The National Programme for Sport and Physical Activity for Older People

Impact Analysis of the Go for Life Physical Activity Leadership (PALs) Course

September, 2004

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Terms of Reference

The terms of reference for this study were outlined, agreed with Go For Life, and are as follows:

- To examine the contribution of PALs training to the achievement of Go for Life goals
- To evaluate the impact of PALs training, over eight workshops, on the participants' attitudes towards engaging in physical activity as participant, organiser, planner and/or leader
- To evaluate the change in PALs training participants' state of readiness to lead activity sessions with peers
- To identify priorities for the future development of the PALs training aspect of the Go for Life programme

Action in Fulfilment of Research Terms

- Undertake a review of research undertaken to date by Age and Opportunity and other stakeholders

- Conduct a survey of 30+ PALs participants before and after an 8 week training programme. The survey will assess the progress along the stages of change transtheoretical model (Proschaska & DiClemente, 1983)

- Consult with representatives from the steering group (through semi-structured interviews) to ascertain their:
  expectations,
  future vision,
  support capabilities etc. in relation to the Go for Life programme

- Conduct focus group sessions with PALS training workshop participants – at the end of two blocks of 8 training sessions

- Design logbook and distribute to participants to record activities undertaken during club sessions, while participating on the PALs course, to monitor patterns in physical activity programming

- Finalise report

Executive Summary

This impact analysis of the Go For Life PALs programme took place over the duration of 2 full 8-week courses, held in Roscrea, Co. Tipperary and Ballynacargy, Co. Westmeath. The total number of participants included in the study was 39, of which 32 (82%) were female and 7 (18%) were male.
The research involved the utilisation of a questionnaire based on the Stages of Change dimension of the Transtheoretical Model (Prochaska & DiClemente, 1983), to elicit at what stage participants were in relation to physical activity and physical activity leadership, prior to taking the PALs course and again following completion of the course.

There was a significant difference in the number of participants at Pre-contemplation, Preparation, Action and Maintenance stages before completing the course and after its completion. Nineteen participants were in Maintenance Stage prior to taking the course and this number increased to 22 following the course, there also was an indication of participants having moved from Pre-contemplation and Preparation stages, to Action and Maintenance stages.

In regard to the specific statements referring to leadership capabilities, it was found that more people now actively encourage others to take more regular physical activity, than had done prior to taking the course; more people are now involved in organising activity for others (Maintenance stage), than previously, and there is also evidence to conclude that there are less numbers 'less inclined to take a lead role than they were 6 months ago' (Relapse stage).

An interesting finding was highlighted in participants' perceptions of time and support prior to taking the course and on completion of the course. Initially 22 people thought that they had plenty of time to devote to the course;(28 on completion of the course); and twenty people thought that their friends and family were supportive of them doing the courses (23 on completion). There may have been an air of caution at the outset, where people expected that the

work load/effort attached to taking the course would be more than it actually was, or perhaps they may not have envisaged the level of interest and support significant others would have in their activities, and that they would enjoy participating in the course so much.

Two focus groups were conducted on completion of the course, to elicit more in-depth responses to how they felt the course worked for them. There was unanimous feedback as to the professionalism of the course tutors, the excellent resource material, and the fun way in which the delivery took place.

The course participants completed a logbook of their physical activity episodes with their groups during their time doing the PALs course. Participants also indicated the activities they were going to do with their groups immediately following the course and over the subsequent 2 months. Telephone calls to participants after 2 months indicated that 26 of the participants had fully completed the activities they had set out to do, 10 had partially completed what they had aspired to do, and 2 had not completed their planned activities.

While the participants involved in this research displayed enthusiasm and willing leadership, they expressed a distinct need for ongoing refresher courses and continuing professional development courses.
They were extremely pleased, motivated and looking forward to bringing the newly acquired skills back to implement with their respective clubs.

This Impact Analysis was completed by Gameplan Consultants Ltd., Tralee, Co. Kerry. It was made possible by the generous participation of the Physical Activity Leaders (PALs) in Co. Tipperary and Co. Westmeath. Go for Life wish to thank the PALs involved along with the North Tipperary Sports Partnership and the Midland Health Board whose cooperation in the preparation of this report was of critical importance.

"All parts of the body which have a function, if used in moderation and exercised in labours in which each is accustomed, becomes thereby healthy, well developed and age more slowly, but if unused and left idle they become liable to disease, defective in growth, and age quickly"

(Hippocrates)

1.0 Introduction

The latest Irish census data 2002, indicates that there are 787,547 people in Ireland aged 55 and over. This represents 20.14% of the population of the country.

The National Health & Lifestyle Surveys (SLÁN) 1998 and 2002, indicate a decreasing level of physical activity amongst Irish adults, (52% in 1998, 51% in 2002 engaging in some form of activity). The numbers of those reporting no activity at all have increased amongst both men during this period (from 21% to 30%) and women (from 20% to 25%). There is a marked inverse relationship between educational status and engagement in physical activity, in particular amongst the older adult population. Of those over 55, 34% engaged in some form of mild physical exercise for at least twenty minutes on most days of the week in 1998, compared to 29% in 2003.

The International Year of the Older Persons (IYOP) in 1999, as designated by the United Nations, focused attention on many challenges facing society as a result of the ageing of the population during the 20th century. Traditional models of health and social care are likely to be seriously challenged by the growing numbers of older adults in the 21st century. Unfortunately our success in extending life expectancy throughout the world has not always been viewed in a positive light, but instead one has observed a 'transformation of ageing from a natural process into a social problem' (Butler, 1982). Too often are the words 'ageing' and 'economics' linked in the same sentence, with warnings of

the growing costs associated with the spiralling older adult population, ignoring positive factors associated with longevity. Increased longevity should be celebrated, and efforts should be concentrated on improving the quality of life in the later years.

The 1999 Global Embrace, the single largest health promotion event in history, where over two million people participated in the World Health Organisation (WHO) sponsored walks around the world, drew attention to the growing older adult population. However, one wonders how many people in Ireland were aware of it? The catch phrases 'Old is Gold', ' Ageing out loud' were international themes formulated by walking groups, to catch the attention of society to the existing ageing population, and their respective societal needs.

1.1 Older Adults and Exercise

Gibney et al. (2002) concluded from a recent Irish study that, physically inactive adults are at an increased risk of cardiovascular disease (CVD), hypertension, diabetes mellitus (Type 2), osteoporosis, various cancers, anxiety and depression. In addition, a sedentary lifestyle contributes to the development of obesity, which has doubled among Irish men since 1990 (Gibney et al. 2002).

The significant social, psychological and physical benefits of physical activity for the older adult have been well documented (Nieman et al. 1993, McAuley & Rudolph, 1995, WHO 1997, ACSM, 1998, Brassington & Hicks, 1995). While structural decay and functional decline are inescapable consequences of ageing, both the rate and extent of these can vary widely amongst individuals. In relation to measures of cardiovascular functioning, it was found that physically fit and active individuals sometimes exhibit slower declines in function than less healthy people of the same age (Goldberg & Hagberg, 1990). Declines in maximal oxygen uptake were considerably less than the 10% per decade decrease that is usually observed in the general population (Kasch et al. 1990).

The World Health Organisation (WHO) recommends a cumulative 30 minutes of moderate activity at least 5 days a week for health enhancement.

The above issues are of concern from a quality of life perspective for the Irish adult, as well as from an economic perspective, in relation to the potential costs of future health care, given the smaller workforce whose taxes will be required to foot the larger health care costs of a growing older adult population.

A wide variety of psychological factors appear to influence participation in physical activity among older adults. Knowledge about exercise, personal traits and general attitudes are weakly related to behaviour. Personal benefits about one's own physical activity are usually found to be significant influences on physical activity.

1.2 Go For Life

The national programme for sport and physical activity for older people 'Go for Life' has been operational since 1994, and is funded by the Irish Sports Council through Age and Opportunity.

1.2.1 Aim of Go For Life:

The aim of the Go For Life Programme is to increase the participation of older people in recreational sport and physical activity.

Its objectives include involving more older adults in all aspects of sport and physical activity more often. This includes active participation, organising, planning and leading.
The two key strands of the Go For Life Programme include:

1) **Active Living** – which is aimed at older adults who are independent, but are not engaged in physical activity on a regular basis. It serves to

increase participation amongst this group in health-enhancing physical activity.

2) **Sport Participation**– which is aimed at older adults who regularly engage in physical activity and can be described as physically fit. This programme serves to promote greater involvement in organised sport.

Go For Life achieves its aims through 3 elements:

1) Information – fact sheet website
2) Education – presentations; newsletter
3) Implementation – Physical Activity Leaders (PALs) workshops.

1.3 Older Adult Leadership Programmes

The experiences of the Elder Hostel movement in the U.S. (Barke & Nicholas, 1990, Chodzko-Zajko, 2000) and the University of the Third Age throughout the world, suggest that there is a demand for intellectual, cultural, and artistic programming among the older adult community. They propose that older adult programmes should display if possible integrated opportunities for physical, intellectual, cultural and spiritual growth. It is also proposed that programming should be inter-generational, and delivered in mutually supportive physical, social and educational environments, thus challenging attitudes to ageing, by breaking down barriers. Such is the wider aim of Age and Opportunity, through which the Go For Life Programme is administered. The Dark Horse programme operational primarily in the Dublin area through the Healthy Cities initiative is one such programme that subscribes well to the 'Generations Working Together' approach.

A consensus has emerged amongst older adult activity researchers that a key objective of physical activity participation for older adults is the maintenance of an acceptable quality of life. While this is difficult to define for all, it is generally accepted that it focuses on a combination of physical health, psychological

wellbeing, social satisfaction, and (for some) spiritual contentment. Thus activity programmers should be cognisant of these requirements when devising a successful programme of activities.

Russell (1990) in her study on the interrelationships between recreation, other life variables (age, income, sex, education, religiosity, marital status, self-rated health) and quality of life, found that the only significant direct predictor of quality of life was satisfaction with recreation. Frequency of recreation activity participation emerged as the strongest contributor to a high quality of life.

1.4 Physical Activity Leadership (PALs) Programme

The aim of the PALs workshops is to provide information, ideas and skills to leaders on how to implement events and programmes which involve older people in health enhancing physical activity. Essentially it is designed to encourage more older people to be more active, more often, and to pass this concept on through empowering the leaders on the course.

The PALs course involves the delivery of an 8 day training course (delivered over 8 weeks), which encompasses the following training modules: Basic Principles, Sit-Fit Activities, Better Balance, Going Strong, Stepping & Strolling, Rolling & Bowling, Pitching & Tossing and PALs Skills.

All of the modules incorporate an educational component outlining the health benefits associated with physical activity, as well as how to partake in and lead a variety of types of exercise.

There are currently over 1000 people on the central database of PALs course attendees. However, it is estimated that half of this number are not active leaders (PALs Forum, 21/4/04).

1.5 The Transtheoretical Model of Health Behaviour Change

Prochaska & DiClemente, following extensive research on over 10,000 successful self-changers of smoking cessation, devised the Transtheoretical Model. They found commonality in three distinct areas, the processes and techniques used by these individuals, the stages they moved through, and their belief in their ability to succeed. Many factors they identified were evident in other theoretical models, so the convergence of these elements led to the Transtheoretical Model. The model is often referred to as the Stages of Change Model, although the stages represent but one element of the model. None-the less the stages provide a clear benchmark on which to evaluate successful change, given the influence of the processes, techniques and self-efficacy that comes with successful experience. The application of this model since its inception has been broad, extending from health related behaviours into the realms of marketing & business.

Prochaska & DiClemente (1983) through their research have concluded that individuals engaging in new behaviour such as taking exercise, move through five distinct stages of change. The stages are described as follows:

Table 1 Stages of Change Descriptors

Stage	Description
Pre-contemplation	No serious consideration of exercising “I have never exercised before & I have no desire to start now”
Contemplation	Not engaging, but seriously considering “I know I should start exercising for health, maybe I’ll join a walking group”
Preparation	Attempting the new behaviour, or actively preparing to do so “buying comfortable walking shoes”
Action	Consistently engaging at an activity, “I walk with my neighbour regularly”
Maintenance	Consistently engaging at the activity for at least 6 months, at the desired level of intensity, “It’s hard to imagine not walking regularly”
Relapse	Slipping back to inactive behaviour

The Stages of Change model views the action of behaviour change as a cyclical & dynamic process, whereby a group or person encounters the five

stages while working towards changing their behaviour, e.g. in becoming an active person, or an activity leader.

Determining which stage a person/group is at assists one in identifying how best to facilitate them in moving towards the next stage. It also allows for measurement of a group along the stages of change, to establish the effectiveness of a particular intervention, which is how the model was applied during this research.

The Behaviour Change model has been utilised by Barke and Nicholas (1990) where older adults were specifically studied in relation to their stage of change regarding activity. Their findings refute the common perception that older adults are set in their ways and unwilling to be active, as their sample (59 adults) aged between 59-80 scored more highly on Action, Maintenance and Contemplation of exercise than on Pre-contemplation. Even amongst the least active older adults, there were fewer people in the Pre-contemplation stage, than any other stage of readiness. Thus, even the least active were thinking about engaging in activity, or were preparing to take activity. These results highlight that exercise leaders should recognise the continuing growth potential of older adults, rather than believe in stereotypes that imply older adults are unable or unwilling to change.

This model is particularly useful to exercise leaders as it acknowledges individual differences in readiness to exercise/lead exercise at any particular point in time.

The key to successful behaviour stage is recognising the stage that course participants are at, and applying the processes of change that fit that particular stage, to help move onto the next stage. There are numerous techniques that can be used to facilitate the processes of change.

Stage	Process of Change
Pre-contemplation	Consciousness-raising Social liberation Emotional arousal
Contemplation	Consciousness-raising Social liberation Emotional arousal Self-re-evaluation
Preparation	Social liberation Emotional arousal Self-re-evaluation Self-liberation
Action	Reward Countering Environment control Helping relationships
Maintenance	Reward Countering Environment control Helping relationships

Table 2 Stages of change and the process found to be most useful per stage

(Porchaska, J.O. cited Robbins, Powers, & Burges, 2002)

Some indications of action associated with the process of change are outlined as follows:

Consciousness-raising – Providing Information on exercise prescription

Social liberation – Providing social opportunities that support change, active retirement groups

Emotional arousal – Watching a video on negative health habits and viewing the consequences

Self-re-evaluation – Assessment of self image including an active lifestyle

Self-liberation – Keeping a log/diary of physical activity episodes

Reward – Reward or positive reinforcement from others (friends/leaders) for positive change

Countering – Walking instead of driving

Environment control – Restructuring the environment to reduce temptation – having gym gear in the hall ready to use

Helping relationships – Discussing plans/hopes with others, enlisting an exercise buddy

Relapse Prevention Models have identified the factors associated with stopping desired behaviours. They contain aspects such as negative emotional states, limited coping skills, social pressure to cease desired behaviours, limited social support, stress and 'high risk' encounters. Generally models of behaviour change applied to physical activity take into account some aspect of perceived outcomes, perceived ability to engage in the physical activity and positive and negative social influences. Armed with this knowledge the exercise professional can tailor his/her motivational techniques towards achieving successful client change.

Self-efficacy, in addition to the stages and processes is a central construct of the Transtheoretical model. The higher the level of efficacy of an individual in relation to their ability to remain physically active and in relation to their ability to lead physical activity sessions the more effective they will be as Physical Activity Leaders. The leader should also endeavour to increase the level of efficacy of participants in their groups with regard to physical activity participation.

2.0 Methodology

The research methodology comprised of the following:

1) PALs participant questionnaires incorporating the Stages of Change Model (Appendices 1 & 2)
2) PALs participant focus groups (Appendices 3 & 4)
3) PAL participant logbooks (Appendices 6 & 7))
4) Follow up phone calls to participants
5) Semi-structured interviews with Steering Committee/Senior Tutors (Appendix 5)

2.1 Sample Selection

Two PALs leader training courses, comprising of 17, and 22 participants respectively, were selected to undertake a qualitative assessment of the impact of the course on its participants.

One PALs course took place in Roscrea from the 8th September to 10th November, 2003, and this formed the first study cohort**.** Nineteen people were in attendance at this course, although from this there were 17 who completed both questionnaires (one person due to injury, outside of the course was replaced, and another had missed the first questionnaire).

The next 8-week course commenced on November 4th and ran until the 30th of January 2004, in Ballynacargy, Co. Westmeath. Twenty four people attended this course, but due to a recurring illness, again the number used for the study was 22.

Selection of the participants was not influenced by the researcher, but followed the selection criteria historically in use, i.e. whereby the health board in the particular area contacted local active retirement groups, and put up notices in relevant areas, inviting people to apply for a place on the course. Thus, course participants entered onto the course of their own volition.

2.2 Behaviour Change Questionnaire

A Stages of Change Questionnaire was devised to incorporate 34 statements which was utilised to assess at what stage an individual was at in regard to their exercise behaviour and exercise leadership efficacy, at a particular point in time. (See Appendices 1 & 2)

Responses are made on a 10 point Likert-type (strongly agree to strongly disagree) scale; scores can range from 7 to 70 on each scale subscale. The stages of change scale is highly reliable and its stage components are stable (Prochaska et al. 1983).

The questionnaire also sought general information on age, gender, marital status, expectations from the course, statements that ascertained how they felt about learning new skills, and their perception of their own state of busyness.

This was administered prior to undertaking the PALs course and again following its completion. The final questionnaire also contained some questions on what the participant intended to do with their activity group over the next 2 weeks, and again over the next 2 months, following completion of the PALs course. This was designed to focus the participants on implementing their knowledge and skills early with their groups.

2.3 Focus Groups

"Focus groups are used in applied research as a strategy for collecting data, especially when doing qualitative research to tap people's subjective experiences"

(Neuman, 2000)

Focus groups have major advantages over more structured, single-person interviews, particularly in this research. They are more flexible, cost less and can provide quick results. In addition, focus groups have the advantage of using the interaction between people to encourage people to participate, which proved essential to capturing the collective, and often emotive feelings from the PALs participants.

A focus group was held after completion of each of the PALs courses, when the group re-assembled again to obtain their certificate of completion from Go for Life.

Qualitative analysis

Using an interpretative approach, data were analysed by means of a content analysis technique. This consisted of three stages as follows:
Familiarisation: this consisted of the researcher listening to a recorded tape and identifying key issues and recurrent themes while transcribing.
Indexing: this process was utilised to group similar responses to questions.
Interpretation followed data grouping and labelling.

Advantages of utilising Focus Groups:
They

- do not discriminate against people who cannot read or write
- allow the examination of how accounts are construed, expressed, censored, opposed and altered through social interaction

- encourage participation from those who are reluctant to be interviewed on their own (those intimidated by the formality and isolation of a one to one interview)
- can encourage contributions from people who feel they have nothing to say

(Kitzinger, 1995)

Disadvantages of utilising Focus Groups:

They

- can be costly to conduct
- can be difficult to organise and facilitate
- can cause passive participants to be inhibited and thus only the expressions of the active participants may be elicited

A full outline of the responses from both groups are presented in Appendices 3 & 4

2.4 PAL participant logbooks

A logbook was designed to encourage the participants to log down their activity episodes with their group and/or their own practice sessions (see Appendices 6 & 7). This was utilised to encourage and motivate individuals (self liberation), while also providing an indication of the amount of physical activity they took leadership of with their groups during the period while taking the course.

The majority of the activities introduced to groups were the sit fit activities, dancing/line dancing, stepping and strolling, and some of the games. A large number purchased equipment during or on completion of the course, and in particular the parachute activities proved very popular.

Some participants did not return logbooks, (n=4) however, this was not because there was disinterest in the task, it was because they had not yet developed a programme to implement with their groups, and were practising

the activities in small groups before introducing them to their groups. This information was gathered during follow up phone calls. (This applied in particular to the Ballynacargy group)

Some participants chose to complete their logbooks together as they were working in the same areas.

There were a number of personal reflections in the logbooks, together with huge appreciation for those who facilitated the introduction of the course – the Health Board representatives, Local Sport Partnership personnel, and in particular the course tutors, Frank, Patricia & Paul. It is very evident that the PALs course has had a significant influence on the lives of not only these participants, but in fact also their families.

"I would like to say that I have enjoyed these last 8 weeks, they were a great experience for both myself, my husband and my family".

" As I reflect on the different workshops, everyone of them was wonderful. The two months were a great learning experience for me. Apart from the fun and laughter, meeting up with the different personalities was enjoyable".

"I can't express in words how helpful Frank, Patricia & Paul were, my sincere gratitude to them for all of their help".

2.5 Follow up phone calls to participants

Follow up phone calls were undertaken 10 weeks after each group had completed the course, to establish which participants were maintaining their leadership capacity and whom had lapsed, with a view to establishing what further support mechanisms could be added, to enhance sustainability.
The following **Tables 3 and 4** outline the responses from the individuals indicating what they had planned to do on completion of the course with their groups, and what they had achieved over the 2 months following the course.

It is observed that 67% of the participants had fully achieved what they had planned to do with their groups, 26% had partially achieved their plans, and only 7% had not completed their plans.

Of those who did not, the reasons outlined for this were largely due to:

- Groups not meeting enough eg. ICA once a month
- In retirement settings where CES employment schemes were discontinued, this saw a reduction from 13 staff, down to 3, and the activity sessions faded, while more primary care needs were being met by the reduced staff number. (cases 27, 37)

Most of the participants had 'buddy' support, either they came on the course in groups of 2 or 3 or they expanded their support circle while on the course. Having a 'buddy' to discuss ideas with and to share delivery of activities was highlighted during the focus group sessions as being a great comfort, and definitely enhanced the feelings of confidence & self-efficacy amongst those who worked in groups. This was also found to have been re-iterated at the PALs Forum held in Dublin on 21st April, 2004.

Table 3 Follow up phone calls (Roscrea Course)

Case	Activities planned for group over next 2 weeks	Achieved	If not achieved, why not?	Activities planned for group over next 2 Months	Achieved	Comment	Buddy system
1	Line Dancing & Exercises	☺	n/a	Disco Bocci, warm ups & introduce parachute	☺	Didn't get parachute, not sure where to get one	Yes
2	Sitting down exercise & cool down	☺	n/a	Apply for grant for equipment	☺	Had been hospitalised, so was less involved with the group, but plan to get back into things	Yes
3	Introduce resistance exercise	☺	n/a	Line dancing, stepping & strolling, bowling, games up to competition interest levels	**X**	ICA sessions not very frequent; weather bad, small nos. came to sessions; no bowls yet, hope to purchase with money received from grant	Yes
4	Encourage all to take part weekly in sitting down exercises	☺	n/a	Move to standing exercises, resume pitch and putt	☺	Had 2 house break ins since taking course, but still carrying on with tasks; waiting for a larger space to come available	Yes
5	Bowling, parachute, Warm up, cool down exercises	☺	n/a	Hope to have 10 pen bowling & use dyna-bands	☺	n/a	Yes
6	Line dancing, warm up exercise, resistance exercise	☺	n/a	Line dancing, walking, games (bowling)	☺	n/a	Yes
7	Warm up, sitting activities	☺	n/a	Skittles, basketball	**X**	No equipment yet, having exercise sessions taken by a professional at the moment, thus watching & learning from her	Yes

Case	Activities planned for group over next 2 weeks	Achieved	If not achieved, why not?	Activities planned for group over next 2 Months	Achieved	Comment	Buddy system
8	All sitting down activities	☺	n/a	Group 75+ not very active, but will try to introduce new activities	☺	n/a	Yes
9	Bowling, warm up cool down exercises	☺	n/a	Add extra games, pitch & putt, parachute, dyna-bands, ten pin bowling	☺	n/a	Yes
10	Line dancing, simple games	☺	n/a	Skittles, disco bocci, introduce parachute	☺	n/a	Yes
11	Seated exercises	☺	n/a	Hope to move from seated to standing exercises, with dyna band	☺	n/a	Yes
12	20mins warm up activities	☺	n/a	Expand our ideas with exercises	☺	n/a	Yes
13	Parachute, rings, warm up, sing a long & dance	☺	n/a	Darts, musical quiz, basketball	☺	n/a	Yes
14	Warm up, cool down, pass the parcel	☺	n/a	Dancing, parachute, sonas	☺	n/a	Yes
15	Pass the parcel, sonas	☺	n/a	Line dancing	☺	n/a	Yes
16	Seated exercises	☺	n/a	Use of parachute, bowling, dyna-bands	☺	n/a	Yes
17	Seated exercises	☺	n/a	Gradually introduce new activities, to the group of 75yrs +	☺	n/a	

Table 4 Follow up phone calls (Ballynacargy Course)

Case	Activities planned for group over next 2 weeks	Achieved	If not achieved, why not?	Activities planned for group over next 2 Months	Achieved	Comment	Buddy system
18	Sit down exercises, throwing, tossing, marbles	☺	n/a	Hope to bring to attention the value of physical exercise,	Not all	Have worked out a plan ready to go, have parachute	Yes
19	Dancing, walking, warm, up, cool down activities	☺	n/a	French boules	Not all	Waiting for the summer to do outdoor boules	Yes
20	Walking, dancing, warm up, cool down activities	☺	n/a	Dancercise, French boules	Not all	Waiting for the summer to do outdoor boules	Yes
21	Introductory programme of exercise	☺	n/a	Progress to light exercise, skittles	☺	Ordered parachute	Yes
22	Stepping & strolling, bowling	☺	n/a	Games, pitching and tossing, parachute	☺	Working with a disability group, thus have progressed gradually	Yes
23	Stepping & strolling, bowling	☺	n/a	Games, pitching and tossing, parachute	☺	n/a	No
24	**Walking, line dancing, warm up, cool down, getting all to take part**	☺	n/a	**Pitching & tossing, warm up cool down exercises**	☺	n/a	Yes
25	Line dancing, warm up, cool down, screening	☺	n/a	Line dancing, walking, games, skittles	Not all	Waiting for funding for skittles, bought exercise bike, very popular.	No
26	Warm up exercises, sitting	☺	n/a	Would like to try line dancing	Not all	No space for line dancing	Yes

	down						
Case	**Activities planned for group over next 2 weeks**	**Achieved**	**If not achieved, why not?**	**Activities planned for group over next 2 Months**	**Achieved**	**Comment**	**Buddy system**
27	Warm up exercises, & using bean bags	☺	n/a	Develop earlier activities, add line dancing	Not all	Workers in the centre drastically cut, 13 down to 3 people, less time to do activities.	Yes
28	Warm up, seated exercises, cool down	☺	n/a	Hope to introduce PALs activities to ICA group & nearby nursing home	☺	n/a	Yes
29	Develop course with group	☺	n/a	Sit fit activity, cool down, start slowly and move up	☺	n/a	Yes
30	Sit fit activities, put words to music	☺	n/a	Will photocopy exercises to help group to follow	Not all	Haven't done as much as expected, group are 70-80 yrs old, but working every week	Yes
31	Sessions for 1.5 hrs. warm up, exercises & cool down	☺	n/a	Hope to progress from earlier sessions	☺	n/a	Yes
32	Plan to implement all warm up, & exercises over 5 wks	☺	n/a	Continue programme with ICA group, assisting other leader	☺	n/a	Yes
33	Warming up exercises	☺	n/a	Warming up exercises, line dancing	Not all	No space for line dancing, hope to do it with small groups later in the year	Yes
34	To show them the warm up movements & balance	☺	n/a	Hopefully pass the parcel and bean bags	☺	Made bean bags, and used skittles also	Yes

Case	Activities planned for group over next 2 weeks	Achieved	If not achieved, why not?	Activities planned for group over next 2 Months	Achieved	Comment	Buddy system
35	Games, exercise, walking indoors	☺	n/a	Same, with some variety of games, bowling, skittles	Not yet	Planning to get bowling and skittles started shortly	Yes
36	Games, exercise, walking indoors	☺	n/a	Same, with some variety of games, bowling, skittles	Not yet	Planning to get bowling and skittles started shortly	Yes
37	Walks, warm up	Not all	Staff shortages, now relying on volunteers	Bean bags, pitching & tossing	Not as much as expected	Staff shortages have cut workers from 13 to 3, thus don't have as much time to give to physical activity with groups	Yes
38	Warm up, sit fit, cool down, exercises, co-ordination, line dancing	☺	n/a	Hope to develop the programme & get some more equipment (parachute)	☺	n/a	No
39	Bean bag activities	☺	n/a	Ball exercise rolling, hand eye co-ordination, bean bags, with music	☺	n/a	Yes

☺ **indicates achieved**
X indicates not achieved

2.6 Semi-structured interviews with Steering Committee/Senior Tutors

Telephone interviews were conducted with representatives from the steering group and PALs tutors to ascertain their expectations, future vision, and support capabilities etc. in relation to the Go for Life programme. A list of those contacted is outlined in Appendix 5.

3.0 Analysis & Discussion of Results

3.1 Personal Details

The gender breakdown of the course participants was 18% (n=7) male and 82% (n=32) female. Given that more Irish males are involved in strenuous physical exercise for at least 20 minutes, three times per week, in the 55+ age group, than females (11% versus 2%, SLÁN, 2002) they appear somewhat reluctant to become involved in a leadership capacity in later life.

	<50	50-65	65-75	75+
Male	**1**	**2**	**4**	**0**
Female	**10**	**10**	**11**	**1**
Total	**11**	**12**	**15**	**1**

Table 5 Participant Age and Gender

Status	No.
Married	25
Single	6
Widowed	7
Other	1

Table 6 Participant Marital Status

3.2 Participant Expectations

Prior to undertaking the PALs leader training, the expectation of the majority of the participants was that they would 'learn new skills', 'learn about the benefits of exercise', 'get new ideas', 'improve health', 'gain more confidence to help others'. All of the participants included wanted to be able 'to pass new skills back to their club', except for one individual, who indicated that he 'wasn't sure what to expect'.

Participants were asked to select one item from five, as the most appropriate to their reason for taking the course. The responses are outlined in the following table.

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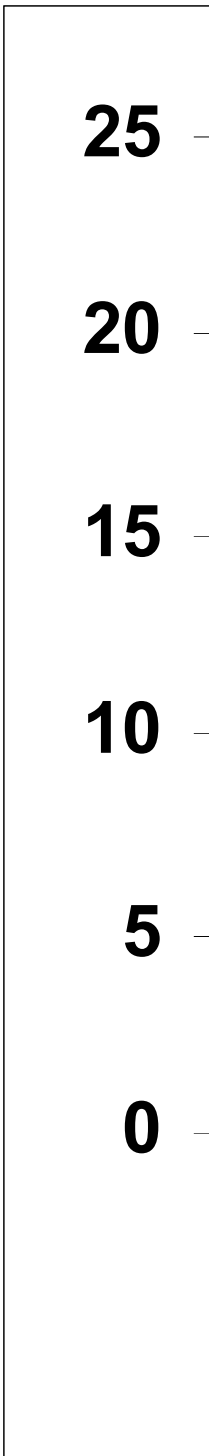
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Barke, R. C.
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Bauman, A. a
Activity Play?

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Survey on Co
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Gibney, M.J.,
obesity and
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Society.

McAuley, E
Psychologica

Neuman, W.
Approaches.

Nieman, D. C
(1993), Physi
Women, Jour

Nigg, C.R., B
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APPENDIX 1

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APPENDIX 2

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APPENDIX 3

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APPENDIX 4

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APPENDIX 5

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Eddie Cassidy
Owen Curran
Dr. Helen Mc

APPENDIX 6

Club/Group n

Number in at

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Briefly descri