating their health conditions. Moreover, starting physical activity can be daunting for older people, especially for those who have experienced a significant life event such as bereavement, separation from family or time in hospital.

## Walking Befriending

Age UK Milton Keynes Walking Befriending project was designed to support inactive older people who had experienced a significant life event to become more active, reducing their risk of isolation and loneliness and enhancing their health and wellbeing. Each older person who joined the project was encouraged to go on a short walk every week, on a 1-2-1 basis with a volunteer walking befriender who shared similar interests and generally was the same gender and lived locally. Walking Befriending thus also provided the opportunity for more active older people to volunteer as walking befrienders, bringing benefits for both the volunteers and the people they were supporting.

### The Walking Befriending Co-ordinator

Age UK Milton Keynes established a new role of Walking Befriending Co-ordinator, which was pivotal to the project. The Co-ordinator was the external face of the project. She liaised with local

organisations: parish and town councils, faith groups, GP network, the hospital and social workers to identify potential clients, and worked with local walking groups, older people's community groups and Community Action MK to encourage people to become volunteer walking befrienders.

The Co-ordinator also managed the team of volunteer befrienders, matching each befriender with a client. She gave the walk training briefings and was the primary contact for befrienders throughout.

The Co-ordinator spoke to each client and befriender individually that joined Walking Befriending and carefully paired each befriender with a client, based primarily on their shared interests, availability during preferred days and locality. Most clients also wished to walk with someone of the same gender, and sometimes requested a younger or a more mature befriender. The Co-ordinator facilitated the first meeting of each client with their walking befriender, usually in the client's home and was in regular contact with the befrienders to help them feel supported and involved.

In addition, the Co-ordinator organised several lunches at the Age UK Milton Keynes Centre that brought together the various walking pairs. Each lunch started with a short local walk and then befrienders and clients meet other walking pairs for a chat which was thoroughly enjoyed by all. One of the lunches was sponsored by the local Sainsbury's store, which provided refreshments and also released staff to wait on the tables. The importance of the Co-ordinator role should not be underestimated as they act as the 'glue' that holds Walking Befriending together.

The co-ordinator was supported by volunteer administrators, who dealt with the paperwork aspects of the project, updating befrienders' training records, client records and filing project survey returns.

## Recruitment of clients



Initially, clients were recruited from older people already receiving visits from an Age UK Milton Keynes befriender who had expressed an interest in going out for a walk and referrals from the Milton Keynes Walking Group who had identified that some older people found it difficult to complete the organised group walks.

Flyers were developed to advertise Walking Befriending and the Co-ordinator liaised with local organisations: parish and town councils, faith groups, the GP network, the hospital and social workers to identify potential clients. Some GP surgeries in areas with established older populations, such as Redhouse Park surgery, Westfield surgery and Newport Pagnell Medical Centre were quite active in signposting to community programmes and made referrals directly to Walking Befriending.

Walking Befriending was also included in the general Age UK Milton Keynes promotional activities undertaken by the Development Manager, Volunteer Manager and members of the Senior Management team. For example, information stands at Midsummer Place Shopping Centre, and a Wellbeing event at Shenley Wood ExtraCare Retirement Village raised awareness of the programme and signed up potential clients/befrienders. The managers also gave 4-6 community talks to older people's groups each year, including the MK Trefoil Guild, John Lewis Retirement Group and older people's groups at Lovat Fields ExtraCare Retirement Village. These groups typically had 20- 30 members, and each talk encouraged self-referrals and referrals by family members.

Age UK Milton Keynes was also running a Social Prescribing service (LiveLife MK), funded by the Milton Keynes Clinical Commissioning Group, which was a key source of referrals to Walking Befriending.



### Assessing client suitability and managing barriers

Walking Befriending was available to older people living in Milton Keynes who were over the age of 55 and met one or more of the following criteria: at risk of loneliness, had experienced bereavement, being a hospital inpatient, or a fall.

However, the coordinator found through her early conversations with potential clients that sometimes a client was unsuitable or would not benefit from the activity. These older people were referred to the home visit befriending service or other suitable services within Age UK Milton Keynes, such as the lunch club, or those provided by other local organisations.

The first meeting between the Co-ordinator, befriender and client took place in the client's home, when the co-ordinator completed the detailed client registration form. This form included information about any disabilities, long-term health conditions, recent falls, hospitalisations or use of walking aids, helping to clarify the older person's capabilities and ensure the befriender was aware of anything that might be a barrier to the client's progress. Generally, the Co-ordinator and befriender took a brief walk with the client outside, which helped the Co-ordinator to assess the client's capabilities and ensured the befriender was aware of any additional needs before their first walk. This brief walk was particularly helpful to assess the mobility of clients using a walker/walking aid. The befriender and client agreed the date and time of their first walk, which was recorded by the Co-ordinator, and were now signed off to start their walks together.

### Recruitment of volunteer walking befrienders

Initially, Walking Befriending volunteers were recruited from among the home visit befriending volunteers. Similar to these well-established home visit befrienders, walking befrienders needed to be supportive, empathic, good listeners and keen to play a role in improving an older person's quality of life. They also needed to understand the importance of communicating regularly with the Co-ordinator, as they acted as a bridge between the client and Age UK Milton Keynes. In addition, walking befrienders had to demonstrate that they understood the benefits of regular activity, were confident walkers and were willing to provide ongoing motivation to encourage the older person to go for a walk or push themselves a little further.

At recruitment, walking befrienders were asked to commit to a one-hour visit, once a week, this allowed time for arrival, a walking session and time to chat/socialise together at the client's home.

Flyers were developed to advertise Walking Befriending and this was shared with older people's community groups, MK Health Walks network and Community Action MK to engage keen walkers and encourage people to become volunteer walking befrienders. When there was a need for volunteers from a particular area, community venues were targeted with posters, flyers and promotions at community coffee mornings e.g. at Wavendon Church, and articles to Parish councils newsletters e.g. Wolverton and Greenleys Town Council.

### Training of walking befrienders

Volunteer befrienders were recruited on a rolling basis throughout the project as clients came forward to join the service. These differing start dates meant that running group training sessions or waiting for the next available external training session could delay the start of walking activities for clients, so it was important to ensure training in walking safely and risk assessment could be run on a one-to-one basis. To enable development of a suitable inhouse walking safely training and risk assessment briefing, the AgeUK Milton Keynes staff completed the Health Walk training run by Milton City Council.

The resulting briefing document, which outlined how to motivate clients, things to be aware of whilst walking e.g. walking along the roadside, condition of paths, crossing roads etc and procedures in case of an emergency, was part of the befriender pack put together to support the volunteer and for their ongoing reference. Route planning and risk assessment was also covered in detail.

Befrienders unfamiliar with a client's local area were advised to first talk things through with the client to identify suitable walking locations and routes near their home. The importance of considering the client's physical needs and walking proposed routes by themselves/completing a risk assessment to identify potential hazards before walking with a client was emphasised. In addition, they were advised to plan walks in popular locations and known walking routes to ensure walks took place in a safe location, with public amenities and level/well-maintained paths.

Before the first meeting with the client, the Coordinator met with the befriender and went through the briefing document with them, highlighting the key safety points the befriender needed to consider, including what to do if the client had a fall, and the procedure to escalate any emergencies.

All walking befrienders were offered the training available for home visit befrienders to help them make the most of each contact they had with the older person as, potentially, they may be one of the few external people visiting the client. This training included: introduction to the organisation/meeting the needs of older people, safeguarding, personal safety/lone worker, back awareness and dementia awareness (see table 1).

In addition, the Basic Walk Leader training offered by Milton Keynes Council was available to befrienders who wished to gain further practical experience of leading walks, including how to plan suitable routes for longer walks.

*Table 1 Training specifically for walking befrienders (brown), generic training for volunteers (black).*

| Training  | Purpose   |
|---|---|
| Walk training and risk assessment briefing              | to highlight risks and potential hazards of walking   |
| Introduction to Age UK Milton Keynes                    | Making every contact count /highlight other services and support that could assist the client                       |
| Personal safety   | to support lone working   |
| Safeguarding  | to help volunteers spot issues with the potential to affect a client's welfare                                      |
| Back awareness  | to help volunteers understand how to look after their back and support people with back pain                        |
| Dementia awareness                                      | to help volunteers support people with this condition   |
| Basic Walk Leader training (Milton Keynes City Council) | Additional training giving further practical experience of leading walks, including route planning for longer walks |

## Evaluation

The evaluation plan was based on the logic model developed at the start of project planning (fig.1) and aimed to address the research questions listed below.

### Research questions

- Are entry level walks effective in helping older people to improve their physical and mental wellbeing?
- Can walking be used to alleviate loneliness following a significant life event such as bereavement, period of ill health
- Does the Walking befriender role help address the barrier of becoming active? If so, how?



Figure 1 Logic Model

## Development Period

Although Age UK Milton Keynes was very experienced in running and supporting a home visit befriending service, Walking Befriending was an untested concept. Therefore, the team used the 6 months development period to

- build internal processes for project delivery – formulate registration paperwork, monitoring forms, initial marketing tools, identify volunteers from current pool etc
- develop new community contacts and build new referral links to increase client numbers over the project's life
- trial the idea on a smaller scale.

The project was trialled with six potential clients from the home visiting client list, four of whom took up the offer of regular walks with a befriender. Feedback from this period showed that there was a need for entry level walks but that most of the clients supported by the home visit befriending service (over 100 at the time) were too frail, or too 'housebound' to commit to the project long-term. Therefore, recruitment of clients for Walking Befriending was widened to include referrals from other Age UK Milton Keynes services such as the LiveLife MK social prescribing project, Hospital Aftercare and local bereavement services that offered up to six weeks support. The trial also showed that the social aspect of the visits was just as important as the walk itself, building relationships between the clients and the befrienders, developing trust that contributed to the befrienders being able to encourage clients to engage in the walks.

During the 6 months development period the outcomes for Walking Befriending were refined to measure the outcomes towards *Sporting Future - a new strategy for an active nation* (UK Gov. 2015).

1. Physical wellbeing - increase in walking frequency for sedentary inactive older people
2. Mental Well-being
  - 2a. Reduced isolation and loneliness
  - 2b. Feeling more supported,
  - 2c. Giving people something to look forward to
  - 2d. Improved confidence in walking, getting of the house more regularly.
  - 2e. Improved mental wellbeing and feeling more optimistic
3. Individual development
  - 3a. Becoming more active within their community
  - 3b. Personal development – gaining skills and personal safety
  - 3c. Supporting older people to become more active and achieve goals
4. Social and community development - Increased awareness of local activities, leading to more positive perceptions of the local community

## Methodology

### Survey questionnaires

Survey data was collected at 4 time points, the first meeting with the client and befriender (baseline), and 3, 6 and 12 months (reviews) after the first meeting. This data was collected on a rolling basis as clients were recruited throughout the project. The baseline data for each client was collected by the Walking Befriending Co-ordinator, with the befriender for particular client shadowing her. The review data at 3, 6 and 12 months was collected by each client's befriender.

The survey questionnaires were based on three externally available research tools

- *Sport England's Short Active Lives Survey* was used to measure
  - Clients' engagement and physical activity levels addressing outcome (1) – increase in walking frequency of sedentary inactive older people. Activity levels were calculated as the number of minutes the client walked each day when their breathing rate increased x the number of days they walked [plus any minutes the client cycled each day when their breathing rate increased x the number of days they cycled, plus any minutes the client engaged in other physical activity each day when their breathing rate increased x the number of days they did this].
  - Individual's development through response to the question - To what extent do you agree with the statement 'I can achieve most of the goals I set myself'. This gauged whether a client's sense of achieving goals had changed over the course of the project, demonstrating persistence and perseverance (addressing outcome 3b)
  - Local social and community development through response to the question - To what extent do you agree or disagree that most people in your local area can be trusted? This gauged whether becoming more active in their community through local walks had impacted positively on clients' perceptions of their community (addressing outcome 3a)
- *The Loneliness Harmonised Standard* (UK Gov. 2022), the preferred loneliness measurement used by the Office of National Statistics (ONS), was used to measure how lonely clients were feeling across the course of the project, addressing outcome (2a) – reduce isolation and loneliness. The first three questions each measure a dimension of loneliness: relational connectedness, social connectedness and self-perceived isolation. The scale has three response categories, hardly ever (1), some of the time (2) and often (3), resulting in possible combined scores between 3 and 9, with 3 indicating those who are 'most lonely' and 9 indicating those who are 'least lonely'. The fourth question, 'how often do you feel lonely' is usually reported as the percentage of the cohort answering they 'often' feel lonely.
- *Warwick Edinburgh Scale* (SWEMWBS, Warwick Medical School) was used to gauge clients' overall mental wellbeing and optimism for the future addressing outcome (2e). Scoring for each of the 7 questions ranges between 1-5, giving possible combined scores, determined using the WEBWBS guidance, from 7 – 35. Mental well-being scores were categorised as 'low' for scores of 7- 20, 'moderate' for scores of 20–27 and 'high' for scores greater than 27. The median of the well-being score at each review point was also calculated.

For the 3, 6 and 12-month review points, in addition to using the externally developed research tools described above, the team developed questions to further evaluate the impact of the project (Table 2).

*Table 2 Additional Survey Questions for the 3, 6 and 12 months review points*

| Question  | To determine   |
|---|--|
| What has walking regularly done for you?  | - how the client felt walking had impacted on their lives (addressing outcomes 1-4)  |
| As a result of taking part in this walking befriending project, do you feel more supported?   | - if the project was helping support the client's wellbeing needs and to also identify if the client would benefit from being referred to other services and support (addressing outcome 2b) |
| Have you heard about or considered joining any activity groups in the local area? If yes , do you attend regularly?   | - whether these visits and local walks had encouraged people to engage in other social activities (addressing outcomes 3a and 4)   |
| Do you still feel any of the following stop you from walking regularly? Poor mobility, Feeling nervous when walking alone, Nervous of the local area, safety e.g. falls, Lack of motivation | - the impact of potential barriers to walking (addressing outcome 2d)  |

### Befriender Journals

Befrienders were asked to report back to the Co-ordinator if the visit did not take place when expected either by email or telephone call. In addition, befrienders were asked to provide a summary of each visit including duration of walk, level of activity, how they thought the client was feeling and whether they were able to chat during the walk. A journal prompt form provided in the befriender pack outlined the points to be covered in the summary, but befrienders could also choose to email or telephone the Co-ordinator.

## Findings

Uptake of Walking Befriending was slow at the beginning of the project due to a variety of reasons. The project began in October 2018 and it became clear that clients were less willing to commit to walking as winter approached. Also, the Co-ordinator originally appointed from existing Age UK Milton Keynes staff, who had 15 years of experience with the organisation including working as a Home Visitor and setting up new services such as Footcare, had to step down due to family commitments. This resignation necessitated recruiting a new coordinator externally which slowed recruitment of new clients down as other staff members were supporting Walking Befriending and home befriending for existing clients and befrienders.

The newly appointed coordinator, who was a very experienced volunteer coordinator, was now responsible to recruiting befrienders and also the main point of contact for all befriending referrals - triaging clients between Walking Befriending and the home visit befriending service. She also had to become familiar with the area and the Age UK Milton Keynes local contacts in order to advertise Walking Befriending appropriately and match clients to befrienders.

Walking Befriending was also impacted by the Covid 19 pandemic, which hit the UK in the second year of the project. To compensate for this, the project was extended until March 2021. During the lockdown periods, befrienders kept in touch with the client/s they were supporting by telephone, resuming their walks each time the government deemed it safe to have contact with people outside your own household or bubble.

## Recruitment

### Befrienders

Recruitment of volunteer befrienders was subject to a lot of variation across the course of the project but generally there were more clients on the waiting list than befrienders available. Each client was matched with an appropriate befriender: who had similar interests, lived in their locality, was available on the same days and times and usually was the same gender. In some cases, the client also stated a preference for the befriender to be a younger or mature person. As this matching process is central to Walking Befriending it was sometimes the case that befrienders were available but lived too far away from a prospective client, or they could not make any of the preferred days and times. If a befriender had to drop out, the client was usually matched with another befriender, although this could take some time to put into place. In one case when their regular befriender was no longer available, the client had decided to continue the walks with their family instead and in another case, the client had felt confident to walk by themselves.

During the COVID-19 lockdown periods, when people were working from home or furloughed, the pool of befrienders increased, helping to make telephone contact with clients and making visits for walks as this became possible. However, as people returned to their workplaces the number of befrienders reduced so the recruitment drive for befrienders was enhanced.

Across the project, 73 befrienders were involved in Walking Befriending, with some of them walking with more than one client. The majority of befrienders were aged between 50 and 69, but the age range spanned 20-89 (fig.2). Befrienders came from a wide range of backgrounds including people who enjoyed walking recreationally, young mums, volunteer advocates, walk leaders, occupational therapists and retired mental health professionals.

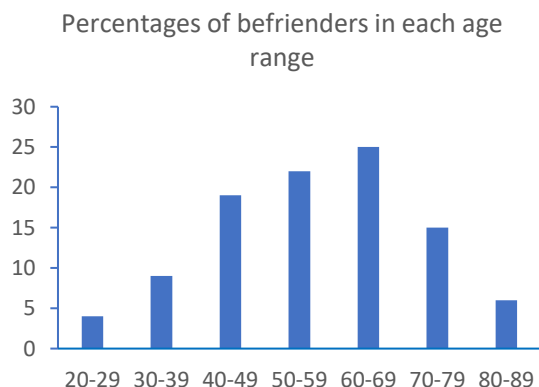


Figure 2 Age ranges of befrienders

### Clients

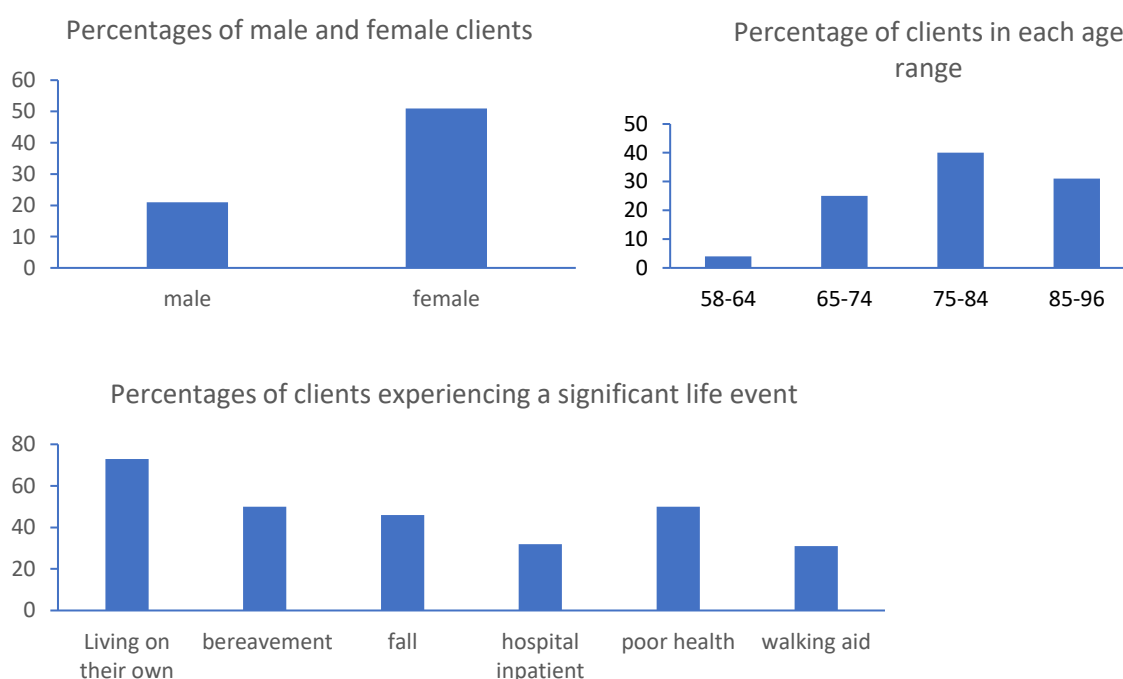
Over the course of the project, 76 clients were recruited who were over the age of 55 (range: 58 - 96) and met one or more of the following criteria: at risk of loneliness, had experienced bereavement, being a hospital inpatient or a fall.

Of these 76 clients who were matched with a volunteer befriender, four clients [one aged between 58-64, and three aged between 85 - 96] withdrew after only completing a couple of walks. Three of these clients, all women, left due to rapid deterioration in their health and were matched with a befriender for home visits. The fourth client left because he found the



walk disrupted his established routine that helped him cope with dementia. These four clients were regarded as non-starters and were not included in any further data.

The demographics of the full cohort of clients participating in Walking Befriending across the project are shown in figure 3. In addition to experiencing a significant life event, 73% of clients were living on their own, 50% of clients reported ill -health and 30% of clients were using a walking aid: walking sticks, 3-wheel walkers or walking frames.



*Figure 3 Demographics of clients who participated in Walking Befriending (n=72)*

## Retention

The original aim of the project was to review each client at 4 time points, at the start, and at 3, 6 and 12 months after their individual start dates. However, recruitment of clients continued throughout the project and was also severely disrupted at times due to Covid19, which resulted in some clients not having sufficient time left in the project for them to reach their 6 months or 12 months review points.

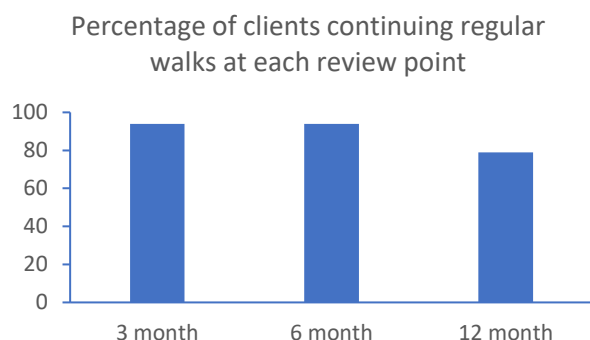
Across the project, therefore, the number of clients eligible for review at 3, 6 and 12 months differed, however only 12 clients withdrew overall. Figure 4 shows retention at each of these review points.

Four clients withdrew before they reached their 3 months review point. Three of them stopped because their health deteriorated, one after being admitted to hospital again. These clients moved to be supported by home visit befriender instead as they had enjoyed the social aspects of the visits. One client withdrew without giving a reason.

A further four clients were unable to reach their 6 months review point. Two clients withdrew because their health had deteriorated, and they moved to having home visit befrienders for company. Sadly, two clients passed away.

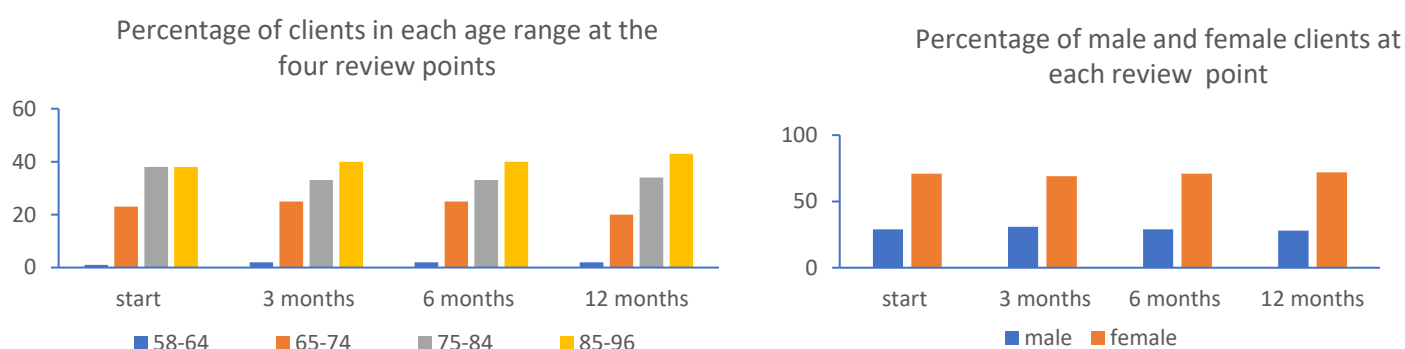
A further four clients withdrew before their 12 months review point, however unlike the earlier leavers, all four clients intended to continue walking. Two clients changed to walking with their families, one due to safety concerns as the client did not always recognise their befriender.

Another client chose to leave when their befriender left the area as they had become confident to walk alone. The fourth client felt much better than previously and decided to stop being a client and train as a walking befriender, so they could help another client benefit from the scheme.



*Figure 4 Percentage of clients continuing regular walks at each review point.*

As the number of clients eligible for review at each review point differed, coupled with some clients leaving Walking Befriending before each review point, the age ranges of clients participating at each review point differed slightly. However, at each review point, the majority of clients (72-77%) were aged between 75-96 and nearly three quarters of the clients were women (fig. 5).



*Figure 5 Demographics of clients participating in Walking Befriending at their review points (start: n=72; 3 months: n=68 of 72 eligible clients; 6 months: n=59 of 63 eligible clients, 12 months: n=44 of 56 eligible clients)*

## Befriender visits

The befriender journals were a rich source of information about their walks with a client. Walks were tailored to each client's preferences and ability and befrienders spent the first few walks getting to know their client's walking ability and getting to know them and build trust through their conversations. For some older clients who were frail or walking with a walking aid, especially if they were unused to walking, a walk of 10 minutes was deemed a suitable starting point. Clients who were able to walk comfortably and steadily started with a walk of at least 20 minutes.

Befrienders noted how well clients were walking and, as the visits continued, they noted any improvements the clients were making, for example

*'When he is out of the flat, he walks very well with his walker'* male befriender of a male client aged 92

*'The walk today was a bit longer. She didn't need a rest. She seems more confident as she maintains a good pace'* female befriender of a female client aged 88

*He is doing well, capable of walking for an hour or more, although at first he lacked confidence that he could'* male befriender of male client aged 69

*'She started to get a bit tired towards the end of the walk and was quite out of breath, but she said she was fine and she wanted to push herself'* female befriender of female client aged 66

The befriending pairs enjoyed a wide range of walks. Initially, most walks started in the clients very immediate neighbourhood, with some clients choosing a 'walk with a purpose' such as round their garden, to a local shop or the post-box, when neighbours often stopped to chat with them. Some clients preferred a walk with a social element, e.g. round a lake and a visit to the lakeside café.

However, some clients were less physically able, for example one befriender noted that

*'We went to the shopping centre to hire a mobility scooter. [She] walked in short bursts before and after her go with the scooter... very frail and unsteady on her feet, in pain with her back'* female befriender of female client aged 77

As relationships developed and /or the client's fitness improved, many befrienders walked for longer or made visits more than once a week. Some clients wanted to explore their local area, such as walking along the riverside or canal, through the linear parks, and other scenic routes. Still others wanted to go further afield and take in new sights or visit their favourite locations, both of which sometimes involved driving to a walking location.

The social element of the visit was also really important. Conversations ranged from family, politics, local issues, their lives when they were younger, places they had visited or would like to visit, and sometimes things that were concerning them.

The main issues clients felt were preventing them from walking regularly: ill health, poor mobility, fear of falls, safety, feeling nervous when walking alone and bad weather continued to feature across all the review points. The only substantial change noted was that the percentage of clients citing ill health as a barrier to regular walking declined from 23% of clients at 3 months to 14% at 12 months.

Most clients preferred walking during the daytime, ideally between 11am-3pm, although late afternoon/early evening walks were enjoyed by some clients during spring and summer. These later walks also suited some befrienders, as the walks fitted around their other commitments.

Walking Befriending was designed to run throughout the year, to maximise the benefits of regular physical activity and befriending contact. However, walk frequency was higher between March and October as adverse weather disrupted weekly walks. When the weather was poor, befrienders suggested a shorter neighbourhood walk or a walk under shelter such as indoor shopping centres, covered walkways but often they had to re-arrange the visit.

## Walks

Of those who participated for at least 3 months (94% of clients), 36% reported that when they joined Walking Befriending they had not walked continuously for at least 10 minutes during the previous week (fig. 6) and 30% did not walk outside their home at all. Impressively, by 3 months, 91% of clients reported they had walked continuously for a minimum of 10 minutes outside on at least one day in the previous week (typically from 10 minutes to an hour, although a few clients walked for over an hour). In addition, 77% of clients had increased their walking activity (either the number of

days they walked each week or the duration of the walk or both the number of days and the duration). Only 3-4% of clients were engaging in other physical activities.

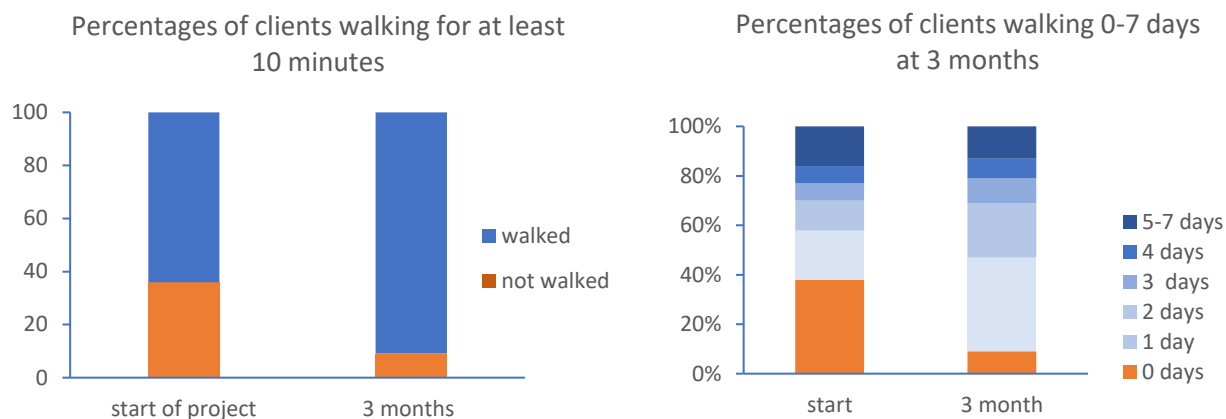


Figure 6 Percentage of clients continuing regular walks at 3 months.

Of the clients reviewed after 12 months, only 68% reported undertaking a walk during the previous week when they joined the project, and this percentage had risen to 96% by 12 months, with 80% of these clients reporting they were walking with sufficient effort to increase their breathing rate (compared with only 45% reporting this when they joined). In addition, the percentage of clients walking for 1 day per week had increased from 23% to 43% and walking for 2 days per week from 11% to 27%. Many clients reported that their confidence in walking had increased and some clients had progressed to walking every day. For example, two clients who had not walked once during the 7 days before they joined the project reported that

*'My confidence is growing, [my befriender] has made a great difference to my walking'* Female client, aged 84

*'I like getting out more (walking every day now)'* Male client, aged 90

The total number of walks achieved by clients who left the project before their 3 month review point or their final review point was at 3, 6 or 12 months reflects the range of weeks that clients walked within each time period and that a number of clients were walking more than once a week (fig.7). Most clients participating for 6 or 12 months experienced at least one lockdown period due to COVID 19 when walking with a befriender was not possible.

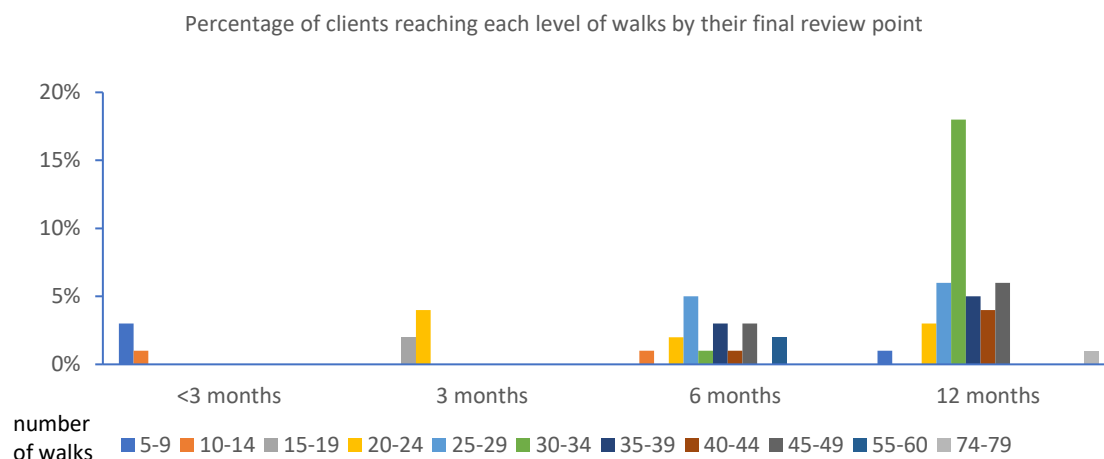


Figure 7 Percentage of clients reaching each level of walks by their final review point

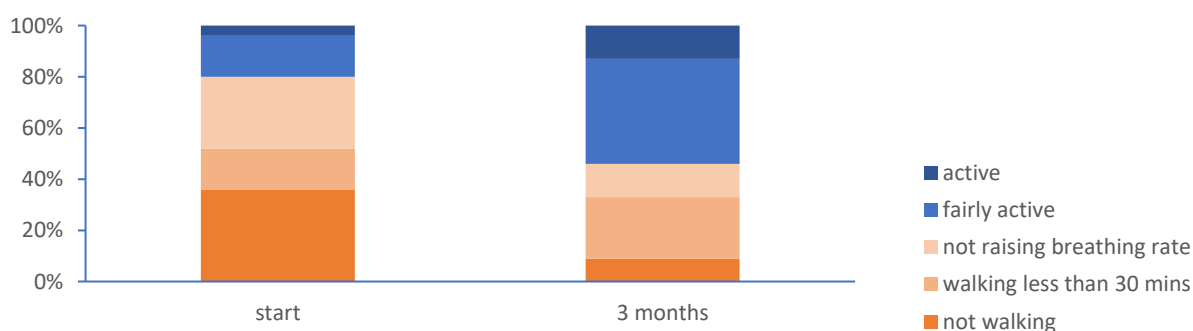
The duration of the walks had also increased during this period. When they joined the project, 48% of clients reported walking for between 5 and 30 minutes each time (range: 5 minutes to 1 hr) and this percentage had increased to 73% of clients by 12 months (range: 10 minutes to 2 hours 30 minutes).

### Activity levels

The Chief Medical Officer defines an inactive person as someone who, over the course of a week, does not achieve a total of 30 moderate intensity equivalent minutes of physical activity, which raised their breathing rate. A person is deemed *fairly active* if they achieve between 30-149 moderately active minutes during a week, and *active* if they achieve over 150 minutes. By this definition 80% of clients were inactive at the start of Walking Befriending, and encouragingly this fell to 46% by 3 months (n=68). However, this may not fully represent the achievements of this client group. The befriender journals supported comments from clients that some of them were in quite poor health. Some clients were in pain, some could only walk around their garden or take a very short walk in their street and others needed frequent rest breaks during their walks. Therefore, for this client group, which includes a high proportion (30%) of clients using a walking aid, the increase in the percentage of clients walking for 10 - 25 minutes and the decrease in those not raising their breathing rate when walking may also represent improvements in physical activity levels over this 3 month period (fig. 8).

These improvements continued across the duration of the project. For the cohort reviewed at 3 and 6 months (n=59), the percentage of clients deemed fairly active/active rose from 21% at the start to 59% at 3 months and 66% by 6 months. Similarly, for the cohort reviewed at 3, 6 and 12 months (n=44), the percentage of clients deemed fairly active/active rose from 25% at the start to 55% at 3 months, 62% at 6 months and 703% by 12 months. At each review point, the percentage of clients not walking was very low (range:10%-0%) compared to the start (36%). However, there were some clients who were deemed inactive at 6 and 12 months but who had actually increased their activity from 0 minutes to 10 -25 minutes per week or who walked for over 30 minutes per week and would be deemed fairly active if they had managed to raise their breathing rate.

Percentage of clients inactive, fairly active and active at start and 3 months (n=68)



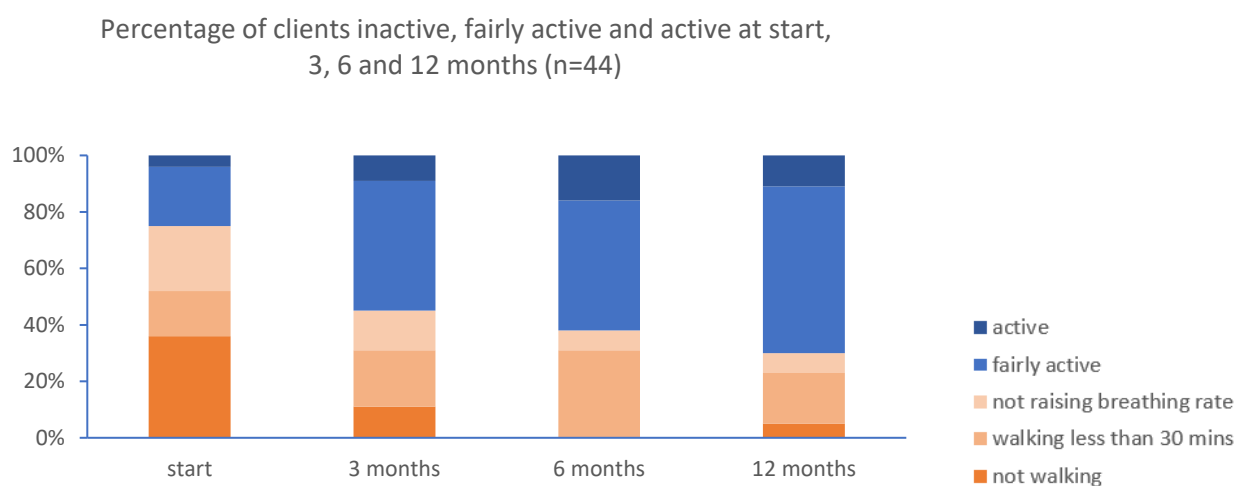
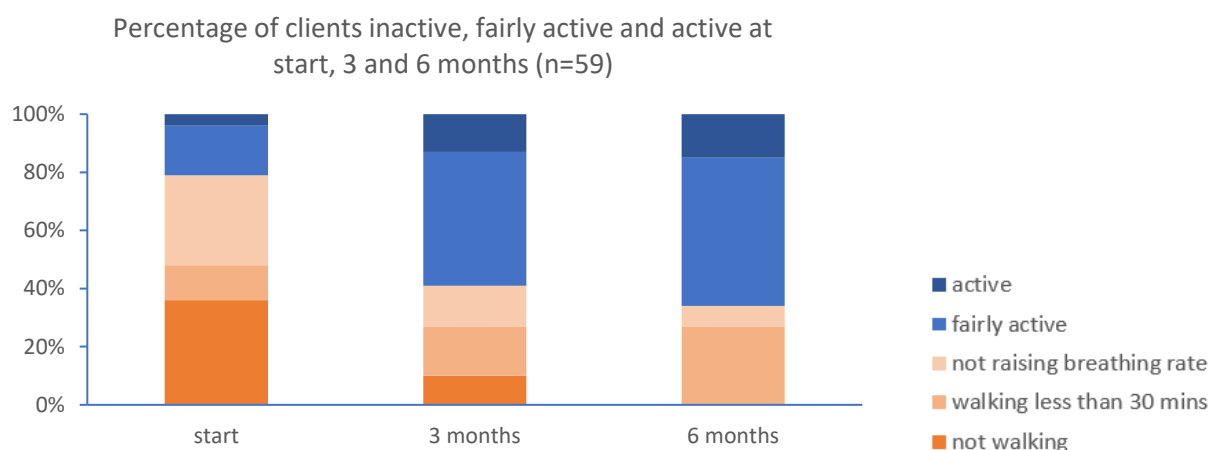


Figure 8 Percentages of clients inactive, fairly active and active at their review points

## Wellbeing

The median scores for the SWEMWBS for the 12-month cohort rose from 19.00 at the start to 19.25 and 3 months, 19.98 at 6 months and 21.54 at 12 months. This two-point difference moved the median score from the high end of low mental wellbeing to just into the moderate mental wellbeing range. The percentage of clients reporting moderate wellbeing rose from 34% to 84% across the 12 months. There was little improvement during the first 3 months for the 12 months cohort, although some improvements were seen at 3 months in the 3 months and 6 months cohorts (fig.9).

Clients' comments also reflect these improvements in the mental well-being scores. For example, clients reported that Walking Befriending

*'Made me feel more optimistic'* Female client, aged 69

*'Made me happier'* Female client, aged 78

These improvements in mental wellbeing were also noted by befrienders, for example, one befriender felt their client's mood was happy, cheerful and relaxed and reported that the client

*'said she felt good after the walk'* female befriender of female client aged 82



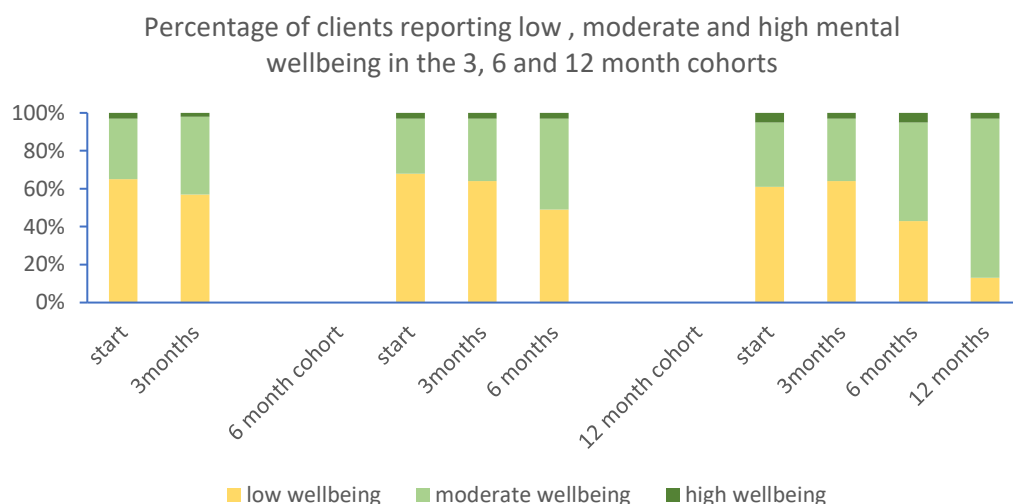


Figure 9 Percentage of clients reporting low, moderate and high mental wellbeing in the 3, 6 and 12 month cohorts

### Feeling supported

All participants at each review point felt really supported. They had developed good relationships with their befriender, were feeling better and more able to go for a walk. For example, clients commented

*'I am grateful for the support; it is nice to have someone around that cares, and we can talk to each other. I feel less anxious'* Male client, aged 90

*'I am feeling better in myself, and very much enjoy the company'* Female client, aged 79

And another explained that without the befriender

*'I was struggling on my own to get to the shops. No social events in life'* Male client, aged 69

### Something to look forward to

Many clients also really looked forward to their walks, as one client commented.

*'I love walking, wait for my volunteer on the doorstep'*, Female client, aged 88

*'Walking with my befriender has given me something to look forward to every week. I still struggle with my health, but I am persevering for as long as I can'*. Male client, aged 81

In addition, for those clients where Covid restrictions disrupted their walks, although befrienders continued to chat with their clients by telephone the clients were missing their regular walks. For example, one client felt

*'We started well, but [we] have had to stop because of lockdown. I was enjoying the walks, looking forward to starting again'* Female client, aged 83

## Loneliness

Walking Befriending aimed to help reduce loneliness and it had a positive impact over the 3-month period (fig.10). The percentage of clients reporting they felt lonely 'often' fell from 42% to 31% and those agreeing they 'felt close to people' rose from 62% to 74%.

Walking befriending had an even more positive impact on the lives of clients who continued walking regularly. By 12 months, the percentage of clients reporting they often felt lonely fell from 44% to 5% and those agreeing they 'felt close to people' rose from 45% to 70%.

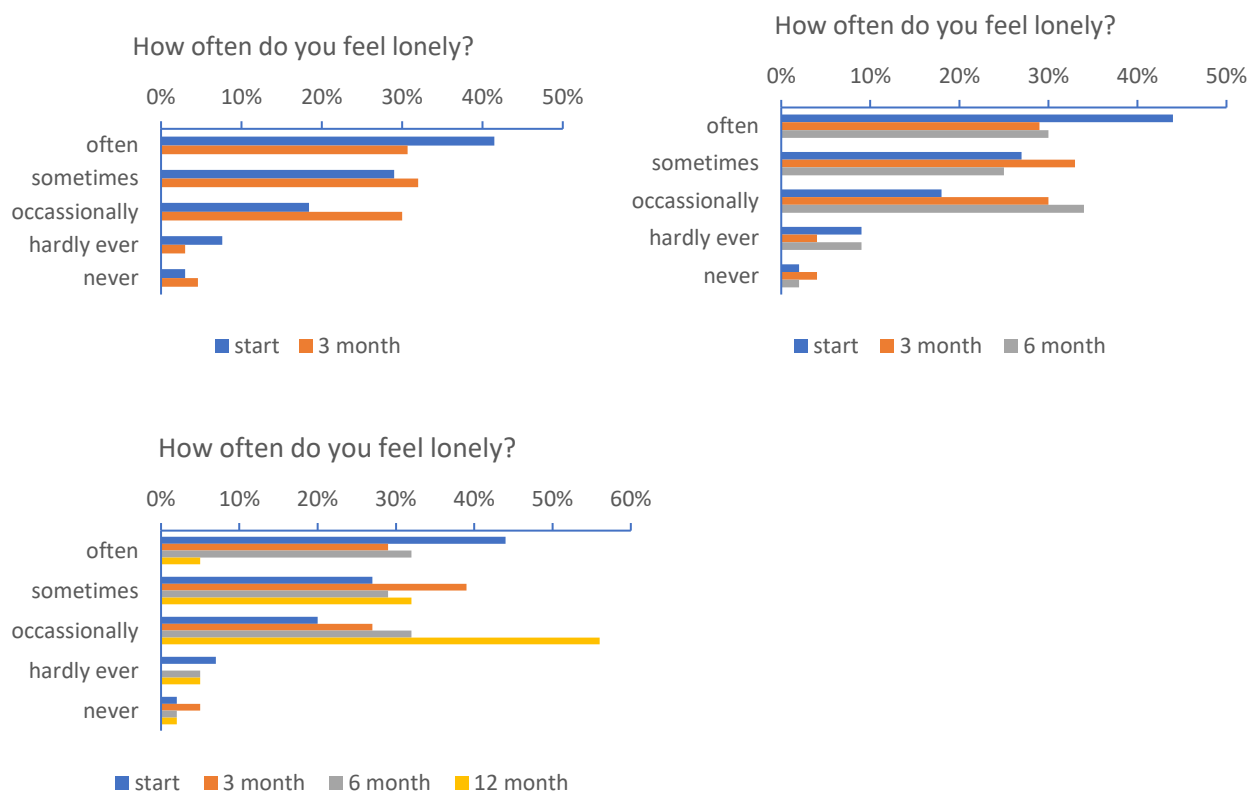


Figure 10 How often do you feel lonely? (3 months, 6 months and 12 months cohorts)

Clients' scores on the Loneliness scale, an indirect measure of loneliness, also improved during the project. The mean score fell 1 point across the 12 months from 6 to 5 (fig.11). The means scores for the 3 months and 6 months cohorts showed similar, but less pronounced trends (falling approximately  $\frac{1}{4}$  point and  $\frac{1}{2}$  point respectively).

Typical comments from clients described how the walks have improved their lives

*'I feel less lonely after my weekly visit, I can walk and talk with my volunteer'* Female client, aged 92

*'it is the highlight of my week'* Male client, aged 64

*'It's nice to have some male company, I don't get out otherwise'* Male client, aged 86

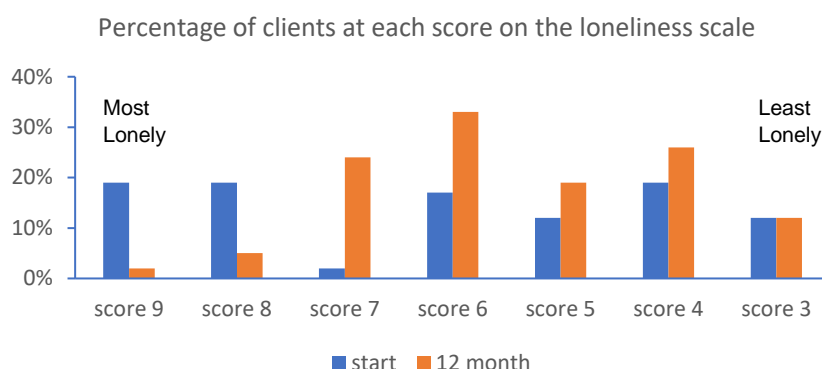


Figure 11 Percentage of clients at each score of the loneliness scale

All feedback from clients was very positive. They reported that having a 'walking buddy' made the walks more enjoyable, motivated them to get out of the house, increased their confidence to walk as many were concerned about their safety, mobility and risk of falling when walking alone, and improved their physical health and mental wellbeing. Some of the male clients were delighted that Walking Befriending not only gave them the opportunity for regular walks but also gave them the male company they had been missing.

### Personal development

The percentage of clients reporting that they agreed/strongly agreed with statement 'I can achieve most of the goals I set myself' rose from 48% at the 3 months review point to 66% at 6 months and 73% at 12 months. The percentage of clients who disagreed/strongly disagreed with the statement fell from 11% to 9% to 0% over the same time period.

Indeed, some clients were very pleased with their progress, for example

*'My health continues to prevent me from doing as much as I want, but this walking service has shown me I can do more than I think'* Male client, aged 90

### Inclusion in their community

The percentage of clients reporting they agreed/strongly agreed with the statement 'most people in the local area can be trusted' remained fairly constant across the project at 71-73% and no clients mentioned that they felt nervous walking in their local area. However, as the project progressed more people knew about/were considering joining other activities in their local area, increasing from 45% at 3 months to 57% at 6 months and 77% at 12 months. The percentage of clients joining in other social activities regularly increased from 14% to 25% at 6 months but then fell back to 15%. Some clients reported COVID had closed local activities as their final review point was during a lockdown period and it's possible that other clients decided not to return to activities once they reopened. Indeed, several clients reported that they found it difficult to get back into walking once the lockdown restrictions eased but they praised their befrienders for keeping in contact while the restrictions were in place.

Befriender journals noted when clients were taking more interest in their community, for example *'taking steps towards renewing social contacts'* male befriender of male client, aged 69

## Case Study

This case study about Michael, a client, and David, a volunteer walking befriender, who was matched with Michael illustrates their story and the impact of participating in Walking Befriending.

### Michael and David's story

(These names are pseudonyms to protect the participants' identities)

In October 2020 a family member referred Michael to us, as he had expressed interest in Walking Befriending. Michael is living with Parkinson's Disease and, despite his condition and with some support, is managing to live independently. Upon conversation with Michael, we established that he hadn't been able to leave his house for nearly two years due to his health difficulties. He was very keen for a Walking Befriender to safely take him for a short walk which could enable him to get outdoors, benefit from the fresh air and engage in a social activity.

The Befriending Co-ordinator matched Michael to David, a male walking befriender, and they quickly established a wonderful rapport. Michael has an inspirationally positive outlook on life as well as a great sense of humour and David quickly felt humbled by Michael.

Michael is unable to lift his head to look ahead, so David decided that a walk around their local cricket pavilion would be a good option as there would be no roads or obstacles to navigate. On their first outing, Michael was unable to walk the whole circuit and had to sit for a while to rest. David was mindful to set the pace and distance to suit Michael's needs. They walk around the cricket pavilion on a weekly basis, with David constantly risk assessing the route as they are walking to ensure Michael has a safe environment ahead of him. Michael can now walk for up to 40 minutes without stopping which has greatly improved his fitness and his confidence.

Michael says that having David by his side is comforting as it's an extra pair of eyes on him to make sure he stays safe. Michael had previously lived an active life. He used to compete in half marathons but due to the effect of his long-term condition, now struggles to go across to his local convenience shop. Since walking with David, Michael now has the confidence to walk over to the shop on his own.

David says that he gets a lot from his relationship with Michael. They always have a great chat, and he feels privileged to be able to share in Michael's life in a tiny way.

*Figure 12 Michael and David's story*

## Conclusions

### Are entry level walks effective in helping older people to improve their physical and mental wellbeing?

The findings from this study demonstrated that these entry level walks with a befriender, in many cases starting with only 10 – 20 minutes, gradually increased clients' confidence in their walking such that their activity levels increased. The percentage of clients becoming fairly active rose from 21% to over 70% by 12 months, however very few clients had managed to reach the required 150 or more moderate minutes per week to be considered active. For clients participating in Walking Befriending, where the majority of clients (72-77%) were aged 75 and over, indeed 30% of clients were aged 85 -96, and 30% of clients were using walking aids, their more modest achievements might be more appropriate. For these older adults, many of whom were living with ill health, poor mobility and risk of falls their success in becoming more active might be better considered by a) that at the 6 and 12 months review points, the percentages of clients that had not walked during the previous 7 days were very low (0% and 5% respectively, compared with 36% at project start) and b)

that for many clients over the course of their engagement in Walking Befriending the number of days they walked, or the duration of their walks or both had increased.

Also, the drop-out rate was comparatively low, with only 6% failing to walk for 3 months/6 months, and the majority leaving because their health had deteriorated to such an extent that they didn't feel able to continue with weekly walks. By 12 months, 20% of that cohort had left, 13% due to health reasons and 7% had moved onto other walking activities, demonstrating the progress they had made in developing their confidence to walk with family members or alone. Walking Befriending aimed to have 80 clients walking regularly at 3 months, 60 at 6 months and 35 at 12 months. Although Age UK Milton Keynes missed their target of 80 clients walking regularly at 3 months by 15%, due to only 72 participants joining the Walking Befriending overall as Covid impacted on recruitment, they almost met their target for 6 months (98% of expected clients still walking) and exceeded their target for 12 months by 26%. Walking Befriending also exceeded their target for the number of befrienders activity engaged in walking regularly with clients by 22%. These impressive results attest to the success of the programme.

It is clear that for many clients walking was challenging, with them needing to take rest breaks before continuing their walk but they showed great perseverance and determination to keep walking, sometimes through the pain.

Clients commented on how much they had enjoyed the walks, 'being in the fresh air', 'being outside', 'seeing the changes in the city throughout the year' all indicated that walking with a befriender brought mental wellbeing benefits. In addition, many enjoyed exploring their local area or being driven to locations to enjoy walking further away from home.

For these older clients the befriending aspect was as important as the walking activity. Clients clearly enjoyed being part of Walking Befriending and looked forward to their weekly walks. They commented on how much they had enjoyed the company and their chats together, the with several saying they had made 'made a new friend'. Those participating during a lockdown period really appreciated the continuing support through phone calls with their befriender.

Walking and talking had improved clients' mental wellbeing as measured by SWEMWBS, with clear increases in the percentage of clients reporting moderate well-being. However, these improvements tended to take time and the highest median score attained was at the lower level of the moderate mental well-being range. Many factors could be influencing these scores. The clients participating in Walking Befriending are all aged 58 or over and many are living with poor health and poor mobility. In addition, recent research has shown that living through the pandemic has increased older people's anxiety and lowered their feeling of mental wellbeing (Age UK, 2021), especially for those living on their own. A high proportion of Walking Befriending clients (over 70%) were living on their own so it was encouraging that these walks could help lift their mood. Indeed, this project also demonstrates how regular contact with someone external to their household can make a huge difference to an older person's life.

Surveys by Sport England (2018) have shown that as people age they tend to reduce their physical activity, with over 50% of adults aged 55-64, 62% of 75-84 year olds and 74% of those aged over 85 engaging in zero minutes of activity per week. In addition, this is compounded for adults living with a disability or impairment as over three quarters of inactive people aged 55 or over had done no physical activity in the previous 28 days. The findings from Walking Befriending, with 95% -100% of clients walking for at least 10 minutes, demonstrate that this can be turned around, improving older people's physical and mental wellbeing, especially those in the oldest age-groups. However, the findings also suggest that short programmes of 12 weeks are less likely to be as effective as programmes that continue walking befriender support for as long as people desire, enabling older people to make walks part of their weekly routine.

## Can walking be used to alleviate loneliness following a significant life event such as bereavement, period of ill health?

Clients joining Walking Befriending had all experienced a significant life event: bereavement, being a hospital inpatient or a fall. In addition, over 70% lived alone and 50% reported being in ill health. According to a report by Age UK (2018) *'older people aged over 50 are 5.2 times more likely to be lonely often if they are widowed compared with older people in a relationship, 3.7 times more likely to often lonely compared with older people in good health or excellent health, and 1.6 time more likely to be often lonely if they are living alone compared with older people living with somebody'*. These risk factors were reflected in the fact that before they joined Walking Befriending, over 40% of the clients felt lonely often, which is a higher percentage than that reported by residents living in a care home (29%), and is more akin to the increased percentage of these same residents reporting they felt lonely often (38%) during the pandemic (C&C, 2022) .

Walking Befriending had a positive impact on client's feelings of loneliness. The percentages of clients feeling often lonely fell progressively the longer they engaged in Walking Befriending, from over 40% to approx. 30% after 3 or 6 months and 5% at 12 months. Clients mentioned how they enjoyed the company of their befriender and the conversations they had together. Indeed, the Age UK report (2018) also revealed that older people were *'5.2 times more likely to be often lonely if they don't have someone to open up to when they need to talk compared with older people who have someone'*, so these one-one conversations are likely to have helped reduce people's feeling of loneliness. In addition, clients reported how they enjoyed meeting neighbours which was also reported by their befrienders, and several clients actually commented that they felt less lonely.

## Does the Walking befriender role help address the barrier of becoming active? If so, how?

Across the project, the barriers that clients reported as still preventing them from walking: ill health, poor mobility, fear of falls, safety, feeling nervous when walking alone and bad weather continue to feature at all the review points. Only the percentage of clients reporting ill health as a barrier fell during this period. However, the findings show that the Walking befriender role can help address all the barriers of becoming active. Clients reported that they felt safe walking with their befriender, some clients praised their befriender's patience as they couldn't walk fast, or because they needed to take rest breaks, and others felt talking as you walked meant it didn't feel like exercise. Walking befrienders could even help mitigate against bad weather, by finding covered areas to walk or arranging to walk at another time. Clients also commented how the befriender's gentle encouragement gave them confidence to walk and over time to walk further, exploring their local area or further afield. Some clients were only able to walk for 10-15 minutes but they also felt they gained from the walks and the company of their befriender. It was encouraging to see from the befriender journals that some clients gained sufficient confidence go out by themselves, for example to their local shops but many clients did not want walk alone so without a befriender they may never had taken a walk outside, even around their own garden.

## Lessons Learned

The lessons learned during the project are listed in table 3.



Table 3 Lessons learned during the project

| Issue   | Action   |
|---|--|
| <i>The service</i>  |  |
| The role of Walking Co-ordinator is central to the success of the service   | Appoint a Walking Co-ordinator, preferably to set up the service pre-launch and then continue the role   |
| Establishing Walking Befriending can be slow. Face to face promotional activities, and establishing good referral networks with local organisations, e.g. social prescribers, are most effective  | Establish wide reaching referral routes e.g. Social Workers, bereavement support, dementia services, social prescribing link workers, community mobilisers/people working at neighbourhood level   |
| Timing of the launch is important – walking activity decreased from November to February  | Launch during Spring or early summer to establish good walking routines before the weather breaks.   |
| The importance of the process matching befrienders with clients should not be underestimated – the most successful pairings were based on shared interests, where they live, availability during the day etc  | Good conversations with potential clients and befrienders to get a clear sense of them as individuals.   |
| Adverse weather can severely impact the likelihood of walks taking place  | Consider suitable adverse weather options, e.g. covered walkways, indoor shopping centres  |
| The befriending aspects of Walking Befriending are just as important as the walking element – contributing to increasing client's mental wellbeing and reducing loneliness  | Walking activities for older people, especially the oldest old and those with poor mobility or ill health, may bring more benefits if combined with support from a befriender  |
| <i>Befrienders</i>  |  |
| Recruiting sufficient volunteer befrienders to meet client needs can be challenging   | Establish good links with local walking groups, volunteer organisations etc.<br>Local businesses may be willing to release their staff to become walking befrienders during work hours   |
| Volunteer befrienders were recruited on a rolling basis throughout the project, so it was difficult to provide group training sessions, without causing unnecessary delays.   | Provide one to one briefings and supporting documents to meet the key training requirements  |
| Clients will have differing physical abilities and motivations to walk  | Befrienders should spend the first few walks getting to know their client's walking ability  |
| As relationships developed and /or the client's fitness improved, many volunteers walked for longer or made visits more than once a week.   | Support befrienders who wish to develop their role further to meet changes in the client's needs, e.g. to take longer walks, visit more often, drive to other walking locations<br>Provide or link to further training, e.g. walk leadership |
| <i>Clients</i>  |  |
| Reaching clients in areas of deprivation can be challenging – there were no clients recruited from areas in Milton Keynes ranked as being in the most deprived decile (1) in the Index of Multiple Deprivation and only 2 clients from areas ranked as being in decile 2. However, Walking Befriending did recruit 11 clients from areas ranked as being in decile 3. | Establish new referral routes to encourage people living in the most deprived areas of Milton Keynes to join Walking Befriending   |
| Some clients referred by family weren't motivated to start walking and this led to them quickly losing interest; clients who self-referred had a higher rate of retention   | Establish motivation for walking in early conversations with potential clients   |
| Not all clients were suitable for the service   | Refer to other services, e.g. home visit befriending   |
| For some older people progress might be slower  | Aid clients to set and work towards small goals to help keep them focused and supported.   |
| Very few clients wished to move on to other physical activities, e.g. gym/dance, cycling, walking in a group. So activities scheduled to be provided by 1Life (in an older person's health and wellbeing studio) and Hertsmere (small group sessions e.g. walking football and netball) were not taken up.  | Establish Walking Befriending as a ongoing service, with time limit set by the clients themselves. Accept that this service may be the level of physical activity desired/achievable by many clients   |

## Recommendations

1. It would be helpful if professionals promoting physical activity targets for people in England recognised that for some older people, especially those in the oldest age groups or with poor health and mobility,
  - Encouraging them to bring walking into their weekly routine and be 'fairly active' on a regular basis may be more reasonable and achievable goals than 150 minutes of moderate intensity per week
  - Additionally, for some of these older people, walking for just 10 minutes or up to 25 minutes is challenging and encouraging them to achieve this regularly may be a more attainable goal, unless support can be given for more than one visit per week.
  - Also, some older people do not have the confidence or physical ability to walk at sufficient pace to raise their breathing rate, so encouraging them to walk regularly for more than 30 minutes without raising their breathing rate may be a more reasonable goal

It would be more useful if older people in these latter situations were referred to as 'slightly or reasonably active', with 'inactive' reserved for people undertaking zero minutes of physical activity.

2. Walking Befriending needs to be sufficiently resourced, for example by local authorities, Clinical Commissioning Groups, Sport England etc, so that it can
  - be developed for every community in the UK, so every older people who is eligible has the opportunity to participate – preferably through Age UK but through other charities/organisations as necessary. Every provider needs to appoint a Walking Co-ordinator to manage and support befrienders and undertake the matching process
  - be available to clients on a permanent basis, with clients themselves deciding when to leave the service, either because they feel ready to walk alone or with family and friends or because their health has deteriorated to such an extent that they would benefit more from the home visiting services. Benefits experienced by clients continue to increase as time progresses so short programmes, e.g. 12 weeks that are sometimes offered are less likely to be as effective.
  - be considered for all clients referred to a home visit befriending service. The findings show that a range of people can benefit, those with poor mobility, using walking aids, have poor health including Parkinson's disease, dementia, experienced a stroke or have lost their confidence or motivation
  - provide befrienders with timely access to walking and befriending training, preventing delays in starting to walk for both clients and the befrienders themselves
  - meet one of Sport England's goals for volunteers – helping the people who are least active to become active (Sport England, 2021 p3)

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