



November 2010

QUALITATIVE EVALUATION OF MOBILISE

Final report prepared by

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Presented to

Health Promotion Service: Cornwall and Isles and Scilly Primary Care Trust

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1 ABOUT MOBILISE

1.1 Project rationale

Mobilise aims to address problems of poor health and well-being in Cornwall by helping people become 'more active, more often' by encouraging them to walk and cycle, both as enjoyable health pursuits and as forms of sustainable transport.

'The overall aim of Mobilise is to promote and enable sustainable, healthy active travel through walking and cycling as part of everyday activity, to help protect the environment, to improve health and to help promote social inclusion.'

Mobilise offers a calendar of walking and cycling activities, open to people of all abilities, across the whole of Cornwall and with no need to pre-register or book to attend. The routes are planned with the limits of low fitness or poor health in mind. Mobilise staff and volunteer walk/ride leaders plan, guide and support the activities.

For beneficiaries, their families and wider communities, the intended outcomes of the project are:

- increased levels of physical activity;
- improved health;
- increased use of walking and cycling to access local amenities;
- greater awareness of benefits and opportunities for active lifestyles.

1.2 About our research

CLES Consulting has been commissioned to conduct independent qualitative research into the impact of Mobilise on programme beneficiaries. This has been designed to create a detailed picture of how beneficiaries view the impact of their participation in Mobilise activities in terms of their physical, mental and social well-being, as well as providing an indication of their experiences and perceptions of active lifestyles. This has been achieved through a series of focus groups and in-depth interviews with beneficiaries from across the different Mobilise activities, including both walking and cycling. The sections below discuss the main findings in terms of the impacts, added value, and sustainability of the outcomes generated by Mobilise, before concluding with some final thoughts on the key lessons for future delivery.

2 MAIN FINDINGS

2.1 Effectiveness of publicity

Beneficiaries were mainly aware of publicity for Mobilise in the form of leaflets or flyers. One beneficiary reported picking up a leaflet a number of years ago and saving it until after she had retired. Whilst most had seen the leaflets around their locality, many of the beneficiaries had first heard of Mobilise through different means. One beneficiary had found out about Mobilise online; several others had first heard of Mobilise activities from a friend or family member.

Word of mouth was particularly important in the cycling group, three of whom had come across Mobilise because it had been mentioned to them whilst they were visiting the café at Bissoe Bike Hire (the start point for one ride). Two of the three were not even looking to cycle, rather:

'There was a nice café and we just came in for a cup of coffee.'

A few beneficiaries described being directed towards Mobilise walks and cycle rides by their doctors or other health professionals, and one had been told about the activities whilst on a healthy living course *'Small Changes, Big Difference.'*

Given that activities were said to be generally well attended, with the Monday walking group having especially high turnouts, this combination of word of mouth, flyers and referral seems to be effectively reaching the target groups.

2.2 Attitudes towards physical activity

2.2.1 Current and past levels of activity

When asked about past levels of activity, and whether beneficiaries would have described themselves as being active before their involvement in Mobilise, there was a notable difference between the walking and cycling groups. Many more of the walkers would have previously described themselves as active people, although they also mentioned that it had become more difficult to keep walking as they got older. A small minority of the walking group had not been active:

'[Before Mobilise] I didn't do any exercise, apart from housework.'

In comparison, relatively few of the cyclists would have said they were active before Mobilise. The majority had cycled as children, and been more active when they were younger, but commented that they had been inactive for a relatively long time because of the time constraints of busy work and family lives. In some cases, it had been children growing up and becoming active independently that had meant the adults' levels of activity gradually tailed off. It seemed almost as if, without being fully aware of it, they had become inactive:

'It's the gap of years too, when the boys were small we took them cycling everywhere but then one day I found my bike at the back of the cellar... I had to make a decision: either I get rid of this bike or I get back on it.'

Nearly all beneficiaries had increased the amount of activity they did each week, with the exception of a few who had been very active before, and one man whose health had declined. On the whole, those who had formerly been inactive had begun Mobilise activities either because they had previously wanted to be active and since retiring have plenty of time, or because a shock to their health had made them realise they needed to reconsider aspects of their lifestyle.

In terms of current activity, most of the beneficiaries reported that they attended one or two Mobilise activities a week and occasionally walked or cycled independently. A minority, although quite a significant one, have experienced far greater changes to their lifestyle. For these beneficiaries, walking or cycling has become a way of life and, where possible, they get out every day. Many of these beneficiaries also cycled or walked to the meeting points for Mobilise activities:

'We're out every day now, doing something or other.'

'I go cycling on other days on my own.'

A few beneficiaries have started other forms of exercise (e.g. attending exercise classes):

'I go to the gym and do aquafit in the week.'

A group of three or four cyclists meet up regularly outside the group to cycle. They have also recently begun going barn dancing together. Friendships formed through Mobilise have spurred further activity, with groups of beneficiaries taking active holidays together to tackle new walking or cycling challenges.

2.2.2 Barriers to being active

There was a great deal of consensus about what stopped the beneficiaries from being more active. The most common comment from cyclists was that they were put off doing more cycling by traffic:

'I won't go on the roads... it's too dangerous.'

Location was also an important barrier, beneficiaries in all the groups were looking for gentle exercise and often wanted to avoid hills, a difficult thing to achieve in Cornwall. There was also a common perception that places were too remote from each other to walk or cycle between them, or there were too few safe, flat, off-road routes that could link one place to another;

Most beneficiaries said they will go out in light rain, but snow and ice keep people indoors:

'We make a joke out of the rain; we're always soaking wet.'

One walker raised the problem of transport, without a car she was reliant on:

'The sheer kind heartedness of the group to give me lifts.'

Many of the Mobilise meeting points are car parks or other places difficult to access by public transport. This is however a trade off with finding safe off road routes that are pleasant to cycle and walk on.

Physical strength and flexibility was a barrier for some. A beneficiary of the cycling programme needed her husband to help manoeuvre her bike in and out of their van and therefore could only cycle when he was present, whilst others noted that stiles and other obstacles made some routes too physically demanding.

One outcome of the walking focus group was how age could become a barrier, and how the format of Mobilise had helped overcome that. People who said they had previously been active walkers commented that it had become more difficult for them to walk as they grew older. This was because of problems with their health, difficulty motivating themselves, or unwillingness to walk alone due to safety concerns or lack of interest in such a solitary pursuit. Mobilise addressed these issues by providing a social group activity, backed up with support and a sense of security from having the walk/ride leaders:

'I did a lot of walking, but not as my legs got worse.'

'Because I didn't want to be walking on my own, I thought a group will be fine.'

A cycling beneficiary commented that the maintenance and mechanics aspect of cycling could be off-putting; when out cycling alone, there is a concern that something could go wrong and they would be stranded. The format of Mobilise had helped to overcome this.

2.3 Impacts

2.3.1 Health and fitness

Beneficiaries of both the walking and cycling groups referred to the health and fitness aspects of Mobilise throughout, although the cyclists were slightly more likely to stress health and fitness as the main benefit of participation. The desire to improve or maintain health was a primary factor in many beneficiaries decision to begin attending Mobilise events:

'[I started] because I wanted to keep fit. It's an easy way to do it, get on your bike and cycle straight out of the garage.'

For both activities, almost all beneficiaries perceived some positive impact on their health and fitness levels. People described finding everyday activities easier due to increased strength and fitness. In addition to describing how the impact on their health had personally benefited them, several of the beneficiaries described improvements to individual health in terms of it producing a benefit to wider society:

'Mobilise keeps you healthy and out of the doctors, it will save the NHS a lot more money.'

This individual and societal benefit was evidenced in the personal experiences shared by the beneficiaries. Many of the beneficiaries reported that they had started attending Mobilise activities wholly or partly as a way to address, and where possible recover from, health conditions and injury:

'It [Mobilise] played a huge part in my recovery... I'm supposed to have been disabled, I was so badly injured.'

One beneficiary reported joining the group after being diagnosed with diabetes. He considers the cycling, along with changes in his diet, to be the reason why the disease has not progressed further. This has meant he is able to control his condition without medication. A second was told by the doctor that she was on the edge of having diabetes and urgently needed to address her diet and lifestyle. She is currently cycling everyday, joined a slimming group, and has made changes to the way she eats; several years on, the diabetes has still not developed. Both beneficiaries were proud to be managing their own health and relieved not to need medication. In terms of the wider benefit to society, it is estimated that around 10% of the NHS budget is spent treating diabetes and complications caused by it; at current levels of expenditure, that is around £286 a second¹. 'Diabetes in the NHS'² reports that:

'Every year, 20% of people with diabetes will be admitted to hospital, usually for some incidental condition or complication. They account for around 9% of hospital expenditure.'

Other beneficiaries reported improvements in their cardiovascular health, with the beneficiaries of the walking groups in particular mentioning lowered blood pressure. To one individual the benefit has been especially great. He began attending Mobilise walks after suffering a series of heart attacks and undergoing bypass surgery. The Mobilise walking groups were mentioned during physical therapy. Now, after walking with the group for five years, the beneficiary was recently told by the doctor that:

'The reason my heart is good and my arteries are good is because I'm doing the walking.'

Not all the health benefits described were about recovery from or prevention of poor health. Some beneficiaries had persistent conditions and they tended to describe the impact of Mobilise in terms of providing a way for them to be active in spite of their limitations and without making things worse. This was a particular theme among the cyclists, several of whom had joint or back problems:

'I can't get out of bed some mornings, but when I'm on the bike I don't feel any back pain at all.'

'You are normal on a bike because it's non-weight bearing.'

'Swimming didn't suit me... it pushed my knees and I could hardly walk.'

The non-weight bearing nature of cycling had come as a surprise to some of the group. It was suggested that it was the ideal gentle exercise to promote as people got older; by taking the weight off the hips, cycling can be easier than walking for many people.

Moving on to more general health impacts, rather than recovery or relief from a specific health complaint, the most common comments among both walkers and cyclists were that their general fitness levels were higher which manifested in greater ease and speed walking or cycling. Several beneficiaries mentioned they had noticed that their fitness levels were higher because during the Mobilise activities they are now able to talk to other members of the group even whilst going uphill.

¹Diabetes.co.uk (2010) *NHS and Diabetes* <http://www.diabetes.co.uk/nhs/index.html>

² NHS (2007) *Diabetes in the NHS: Commissioning and Providing Specialist Services* http://www.diabetes.nhs.uk/publications_and_resources/reports_and_guidance/

Others had found that they were now fit and confident enough to try some of the more challenging walks and rides. It had been important in this that the Mobilise walk and ride leaders were very encouraging, supporting people to take on the extra challenge:

'I thought I was going to hold up the group doing the long ride but [the ride leader] says 'Oh no! I need a break, I need a rest too you know!...' You don't feel guilty about it.'

2.3.2 Social

After health impacts, it was the social impacts of Mobilise that were most often cited. In particular, this was true of the walking beneficiaries for whom the social side of the activities was especially important. One of the cyclists had first been on the walks and commented on this; whilst she had been looking for a bit of a challenge, something to get her fit and healthy, she felt people went on the walks:

'More to exercise their tongues!'

The comment was made in good humour; however it does reflect the reasons given by many of the walkers; when asked about their main motivation for participating in the walks, beneficiaries commented:

'It's the talking and how, in a way, it's like a big family.'

'The social side as much as anything... Just walk and talk really.'

Even though the majority of cyclists say they joined to keep fit or to address their health, the social side of Mobilise activities has proved very valuable to them as well:

'The social side... it's lovely.'

'People also join to make friends, to widen their circle a little. You do tend to be house bound when you're not doing anything.'

Beneficiaries of both walking and cycling groups reported that they socialise with other people from the groups (e.g. meeting up to do extra walks or rides). On the day of the focus group, seven of the Mobilise cyclists were due to go away on a cycling trip together, despite two of the seven only having joined the group within the last six months. Previously, some of the group had been to cycle parts of the 'Tarka Trail', which is a northern section of the Devon coast-to-coast cycle path. The walkers were similarly sociable; the walkers in the Monday group have had several socials this year, including a BBQ and a quiz night. On the day of the focus group, the Wednesday walkers were busy planning a December meal at a local restaurant. To celebrate five years of the walking group, eight walkers went on a two day trip and walked across the Cornish Peninsula from Newquay to Charlestown. Some of the walkers have even formed their own ukulele band, having never known each other before the walks. Last year, the band played at thirty two events, with all the fees being donated to Cornwall Hospice Care.

The social interaction of the group is a benefit in itself for many of the participants, especially those who are retired and find they have fewer opportunities to socialise and meet new people. One beneficiary contrasted her positive social experiences at Mobilise with a previous short lived attempt to be active at a gym, which she found to be a depressing environment where:

'Nobody spoke, nobody smiled.'

By comparison, the welcoming and social environment of the cycling and walking was appealing. The difference is clear; she has now been attending the group for nine years. Many of the beneficiaries discussed how social benefits were linked to their health impacts; it is clear that the socialisation around the groups has led to people being even more active; meeting up to do the walks or rides again and travelling together to try new and longer routes. Beneficiaries themselves recognised the connection, commenting on how the social aspect made being active easier or more attractive:

'When you get talking you don't realise you're walking.'

'What a difference it makes if you've got company, how easy it is to walk and to get up the hills.'

'The group keeps you coming, ticking over your enthusiasm.'

From these comments it is clear that the social impacts of Mobilise act as a motivation to health and activity, they make the experience enjoyable for participants who then feel encouraged to be active. The central role of the social aspects in beneficiaries' motivation also indicates that there is added value continually being produced by the Mobilise groups; even when participants have adopted a more active lifestyle, the structure of the group, the friendships, and the interactions are relied upon by individuals to keep them motivated:

'If it [the cycling group] wasn't going, we'd be sat in a chair right now.'

'When you get older, it's harder to walk and to get yourself motivated. The fact you know that you're going to meet people who'll say hello and talk to you helps.'

2.3.3 Mental well-being

Participants from both groups found having a fixed schedule of Mobilise activities beneficial to their mental wellbeing. People found it was easier to motivate themselves to be active when the activity was a fixed point in time each week, and when they knew there would be a group of other people there. Several participants who were retired found that the routine of attending Mobilise helpful because the activities gave a structure to their week and, as attendance each week became a habit, they found motivation less difficult:

'You know it's there, and I always turn up. It gets me out; I think it's Monday I better get 'me' bike!'

'knowing you've got to be there at that time makes it a priority for that day...without Mobilise my activity would definitely start to tail off.'

The activities give people a lift in mood. One outcome participants found quite unexpected was that after a Mobilise event they often feel more inclined to be active and go places for the rest of the day:

'Even if you feel a bit down that lifts you.'

'I don't stay indoors after I've been on a walk, you don't feel like staying in.'

'[Afterwards] we don't just go home.'

These improvements in mood were seen as the result of a number of factors, such as being in the fresh air, seeing wildlife, being energetic, and the buzz of social interaction:

'In the summer, you are out in the garden and people walk by and stop to talk, it's in the winter where the walks are most beneficial... it gets you out of the house and when you get back you feel better for it.'

'It's fresh air, that's the main benefit.'

As well as getting a valuable opportunity to socialise, beneficiaries commented on feeling mentally stimulated by their participation. The walks and rides mean the beneficiaries get to know new parts of Cornwall, or even discover new areas and paths right on their doorstep:

'It makes for a change and you get to see all these interesting places.'

The walks were described as an opportunity for learning. In particular, there are participants who share their knowledge about local history, wild flowers, birds and other wildlife. Others have used GPS devices on the walks to track the distance or height above sea level. One beneficiary described how she had discovered things about her father's military career and local, social history through conversations whilst walking, things she says she would have never learnt otherwise.

2.3.4 Active travel

Walking and cycling as transport was not a topic the beneficiaries raised themselves (e.g. as a benefit of activity or something they enjoyed about being active). When asked whether they cycled or walked as transport the overwhelming response was that they rarely did, and that they saw walking or cycling as an activity they did for leisure and health. Beneficiaries often referred back to the barriers discussed earlier (e.g. not living near enough to shops or friends, or that the route was too challenging in terms of traffic and hills):

'I go cycling other days on my own, but I don't go to the shops or anything.'

'I might cycle to the shop if we lived somewhere else, but you come out the door and got a hill like that. You'd have a heart attack half-way up!'

There were few exceptions to this. Several beneficiaries regularly walk or cycle to and from the Mobilise meeting points. This was viewed by them as a way of lengthening the activity, but it means participants are using walking or cycling as a way of travelling to Mobilise activities. A minority go beyond this; one member of the walking group does not have access to a car so often walks or uses public transport; two walk to go shopping or similar; one regularly uses her bike as transport for short journeys; and finally, one cyclist has friends who live close enough that she will visit them by bike:

'I do go and visit a friend and think, oh I'll use the bike, but it's a bit up hill and down dale... [The group] has started me using it a bit but I do prefer these off-road rides, not keen on the road.'

2.3.5 Impact on friends, family and the wider community

There was a mix of beneficiaries who had come along to their first Mobilise activity on their own and those who came with a partner or friend. One beneficiary had initially attended the walks by herself but then her husband retired and began coming along too. A few beneficiaries commented that they had brought children or grandchildren to some of the activities:

'My daughter has come along once or twice.'

Others have taken friends and family on the Mobilise routes independently. On the whole though, the health and social impacts of Mobilise were perceived to be largely confined to direct beneficiaries. One reason for this could be that many beneficiaries said they have found retirement to be somewhat isolating and family members often lived far away; Mobilise is a way for many beneficiaries to widen their social circle, rather than something new to do with people they already knew.

One other outcome raised by the walking focus group was that Mobilise plays a role in organising a maintenance scheme *'Saddlebags and Secateurs'* which works to control vegetation on some of the footpaths used on the walks; this would have a positive impact on those in the community who use these paths independently, as well as benefiting the Mobilise participants themselves.

2.3.6 Economic

Beneficiaries commented that the improvements to their health and well-being would reduce costs for the NHS, but they did not view walking or cycling as a way for them to save money. This is understandable given that so few were using walking or cycling as a form of active transport. When directly asked about any savings, beneficiaries commented that, if anything, being involved in Mobilise had caused them to spend money. The cost of transport to the meeting points was one such expense, although the walking group in particular reported that, where they could, many of the regular participants car pool to and from the walks.

Many of the cyclists reported that they had spent money on equipment for their new hobby. One couple have bought a van to solve problems of transport and storage for their bikes, but the main purchases were of water proof cycling clothes. Several have bought new bikes or were planning to:

'I want to do more and I'm thinking of buying a new bike... I need a lighter one.'

It was stressed that such purchases weren't necessary to participate in the group. The use of Bissoe Bike Hire as a meeting point ensures those who do not own bikes are able to cycle. This arrangement also results in economic advantages. The bike hire business benefits from increased trade, while the participant benefits because since bike hire is offered at a reduced rate of £4 for the Mobilise activities.

Bike hire benefits new participants in particular, offering a way to try cycling without the commitment of owning a bike. A few of the regular participants also chose to hire bikes. This saves them the trouble of transporting bikes to Mobilise, or keeping up with maintenance. The bike hire was seen as a positive attribute, even by beneficiaries who had never taken advantage of it:

'It's good that it includes those who haven't got a bike.'

3 CONCLUSIONS

3.1 Added value and sustainable outcomes

Without exception, participants were positive and enthusiastic about Mobilise and the impact it has on their lives. Where possible, we have tried to identify the value added by Mobilise, over and above what would have happened in its absence, throughout the discussion of the impacts. One key source of added value is from the organisation of group activities. The principal theme arising from discussions with beneficiaries was how fundamental this aspect of Mobilise has been to people, with the implication being that many of the impacts and benefits would not have occurred otherwise:

- ❑ beneficiaries who had begun the activity for health reasons discovered added value in the social interaction and motivation that came from being surrounded by the group;
- ❑ Mobilise has brought new people together and new friendships have led to beneficiaries having increased social lives and increasingly active social lives;
- ❑ as a result of Mobilise and the people they have met through Mobilise, beneficiaries report trying new things, such as walking or cycling holidays, and barn dancing;
- ❑ through the use of the walk and ride leaders, Mobilise has helped people to be active when they are not able, confident or motivated enough to do so alone. The support has also enabled those whose fitness is increasing to safely take on new challenges;
- ❑ in providing an organised schedule of activity, beneficiaries found Mobilise made it easy for them to get active and keep them active by cultivating a habit of activity.

These are significant health and social well-being gains made by Mobilise organising group activities, over and above what would have happened if beneficiaries had just been encouraged to go out and be more active on their own.

In many cases, the significance of the social and health impacts have increased the longer people have been involved in Mobilise, becoming the main factor in motivating people to remain active or increase their activity. If the organised outings were to end, there is evidence that outcomes would be sustainable for some beneficiaries where it is clear they have built walking and cycling into their life and into their friendships (e.g. this would apply to the beneficiaries who go away together on cycling and walking holidays, and those who have begun being active outside of the Mobilise activities):

'I plan to do it for years ahead... wouldn't that be marvellous?'

However, for a significant proportion of the beneficiaries, almost all their physical activity – and valuable social interaction – is based around and dependent upon the presence of organised Mobilise activities. This is especially true for some of Mobilise's main target groups: beneficiaries with health problems or who were previously very unfit. Many of the beneficiaries commented it is the safety and support of organised guided activity which gives them the confidence and motivation to go out walking or cycling. For many, the Mobilise activities are an important event in their week:

'It's something to look forward to.'

3.2 Key lessons

In terms of best practice, there are some important lessons to be learnt from the experiences of Mobilise beneficiaries which include:

- ❑ by facilitating outdoor, social activity, Mobilise has led to a wide array of beneficial impacts across different aspects of well-being (mental, physical and social) which work to reinforce each other;
- ❑ providing a supported activity helps people overcome many of their barriers to being more active (e.g. safety fears, health concerns, low confidence and low motivation);

- ❑ Mobilise plays an important role in raising the beneficiaries awareness of accessible walking or cycling routes, even in areas very close to where they live; without this knowledge people will be less able to be independently active;
- ❑ scheduled activity acts as an event which people, especially retirees, value as a way to address problems of low motivation, isolation and lack of routine.

3.3 Future development

Beneficiaries were very happy with the current operation of Mobilise:

'What they've done so far is fantastic.'

There were few responses to questions around how people would change Mobilise or whether there were ways to develop it. Several beneficiaries emphasised the importance of ensuring a variety of different walks and rides. The feeling was that variety was normally the case, but for the most recent schedule:

'We just got a repeat of the [last set of] walks with the dates changed.'

One participant attends both walking and cycling activities and noted that it was much more common to have Mobilise staff in attendance on the bike rides; noting that as a result there is more pressure on the walk leaders and that sometimes it is difficult to find volunteers for this. Although there are a number of trained volunteer walk leaders there are only a few who are willing to take on the responsibility of leading the groups, especially the walks designed as an entry point. This is because of the complex health needs of many people who attend. Staff should consider spending more time with this group and with potential walk leaders to help them to feel more comfortable leading the group and more confident dealing with first aid and other emergency situations.

Another issue raised by both walkers and cyclists was the difficult balance between ensuring Mobilise was accessible and unthreatening for people with poor fitness levels, and still providing challenges for beneficiaries whose fitness is increasing. The monthly longer walks and rides were seen as a good solution to this, and the divide between Monday walks (more challenging) and Wednesday walks (gentle) was highly praised.

An advantage of the Mobilise approach is that the slower members of the groups have been carefully included. The pace of the activities is adapted for those in attendance, which means people have not been left behind from the group, or feeling like they have to struggle in order to keep up. Participants saw this inclusive approach as a key strength, and said that Mobilise should continue to be designed *'for the people who aren't fit'*. They felt that there are enough other opportunities for those in better health to be active, whereas Mobilise was the main offering for those with limited fitness levels.

In terms of development, one area to address might be active travel. This may just be an inevitable problem, given remote parts of Cornwall and a general reluctance to cycle or walk along roads because of the perceived risks. However, beneficiaries did not seem to have much awareness of off-road alternative routes, apart from those used by Mobilise. There could be a role to play in raising this awareness, at least among beneficiaries. One way of doing this may be to have walks or rides that link places together; however this would have to be carefully considered before making it a priority. It needs to be recognised that Mobilise is having significant success reaching inactive people and encouraging them to adopt more healthy lifestyles. For the majority of people attending these groups, especially those newly active or with limiting health conditions, active travel may be just too demanding or too intimidating a prospect.