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**Local implementation of national policy: a case-study critique of the Free Swimming Initiative for the 60 plus population**

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## Local implementation of national policy – A case-study critique of the Free Swimming Initiative for the 60 plus population

### Abstract

There is a well-established link between ageing and declining health, and this is exacerbated in areas of socio-economic deprivation. Being physically active can alleviate many of the major health problems for older people, yet participation in this demographic category remains low. The present study is part of a larger programme of research concerned with a major national public health intervention, the Free Swimming Initiative. Semi-structured interviews were conducted to address local implementation of the national policy imperative in Wales and explored the views of non-users (n=20) and community leisure providers (n=7). The research was based in Abertillery – a traditional mining town in the South Wales Valleys with higher than average levels of social deprivation. Findings revealed a series of weaknesses in the delivery of this public policy intervention. They are (i) a lack of partnership infrastructure, (ii) insufficient participant involvement, (iii) evidence gap, and (iv) disjointed multiple aims.

*Keywords: ageing, policy, Free Swimming Initiative, social deprivation*

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## INTRODUCTION

In 2007, for the first time in the UK, the number of adults of state pensionable age exceeded the number of children. This is attributed to reductions in peri-natal mortality and communicable diseases, improved diet and greater activity resulting in increased longevity (Osmond, 2010). The trend is predicted to continue with the number over the age of 65 years increasing threefold from 4.6 million in 2009 to 15.4 million by 2074 (Osmond, 2010). This demographic shift will result in increased demands on health and social care services, which for older people means treating coronary heart disease, stroke, type 2 diabetes, cancer, obesity and debilitating mental illnesses, all of which are more pronounced in areas exhibiting socio-economic deprivation. There is clear evidence that health problems can be alleviated through physical activity (Hardman & Stensel, 2003), yet participation among adults and especially older people remains stubbornly low.

The purpose of this paper is to explore a physical activity public health intervention which targets the 60 plus population. Its focus is to provide free swimming to this age group as part of a plan to make the population less sedentary and more active. The study formed part of a larger research programme (████████████████████) conducted on the on-going Free Swimming Initiative. It explored the views of non-users as well as those of the community leisure providers. Evidence was collected from a former mining area exhibiting high levels of social deprivation. The findings suggest that there are significant challenges in implementing a national policy locally.

Following this introduction the paper is presented in five sections. The first two sections are contextual and provide an overview of literature on ageing and physical activity followed by a background review of Welsh policy. The third section sets out briefly the research design used for data collection which leads to a presentation of the research findings in the fourth section. The paper concludes by discussing the potential pitfalls relevant to policy makers and practitioners-

## AGEING AND PHYSICAL ACTIVITY

At the outset there is operational ambiguity about what being 'old' actually means. Tomassini (2006) describes the youngest old as those aged from retirement age to 84 and the oldest old aged 85 and over. In contrast, the Welsh Government<sup>1</sup> refers to old people as those over the age of 50, arguing that this marks the start of a transition period (Welsh Assembly Government [WAG] 2009, p. 24). The concept of 'old' is often linked to chronological markers though these are considered to have limited value, especially in relation to physical function and disease. Many people in their 80s do as well as those in their late 60s while some in their early 70s are more like a 90 year old (Department of Health [DoH] *et al.*, 2011). For some, the number of years spent in good health has not kept pace with life expectancy (Short & Joyner, 2002); whereas for others, increased life expectancy, better health and greater affluence (Rowe *et al.*, 2004; Humberstone, 2010; Osmond 2010) have resulted in older individuals 'acting young' for longer (Sport England, 2004; Phoenix & Grant, 2009). For the purposes of this paper, reference to 'old' and 'older' will link to the eligibility of free swimming to those people aged 60 and over.

In addition, social exclusion obscures a clear understanding of ageing as many challenges faced by older people are invisible to others in society (Collins with Kay, 2003; WAG, 2003, Social Exclusion Unit, 2005). For some older people, social exclusion has persisted from earlier in life, while for others the experience of ageing has led them to become socially excluded with the risk points being the death of a carer or relative, retirement or the onset of ill health. Poverty is considered to be the core of social exclusion as it "adds intensity to each of the other (barriers) in terms of locking people in" (Collins with Kay 2003, p. 27). Older people are just as materially disadvantaged as other segments of society facing social exclusion, but for many they are at greater risk due to their age and associated problems with poor health, isolation, poor mobility / disability and a lack of involvement in civic and neighbourhood activities (Collins with Kay, 2003; Social Exclusion Unit, 2005). Older people are also more likely to experience inadequate housing and poor transport which, when combined, can lead to disenfranchisement from society.

Regardless of age, there is strong evidence pointing to the physiological benefits (Booth *et al.*, 2000; Warburton *et al.*, 2006; Hardman & Stensel, 2003), psychological benefits (DoH, 2004) and social benefits (Carter, 2005) gained from taking regular physical activity. For older people physical activity has been shown to be beneficial in managing weight, delaying functional decline, reducing immobility, treating chronic conditions, treating mild depression, avoiding falls and rehabilitating from them, and maintaining and restoring physical capacity and independence (Almond, 2010). For older people it can also increase independence, combat loneliness and isolation, and develop community coherence and cultural capital (Putnam, 1995; DOH, 2004; Collins with Kay, 2003; Green, 2008; Almond, 2010). The importance of taking physical exercise was confirmed by the four Home Country Chief Medical Officers who issued new physical activity guidelines which, for the first time, separated older adults from adults (DoH *et al.*, 2011). Yet levels of physical activity participation among older people are low and decline with age.

## WELSH POLICY CONTEXT

The South Wales Valleys, the traditional mining heartland of south and south east Wales, exhibits particularly high levels of poverty (New Policy Institute, 2009). The local authority areas of Merthyr Tydfil and Blaenau Gwent are the most deprived with over one quarter of individuals in receipt of state benefits (including pension credits) in at least half of all wards (Kenway *et al.*, 2005). The ripple effect of low incomes also permeates the quality of life in other ways, such as transport. Across Wales, the level of car ownership is lowest in the Valleys region, yet in spite of the dependence on public transport in this area, bus services did not meet the weekly travel needs of four fifths of survey respondents (Kenway *et al.*, 2005). These trends are reflected in Sport Wales' bi-annual participation survey which gathers data from all 22 unitary councils. The data reveal a clear spatial pattern between physical inactivity and place of residence – four out of the five Welsh local authorities exhibiting the highest levels of inactivity among adults are located in the Valleys (Sports Council for Wales [SCW], 2006).

The introduction of the Free Swimming Initiative in Wales is part of a wider policy commitment on public health which was central to the first elected government following devolution in 1997. Welsh policy makers moved quickly to develop their own distinctive health priorities (Tewdwr-Jones, 2001; Bradbury, 2005), the centrepiece of which was a strategic plan for the Welsh Health Service described by Greer (2004, p. 6) as, 'intellectually one of the most complete endorsements of New Public Health anywhere'. This identified economic inactivity and unhealthy lifestyles as the root causes of ill health.

One strand of the over-arching health policy was a 'Strategy for Older People' (WAG, 2003) which set out the Welsh Government's intention to address older people's rights and tackle social exclusion, isolation and poverty. A further strand was the publication of the first national strategy for sport and physical activity, 'Climbing Higher' (WAG, 2005a), which sought to increase levels of physical activity by setting targets for children and adults, echoing the recommendations of the then Chief Medical Officer's influential report, 'At least five a week' (DoH, 2004). The launch of the Free Swimming Initiative in November 2004 was one response to this policy direction. Guidance issued by the Welsh Government confirmed its main objectives:

The ambition is to make the free swimming entitlement a basis for a new and constructive relationship with older people that delivers an improved quality of life for individuals, more opportunities to remain active in family and community life, maintained independence and less need for health and care services. (WAG, 2005b, p. 3)

Free swimming was also expected to address 'social justice' though the over-riding determinant for grant allocation used was basic – a particular area's population. At its simplest as long as the Welsh Government's minimum operating requirements were met (see [REDACTED]) each local authority received its annual grant to compensate for lost income and offset the cost of providing free swimming. The grant was neither tied explicitly to the scheme's aims nor to any 'free swimming' performance measures and targets.

Implementation of the Free Swimming Initiative for young people took less than three months from ministerial announcement to its formal launch in all 22 unitary local authorities across Wales, and a further 16 months before it was introduced for those aged 60 and over in November 2004. Responsibility for free swimming rested with the Sport Division of the Welsh Government which in turn relied increasingly on Sport Wales<sup>2</sup>. This 'top down' approach from Government required local authorities to submit a delivery plan within an unreasonable timescale.

Monitoring data collected from all participating pools (the number fluctuated annually but was typically about 120) reveal a gradual and sustained increase in the number of free swims. Table 1 shows that apart from 2007/08, free swims by older people increased steadily. In 2005/6 (the first full year of the scheme) the average number of swims per person aged 60 and over was 0.79. By 2009/10 it was approaching 1.0. There are three reasons which help to explain the increase: first, by 2007 all but two local authorities allowed older people free access throughout the year and not just during term time; second, there was an increase in the number of hours made available during the week; and third, local authorities had introduced classes, including 'learn to swim' and *Tai Chi*.

[Insert Table 1 about here.]

An important point to note is that 'more swims' does not necessarily equate to 'more swimmers.'

In 2005 a national survey of the Free Swimming Initiative for the 60 plus population reported that 80% of users aged 60 plus had been swimming prior to the launch of the Free Swimming Initiative and most undertook regular physical activity (██████████). Nearly three quarters of the users surveyed indicated that they engaged at least three times each week whilst 37% reported that they participated five or more times each week. In addition, the majority reported that they engaged in physical activities other than swimming, did not smoke and were of good health. Implicitly at least, older people who were already



active and health were not the main 'target' for free swimming. It was the majority in this age group who did not engage who became the focus for the present case study research, and it to this that attention now turns.

## METHODOLOGICAL NOTE

The aim of this research was to explore the perceptions of non-users alongside the views of community leisure providers towards free swimming in an area of social and economic deprivation. The study focused on a traditional mining town, Abertillery, located in Blaenau Gwent in the South Wales Valleys. The area includes the wards of Abertillery, Six Bells and Llanhilleth (including the small village of Swffryd) which combined, have a population of 14,500. All three wards have higher than average levels of social and economic deprivation both within Wales and within Blaenau Gwent. The wards of Llanhilleth and Six Bells register as the second and fifth most deprived areas within Blaenau Gwent and the overall health index for the area is very poor (Blaenau Gwent County Borough Council [GCBC] / Gwent Health Authority 2002).

A desk based analysis of the social and demographic characteristics together with a community audit of the area was undertaken. There were four municipal swimming pools located within Blaenau Gwent. One of these was a 'new build' sports centre opened in 2004 in Abertillery, and it was hoped that the new facility would ease the difficulties cited previously as reasons for not visiting an older facility – old and 'tired' changing rooms, showers, lockers and the pool itself. Located close to the town centre and High School, it was built in conjunction with social services who ran a separately managed day care centre on site.

Availability to the pool was limited during the day owing to demand from the High School and thus free swimming opportunities tended to be in the early morning, at lunchtime and during the evening (outside

private lessons). Between 2006 and 2012 the number of 'free public (unstructured) swims' showed an upward trend, and during the last three years of that period the number of 'free structured activities' also increased (see Table 2)..

[Insert Table 2 about here.]

It had been intended to use the community audit to identify relevant local clubs and societies which could be approached to gain access to interview non-users. However, difficulties were encountered early on and this required the method to be adapted. Previous studies by Finch (1997) and Adams and West (2006) had used focus groups and workshop sessions to investigate physical activity and older people. Interestingly, these studies had been conducted on behalf of key national organisations including Age UK and the Health Education Authority and it is likely that this encouraged individuals to participate. In contrast, securing engagement for the present study proved very difficult as many people erroneously perceived that free swimming 'wasn't for them' and thus were either unaware or disinterested in the programme. Instead two local libraries in the study area became the focal point for 20 semi-structured interviews undertaken over two working weeks. As an exploratory piece of research, participants were selected on the basis of 'opportunity sampling' at different times of day. It is not suggested that they are representative (in a literal sense) of the community of which they are part, but neither are they atypical. Some general perceptions and dispositions were shared and these provide the basis of the findings section that follows.

Permission was granted from the two libraries, and as part of the introduction to participants, the purpose of the research was explained, eligibility for inclusion was ascertained (i.e., participants needed to be over the age of 60 and a non-user of free swimming) and voluntary informed consent was obtained. Six males and 14 females took part. Nine were aged 60-74, and 10 were 75 plus – one male participant

declined to provide his age. Information about socio-economic status was not sought explicitly but did arise as part of wider discussion.

A semi-structured interview schedule guided the interviews which focused on the daily lives of the participants and how these had changed over time, especially since retirement, attitudes towards free swimming including awareness, opinions on the activity and perceived barriers. To prevent interviewees feeling intimidated, detailed field notes rather than audio recordings were made. They were written up as a narrative account as soon as possible following the interview and never more than four hours later. To maintain anonymity a pseudonym was given to each interviewee. The unique narratives that detailed personal daily lives and issues considered important were then subjected to thematic analysis that compared the responses of the interviewees in relation to specific areas of interest that impinged on the Free Swimming Initiative.

Turning to the providers, in consultation with the Chief Leisure Officer, a cross section of middle ranking professionals who had operational community responsibility for free swimming were identified as potentially 'information rich' and interviewed. They were a facility manager, two sports development officers, three healthy living co-ordinators (two funded externally by Age Wales and one by Social Services) and a local authority policy officer. One specific objective of the research was to gauge awareness and involvement by the healthy living co-ordinators who had a wide-ranging community brief and were instrumental in unlocking access to free swimming. Semi-structured interviews lasting 30-45 minutes were conducted, recorded, transcribed verbatim and also analysed thematically (Huberman & Miles, 2002).

## FINDINGS

The Welsh Government's declaration to establish a new relationship with older people was a bold signal of intent and the introduction of free swimming was one proactive measure which sought to address this

commitment. It required policy makers and local authorities to work together, under severe pressure of time, to deliver the national policy locally. The clear implementation challenge was to attract older people to take up swimming. This required existing users to swim more often and, more importantly, new users to participate. To achieve this in socially deprived areas, such as Blaenau Gwent, added a further dimension. The presentation of findings in this section explores the attitudes towards free swimming of non-users and community leisure providers. As two sides of the same coin the analysis of the 'non users' and the 'providers' reveals a richer, more nuanced understanding of the issues and processes involved.

The interviewees, who were all non-users at the time of the research being conducted, were mostly sceptical about the likelihood of people of their age participating in free swimming. For some interviewees there existed insurmountable antecedent intrapersonal constraints which clearly suppressed any desire to swim (Jackson *et al.*, 1993, Jackson 2000). The experiences of George and Margaret illustrate this point and show why their resistance towards swimming is linked strongly to their past.

George is in his eighties and lives alone in Abertillery. Although he has health problems and uses two sticks to walk, he enjoys a range of activities including DIY, gardening and walking and considers himself to be active for his age. He is unable to swim as he never learned as a child and then went straight into the armed forces where he was always been involved in other activities. George considers free swimming to be a 'waste of time.' He felt most older people can't swim and it is really too late to try and learn as many people have health problems and are not interested.

Margaret is in her seventies and suffers from poor mobility but lives alone in Swffryd. Although she has a wheelchair she often cannot use it and has to walk as she feels that buildings and public transport often do not cater for disabled people (e.g., steps and no ramp). Margaret feels that she is unable to do any physical activity because of these issues. Instead, she favours

activities such as reading and sewing. She relies upon her family for transport and as a result she doesn't go out very often, other than to the hospital and to the local luncheon club. Margaret is unaware of free swimming and would not be interested in taking part. She had a bad experience in a swimming pool as a child and as a result has always been fearful of the water.

Some non-user interviewees blamed the choice of activity, as swimming was perceived inappropriate for their age group. Many reported that they swam regularly when they were younger but were simply no longer interested, either because of poor health or mobility which now restricts the activities in which they can participate. This suggests self-perception of health status impacts on willingness and ability to engage in certain activities (Robson & McKenna, 2008). Whilst they understood the benefits to be gained from being active, their preference was to have access to dry side opportunities and other physical activity opportunities, for example, free access to the gym, tea dances and gentle exercise classes. The story of Mary and Bill illuminates:

Mary and Bill are in their early eighties and live independently in Brynithel, a village at the top of the Abertillery valley. Neither is able to drive and they report public transport to be particularly problematic as buses run infrequently and not directly to places they may need to access. This is a real concern in the winter months and after dark. However, the Swffryd Community Centre provides a wide range of activities, including bingo and the pensioners' luncheon club, which they access on a weekly basis. The couple consider themselves to be very active for their age, walking short distances regularly, and attending tea dances once or twice each week. Bill enjoyed swimming as a 'youngster' but now suffers from arthritis and cramps which leave him fearful of the water. Mary suffered health problems as a child and never learned to swim. Although Mary and Bill's family all swim regularly and the couple recognise that swimming can improve physical health and well being, neither feels able to take part. They felt that many older people cannot swim and would probably not be interested in a scheme such as free swimming.

Interpersonal barriers, including the perceptions of others and the ability to identify a suitable partner to participate in free swimming was a further barrier cited. Similar to intrapersonal barriers, these are recognised (Jackson *et al.*, 1993) as particularly difficult to tackle through intervention. Some respondents, including Susan, recognised that if friends were attending she would be possibly interested.

Susan lives in Blaina, a small town near to Abertillery, and is in her early sixties. She has many home based hobbies, including baking and looking after the home and enjoys spending time having a cup of tea and a chat with her friends. Susan considers herself to be relatively active - she goes to a local keep fit class once a week with her friends. She also attends 'Healthy Living for Carers' with her mother, who she cares for part-time. Susan has not heard of free swimming and is not particularly interested in swimming. However, she may be persuaded to swim if friends were attending and if there was the option of poolside tuition as she feels that she is a weak swimmer. Susan thinks that free swimming is a good idea because swimming can provide both health and social benefits.

Given the age of the interviewees, most did not cite lack of time as a barrier to participating in physical activity. Nonetheless there were a few exceptions and these related to those who had responsibility for caring for a family member. For instance, the husband of one woman in a care home visited her daily using public transport which left him with little time for social leisure activities. However a valuable outlet for him was attending the 'Healthy Living for Carers' sessions on a weekly basis which brought him into contact with others in a similar position to himself.

One structural barrier frequently mentioned by the interviewees was their reliance on family and friends to provide transport so they could go about their daily tasks such as shopping and visiting the doctor to obtain medication. Many were relatively house bound and leisure activities were often based in or near

the home. Some attended local clubs and pubs which could be reached by foot or when a car lift could be arranged, usually with a family member. The geographical distance to Abertillery Sports Centre from Swffryd, together with a lack of transport, meant access was an obvious barrier, to all but the keenest swimmers. Thus the development of new low impact activities in Swffryd Community Centre was seen, as very valuable.

Emily's experience encapsulates the daily challenge of lacking mobility and the sense of isolation that it can bring.

Emily is in her seventies and lives in a supported housing complex in Llanhilleth. Her mobility is extremely limited and she is unable to get out and about as easily as she once used to, now relying upon family and public transport. Emily's favoured activities are generally home-based and include reading and crosswords as she is keen to maintain her mental functioning. However, she does not take part in any physical activities and does not walk regularly. She is unhappy with the lack of social activities at the housing complex and the fact that the residents are not encouraged to socialise. She feels that there should be additional support available because many of the residents have poor mobility. Emily finds the evenings to be a difficult time for her as there is little to do and she has no company.

These narratives reveal the challenges of daily life for many older people who as a result seem to establish an informal hierarchy of priorities in which swimming was perceived as low or non-existent. The impressions of the community leisure providers were, in contrast, extremely positive about free swimming and the interviewees saw the possibilities free swimming offered. Two respondents commented:

'I just think the whole scheme, overall, is a fantastic opportunity...anything that will increase participation and reduce any barriers....can only help the health agenda...'

‘I think if we can promote [free swimming] and start changing people’s views that ... old people can continue, they need to continue, you can reduce falls, and breaks etc ... then ... it can have a huge impact.’

Equally, all leisure provider interviewees acknowledged there were significant difficulties in implementing free swimming in a way that would have impact. During the early stages of implementation, pool managers focused largely on generic promotional material and programming. For example, one local authority officer commented on the limited times available and that during the first six months of operation the users largely comprised existing users, swimming more often. Thus take-up relied on the individual to access the opportunity even though this is an issue known to affect adversely sedentary individuals (Robson & McKenna, 2008). In terms of programming, although the hours were limited, a number of structured sessions were also established to target particular groups of eligible over 60s (for example grandparent and child swimming, disability swimming and aquafit). However the take-up was so low that the sessions were withdrawn.

Sports development officers interviewed from the local authority acknowledged there were difficulties with the perception of swimming by older people, both in terms of visiting a pool and participating in the activity itself. Nationally, only 6% of the population over the age of 60 attend their local leisure centre (SCW, 2006) – and not one of the non-user interviewees had visited Abertillery Sports Centre. In spite of having the benefits of being a ‘new build’ facility and being a Social Services day care centre, other barriers existed. One obvious structural barrier was the unavailability of public transport, especially during the winter months. Such was its impact it had led some of the community based officers interviewed to develop alternative doorstep opportunities.



‘Geographically [it] is not ideal for the whole of Abertillery ... If we can create what we are trying to develop with the community outreach...if we can take the activity to them, so we are not expecting them to come to the leisure centre...If we can do it in the church or in the community hall which is just across the street ... then that’ll be better.’

Of course this approach assumes a different model of delivery from that of free swimming. Certainly there was a view among community leisure providers that older people didn’t think swimming was necessarily appropriate for them. One of them commented:

‘Older people have health issues and ... they think that swimming is so strenuous that they lose their confidence ... They think ‘oh gosh, can I do it any more?’ You know, you question your own ability as you get older ... have you got the strength and energy?’

The community leisure providers were agreed that less strenuous, social activities such as bowls, chair based exercise and dance were more popular with the 60 plus population. For example, one healthy living co-ordinator explained that it is essential that activity leaders understand their target market and are able to identify and respond to the requests of older people rather than implement a top down approach. A physical activity consultation with older people, for example, had led to a number of new initiatives including an ‘exercise group’ with an instructor attending on a weekly basis and the Healthy Living for Carers collaborating with members of their luncheon club and Abertillery Bowls Club to provide transport, training and competitive playing opportunities.

While some collaboration and partnership working had been successful, most notably in relation to GP exercise referral, much more was needed. One local authority officer stated that whilst he can tackle barriers such as session timetabling and cost, his role “doesn’t really give [him] the opportunity to get to grips with [free swimming] ...” The research revealed that as part of the local implementation of free

swimming no specific community outreach work had been undertaken. Some officers referred to the lack of time but the overall impression was a lack of any partnership plan which could tackle this issue effectively. The interviews also revealed that some community health providers had limited knowledge of free swimming and there were misconceptions. For some their involvement had been negligent and their experience and position within the community had not been utilised.

## DISCUSSION

Despite evidence indicating that regular participation in physical activity confers many benefits (Booth *et al.* 2000; Wantanabe *et al.* 2001), the majority of older people fail to undertake sufficient physical activity to benefit their health. Moreover, those in marginal groups and those suffering from social exclusion are least likely to participate (Lister 2007, Collins with Kay 2003). In the UK, as older people have not been in receipt of high levels of public investment for physical activity interventions, the introduction of a national programme, free swimming, as a universal entitlement for the 60 plus population merits analysis.

Implementation of free swimming in a socially deprived area of South Wales has highlighted four important weaknesses which are relevant to policy makers and practitioners and should be addressed as part of the preparation and planning for other, similar public interventions. These potential pitfalls are inter-dependent and it is important that they are tackled in a structured and co-ordinated way rather than on an *ad hoc* or piecemeal basis.

The first is a 'lack of partnership infrastructure.' The Healthier Futures strategy for Blaenau Gwent (Blaenau Gwent Local Health Board, 2005; 2007) makes clear that some groups (namely older people and carers) require special attention in the form of targeted intervention and deem it essential that organisations work in partnership within the community to reach out to those who may be disenfranchised from community life. Inter-agency communication and partnership building within Blaenau Gwent has made some progress but there is potential for further improvement. Links between the local authority's

GP referral scheme and free swimming provide one good example of effective collaboration, but links with other external organisations (for example, with Age Wales / Age UK, Healthy Living for Older People, Healthy Living for Carers) were far less developed and there was little evidence of overt information sharing, consultation and pooling of resources. **An annual development plan was required by the local authority to outline its programme. However in many cases there was little advice about what should be included and the priorities for development.** Although organisations such as Age Wales were aware of free swimming there were no specific programmes which would help target particular types of older people. It is essential that collaboration is committed rather than symbolic (Nichols and Robinson, 2000; ██████████) and must be built into the cultures, structures and processes which operate at all levels within and across communities.

The second potential pitfall is 'insufficient participant involvement'. Robson and McKenna (2008) explain that sedentary individuals typically respond poorly to interventions / initiatives when too much emphasis is placed upon the individual her/himself to access the activity on offer. Thus proactive recruitment techniques should be used when targeting sedentary individuals likely to be in the pre-contemplation and contemplation stages of change (Robson & McKenna, 2008). For example, a professional could (should) visit existing older people's groups rather than relying on advertising to generate a response. Although individuals in the contemplation stage may react favourably to simpler advertising techniques, these individuals rarely sustain regular participation and without regular support will drop out (Robson & McKenna, 2008). Sasidharan *et al.* (2006) have highlighted the importance of social support for leisure as older people increasingly rely on assistance from family and friends. More than any other age group there are implementation difficulties if older people are treated as a homogenous group (Coalter, 2010; Humberstone, 2010). For example, whilst swimming or walking may be in demand among many 'third age' individuals who have the independence and autonomy to make choices regarding their leisure time activities (Humberstone, 2010), for others, chair based gentle exercises which focus upon maintaining the

ability to carry out daily tasks will be more appropriate, especially for those entering the 'fourth age' (deep old age) or within care settings (King *et al.*, 1998).

The third potential pitfall is 'evidence gap.' Free swimming was introduced as a platform to increase physical activity participation and healthy living among the 60 plus population but there are some obvious limitations. The choice of swimming was based upon a latent demand figure of 10% (SCW, 2005) and a 'feeling' that many older people would wish to participate in swimming, given its relaxing and non-threatening nature (WAG, 2005b). However the non-users' attitudes were typified as either 'unable and unwilling' or, 'able but unwilling' (Adams & West, 2006). This sends a very clear message that these non-users were disinterested in swimming. For many there were negative connotations attached to the idea of swimming and there were strong antecedent constraints (Henderson & Rannells, 1988). Previous research has revealed that later in life physical activity participation is largely dependent upon the skills and interests that individuals carry with them from earlier life stages (Roberts, 1999; Thurston & Green, 2004) as well as their own and others' perceptions of their physical capabilities as they age (Brittain, 2010). The lack of opportunity when young and the poor level of public leisure facilities found in the UK prior to the 1960s (Roberts, 1999) is likely to be relevant to this particular group.

The final pitfall is 'disjointed multiple aims.' This issue is fairly commonplace with sports development initiatives (Collins 2010). The programme aimed to give those over the age of 60 opportunities to swim for free. The guidance also specified several target groups, including the need to attract non-swimmers and an expectation also to deliver against social justice objectives. Coalter (2002) suggests that in addition to concessionary or free schemes, "systematic targeting is essential to attract low income groups who are likely to lack a history of participation and the associated sporting capital" (p.14). The 60+ Free Swimming Initiative is based upon the complementary aims of *Climbing Higher* (WAG, 2005a) and *Health Challenge Wales* (WAG, 2004) and the *Older People's Strategy* (WAG, 2003) in terms of increasing physical activity levels and healthy living (through the activity of swimming). In order to achieve these aims, local

authorities were encouraged to develop programmes so in order “to engage with the public generally and especially with individuals and communities that are most difficult to reach and most in need” (WAG, 2005b, p. 4). Current physical activity and older people’s strategies support the need for organisations to reach out to those individuals who may be excluded from community life (WAG, 2003; WAG, 2005a; WAG, 2005b; WAG, 2005c). In spite of some good practice, the implementation of the Free Swimming Initiative shows that links with cross-cutting policy areas need to be strengthened and the contribution that they make needs to be given wider recognition if changes in physical activity participation levels are to be achieved (see also Wales Audit Office, 2007 and WAG, 2009).

In summary the Free Swimming Initiative is an example of a simple delivery chain which is linear and hierarchical. To re-cap, after the Ministerial announcement of the launch, the ‘roll out’ required the relevant government department and agency in consultation with key stakeholders (primarily local authorities) to produce operating guidance and criteria. The criteria required local deliverers (the local authorities) to establish plans which were then given to pool managers to implement. This approach reveals some structural weaknesses, in particular the lack of ownership by the target group and its involvement in local implementation. The non-users’ narratives are important because they reveal how intra-, inter- and structural factors (Jackson 2000) are both complex and intertwined. These factors clearly impinged on the non-users’ desire (or lack of it) to swim together with an ability (or inability) to swim. Whilst there was some understanding and empathy demonstrated by the community leisure providers, overall there was weak evidence of how these difficulties would be tackled.

There is a need for policy makers to adopt, therefore, a more radical and enabling approach which translates national policy guidance into meaningful local implementation. Drawing on previous research on community sports development (██████████), the design and delivery of free swimming for the 60 plus population should actively engage three interdependent groups, namely the citizens/individuals, communities and providers. Each group possesses unique knowledge of the key issues which impact on

an ability to access free swimming. Whilst a local implementation plan might help, it is not sufficient to guarantee effective results – these can only be achieved by the three groups combining on an equal basis to form a genuine delivery partnership. Shared values and a participant-centred infrastructure are necessary. Local authorities and other agencies need to be prepared to shift resources differently to achieve genuine alignment to the over-arching national policy and local aims. For example, targeting those people who have the most to gain from increasing their physical activity levels requires a different approach – less deterministic and far more value orientated – and relies on the older people themselves being supported to design and shape local delivery (Raynes *et al.*, 2006).

The UK's population is ageing and this requires a coherent policy around physical activity participation. For older people, it is essential that increased life expectancy is accompanied by extended *healthy* life expectancy (Deeming, 2009; Osmond, 2010). Free swimming represents a small but nevertheless important contribution to this. The findings of the present study have identified the challenges and potential pitfalls that policy makers and providers must address when seeking to, “transform the lives of marginalised or invisible elders” (Cutler-Riddick, 2010, p. 15), and point to the need for policy makers, practitioners and communities to establish closer links and develop shared values. Understanding the real issues affecting older people and their likelihood to participate in physical activity is an important first step. If governments are serious about meeting national physical activity targets (DoH *et al.* 2011) and attempting to reduce older people's dependency on social care and health services this agenda is not optional. Importantly, there needs to be a focus on those least likely to participate because those groups who have the most to gain from increased levels of activity are those who are often marginalised and ‘hardest to reach’ (Collins with Kay, 2003; Deeming, 2009) and thus tend to be disregarded or overlooked.

## Notes

- 1 The Welsh Government had been known as the Welsh Assembly Government prior to May 2011.
- 2 The Sports Council for Wales has been known as Sport Wales since April 2010.

## Acknowledgements

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Table 1: Free swims – age 60 and over

	2004/05*	2005/06	2006/07	2007/08	2008/09	2009/10
Free unstructured swims	406,663	518,292	553,482	534,587	599,793	629,684
Free structured swims	7,555	25,249	41,216	61,711	79,702	79,257
Total free swims	414,218	543,541	594,698	596,298	679,495	708,941
60 and over population ~	693,290	691,373	701,529	719,159	735,924	748,564
Free swims per person	0.60	0.79	0.85	0.83	0.92	0.95

Notes: \* Launched November 2004; participation calculated on pro rata basis; ~ mid-year population estimates, as at June 30<sup>th</sup> 2010

Source: Local Government Data Unit, 2011

Table 2: Free swims – age 60 and over, Abertillery Sports Centre

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Free public swims	4,484	4,514	4,683	5,114	4,733	5,332
Free structured activities				87	93	164

Source: Local Government Data Unit (2013)