

**How to build  
social capital:  
a case study of an enduring  
community walking group**

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## **GLOSSARY OF ABBREVIATIONS**

<b>ABC</b>	Australian Broadcasting Corporation
<b>BAT</b>	Be Active Together
<b>EPPCHU</b>	Eastern Perth Public and Community Health Unit
<b>LWG</b>	Lockridge Walking Group
<b>UWA</b>	University of Western Australia

## EXECUTIVE SUMMARY

This report provides a summary of the key findings of the *How to build social capital: a case study of an enduring community walking group* research project. The project was jointly conducted by the Eastern Perth Public and Community Health Unit (EPPCHU) and the Department of Public Health at the University of Western Australia (UWA) from January 1999 to December 2000. It was funded through a health promotion research starter grant from Healthway. This study aimed to identify and describe the features and processes that are associated with a successful, enduring community walking group with a specific emphasis on the development of social capital.

Working intersectorally to increase participation in physical activity in the community is emerging as a common approach in health promotion. At a local level, attempts to increase physical activity have often incorporated walking groups. These have met with varying levels of success. There is a growing body of literature on the relationship between the elements of social capital, such as social support, community networks and civic engagement, and health and quality of life. Community groups, such as walking groups, can play a crucial role in engaging a wide range of people and provide participants with a range of health and social benefits. Connections, networks and associations between individuals and groups are important in promoting social networks and social cohesion, and may improve health outcomes.

The study focussed on the Lockridge Walking Group (LWG), part of the *Be Active Together* (BAT) in the City of Swan project. The group has been operating successfully for more than six years in a low socio-economic status community. Currently it has approximately 45 members from a range of language and cultural groups, 15 to 25 of its members regularly walking two mornings a week.

This project gathered qualitative and quantitative data in three phases involving focus groups with current members of the walking group, interviews with key informants involved in the establishment and/or maintenance of the LWG and a telephone survey of all past and current members.

The results demonstrate that the keys to success in establishing and maintaining the walking group were collaboration between the health service organisations (Swan Health Service and the EPPCHU) and local government (City of Swan). Of particular importance was the availability of the local community health centre facilities to meet and socialise before and after the walk. The LWG leader played a critical role in the functioning of the group and her skills and networks have enabled the group to access and participate in other activities. An informal group structure with no fees, written rules or formal membership, the sense of friendship and tolerance, and care and support were key characteristics of the way the group works.

Members of the LWG reported numerous physical, social and mental health benefits from participation.

Key elements of social capital - the helping of others within and outside the group, tolerance of diversity, a sense of connectedness, the building of trust between individuals and organisations, the extension of networks, and involvement in community activities - were evident within the LWG.

## RECOMMENDATIONS

### IMPLICATIONS FOR PHYSICAL ACTIVITY AND HEALTH PROMOTION

The findings from this study have identified some key health promotion strategies that health and other professionals may utilise to establish and maintain walking groups to increase participation in physical activity. Importantly, they are a combination of key factors or “ingredients” that may assist in providing opportunities for social and community engagement that can improve health and contribute positively to the social fabric of community life. In addition, it is important to acknowledge the reciprocal and often “unanticipated” outcomes for organisations involved in supporting community groups such as walking groups. These can include benefits such as the development of positive relationships with the immediate community that encourages community input and feedback to improved profiles for organisations within the local community.

1. **Building partnerships** between local government, health services, community based organisations and the community to support health promoting opportunities and structures within local communities.
2. In establishing and maintaining walking groups a **combination of key factors** are important to consider together. These include identifying **a leader, leadership style**, availability of a **local meeting facility, informal group structures, collaboration** between local organisations to support the walking group, and providing **opportunities for participation** in other social and community activities if required.
3. **Collaboration and communication** between local organisations such as local government and health services to support the development and maintenance of locally based walking groups. This can be achieved without large financial or human resource investment.
4. Local government, health services or community centres can support the development and maintenance of local groups such as walking groups by **providing access to low cost resources which support group activities and social interaction** eg. meeting facility, photocopying, promotion in local media and newsletters.

5. Groups such as walking groups can be strengthened and sustained through support from locally based professional staff in local government, health services or other organisations to **assist the group leader** as required. This could include providing **support and opportunities for training, group promotion and problem solving.**

## 1. INTRODUCTION

*Be Active Together* (BAT) is a community based project involving local government (City of Swan), the local health service (Swan Health Service), the Eastern Perth Public & Community Health Unit (EPPCHU) and the community in the eastern metropolitan region of Perth, Western Australia. It commenced in 1993 with the aim of increasing the participation of adults in moderate intensity physical activity. The approach was multi-strategic and included the establishment and support of a number of walking groups within the City of Swan local government catchment area.

Unlike most community walking groups, which seldom survive over long periods of time and are less likely to attract participants from low socio-economic backgrounds, the Lockridge Walking Group (LWG) has operated for six years and currently has approximately 45 members from nine different language and cultural groups, 15 to 25 of whom regularly walk together two mornings per week. It is no small achievement that this successful walking group is located in one of the more disadvantaged suburbs in Perth and the participants are from groups less likely to undertake or sustain regular physical activity, namely older persons, women, those not in the paid workforce or on low incomes and those from a non English speaking background.

One reason for the sustainability of the LWG may be that the group has nurtured their ‘social capital’, namely the “networks, norms and social trust that facilitate co-ordination and co-operation for mutual benefit” (Putnam 1993, p35). The LWG exhibits a number of features, which, according to the literature, are indicators of social capital, namely trust, reciprocity, civic engagement and participation in networks. There is a growing body of evidence that demonstrates a strong relationship between social capital and physical and mental health in communities.

The local walking group in Lockridge represented an opportunity to learn from its success. This research project is a case study investigation of an enduring community walking group with the purpose of identifying what worked and why, and what was needed, from whom and when. Most importantly, there was an opportunity to learn how this community group ran itself and how it interacted with others locally and regionally. Given the intersectoral collaboration that characterised this project, we

sought the reflections and observations of several organisations on the group, and on the process by which they contributed to the start up and continuation of this walking group.

**Study Aim:**

The aim of the study was to identify the features and processes that are associated with a successful, enduring community walking program with a specific emphasis on the development of social capital.

**Study objectives:**

1. To describe the indicators of social capital such as social cohesion, reciprocity and civic engagement which are operating in the LWG.
2. To identify and describe the norms, networks, skills and habits present in the LWG.
3. To identify and describe the processes and factors (such as access to resources, availability of support, re-inforcement for involvement) which may be associated with establishing and maintaining the social capital in the LWG.

## 2. LITERATURE REVIEW

Physical activity is now recognised as being important in reducing the risk of heart disease, diabetes, blood pressure, colon cancer, depression and anxiety and falls in the elderly (United States Department of Health and Human Services 1996). However, despite the extensive literature on the benefits to health of regular physical activity and the reduction in chronic disease attributable to active lifestyles (United States Department of Health and Human Services 1996; Bauman and Owen 1999; Powell and Blair 1994), one in eight (12%) Western Australian adults reported doing 'no physical activity' in the latest national physical activity survey (Bull *et al.* 2001). In addition, almost one third (31%) of Western Australian adults reported participating in some physical activity, but at a level insufficient to meet health benefits according to the Australian National Physical Activity guidelines (Bull *et al.* 2001).

Walking has consistently been found to be the most popular type of physical activity and one that sedentary adults, particularly women, are more likely to take up as it is convenient and affordable (Booth *et al.* 1995; Hillsdon *et al.* 1995). However, whilst community campaigns on physical activity have included attempts at increasing the number of walking groups (Currie and Develin 2000; Fisher *et al.* 1998), anecdotal evidence has shown that it is extremely difficult to make sustainable changes (Martin 1998: Personal Communication). Whilst there are no published studies reporting the collapse rates of walking programs, it is known that group activity programs are likely to obtain 50% drop-out rates over a period of six months (Dishman and Buckworth, in Morgan 1997).

Community participation in health is encouraged on the belief that involving people improves the quality, relevance and effectiveness of programs or services (Baum 1998) and that through participation individuals and communities gain power. Labonte's (1990) work on powerlessness indicates important links between physical, mental and social health status.

There is a growing body of literature on the relationship between social support, social networks and health. Community groups, such as walking groups, play a crucial role in engaging a wide range of people, and provide participants with a range

of health and social benefits (Baum *et al.* 1999; Kawachi *et al.* 1999). Connections, networks and associations between individuals and groups are important in promoting social networks, social cohesion and in improving health outcomes (Baum *et al.* 1999; Gillies 1998; Berkman 1995 in Kawachi *et al.* 1999). Recent work on health and social inequalities by Marmot (1999) also highlights the powerful relationship between social supports and health status. His study on Whitehall's civil servants provided direct evidence on the importance and effect of social supports (Marmot 1999). He concluded that, "friendship, good social relations and strong supportive networks improve health at home, at work and in the community" (Marmot 1999, p137).

Supporting people to be active participants within communities in a social and civic capacity has been viewed as a tool for building social capital and a 'civil' society (Cox 1995). The features and processes associated with the development and maintenance of community walking programs may encourage the development of "norms, networks and social trust that facilitates co-ordination and co-operation for mutual benefit" (Putnam 1993, p35).

Social capital is a 'hot topic', and has been the subject of much debate and discussion in recent years. There is a variety of definitions and frameworks presented in the literature to explain the concept of social capital. These definitions tend to explain the concept of social capital by describing the elements or characteristics thought to comprise social capital. One point to emerge clearly from the literature on social capital is that it does not make sense to talk of social capital at the level of the individual, rather it may be found in the social interactions between individuals, and cannot be 'owned' or depleted by use (Putnam 1993; Gillies 1997; Hawe and Shiell 2000).

## **2.1 What is social capital?**

Social capital is not a new term, and has a long history that dates back to classical sociology and economics (Portes 1998; Hawe and Shiell, 2000). The main theorists of social capital are Pierre Bourdieu (in Richardson 1985), James Coleman (1988) and Robert Putnam (1993). In Australia, the popularity of social capital emerged through discourse following Eva Cox's ABC Boyer Lecture (Baum 1999; Borthwick 1999).

“The social ties or membership of particular communities that make resources, advantages and opportunities available to individuals” (Pope 2000, p1 of 1) is central to the definitions of social capital offered by both Bourdieu and Coleman. The ideology and theories which underpin each framework and its application, however, are quite different.

Pierre Bourdieu (in Richardson 1985), French educational sociologist, discusses the idea that different forms of capital are crucial as a means by which power is determined in society. He discusses four types of capital being, economic, cultural, social and symbolic. The importance of social capital is that it assists members of society to access other forms of capital (Baum 1999; Gleeson 1999). According to Bourdieu, social capital is, “the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalised relationships of mutual acquaintance or recognition” (Bourdieu in Richardson 1985, p248).

Coleman (1988), US educational sociologist, defines social capital by its function. His concept of social capital focuses on individuals purposively engaging in social processes within a group and between groups so that the benefits drawn from the 'collective capital' maximise individual opportunities (Pope 2000).

*It is not a single entity but a variety of different entities, with two elements in common: they all consist of some aspect of social structures, and they facilitate certain actions of actors-whether persons or corporate actors-within the structure. Like other forms of capital, social capital is productive, making possible the achievement of certain ends that in its absence would not be possible (Coleman 1998, p98).*

Robert Putnam (1993), Harvard Professor of International Peace, has more recently advanced Coleman's work in his study of the performance of democratic institutions in Italy. Putnam defined social capital as, “the features of social organisation, such as networks, norms and trust, that facilitate coordination and cooperation for mutual benefit. Social capital enhances the benefits of investment in physical and human capital” (Putnam 1993, p35)

Eva Cox (1995) gave social capital a new status in Australia in the mid nineties through her ABC Boyer Lecture on ‘a truly civil society’. She has built upon Coleman and Putnam’s definitions of social capital. She identified social capital as,

*The factor which allows collective action in the public sphere and for the common good. It is social cohesion and comprises attention, engagement and trust of both non-familiar people and the institutions of governance. Social capital can be used to measure the capacity of the social linkages and their resilience or fragility. Social capital is iterative and experientially developed and requires both levels of trust and competence in social interaction. (Cox 1997, p2)*

More recently Bullen and Onyx (1998) defined social capital as,

*the raw material of civil society. It is created from the myriad of everyday interactions between people. It is not located within the individual person or within the social structure, but in the space between people. It is not the property of the organisation, the market or the state, though all can engage in its production. Social capital is a 'bottom-up' phenomenon. It originates with people forming social connections and networks based on principles of trust, mutual reciprocity and norms of action (Bullen and Onyx 1998, 'What is social capital' section).*

In a recent study on community participation and the health of individuals, Baum *et al.* (1999) concluded that, “social capital comprises the collective values of trust, co-operation and goodwill that act as the ‘social glue’ which holds a society together” (Baum *et al.* 1999, p8).

## **2.2 Elements of social capital**

As is clear from these definitions, the meaning and theoretical implications of social capital and its elements are variable and contested (Labonte 1999; Baum 1999). However, a number of common themes or ‘building blocks’ for social capital can be drawn from the literature - participation in networks, reciprocity, trust, social norms and civic engagement (Bullen and Onyx 1998; Coleman 1998; Cox 1995; Putnam 1995b).

Participation in networks means being involved in, and sharing or taking part with others in some activity. It is more or less the interlocking networks of relationships between individuals and groups. This association must be voluntary (Bullen and Onyx 1998). It is an important aspect of social capital because it facilitates coordination and communication, builds reputations and therefore allows dilemmas of collective action to be resolved (Putnam 1995a).

Reciprocity is where an individual provides a service to others, or acts on behalf of others at a personal cost, but in the expectation that they will receive this same kindness at some undefined time in the future, should the need arise (Bullen and Onyx 1998). It's a sense of obligation to help others but with the confidence that others will help oneself (Campbell 1999). If reciprocity is strong in a community then people 'take care of each other's interests' (Bullen and Onyx 1998).

Trust, according to Cox (in Eckersley 1998), is the currency of social capital. It is the sum of the expectations that individuals have, and the way these are used and renewed through experiences such as relationships. Trust is needed if a society is to have high levels of social capital, as it leads to engagement and commitment and therefore to social bonds. Bullen and Onyx (1998) defined trust as, "the willingness to take risks in a social context based on a sense of confidence that others will respond as expected and will act in mutually supportive ways, or at least that others do not intend harm" (Bullen and Onyx 1998, 'What is Social Capital?' section).

Social norms are generally unwritten rules that are commonly understood by participants. These determine the patterns of behaviour that are expected in a given social context (Bullen and Onyx 1998). Civic engagement involves high levels of participation in various voluntary groups, ranging from church to unions, and many involve 'interfacing' with state-provided facilities and networks (Bullen and Onyx 1998). Putnam (1993) has found that education is the strongest correlate of civic engagement. Highly educated people are far more likely to join and have trust in their local community because of the skills, resources and inclinations that were imparted to them at both home and in school.

The literature also suggests that social capital may contribute to maintaining group membership and participation in community activities by increasing co-operation and reducing the incentive for members to leave (Putnam 1993); promoting interaction and a sense of community (Chavis and Wandersman 1990); and by transforming group members from individuals with little sense of mutual obligation into members of a community with shared interests and a sense of the common good (Newton 1997).

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Many authors assert that social capital is different from other forms of capital as it cannot be owned or depleted by use. Instead, social capital is a resource for which supply increases rather than decreases with use, and becomes depleted if not used (Putnam 1993; Cox 1995; Hawe and Shiell 2000). “Unlike conventional capital, social capital is a ‘public good,’ that is, it is not the private property of those who benefit from it. Social capital typically consists of ties, norms and trust transferable from one social setting to another” (Putnam 1993, p38).

### **2.3 Social capital is not without its critics**

The concept of social capital is not without its critics. Portes (1998) believes that the popularity of social capital, even though partially warranted, is also partially exaggerated for two main reasons. Firstly, the processes involved with social capital are not new and have been studied previously under other names. Secondly, social capital is not a remedy for major social problems, as depicted by its supporters.

Labonte (1999) who similarly reports that social capital is not a new discovery and is simply a repackaging of old notions, presents the argument that social capital does not exist but is being “constructed by our choice of things with which to fill it” (Labonte 1999, p430). It is a ‘repackaged’ version of community development and empowerment, where community development has been a strategy long used by governments to improve the lives of the least well off (Labonte 1999).

Campbell (1999) listed three main criticisms that she found commonly reported in the literature on social capital. However, she only agreed with one of the criticisms, that being that the concept of social capital is vague and poorly described and has come to mean ‘all things to all people’. The other two criticisms are that, social capital is ‘reinventing the wheel’ and that most of the concepts it brings are already well-known, and that the concept is currently being grasped by health policy makers to deflect attention away from the well-known link between income inequalities and health, and that implementing social capital into policy is much cheaper than trying to reduce income inequalities. Campbell (1999) strongly contests these criticisms, and argues that some concepts of social capital such as understanding community level networks and relationships may help health promotion researchers measure their programs’ successes or failures. Further, projects which enhance social capital, in

areas of high poverty or where there is evidence of inequalities in health, have been shown in the literature to build community networks and relationships which are often undermined or limited in low socio-economic areas.

Other concerns that have been highlighted in the literature include the ‘negative aspects’ that may develop when a good level of social capital is present. These concerns are based on the notion that social capital can build up between people in ways that may not be healthy. Examples include gangs where members know and may even trust each other, however they engage in activities that would not be seen to be healthy to others. Mafia families, gambling rings and prostitution are also examples of groups where social capital can build in a negative way for society (Cox 1995; Baum 1999; Portes 1998).

The strong ties that can be built between members in a group such as an ethnic group may work to exclude outsiders from accessing the group (Portes 1998; Kawachi *et al.* 1997). Community or group participation tends to create demands for norms or conformity. This can result in individual freedom being restricted or members feeling stifled or ostracised (Portes and Landolt 1996; Portes 1998) Group decisions and connectedness can be based on a common experience or adversity where individual success stories undermine group cohesion (Portes 1998).

Baum (1999) believes that we need to be careful when it comes to promoting social capital as it,

*should not be seen as a substitute for economic investment in poor communities, or as a panacea for socio-economic hardship. Yet, seeing it this way would be particularly attractive to governments that wish to reduce state spending on welfare (Baum 1999, p176).*

It must therefore be acknowledged that when looking at the role of social capital in health promotion and public health that it is not a panacea for all:

*Recognising the importance of social capital in sustaining community life does not exempt us from the need to worry about how community is defined - who is inside and thus benefits from social capital and who is outside and does not. Some forms of social capital can impair individual liberties, as critics of communitarianism warn (Putnam 1993, p42).*

## 2.4 Social capital and health

So why all this interest in social capital from public health and health promotion professionals in recent years, even with the possibility of negative outcomes? To answer this question we need to consider health and what affects an individual's health. According to Gillies (1997) health behaviour is affected by a variety of social, cultural, economic, environmental and political determinants. Therefore, if health promotion is going to tackle the social determinants of health and be successful in affecting health outcomes for those most disadvantaged in society, the building of social capital is one concept that should be seriously considered in the field of health promotion and public health.

According to Baum *et al.* (1999) health is socially structured and so are levels of participation. Baum and her colleagues believe that making social capital more evenly spread should be a central consideration of any health promotion strategy. Social capital is a positive attribute of a community and high levels of social capital are health promoting. International research demonstrates that societies which have higher levels of trust and who have citizens that are likely to actively and voluntarily participate in civic life, are also more likely to be 'healthy societies' (Kawachi *et al.* 1997). Literature has also shown that people who have social support are more likely to live longer, and to survive and recover better from illness when they do get sick (Berkman and Syme 1979; Kawachi *et al.* 1996 in Kawachi *et al.* 1999; Berkman 1995 in Kawachi *et al.* 1999)

Macintyre and Ellaway (1999) report that to reduce inequalities in health there is a need for health promotion policy and strategies to improve social capital by taking into account both people and places. Local opportunity structures and facilities such as schools, shops, parks, street lighting and community health centres (Baum 1999; Macintyre and Ellaway 1999) influence, and provide avenues for, social interaction and trust to develop between community members. For social capital to develop in a community and produce positive outcomes, community infrastructure and partnerships need to exist to facilitate the development of trust. To help with the process of encouraging the development of social capital, public health professionals

should work with urban planners to design 'friendly' suburbs that encourage people to communicate and contact each other (Baum 1999).

A health promoting community demonstrates a number of characteristics present at the local neighbourhood level. These include a growing sense of trust between neighbours; evidence of support between groups and individuals; well-established informal networks and reciprocal exchanges between individuals; an environment which creates and supports opportunities for a variety of interactions between residents; well-developed constructive ways of dealing with conflict, hostilities and differences between groups; a community in which household incomes are at a level which sustains individual and community life; opportunities to be able to attain higher educational levels and a willingness to achieve this; and tolerance of individual and group differences such as ethnicity and gender as well as opportunities for individuals to mix with people from different backgrounds (Baum *et al.* 1999).

Life is said to be 'richer' in a community that exhibits high levels of social capital. Putnam (1993) believes this may relate to the existence of networks of civic engagement which encourage norms of generalised reciprocity and social trust to emerge. Researchers working in areas such as education, unemployment, poverty, crime and drug abuse as well as health have found that successful outcomes are more likely to occur in civically engaged communities (Putnam 1995a). Cox (1997) believes that if a society contains a wide range of social problems, then it is likely that there are low levels of social capital within the society's significant subgroups.

Kreuter (1998) suggests that studies measuring the effectiveness of community based public health interventions report that even though there is evidence indicating the application of sound theory and practices, a good proportion of them do not meet their 'expected' goals. He believes that at least some of these so-called 'program failures' are actually more likely to be attributable to pre-existing mediating social factors, one of which could be due to low levels of social capital.

Even though social capital reportedly plays a crucial role in health promotion, it can only be effective if it is acknowledged as part of a broader strategy to reduce inequalities in society (Baum 1999). She reports that, "Public health needs to have a

debate about the form of civil society that will best further its central aim of promoting health” (Baum 1997, p673).

## **2.5 Measuring social capital**

The problem with social capital is how to measure it. Unfortunately social capital is not as easy to measure as other types of capital. Financial capital is money and because money is tangible, every single unit of money is comparable to any other single unit of money. However, this does not apply to social capital (Borthwick 1999).

The literature has reported that studies which use Bourdieu’s definition of social capital reveal that social relations are complex and cannot simply be measured by using individual indicators because the relationships are not merely the property of individuals. When using this definition, social capital measures require qualitative methods (Pope 2000). However, studies based on Coleman’s definition of social capital are measured by combining measures of an individual’s level of trust with measures of items such as membership. Asking questions in social surveys can provide these measures (Pope 2000).

Cox (in Eckersley1998) has listed six suggested dimensions and measures of social capital. These are, unobtrusive measures, measures of attention and wider interest in their society, sociability and engagement, attitude measures such as expressed attitudes and expressed fears of others, expectations and the multi-dimensional picture.

Cox’s unobtrusive measures rely on careful observation to ascertain whether community members tend to accept responsibility by compliance with rules, take responsibility for others, and actions such as picking up their own rubbish or obeying traffic rules and offering help to strangers. These measures also seek to determine whether community members display anger or depression, and whether they opt out mentally or physically, or react to ‘self destruct’ by stealing, cheating, vandalising, committing acts of road rage and using drugs. Measures of attention and ‘wider interest in society’ include items such as, who reads the local newspaper; who is

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aware of who runs the council; discusses who to vote for; listens to news on the radio or watches it on television; and asks about their community. Sociability and engagement measures items such as social involvement in formal and informal groups. Attitude measures look at two items. The first is 'expressed attitudes', such as levels of acceptance of a variety of social and political activities, and the second is 'expressed fears of the other' such as racism, fear of crime, gangs, tribalism and inability to deal with diversity. Expectations are measures of the gap between expressed reasonable desires and the possibilities of achieving these goals. These include items that measure sense of efficacy, locus of control and trust in social processes. Finally, the 'multi-dimensional picture' measures items such as relationships between all of the dimensions plus the measures mentioned above, the distribution of material and other resources, and access to these by the different players. Cox (in Eckersley 1998) suggests that the measures need to be correlated and cross-tabulated with the conventional social, economic and health indicators, once the data has been collected and analysed.

A number of studies have been conducted to measure social capital and to help determine other factors that may assist in the development of social capital, as well as factors that may prevent social capital from developing and flourishing. This process is known as 'social decapitalisation'. From the General Social Survey, Putnam (1995b) found that employed people were somewhat more likely to belong to groups than those who were not in paid employment. Among the workers, those who worked longer hours tended to report more links to civic engagement than other workers. Married men and women were also found to have higher measures of social capital, when other factors such as education, age, and race were controlled for. Single, divorced, separated and never-married people, both men and women were found to be less trusting and less engaged civically than married people. In other words, successful marriage, especially if it includes children, is statistically associated with greater social trust and civic engagement (Putnam 1995b).

Hawe and Shiell (2000) suggest that the emphasis on measuring social capital has focussed on the 'human' context domain, and the measuring of individual characteristics, rather than the measuring of social institutions and environmental contexts such as families, community groups and agencies, which can work to promote social capital. It is important to consider these social and environmental

contextual elements in addition to the individual context when looking at promoting and measuring social capital. It will give a comprehensive three-dimensional picture of what is occurring rather than a more simplistic two-dimensional picture.

## **2.6 Using social capital to promote change**

Baum (1999) presents two opposing political agendas that utilise the concept of social capital to help shape their respective policy agendas. Those on the right may see social capital as an opportunity to argue and defend their reason for withdrawing welfare and social provisions, while those on the left may argue that state support is crucial to the accumulation of social capital. Gillies (1997) presents a word of warning that building social capital may be seen as a relatively inexpensive way to offset the effects of inequalities in societies and therefore it must not be forgotten that many inequalities in health lie in structural issues such as poverty, homelessness and unemployment.

According to Macintyre and Ellaway (1999) the role of central and local government should be to strengthen the infrastructure resources that promote health and social capital in more disadvantaged communities. Government must also assess their policies to determine their possible consequences on population health and use their planning powers to improve physical and social opportunity structures. Health promotion can make a major contribution to the process of social change for better health but this can only happen if people build alliances and engage in social action in order to bring about substantial changes in people's living and working conditions (Gillies 1997; Erben *et al.* 1999).

Although the literature on social capital contains many comprehensive examples of communities with social capital, and of short-term social capital building projects, few studies examine the process of building social capital, and the 'elements' of social capital that may be present that can support sustainable community groups. There is a lack of Western Australian studies in this area. This report will address this gap, by presenting a case study of one such enduring, community walking group.

### **3. METHODOLOGY**

#### **3.1 Overview of study design**

The research design included:

- a literature review;
- a review of data collection tools used in previous social capital studies;
- the canvassing of expert opinion on the content of the data collection tools; and
- the gathering of qualitative and quantitative data through a series of focus groups with current members of the Lockridge Walking Group (LWG), interviews with key informants involved in the establishment or maintenance of the LWG and a telephone survey of all current and past members of the LWG.

##### **3.1.1 Literature review**

A literature review was carried out using the key word ‘social capital’, as well as several terms associated with social capital such as community development, social participation and social networks. The social capital literature covers a wide spectrum of specialties, from health through to political science. However, the primary focus of this literature review was the social capital literature with a stronger focus on health-related issues and the social sciences.

Several databases were used to search for the literature on social capital. These included Current Contents, Expanded Academic ASAP, APAIS, Journals@Ovid Full Text, Psycinfo, Proquest, Medline, and Wilson’s Social Sciences Abstracts. In addition, the Internet was searched on the term social capital and several current studies and recently published articles were found. Where appropriate, the full report or article was sought from the author/s.

##### **3.1.2 Review of other social capital studies**

Research groups in Australia were approached for information on their study design and instruments. Materials such as preliminary results, final reports and measurement instruments were sought. This included studies by Onyx and Bullen (1997), Flinders

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University of South Australian and South Australian Community Health and Research Unit (1997; 1998), Cox *et al.* (1999) and Kreuter *et al.* (1997).

### **3.1.3 Canvassing of expert opinion**

The study instruments were circulated for comment prior to their use to two experts who had agreed to act as consultants to the project, Dr Charles Douglas, Director, Eastern Perth Public and Community Health Unit and Ms. Eva Cox, Department Head, Department of Social, Political and Historical Studies, Sydney University of Technology.

### **3.1.4 Framework for study**

From the literature and other studies a conceptual framework was formulated that identified the core elements of social capital. These were participation in networks, social and civic trust, reciprocity, social norms, civic engagement and participation, and tolerance of diversity. Under each of these elements, the processes and outcomes expected for each were described in specific relation to the walking group. This provided the basis for developing the discussion themes and questions for the series of focus group discussions and key informant interviews. This structure ensured that each element of social capital was explored as it might relate to the walking group. The information collected in the first two phases, and structure provided by the framework informed the development of the telephone survey instrument. All instruments are presented in Appendices 1, 2 and 3.

A review of the instruments to assess whether each social capital element was being explored and whether the objectives of the study were being met was undertaken by the project team prior to the collection of qualitative and quantitative data.

## 3.2 Sources of quantitative and qualitative data

Data were collected via three methods, from three sources:

- I) Focus groups with current members of LWG - People who currently attend the walking group on a Tuesday and/or Thursday morning and/or participate in other activities as part of the group.
- II) Semi-structured interviews with key informants – Members/employees of organisations and community members who have acted in an ‘enabling’ capacity to assist either the development and/or maintenance of the LWG. They included representatives from the local council, local health service based at the community health centre, the health promotion officer in the public health unit, the *Be Active Together* project officer in the City of Swan and the community.
- III) A telephone survey with current and past members of the LWG – People who are currently members of the LWG and people who have belonged to the group at any time over the last six years.

## 3.3 Focus Groups

### 3.3.1 Recruitment

A key strategy for the recruitment of members to the focus groups was the building of trust between the research assistant, the walking group leader and the walking group members. The *Be Active Together* project officer introduced the research assistant to the walk leader and subsequently to the walking group. The research assistant developed confidence and trust with the group by attending and participating in a number of bi-weekly walks.

Formal invitations to participate in both the focus group discussions, and the survey to be conducted later in the project, were sent to current members, along with an acceptance form and a reply paid envelope (see Appendix 1). Members who agreed to participate in the study were allocated to one of four groups based on their nominated availability.

### **3.3.2 Qualitative data collection**

Four focus groups were conducted in October 1999 with a total of 34 current members of the LWG. Each focus group ran for 1.5 hours at the Altone Park Recreation Centre in Beechboro, following the bi-weekly walking group session. The number of participants ranged from 4 – 13. Childcare was available and light refreshments were provided for participants at the conclusion of each session. A \$10 payment was made to each participant to cover travel costs.

A qualified consultant who had been briefed on the project and who had no previous association with the walking group or organisations involved conducted the focus groups. The research assistant attended each focus group to act as a scribe and to manage the administrative tasks associated with each group.

Consent was obtained from all participants before the commencement of each focus group (see Appendix 1).

Each focus group session was audiotaped, transcribed verbatim and checked by the research assistant. Each focus group transcript was analysed and coded independently, using the framework developed by the project team. The research assistant and two of the chief investigators coded the transcripts. There were minimal disagreements in coding and any disagreements were discussed at project meetings until consensus was obtained.

### **3.3.3 Quantitative data collection**

The research assistant contacted focus group participants via telephone the day before their group to confirm their attendance. During this call, ten questions were asked to gather various data which were used to build a descriptive profile of the current members of the LWG.

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### **3.3.4 Data collection tools**

#### **Qualitative data collection tool**

A semi-structured schedule using open-ended questions was developed for the focus groups. The questions were developed to explore through discussion the process and factors associated with the development and maintenance of the LWG and the development of, and sustainability of, social capital within the group.

The focus group schedule was pilot tested twice with community walking groups in the City of Bayswater with a similar demographic profile. This also provided familiarisation sessions for the focus group facilitator. No revisions were made to the schedule of questions. A copy of the schedule used for focus groups is presented in Appendix 1.

#### **Quantitative data collection tool**

A structured schedule of ten questions was developed to collect information on focus group participants including age, gender, suburb of residency, length of residency in local area, languages spoken at home, length of membership of the LWG, frequency of participation in walking and other activities of the LWG and participation in other physical activity groups (see Appendix 1).

## **3.4 Key Informants**

### **3.4.1 Recruitment**

Six individuals were identified by the chief investigators as key informants. Five were chosen due to the contribution they or their organisation had made to the establishment and/or maintenance of the LWG during its six-year history. The group included representatives from the local council, the local health service based at the community health centre, the health promotion officer at the EPPCHU and the *Be Active Together* project officer based in the City of Swan.

In addition to this group of individuals, the walking group leader, a community member, was included as a key informant and participated in a key informant

interview. It was inappropriate for her to be involved in the focus group discussions as the leadership role had been identified as a theme for discussion.

Key informants were sent a letter introducing the project and inviting them to participate in a face-to-face interview. An acceptance form and reply-paid envelope were included (see Appendix 2 for a copy). All key informants agreed to participate in the study. Dates and times for interviews were scheduled at times that were most convenient to each of the key informants.

### **3.4.2 Qualitative data collection**

Individual face-to-face interviews were conducted with the key informants in September and October 1999. Verbal consent to tape record the interview was obtained from key informants prior to the commencement of interviews. Each interview ran for approximately 45 minutes in a location nominated by the key informant. The research assistant conducted the interviews.

Tapes were transcribed verbatim and checked by the research assistant. Again, the framework informed the analysis of the interviews. The contents of the transcripts were coded independently by the research assistant and one of the chief investigators and the research assistant collated the coded responses.

### **3.4.3 Data collection tools**

A semi structured interview schedule using open-ended questions was developed for key informant interviews. The key informant interviews were conducted to gather data on the organisational processes and inputs that have contributed to the development and maintenance of the LWG. Questions pertaining to the specific role of an organisation in the establishment and/or maintenance of the LWG were either excluded or modified for the walking group leader. Copies of the schedules are presented in Appendix 2.

### **3.5 Telephone survey with current and past LWG members**

#### **3.5.1 Recruitment**

##### *Current Members*

Current members of the LWG were invited to participate in the telephone survey in the same letter that invited them to participate in the focus groups. Details of those members agreeing were kept on a database. Following the completion of the focus groups, all current members who had indicated they were interested in being included in the survey, were contacted via a letter and invited to participate. Respondents were asked to fill in an acceptance form and return this in a reply-paid envelope (see Appendix 3 for a copy of the letter and acceptance form). Non-responders were followed up two weeks later with another letter.

##### *Past Members*

The walking group leader identified past members of the LWG on her master list. Past members were invited to participate in the telephone survey via a letter detailing the project. Respondents were asked to fill in an acceptance form and return this in a reply-paid envelope (see Appendix 3 for a copy of the letter and acceptance form). Non-responders were followed up two weeks later with another letter.

Due to the poor response of the past members of the LWG to this phase of the project, a revised application was made to the Committee for Human Rights at the University of Western Australia (UWA) seeking permission to contact current and past members via telephone to detail the project and invite their participation in the telephone survey. This was approved and non-responders were followed up via telephone. Those agreeing to participate were interviewed at a time suitable to the participant.

A chance to win one of three \$50 meal vouchers at a local restaurant was offered to all participants in the telephone survey as an incentive to participate.

### **3.5.2 Quantitative data collection**

A telephone survey with current and past members of the LWG was conducted in November 1999 by a consultant. The consultant was briefed and trained in using the survey tool prior to commencing the work. Each interview took approximately 10-15 minutes. Current and past members of the LWG who had agreed to participate in the telephone survey phase of the project were contacted at the time nominated by the participant. If the nominated day and/or time were no longer suitable to the participant, a new time was scheduled and the participant telephoned at the re-scheduled date and time.

Following the approval of the Committee for Human Rights at UWA to telephone non-responders, the consultant telephoned each current and past member to invite his or her participation and arrange a suitable time to conduct the survey. Three attempts were made to contact current and past members via telephone at different times of the day and week before classifying as them as 'non contactable'.

### **3.5.3 Data collection tools**

A structured interview schedule using open and closed questions was developed. This schedule allowed us to explore further, on an individual basis with the walking group members (past and present), the themes that had emerged during the focus group discussions and in the key informant interviews.

The schedule was piloted on a small sample of people who belonged to another community walking group. No revisions were made after the pilot. Copies of the schedules for the telephone survey are presented in Appendix 3.

## **3.6 Study validity and reliability**

The internal validity of the instruments employed was established through examining their face validity and their construct validity. Face validity was developed by reviewing the current literature to identify elements of social capital, and by reviewing tools used to measure social capital elements in other studies. Feedback from experts

in social capital research was also incorporated when finalising the data collection tools.

Construct validity was achieved by comparing data from the various sources (triangulation) and by identifying the common themes, which emerged from data, provided by current members of the LWG, key informants and past members of the LWG.

The extent to which the findings can be generalised is limited to the extent that this is the study of one particular group that is not necessarily representative of all walking groups. However, this exploratory study will provide insights into formation and functioning of a group, which should be relevant to other situations.

Reliability was assured by using standardised interview schedules to ensure that data on the same topics were collected from each of the focus groups, key informant interviews and the telephone survey. One qualified consultant was utilised in the piloting and running of all the focus groups. The research assistant administered all the key informant interviews. One consultant collected all telephone survey data. The consultant was trained in the administration of the telephone survey prior to the commencement of data collection. The focus groups and key informant interviews were also tape-recorded. All the transcripts from the focus groups and the key informant interviews were independently coded by more than one person.

Preliminary results were verbally presented to members of the LWG for verification and feedback. No changes were made.

### **3.7 Analysis of the data**

The qualitative data were analysed according to the conventions of thematic analysis. The initial framework developed for the identification of the elements to be examined in the data collection phase was further refined and utilised to direct the thematic analysis of the qualitative data. Additionally, it was used as a basic structure for the reporting of results against the study objectives along with the information obtained from the literature and expert opinion.

The quantitative data were analysed using a statistical software package (SPSS Version 9.0).

### **3.8 Ethical considerations**

The project was submitted and approved by the Committee for Human Rights at the University of Western Australia prior to the commencement of the data collection phases.

The same committee approved a variation to the project proposal in Phase III of the data collection.

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## 4. RESULTS

### 4.1 Brief history of the Lockridge Walking Group (LWG) and the *Be Active Together (BAT)* community physical activity program

In both the key informant interviews and the focus group discussions, participants were asked to recount the history of the Lockridge Walking Group (LWG). Comments revealed general consensus that the key starting point had been a workshop convened in 1992 by the then regional health promotion officer and which involved key local stakeholders. The workshop aimed to identify and prioritise the health issues and problems relevant to the region and to plan some interventions. An important function of the workshop had been to develop a working relationship across agencies and levels of government and a sense of collaboration and ownership of the issues. Local health data and statistics were presented to the group during the workshop and following discussion physical activity and mental health were selected as the priority health issues.

A follow up workshop with the stakeholders identified a range of potential physical activity strategies. Programs and activities from other areas and states were examined and it was decided to follow a community-based program that supported a range of activities including walking groups.

*The follow up workshop was to identify more specifically effective physical activity type strategies, what existed in the community in terms of promoting health...we got people from the Health Centre and the community to just do a walk around Lockridge. (Key Informant)*

With cross-sector support for a community program on physical activity a submission for funding was prepared by the health promotion officer and sent to the Western Australian Health Promotion Foundation (Healthway). While waiting for funding, the collaboration and general level of interest in health promotion in the Lockridge area triggered a walk during National Heart Foundation Heart Week. Both community members and agency representatives joined in the walk and returned to the Lockridge Community Health and Development Centre (now the Lockridge Community Health Centre) for a nutritious lunch.

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The event was enjoyed by many of the participants and there was interest in continuing the walk on a regular basis. There was a need for someone to take leadership of the organisation of the walks and this role was filled by a volunteer childcare worker from the Lockridge Community Health Centre. Regular walks started twice a week from the convenient, central location of the health centre. As the LWG became more established the initial volunteer remained the walking group leader.

*So that's how we started we all went for a walk and after that we had a lunch and one of us said can we have this on a regular basis?... but the staff said they're all working full time so they can't really do it...but I only work there two or three times a week just two hours for child minding, so I said I've got the time so we organised the walks. (Key Informant)*

The initial submission to Healthway in 1993 was unsuccessful, however, the Health Department of Western Australia (HDWA) provided a small amount of funding for a six month period to the Swan Health Service to support the establishment of a *Be Active Together (BAT)* pilot program within the Shire of Swan (now the City of Swan) local government area. The LWG was one of the first groups that became part of the larger *BAT* program that was being established. An extension of this funding was granted at the end of the initial pilot period to continue the *BAT* community program that supported the growing walking group at Lockridge.

A full time project officer, who was housed by the City of Swan, was employed to implement the *BAT* program. Her role included assisting walking groups in the area including the LWG, developing other physical activity strategies and liaison between the Swan Health Service, the East Metropolitan Health Service (now the Eastern Perth Public and Community Health Unit [EPPCHU]) and the Shire.

*I know that [BAT project officer] was constantly walking in those early days, walking with [walking group leader] to try and build numbers, to try and support, getting people to come, to provide them with t-shirts and drink bottles...it was a lot of work in those early days and I think that's what the BAT program provided them with in liaison with the Health Service. (Key Informant)*

Management of the *BAT* program was undertaken jointly by the EPPCHU, the Swan Health Service and the City of Swan with the day-to-day management being the responsibility of the City of Swan Recreation Officer. A *BAT* management committee

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was formed to meet regularly and establish the *BAT* program goals and objectives and an evaluation strategy. A considerable amount of effort went into gaining the involvement of the City of Swan in order to develop a co-funding arrangement following the initial twelve months of funding provided by the HDWA.

*We had to go through a very intensive process of engaging the local government in a shared arrangement of the funding to continue to sustain it [BAT]... (Key Informant)*

*The person [project officer] appointed was based in the local government and that really made a strong link with local government ...they probably were in a better position to understand the issues that relate to physical activity... [the program] was using local networks and facilitating what was already there, but also adding new ideas to that. (Key Informant)*

Since 1995 the *BAT* program has been jointly funded by the City of Swan (approximately 40%), the HDWA and EPPCHU (approximately 60%). The *BAT* program is in its sixth year and the LWG has remained linked to the *BAT* program throughout this time.

## **4.2 Description of the LWG current and past members**

### **4.2.1 Profile of members**

Demographic data were obtained from LWG members through a brief questionnaire completed prior to the focus group discussions and several items on the telephone survey. Demographic data were collected from past members via the telephone survey.

The walking group leader has kept a database of all people who have joined the LWG over its six year history. Current and past members were identified from this database. Thirty four of the 42 current members (81%) of the LWG\*\* participated in the focus group discussions. Of the 42 current members approached to participate in the telephone survey, 14 declined or did not respond giving an overall response rate of 67% (n=28). Sixty seven past members of the LWG were listed on the database. Eleven past members were deleted, as they had no current address or the survey was 'returned to sender', 44 past members refused or did not respond giving an overall

response rate of 21% (n=12). Table 1 reports the demographic information on respondents.

**Table 1: Demographic data on current and past members of the LWG**

Demographics	Focus groups (n=33)*	Telephone survey	Telephone survey
		Current members (n=28)	Past members (n=12)
Age (50 or over)	76%	79%	58%
Sex (% female)	82%	79%	100%
Education (% who completed primary and secondary school education)		57%	58%
Employment (% not in paid employment)		86%	66%
Language spoken at home (% reporting only English)	48%	75%	92%
Length of time living in the area (% reporting more than 9 years)	52%	67%	58%
Living status (% reporting that they did not live alone)		71%	66%

\* One focus group participant did not complete the questionnaire

\*\* The LWG group leader was not included in the focus group discussions or the telephone survey but included as a key informant

The majority of current member respondents (79%, n=22) in the telephone survey, focus group participants (76%, n=25) and past member respondents (58%, n=7) were aged 50 years or older. Most respondents were women. Over half of the current member survey respondents (57%, n=16) had primary and secondary school education and a majority of these same respondents (86%, n=24) were not in paid employment. Over half of past member survey respondents (58%, n=7) had both primary and secondary education, with two thirds (66%, n=8) not in paid employment.

When asked about their home situation, the majority (75%, n=21) of current member survey respondents indicated that they spoke only English at home, while about half (48%, n=16) of the focus group participants reported speaking only English. Other languages spoken at home included Greek, French, Burmese, Cantonese, Italian,

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Malay, German, Spanish, Bosnian and Serbian. Most of the past members spoke only English at home. Approximately two thirds of current member survey respondents (71%, n=20) and past members (66%, n=8) did not live alone. Six current members (22%) had children under 18 years of age of which four members had school-aged children.

All respondents were asked how long they have lived in the local area (communities within approximately five kilometres of the LWG include Lockridge, Bassendean, Morley, Beechboro, Eden Hill, West Swan and Ballajura). The majority of current member survey respondents (67%, n=19), focus group (52%, n=17) respondents and past members (58%, n=7) reported having lived in the local area for more than nine years.

#### **4.2.2 Description of participation and reasons for joining and leaving the LWG**

Over half (57%, n=16) of current member survey respondents have been a member of the LWG for three or more years, with 88% (n=29) of focus group respondents being a member of the LWG for two or more years. The majority of current member survey respondents (68%, n=19), focus group respondents (52%, n=17) and past members (83%, n=10) walk(ed) on average twice a week with the LWG. All current member survey respondents (100%, n=28) could recall where they had first heard or read about the LWG with the most common response being 'from a friend' (25%, n=7) and the next most common source was from a health professional (18%, n=5). The majority of current member survey (86%, n=24) and focus group respondents (82%, n=27) do not belong to any other exercise/physical activity groups. Table 2 shows the level of involvement in the LWG.

**Table 2: Current and past members' level of involvement with the LWG**

<b>Involvement in LWG</b>	<b>Focus groups (n=33)*</b>	<b>Telephone survey Current members (n=28)</b>	<b>Telephone survey Past Members (n=12)</b>
<b>Membership Status</b>	> 2 years = 88%	> 3 years = 59%	≤ 1 year = 67%
<b>Involvement in other physical activities</b> (% reporting none)	82%	86%	75%
<b>Frequency of walking with LWG</b>			
Twice/week	52%	68%	83%
Once/week	27%	21%	17%
<b>LWG is first exercise group joined</b> (% reporting 'yes')	-	86%	67%
<b>Join in other LWG activities</b>			
Almost always	30%	21%	8%
Most of the time	24%	50%	25%
<b>Belong to other community groups</b> (% reporting 'no')	52%	-	-
<b>Participate in other community activities during last 12 months</b> (% reporting 'no')	-	43%	50%

\* One focus group participant did not complete questionnaire

- Question not asked in data collection instrument

#### 4.2.2.1 How and why they joined the LWG

In all focus groups, participants were asked to describe how and why they became involved with the LWG. The responses revealed several common themes. In terms of joining the LWG, involvement was most often through personal contact and this was usually a friend or neighbour, a spouse/partner or directly through the walking group leader. Several participants joined through a link with the local craft group that meets at the same venue.

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The reasons for joining overlapped with the discussion about the main benefits of being involved with the LWG (see Section 4.6). Overall it was the social element of walking in a group and the opportunity to meet and mix with others that was most frequently cited as the reason for joining. Several members noted that they joined the group during a period of stress and/or bereavement and the group had offered something to do as well as social support.

*...When she [mum] died I was a bit down after it and so, it filled a space and that's why I kept going. (Focus group participant)*

*I joined because I live on my own and I found it sort of brings me out of myself. (Focus group participant)*

*Helped me to build up my self esteem again because I always kept most of the time to myself and with my husband being sick at the moment, so I find that by joining the group and all, that I can get some encouragement to be in the group... (Focus group participant)*

Many of these members had either heard about the group directly from their doctor or had seen the flyer in the doctor's waiting room/surgery. Others said they had seen a notice either in the local newspaper or at the local shopping centre. Some joined the group after seeing them walking in the community.

*Well I joined about two years ago now, because I found out I was Diabetic, so the doctor said exercise. So I found out about the group in the Community Newspaper so I went up one day, joined in... (Focus group participant)*

*I saw them walking around first and wondered what they did and then once I got introduced to what was happening I thought oh well this group sounds like a relaxing walk, a bit of a chat, a get together, know people and they're all from different races as well. (Focus group participant)*

#### 4.2.2.2. Why members left the LWG

Past members were asked reasons for why they left the group. One third of respondents (n = 4) left the group for health reasons, while the other reasons listed included going back to work, taking children to school, moved away from the area, couldn't keep up with walking pace, weather, and group members were much older than them.

**Main Reasons for Joining**

**\* Social \***

**\* To walk \***

**\* Health \***

### 4.3 What were the important (critical) inputs in establishing the LWG?

In both the telephone survey and focus group discussions, questions were asked about what factors or inputs were important in the start up of the LWG (or a walking group). Respondents were encouraged to reflect back over the development of the group and comment from their experience and recall. It would, of course, be hard to recall all the details spanning six years of the LWG history but general reflections of the more important factors relating to the start up of the group may provide useful insight for those planning and / or advocating for community walking groups.

Many of the key informants had been involved in the establishment of the walking group, including the current walking leader herself. Questions explored the contribution of group members to the formation of the LWG and the contributions and roles played by various organisations in establishing this group. As some of the current members of the LWG have joined since the initial start up, respondents were also asked about what the local council should consider in establishing another group.

Focus group discussions identified the following issues as important to the start up of the LWG / a walking group:

#### **A leader**

A person to oversee the organising and any administration

#### **Local government/Organisation Staff**

For support and guidance and access to other resources (in this case the *BAT* project officer and *BAT* activities)

#### **Local community (or government) support**

For a facility to meet and develop the social aspects of the group

The key informants indicated the following were important in the establishment of the LWG (a walking group).

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**The leader**

To organise and coordinate activities

**Personal qualities of the leader**

This leader brought a caring attitude and encouraged participation without pressure

**The *BAT* Program**

For the umbrella under which the LWG met and gained an identity as part of something bigger and important

**Support of *BAT* project officer**

Skills and networks of the *BAT* project officer to assist the walking group leader and the group with recruitment, and promotion of the group

**Collaboration between organisations**

Advice, skills and networks of other local professionals were thought to be important. Development of strong links and trust between local organisations and professionals

**Availability of a local facility**

To meet and socialise at after the walk (in this case the Lockridge Community Health Centre)

**4.3.1 Leadership – organisation and inter-personal skills**

Leadership was identified by both the LWG members and the key informants as an important factor to the start up of the group. It was recognised that she provided the organisation, albeit informal, to set the group in action. It was noted she also had the skills to motivate people to take part in the group, both new and existing members. She was extremely useful in building the group by introducing new members from other networks (eg. church) and also encouraging members to keep coming back. Many participants felt the leader had a good understanding and compassion for people and the way they lived their lives. She was no doubt responsible for establishing or, at

the very least, directing the ‘atmosphere’ of the group. This is discussed throughout the report under different sections but comments from the focus groups and key informant interviews repeatedly refer to the group having a high level of trust, acceptance, tolerance and voluntary participation.

*You need someone who can motivate without putting the pressure on so they belong...they feel committed in their own right. (Key Informant)*

*You have a person who’s willing to be a contact person or leader at different times... being flexible and innovative...she was really good at reading the needs of the group or facilitating those needs of that group. (Key Informant)*

*I think she had certain skills that were there, that she could work with people in a certain way. I think I’ve seen her grow too in being more confident about herself. (Key Informant)*

*It's as I said, it's the leader who is the most important person... because you can't just have a walking group and walk ... (Focus group participant)*

#### **4.3.2 BAT project officer and the BAT program**

The *BAT* project officer was identified as being important in the start up of the LWG by both key informants and the LWG members. The *BAT* project officer brought personal qualities that were valued by LWG members as important, specifically she was caring and interested in the group and willing to support them.

*She was a people person...her skills were strongly into community development...I had close links with [BAT project officer], with supporting [BAT project officer]... (Key Informant)*

*But [BAT project officer] is the backbone to the whole thing. (Focus group participant)*

One key informant felt that there was no acknowledgment from the *BAT* program that the health service had the skills to, and had already made some progress in setting up a walking group. The walking group leader felt that she could not have done everything required during the establishment, and now the maintenance phase, of the LWG without the assistance of the *BAT* project officer.

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*...the people starting up the Be Active didn't actually have the names of the people who had been involved in that beginning point...not knowing that other things were taking place, [we] had got some other things going.... She [BAT project officer] sort of approached it as though she was starting out something new with a group of people who didn't know anything about it and people quite rightly felt a little bit offended and were saying, we started this off... (Key Informant)*

*[BAT is] Very important because I myself, I can't create everything. (Key Informant - walking group leader)*

It was recognised that some support was needed to set up key events and to promote the newly established group, and that these skills may not be present among the group members. One of the *BAT* project officer's key roles during the establishment phase was to keep in contact with the group, and in particular to support the leader. She attended walks to boost numbers in the early days and then continued to participate on an ad hoc basis to remain in contact. This contact was important for keeping open lines of communication and for the group to feel important and linked with the *BAT* program. In fact, comments from *LWG* members indicated that they actually felt they were the *BAT* program. In addition, the *BAT* project officer was able to support the *LWG* by providing links to additional resources where necessary eg. photocopying to make flyers as part of recruitment and advertising, providing t-shirts to help the group establish an identity.

*They were really keen to have more people become involved and to expand the group. So one of my very first involvements with them was to organise for a photo in the local paper and a story and start promoting the walking group as being something that was happening in the community. (Key Informant – BAT project officer)*

*She [BAT project officer] got all our t-shirts done for us, for example. We wouldn't have them otherwise. She got them printed. (Focus group participant)*

*People who are interested in walking, people who want to walk...for whatever reasons, they want to walk with a friend or they want to have a coffee at the end for social reasons... you have an organisation or a support structure of a program that is willing to support them...provide incentives and things that make them feel that they belong. (Key Informant)*

### 4.3.3 Availability of a meeting place

Like all the focus group discussions, most of the key informants identified the suitable venue for meeting and socialising as a critical factor to the LWG. Responses revealed the importance and role the venue served both as a place to start and finish their walk, as a place with facilities to provide members with refreshments, and as a venue that provided members with an opportunity to engage in conversation and develop the social aspects of the group.

During the establishment phase of the LWG, the walking group leader facilitated gaining access to the use of a room. Through the development of trust between the group and the staff at the health centre an open, friendly atmosphere has developed and use of a room for refreshments, guest speakers, and other activities has been welcomed.

*I think if you are going to have a walking group, you must have, number one, a meeting place. So you can go walking, you come back and have a cup of coffee, you can have a chat and socialise. Number two of course, which is most important, is the leadership. (Focus group participant)*

*I think it's a big [issue], it's the difference being in our success and other's failure because you meet, they haven't got a venue... (Focus group participant)*

*They have to go somewhere that's not someone's house ... the early comers they wait down there in the waiting room and then off they go. That's so important for them to have that, and belong, and people make them feel as though they belong. (Key Informant)*

One key informant identified the venue as an important way of being able to welcome people to join the group. Additionally, it was felt that the walking group needed a place to meet, which further supported the group and kept the links connected between them and the agency.

*The Swan Health Service staff are based in the health centre...it's a friendly thing... when the walkers come in to say hello and how are you going, it's an acceptance and saying you belong here too. This is not a building that only professionals live in and people come and visit them in their building, this is your building too. (Key Informant)*

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#### **4.3.4 Collaboration between organisations**

The key informants brought different perspectives about their own or their organisation's contribution, and the contributions of others, in establishing the *BAT* program and the walking group. The common theme, however, was the willingness of several organisations to become involved to establish the *BAT* program and the walking group.

One key informant discussed the development of trust and felt that some key individuals within the health service and other local networks were very supportive and willing to give the idea of walking groups a go in their local area. This involved bringing together various local organisations in a workshop setting that allowed trust to be developed and built through closer working ties and collaboration. This was further developed during the establishment of the larger *BAT* program. The key informant from the local council commented that to her knowledge it was the first time they had been involved in such a program.

*Involved identifying the main health related issues for that area and bringing key people together...so that it was owned by the people in that community. Everybody by that stage was pretty well supportive of this priority and we'd involved other sectors in that last workshop...we had other people on side not just the health sector, but the local governments. (Key Informant)*

*...You know I think it has to be the first... the first time that I believe that council [has], through a paid employee, the coordinator, has gone out and taken [run] programs in this way. (Key Informant)*

The *BAT* project officer felt that to establish a walking group you required more than one person to be involved in creating the links and support in the community. The skills and networks of the health promotion officer were instrumental in establishing the walking group and the *BAT* program. It was the established close working ties with other local professionals, such as the health service professionals, that enabled such an initiative to go ahead. It was also recognised that an 'awareness raising' event, such as a launch, was useful in promoting a new initiative in the community.

*...for it to develop into a walking group, a bigger group that starts to get some sort of recognition, starts to achieve some of these community things, I don't think just two or three people are going to do that. I think it needs to be bigger, you need involvement from different organisations. (Key Informant - BAT project officer)*

*It was definitely my existing network, but in particular there was a handful of us that were working more closely together, to people that were based at Lockridge. (Key Informant)*

*I think you need probably, a good launch and you need some milestone events ... I think that you might need to do that in the formative stages. (Key Informant)*

One of the key informants involved in establishing the walking group believed that having a project officer based within local government to support physical activity at the local level, such as through walking groups, was essential.

*Putting a project officer in a position in the local government to support a whole range of different things ... like a walking group ...and having a council who is supportive of that is essential ... there will be ups and downs. (Key Informant)*

Other factors that were mentioned by key informants as having a role in the establishment of the LWG or other walking groups included:

#### **4.3.5 Group size**

One key informant felt that an important factor in establishing a walking group is having a sufficiently large enough group of people who are interested in walking and having a coffee and a chat at the end. She commented that a group of ten members in a walking group was a good number to start with, where there are enough members for 'social interaction', and yet not too big for 'group processes' to be established.

*... set some targets, you would want ten, would be a good number to work with initially, I think you'd need ten in order to get that social interaction... (Key Informant)*

### 4.3.6 Insurance

The issue of insurance and liability arose during the establishment phase of the LWG as it does with many walking groups. The issue was resolved by the City of Swan who was willing to provide liability protection for the walking group. These practical issues were important to be resolved for the security of the people involved. It also gave the walking group a direct link with the council.

*...protection in a liability legal sense because if they were just out there on their own and they weren't under somebody, the walk leader has a potential to be liable ... but the Shire gives them that protection which I think, unfortunately, in today's day and age is really important ... also worked back the other way in giving the group a link with the Shire so that if they needed some footpaths attended to, they felt they had the clout to do it and they actually did. (Key Informant))*

#### Critical inputs for establishing the LWG

**\* Leadership\***

**\* Be Active Together program and project officer\***

**\* Availability of local meeting facility \***

**\* Collaboration between organisations \***

## 4.4 How does the LWG group work?

Questions were asked about how the LWG works as a group in the focus group discussions, the key informant interviews and the telephone surveys with current and past members. The results are presented in three sections below. The first section describes how and why the group works the way it does, secondly how the LWG interacts with the other agencies or organisations and finally how the group interacts with the broader community.

### 4.4.1 Within the group

The LWG meets at the community health centre to walk on Tuesday and Thursday mornings (8.30am) for a one-hour walk followed by refreshments. A small number of walking routes have been established by the LWG and the group seems content with this level of variation. Walks range from 45-90 minutes in duration. The group informally selects the walk and sets off in pairs or small groups. Responses from the focus groups and key informants identified many factors that were important to the working of the group and these are described in more detail below.

#### 4.4.1.1 Availability of a meeting place / morning tea facilities

The group starts and finishes at the Lockridge Community Health Centre and they have access to facilities to make refreshments. The social time after the walk was seen as an opportunity to relax and chat. It was also an important opportunity for the group to plan activities and the direction of the group. It has been one of the ways that group members have built a social support network amongst themselves. The key informants also saw the meeting place as an important, accessible venue for the LWG.

*To start with the Community Health Centre we have a chance to use the facility and the hall. That's because we all meet there and then we go out... go for a walk. When we come back, at least we got a place to relax and have a chat and have a cup of tea or coffee so we're grateful for that. (Key Informant - walking group leader)*

#### 4.4.1.2 Enthusiastic leader

Both key informant interviews and focus group discussions highlighted the central role the leader played in the development of the group and that her style has been critical to the group's success. Her ability to engage people without being 'pushy' was mentioned by many. The leader's skills in facilitation were also frequently mentioned and her role in keeping the group as a cohesive unit.

*Her role is one of facilitation and guidance and welcoming...in getting them involved and motivation...making it interesting and caring... (Key Informant)*

*They've got [walking group leader] who's wonderful... looking for everything and not pushy. (Key Informant)*

*...if it wasn't for [walking group leader] I know with myself, she would continually ring and ... she wasn't pushy or anything like that, but she still kept that contact, that line open so that when I did go back.... (Focus group participant)*

Leadership and the presence of a group leader was viewed by all current member respondents (100%, n=28) as either very important (93%, n=26) or important (7%, n=2) to the successful running of the group. Similarly, the majority of past members (91%, n=10) viewed leadership as very important to the successful running of the group.

#### 4.4.1.3 Informal group structure

The way the LWG works is best described as informal with some formal aspects. The formal structure of the group has included having a set walking routine and a group leader who assumes a greater portion of the responsibility in managing the group and this was recognised by members and outside agencies alike. The informal aspects included open membership, voluntary contributions of money for tea/coffee or birthday cards and the informal attendance. There were no formal rules about who organised the walks or the social activity after the walk although the activities outside of walking (see 4.4.1.6) tended to be coordinated by the walk leader. Nor were there formal rules for membership or requirements to make monetary contributions. It was recognised that the group tends to have a flat open structure, which has been said to

engender more participation by the group members and create greater collaboration and trust within the group.

*I see informal and formal aspects ...there is a need for an organised part of the group, but then the aspects that I think are important is the flexibility. (Key Informant)*

*I don't know that it is informal enough to run without [walking group leader] in it's own way I think it's quite structured. ...They have very set patterns...but then a lot of community groups do need that sort of structure... (Key Informant)*

*Everyone helps get the tea and coffee, whoever is back first. Tend to rely on [walking group leader] for the milk and stuff – probably habit. If she is not there they sometimes go without...and we won't worry about it and we will go home. (Focus group participant)*

*It doesn't cost anything to join the group, we've got a voluntary system going that you put 20 cents in for your tea and coffee and if you want to you can put a dollar in a month and that's voluntary and that goes towards buying little cards, flowers and at Christmas time it pays for our Christmas party. (Focus group participant)*

The main reason for the informality of the group has been that the walking group leader did not wish for the group to have a very formal structure, like that of other groups. She felt that a more formal approach would not attract members and would scare away existing members. Moreover, the walking group leader believed the group members wished to keep the group very informal.

*I didn't really want to become known as a club...then they don't feel comfortable and they stop coming. So we just see ourselves as volunteer community walkers... (Key Informant – walking group leader)*

#### 4.4.1.4 Atmosphere of the group

Caring, a sense of belonging and open participation were key themes to emerge from the focus group discussions about the walking group. Caring was illustrated by the concern members showed each other through sending get well cards, visiting to check on members in times of illness or need such as bereavement or childbirth. Both the leader and the *BAT* project officer described the LWG as being like a family, and as such the group extends its help to each other and was very friendly.

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*Caring about one another within the group. So if something happened to one, all the others care about them...They all care about each other. (Key Informant)*

*I think they're like a family. They're helpful, any problems you have got the group is always behind you. (Focus group participant)*

*Its always the same lovely atmosphere that you wake up in the morning and you want to come, you know you're disappointed if you can't come because you know that there's always someone there that cares. (Focus group participant)*

*If I don't see a regular walker for a week then I'll ring them...what's happening are you all right and so if somebody's very sick we go and see them. (Key Informant - walking group leader)*

There have been little tasks and projects that have facilitated the group members' support and caring for each other. There was general agreement among the key informants that the walking group is a very caring group, that manages to support some more dependent group members and has a nurturing role. This caring attitude to other group members and the local community was seen as a very important function of the walking group.

*Very caring for one another...really have managed to support some quite dependent people from time to time...so the group nurtures. (Key informant)*

The majority of current member survey respondents (97%, n=27) and past members (82%, n= 9) strongly agreed that members of the LWG have a sense of care for other group members.

#### *4.4.1.5 Shared decision making*

Both key informants and the focus group discussions indicated that decisions were made only after discussion amongst the group. LWG members spoke of widespread participation in discussing ideas, activities or decisions and that the walking group leader has encouraged this. This has been especially prevalent when deciding on other activities that the walking group is involved in. The walking group leader talked about consulting and discussing with the group, rather than being the one who directs the group.

*I ask the group have you got any ideas... We like everyone to give their opinion, their ideas so we work as a team, as a group...(Key Informant – walking group leader)*

*... yeah, consensus and that's what we are about it's consensus, it's not one person saying I am putting this forward, no... it's always brought up to the group and if the group accepts it yes, if it doesn't well it's not one person ...saying we have to do this, no way... no it's always everybody, yes. (Focus group participant)*

*Do you know the most fascinating thing is, the communication is always open. (Focus group participant)*

The BAT project officer saw the group decision-making process as one of widespread participation by the group members with the walking group leader, supported by a few other group members, as responsible for doing a lot of the organising of the activities and the group. The group leader was less willing to be seen as playing this key role.

*I don't see I'm the group leader, but I'm just organising things, but I always ask them shall we do this? ...I always ask them first, I wouldn't say 'Oh we must do this', I don't want it that way, so always discuss with them ...do you want to do this one or do that? (Key Informant – walking group leader)*

*[Walk leader] probably takes a bit more responsibility and may follow up on ideas...but she's not like 'Oh let's do this,' she'll come up with an idea and just say well what do you think. So it's not any one person. (Key Informant – BAT project officer)*

*There maybe a core of people that come up with the ideas, but the ideas go to the group...and then there's a consensus about what they want to be involved in. (Focus group participant)*

One member, however, believed it was the walking group leader and BAT project officer who made all the decisions for the group. Some other members commented that not everyone was always included.

*...because it depends if you are present at the time when decisions are voted on. (Focus group participant)*

The feeling of involvement in decision making about the group's activities was confirmed by the majority of current member survey respondents (86%, n=24) and past member respondents (64%, n=7) who either strongly agreed or agreed with this.

#### 4.4.1.6 Involvement in other activities

A striking feature of the LWG was their involvement in other non-walking activities that have evolved over the years. Examples of these 'outings' included Christmas luncheons, carol singing, day trips by train, lunch at the Burswood Casino, and attending the various *BAT* project activities (e.g. garden seminars, mystery walks). Participation in most activities has been due to an interest by one of the members.

Other physical activities have also developed outside of walking such as a regular group that goes swimming and another group that goes bowling.

*Unless I was with the group, I would never had known these other little fun things to do, barbecues, luncheons and birthdays. (Focus group participant)*

*Whenever we do something they're always interested...They just enjoy the social life... We try to help each other and those who need help. So we become like a family so we enjoy that company with each other. (Key Informant - walking group leader)*

One key informant thought that it was the *BAT* program that gave LWG members the opportunity to participate in other activities. The *BAT* program has also conducted other activities, such as garden seminars, that have been very popular with the walking group members.

*I think in the first instance it was probably more what was happening with Be Active and then they felt that they had a cohesive group so they can move on from there. (Key Informant)*

#### 4.4.1.7 Freedom of Choice

Overall the group seemed to like the casual and informal decision making process and the variety of activities beyond just walking. Several members emphasised that the ability to say 'no', and to choose when and how to participate was 'important'.

*... you're not pressured to do anything, you're most welcome to do it. [Walking group leader] says you're most welcome and whoever wants to participates...(Focus group participant)*

*I find its very nice having all these other activities, but I feel personally that it's my choice whether I go or not. (Focus group participant)*

Several focus group discussions remarked on one incident when a past member was 'too pushy' and tried to change things to get more things happening. It seems this was not met with enthusiasm and at least one member nearly left the LWG because they felt uncomfortable. It turned out that the new lady stopped coming instead.

*We did have one lass there... she made me very uncomfortable... and I was nearly going to stop going. (Focus group participant)*

#### 4.4.1.8 Conflict resolution

In the focus group discussion participants were asked how the group manages to deal with differences in opinion. There were few responses to this question. More often comments expressed how the group enjoyed diversity, specifically cultural and ethnic diversity. However, after prompting members did volunteer that there were instances when the group tolerated individual member's opinions or behaviours because those individuals were 'different' and 'in need of the group's support.'

Some comments indicated that members had experienced difficulties with some of the organisational aspects of the LWG, but these remarks were few. The few comments focussed on the unease and difficulty in finding someone to walk with, and suggested that the group had developed set ways and partners (cliques), which could deter inclusion by others.

*I guess really we are all at fault, in as much as when we go to the group, [member] walks with [member], [member] walks with, you know we all walk with a certain person. (Focus group participant)*

*I usually walk with [member] but I'm quite happy for someone else to walk with us. Maybe we shouldn't do that, I don't know, but we all do that, and I suppose we all have our own special friend to walk with. Maybe sometimes we should change I don't know. I don't know if that's important or not. (Focus group participant)*

During the key informant interviews, the group leader stated that often a member who was feeling uncomfortable talked to her about it. She said she advises members not to worry about things and to ignore the other person and walk with someone else. This approach tends to avoid (and even ignore) differences. However, according to the group leader, this coping mechanism appeared to be successful because members still came walking even though they may have felt uncomfortable with another member. This approach could lead to separate smaller sub groups within the one LWG group.

*We just ignore...maybe if you don't like that person, don't talk to that person, just ignore her and talk to someone else. (Key Informant – walking group leader)*

Almost all key informants recognised that there was a range of ethnic backgrounds within the group and felt that the members got on with each other very well.

*We are quite proud of it [diversity in members' backgrounds], we come from a different culture... (Key Informant – walking group leader)*

*...their different backgrounds creates a bond for them, so that doesn't seem to have been a problem. (Key Informant – BAT project officer)*

#### 4.4.1.9 Membership – how people join

There has been no official joining process. Involvement in the LWG has most often been through personal contact, through either a friend or neighbour, a spouse/partner or directly through the walking group leader. Participants have also joined through a link with the local craft group that has met at the same venue. The walk leader has kept a list of contact details but there were no other membership formalities.

*I was speaking with a friend of mine [walking group member] and she said come with me... (Focus group participant)*

#### 4.4.1.10 Communication

Within the group, communication has been via word of mouth and discussion both during and after the walks. The *BAT* program produces and distributes a newsletter. The activities of the LWG, as well as other *BAT* events, have been advertised through

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this medium. The walk leader can also contact most members by telephone, when necessary.

#### **4.4.2 How the LWG interacts with other supporting organisations**

Key informants were asked to reflect on the ways in which the LWG contacts, communicates and interacts with other organisations. Most key informants did not give specific examples of this but rather highlighted examples of where their organisation had provided support that had benefited the LWG. However, it seems that over time, and as the relationships developed, there have been reciprocal benefits for the organisations from continuing to work with and support the LWG.

##### *4.4.2.1 Communication between the LWG and the community health centre*

Communication between the community health centre and the LWG has been through the walking group leader and the *BAT* project officer. The level of communication has evolved over time. Early on there was insufficient communication and the centre had been unaware that the LWG had invited important visitors (such as a Member of Parliament) to join them for morning tea. While this specific issue has now been resolved there has been, at times, a sense of an underlying tension between the centre staff and LWG about the use of their facilities. The group members themselves and the *BAT* project officer have felt this tension but remain open to the centre staff.

*So the communication at times hasn't been good and I think that may have been a bit of lack of guidance from the project officer...she should have been communicating back with whatever administration that we had in the building.  
(Key Informant)*

##### *4.4.2.2 Interaction between the LWG and other organisations*

There was a strong belief amongst the key informants that the walking group has included the staff of the participating organisations in their activities wherever possible. This has fostered a sense of belonging for the staff as well as the group members. The key informants believed that over time a strong collaborative and co-operative atmosphere has built up between themselves and the group members.

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*We try to show our appreciation... We invite all the staff to come along and join us for lunch so, yeah, so we all bring a plate and so you know, that way we... we want to show them our appreciation... (Key Informant – walking group leader)*

*They come to BAT events and I'll go to things that they do. They have special morning teas and they'll invite some people from EPPCHU and the Swan Health Service and they come along to Shire meetings. (Key Informant)*

When current and past members of the LWG were asked whether the LWG could rely on the help of local organisations, nearly two-thirds of current member survey respondents either strongly agreed (50%, n=14) or agreed (11%, n=3). However, only one third of past member respondents either strongly agreed (18%, n=2) or agreed (18%, n=2) that the LWG could rely on the help of local organisations.

#### *4.4.2.3 Interaction and collaboration between the LWG and the BAT program*

When the *BAT* project officer was asked how the LWG works with *BAT*, she described the support given by *BAT* to the LWG. The *BAT* project officer believed that it helps to have tasks and activities that create an atmosphere of collaboration, that engenders a greater level of trust and involvement between the group and the organisation (in this case the *BAT* program).

*I think the key is to stay in contact, to keep in contact with the group. If you want that ongoing collaboration...If there's little tasks and projects that you can collaborate on along the way, that creates a purpose for you to work together and then as you work together you develop that collaboration. (Key Informant – BAT project officer)*

*She is always inviting me to anything they do and then tries to bring the group along to anything that I do and we talk on the phone and go out to lunch together. (Key Informant – BAT project officer)*

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### **4.4.3 How LWG works within the local and broader community**

#### *4.4.3.1 Communication with outside organisations*

In the early days of the group most communication with outside organisations was through the *BAT* project officer. Now the LWG initiates contact with people and organisations such as the local councillor, or local Member of Parliament, regarding issues in their local community. This move has been encouraged and facilitated by the *BAT* project officer to avoid the LWG becoming ‘too dependent’. However, regular and open communication between the *BAT* project officer and the walking group leader has been maintained.

*They’re becoming a little more independent now, whereas now if they wanted to lobby a councillor, they feel comfortable enough to initiate that themselves. Before that they wouldn’t have been as comfortable. (Key Informant – BAT project officer)*

#### *4.4.3.2 Participation in community activities*

Many of the walking group members were not very active in their community before joining the walking group but in the focus group discussions spoke of how they were now going out, involved in other community activities, and gaining the benefits from exercising with the LWG.

The involvement of the LWG in the community started with an invitation to sing at a local nursing home. Group members reported ‘very much enjoying’ this occasion. They were asked again and this has subsequently become an annual event. The participation and development of an extended network has fostered ties that has enabled the LWG members to initiate and become involved in other local community activities such as tree planting and fundraising. Several of these activities, including the singing, have become regular events for the LWG.

*They [other groups] know [walking group leader’s] phone number - she says a lot of people phone her now and when are your people going to come and sing here, and all this. (Focus group participant)*

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*...doorknocking for the salvo's but it didn't matter what religion you are you just went with the walking group. (Focus group participant)*

The majority (89%, n=25) of current member survey respondents strongly agreed (86%, n=24) or agreed (3%, n=1) that the LWG was interested in helping in the local community.

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#### **4.5. What are the (critical) inputs in maintaining the LWG?**

Focus group participants and key informants were asked what they saw as the important inputs or factors that helped to maintain the walking group. Questions explored themes around the contribution of group members, in particular the role of leadership, to the maintenance of the LWG, and the support, contributions and roles played by various organisations in maintaining this group (see also section 4.3). The themes identified were similar to those identified in the establishment of the group. These themes were subsequently included in the telephone survey in order to assess the opinion of current and past members.

Both the focus groups and the key informants identified the following as important in maintaining the LWG.

##### **Leadership style**

Positive, trusting and caring atmosphere within the group

##### **Support from local government/health service**

Contributions made by City of Swan and Swan Health Service

##### **Local facility to meet before and after the walk**

##### **BAT program**

Subsidies for activities, opportunities to participate in other physical activities

##### **Collaboration between organisations to support the LWG**

Skills, networks and interest of each organisation in supporting BAT and the LWG

##### **Opportunities for participation in other social and community activities**

### 4.5.1 Leadership style

Both focus group participants and key informants believed the personality and style of the walking group leader has been an important ingredient in the running, and success, of the group. She was described as having a nurturing role and a caring attitude. The BAT project officer believed the walking group leader has been essential in keeping the group together and creating a ‘family’ type atmosphere within the group. Some focus group participants identified the walking group leader as a ‘mother’ type figure although others did not identify her role as such and were quite adamant that this word did not describe her.

*One of the critical ingredients in keeping this group going has been the leader. ...the personality of that leader has been really important...we call her mother [x] she has a book and she writes down people’s birthdays and tries at the very least to give them a card... There have been some group members that have assisted the group leader...I think the fact that there’s been a few off-siders as well that support [walking group leader] within the group on very much a week to week basis...has been really important too. (Key Informant)*

*She’s the mother, she’s our mother. (Focus group participant)*

*You must keep the group together and this is what [walking group leader] does, she keeps the group together. (Focus group participant)*

*With the help of [walk leader], she is a natural leader and caring person and she’s there but she’s got the help of others. (Focus group participant)*

*That’s one the main reasons why I stay, I stay here and it just nice to, to belong to a big family.... (Focus group participant)*

*I don’t think of her as my mother figure, no, I don’t need one. (Focus group participant)*

There was a feeling of uncertainty amongst key informants as to how well the walking group would continue and function if the present walking group leader left. She has taken on a large amount of the responsibility in keeping the walking group functioning and there was a feeling that there may not be another person willing to give to the group the same level of commitment. This, of course, will remain unknown so long as the present leader continues. However, some key informants and

focus group participants did identify that the walking group leader does have the support of others within the group to assist her when required.

*I wonder sometimes if something happened to [walking group leader] how it would go, [walking group leader] gives her all...other people have their families and other commitments... (Key Informant)*

*It depends on the person it changed to, if the person has similar qualities to [walking group leader], I think it would carry on. But if the person has a very different approach, I think the reasons those people come is because they've got used to that style. (Key Informant)*

*...everyone's got a different style...but because the walking group's been so strong, I think that it would continue with its momentum.... (Key Informant)*

*There's a real strong group of other people in there that... that now seem to be more taking, more leadership... there seems to be lots of different personalities, but they all seem to get on so well. (Key Informant)*

One key informant felt the team approach was important and that everyone had a sense that they were important to the group. This has created a positive, trusting and caring atmosphere within the group. The feeling of equality within the group and the absence of a group power structure were supported by comments from the focus groups.

*It's a team approach and everyone's just as important as the next one and there's no real power thing ... it belongs to them all, every member (Key Informant)*

*What I find a lot of groups are power hungry. I know better than you, you know, so therefore nobody, they just sort of step away, whereas, everybody has an input, an equal input. (Focus group participant)*

*We don't see ourselves as the Lockridge Walking Group...it's not a labour. We see ourselves as a community of people. Okay, that has... each one of us is supporting one another and therefore we are bringing our skills with it... it's not like a big name, it's people, we are people who care. We look at ourselves that way. (Focus group participant)*

#### **4.5.2 Support from local government**

Having the support of the local council was identified as important in focus group discussions. LWG members identified support coming from the council via the *BAT*

project officer, the maintenance of local amenities such as footpaths and ongoing funding. Council has provided funding that subsidises various activities through the *BAT* program, such as water walk classes at the local public pool. Several focus group participants identified that they would not be able to participate in these activities without this subsidy. Moreover, these activities were valued and enjoyed. There was a strong awareness by the walking group leader that many of the members were pensioners, single mums or those who have less to spend than others.

*I think you can break it down to two areas, umm, external support and internal support, with what we have been discussing then, the external support is probably from the Swan Shire council, they give a lot of support. (Focus group participant)*

*... well, getting back to the council umm, they are very prompt in repairing footpaths or putting in a new footpath where required. So that is another part of their support. (Focus group participant)*

*[Swan council] Organises the outings, provides the transport, not that we go that far really. They help keep down the cost. (Focus group participant)*

*We wouldn't...a lot of us are pensioners and we wouldn't be able to afford to go on those trips. (Focus group participant)*

*...like we get it you know, better, cheaper so we go. Most of them are, we can't afford, they're pensioners or single mum or thing like that, so it's really helpful. (Key Informant - walking group leader)*

*...and we get assistance from the Shire [City] of Swan, don't we like [BAT project officer]... we get help there, because you can't just have a walking group and just walk. You have to have other sort of things to keep you interested in it. (Focus group participant)*

The local government councillor identified that the council supports the LWG through the *BAT* program. The council provided joint funding to support the *BAT* program on an annual basis that has become part of the council's annual operating budget. She did mention, however, that there would be quite a few councillors who know very little, if anything, about the walking group. So the question is, what would happen if the councillor who at present supports the program and walking group were to leave the council?

*[The council is involved through] Matching funding ... the funding comes through without any input from council at all, or councillors. It's now taken to be an operating expenditure equivalent to mowing the verges, something you do. (Key Informant)*

*In fact, quite a few councillors are still unaware of the existence of the BAT program although they get the information by way of the [BAT] newsletter, they see the really good publicity that [the BAT project officer] does by way of the local papers from time to time, but they are largely unaware and would not have taken part in any of the programs by way of seeing for themselves. (Key Informant)*

#### **4.5.3 Support from the local health centre - provision of a meeting facility**

The regular availability of the meeting room facility has been identified by both key informants and focus group participants as a critical ingredient in 'keeping the group going'. One key informant saw that it had been the role of the Swan Health Service to provide a base for the walking group to meet at and to come back to after the walk. However, this key informant also felt that the walking group did not necessarily need to meet at the same venue in the future, it was more important that the group continued. It was suggested that another venue could meet the needs of the walking group and, therefore, it could change. This was in direct contrast with the walking group members who felt that the community health centre was the most appropriate venue for them to meet at and they would not be in favour of changing. The group may not continue if a convenient and accessible venue was not retained.

*There are other community venues though that you know, that it may be that it isn't always from there [Lockridge Community Health Centre] and that's fine. I think it's more important that the group keeps going from whatever the venue is...I think venues are unimportant, it's just good to know these things keep going. (Key Informant)*

*I think what they [Swan Health Service] valuably offered was the use of the community health centre to come back and have a cup of tea and to let the people who were walking feel comfortable that they could come back. It wasn't a building that only belonged to community health staff, that they could actually come back and use it too. (Key Informant)*

*... We meet, we do our walk, we go back and we've got a room, somewhere to go where everybody sits down and has a gossip and has a cup of tea or coffee...That's where we do our planning. (Focus group participant)*

*[The community health centre] is very important because we got a place there we can meet and we feel comfortable... we feel that we are part of the centre. (Key Informant - walking group leader)*

*That's as important as the walk, if not more important... [being able to talk and socialise after the walk]. (Key Informant)*

*I think that another thing that helps is having the room where it is. (Focus group participant)*

All past member survey respondents (n=12) and the majority of current member survey respondents (93%, n=26) viewed the support provided by the Lockridge Community Health Centre as very important or important in keeping the group going. The meeting room was identified by 100% (n=28) of current member survey respondents as the most important organisational support provided to the LWG to assist the group to keep going. Similarly, 92% (n=11) of past member respondents identified the provision of a meeting room as very important. Having the opportunity to meet for morning tea after the walk was also seen as either very important (86%, n=24) or important (14%, n=4) by all current member survey respondents. Three quarters of past members (n=9) viewed morning tea after the walk as very important in keeping the group going.

#### **4.5.4 BAT Program supports**

The local council (City of Swan), the local health service (Swan) and the public health unit (EPPCHU) have been committed to working in partnership to support the *BAT* program (and the LWG) since its inception. However, the commitment from the walking group leader has been an important aspect to the on-going success of the walking group. The *BAT* program has supported the leader in different ways over the years. There was a feeling among some key informants that the leader needed this support to achieve the things that the group has achieved in the community.

*I think you need the impetus from the organisation or a strong individual to set up. ...to keep it going you need the right person or persons...to be committed to keeping it going and that person needs to be supported, because no person can do it on their own. (Key Informant)*

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The experiences of the Walking for Fitness and Pleasure group, a part of the West Australian Ministry of Sport and Recreation, gave important direction for the new walking group and *BAT* program. The opportunity to socialise, the provision of support for the group leader, the provision of photocopying support and similar support mechanisms was seen from the outset to be important aspects of sustaining a walking group.

*Her model [Walking for Fitness and Pleasure] was that you just had to have somebody who organised for these walking groups to have a body, a person that could photocopy stuff for them, give them stuff, give them encouragement and a couple of social occasions, ways of coming together and ideas. (Key Informant)*

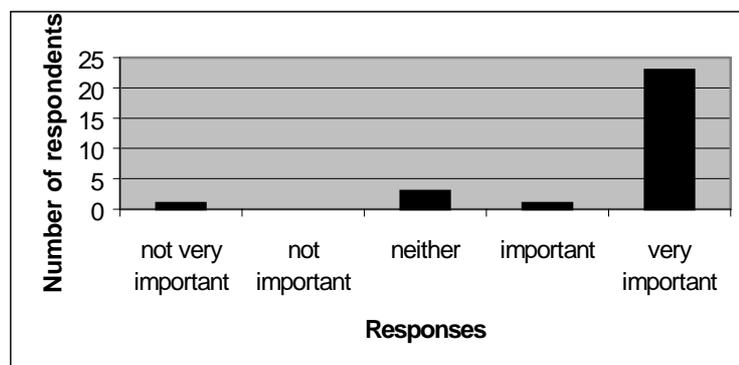
Part of the early role of the *BAT* project officer was to assist the walking group with recruitment and promotion. This involved developing an identity for members within the group and a profile for the group within the local community. Visibility in the local community was seen as an important aspect of keeping the walking group going amongst current members. Most (93%) viewed having a *BAT* T-shirt to identify the walking group as either very important (86%, n=24) or important (7%, n=2) while three quarters (n=21) said local media attention on the LWG activities was very important (61%, n=17) or important (14%, n=4). Similarly, three quarters of the past member respondents viewed the *BAT* T-shirts (n= 9) and local media attention on the LWG activities (n=9) as either very important or important in keeping the LWG going.

The walking group leader identified that she needed the support and encouragement of the *BAT* project officer. The *BAT* program has also been a great source of support as it has provided some other activities for the walking group to tap into via contact with the project officer and the *BAT* newsletter. One key informant identified that the *BAT* program (along with the council) had also been there to provide support when things were not going so well and there were few members. This provided incentives for the members to stay with the group.

*The BAT program and the council provided a lot of that early incentive stuff...we did take them through all these difficult steps where the group wasn't cohesive or wasn't always together (Key Informant)*

The majority of current member survey respondents (86%, n=24) (see Table 3) felt the presence of the *BAT* program in the City of Swan was important or very important in keeping the LWG going. The majority of current member respondents saw the support of a *BAT* project officer as either very important (75%, n=21) or important (11%, n=3) and the *BAT* newsletter as very important (86%, n=24) in keeping the group going. A similar pattern emerged amongst past members as three quarters (n=9) viewed the presence of a larger *BAT* program as either very important or important in keeping the LWG going. The majority of the same respondents felt that the support of the *BAT* project officer (92%, n=11) and the *BAT* newsletter (83%, n=10) were very important in keeping the group going.

**Table 3: The presence of the larger *BAT* program**  
(Current members n=28)



#### **4.5.5 Collaboration between organisations to support the LWG**

The skills, networks and interest of each organisation, (City of Swan, Swan Health Service and the EPPCHU) that generated the first walk at Lockridge, have continued to support the development of the *BAT* program and the continuation of regular walking groups, one of which has been the LWG. Over time, as trust has further developed between the organisations, they have used existing networks to extend support, and to create links and opportunities for the LWG to join other activities in the community. A greater level of participation in the community has created a greater sense of recognition that the group exists and this was reported to have strengthened the group itself.

*It [BAT] was a health promotion model, multi strategies, using the local paper and the local networks, existing networks and facilitating what was already there, but also adding new ideas to that. (Key Informant)*

*... I think the partnership was good, the partnership was what made it work. (Key Informant)*

*They're a visible group which snaps up other members from time to time...a visible health focus. (Key Informant)*

*This group doesn't just see themselves as a walking group, they see themselves as a community group. (Key Informant)*

The involvement of key informants with the walking group has varied depending on their role within their respective agencies. Some have had an active role in communicating with the LWG on a regular basis, while others have been more involved in the management of the *BAT* program and have not had regular contact with the group. Each organisation has, therefore, been able to contribute expertise and/or resources that fitted within their primary role. The EPPCHU and the City of Swan provided funding resources that have supported the *BAT* program and this in turn has been available to support the walking group. The Swan Health Service saw their involvement in supporting the LWG as fitting with their role of primary health care and working with the community.

*You've got the Eastern Perth Public & Community Health Unit...the top bureaucracy and being involved in setting up the project and then the Shire [City] of Swan is there fairly high as well and then you've got the *BAT* program alongside which you have the Swan Health Service, both feeding into the walking group... we seem to need those levels, both in terms of funding and bureaucracy. (Key Informant)*

*My real involvement was looking at what the community needed, so that whole primary health focus of people's health, illness prevention... (Key Informant)*

*I think the shire or any bureaucracy's role is to support those people to do that [start and maintain a walking group] (Key Informant)*

*So that's why we're involved ... mainly because of primary health and that's our role. (Key Informant)*

There were some comments on the different approaches and skills of the people involved in the organisation and support of the *BAT* program and the walking group.

While some were much more focused on the objectives and the processes, there were others who were more interested in getting on and doing the activities rather than thinking about planning and evaluation. This difference in professional backgrounds has caused some tension among the key informants but the issues have been able to be resolved and some compromise achieved as time went on.

*Eastern Perth Public Health Unit have been very much into...the objectives and the processes and so on, whereas I think, I'm one of those along with BAT project officer, who gets out and does something which is complete in its own way, doesn't have to be put up against benchmarks quite so much and assesses the results afterwards. I think that the management committee was at one stage, overloaded with...public service jargon, all these buzz words, which can be just strung out into some meaningless phrase. ...That to me is time wasting...I think we have lightened them up...(Key Informant)*

The BAT project officer has made a conscious decision to slowly give the walking group the ability to make their own decisions. These days the group is largely self-managed but the walking group leader or the group can call on the BAT project officer for support or advice when required. The BAT project officer believed it was important that a comfortable channel of communication existed between volunteers in the community and bureaucracies or organisations.

*I take an approach of helping, but also letting them [the LWG] do some themselves so that they learn some skills and get the confidence... I'm making a little bit of my personal policy, I mean I get invited to just about everything they do and I only attend a portion of them partly because I don't want them to be dependent on me and totally reliant on me. (Key Informant - BAT project officer)*

*She [walking group leader] doesn't need me much, but she still wants the involvement and the support which I think is extremely important to give her, and in fact, I think it's really important that there is for all volunteers and all people who do community activities, there needs to be a support system that's there for them. Not only to support them personally, but to feed back information to bureaucracies because those people don't always feel comfortable with bureaucracies and don't know how to get their voice heard. (Key Informant - BAT project officer)*

The Swan Health Service did not feel that the walking group was dependent on them or the other organisations, and reported that the LWG were a self-sufficient group and that was how it should be. Other key informants recognised that the walking group needed the support of the BAT project officer and other agencies to maintain its stability.

*It's far better for them to be completely self-supporting...if the venue needed to change, the group would just up sticks and move and it would be a continuing group. ...it's not dependent on Swan Health (Key Informant)*

*I don't think there would have been anyone for [walk leader] to go to really, except for someone who might have been there to say like you can help yourself to the tea and coffee...The BAT program was essential in getting it to where it is now because of the links, the support that [BAT project officer] ...that they were behind them fully, yeah. (Key informant)*

#### **4.5.6 Opportunities for social and community engagement**

There was general agreement among the key informants that in addition to walking, other activities provided a social aspect to the group, and these were important to sustaining the group.

*The LWG have had access to a whole range of other things beyond their walk in Lockridge. Now [walking group leader] did seem very good at organising around social things, but she also very much strongly relied upon, I believe, [BAT's] bigger picture stuff... so they really became a group that tapped into all these other things... the input of that and the incentives... kept people walking... (Key Informant)*

Some LWG members suggested that the other group activities were a reason why the group had stayed together. The activities provided a focus and opportunity for the group to consolidate and nurture their friendship. Without these other activities the group would just be a twice weekly walking group and as such it might be less likely for the LWG to develop the very strong sense of 'group' membership, trust and caring that they report.

*And one of the other things is that the bowling is another good thing that keeps us [going/together] ... there is a fair few of us that do it. (Focus group participant)*

*Yes, very much so, they are [important]. I think, apart from everyday walking, the activities help to hold them tight together. (Focus group participant)*

**Critical inputs for maintaining the LWG**

**\* Leadership style\***

**\*Support from local government/health service\***

**\*Local facility to meet before and after the walk\***

**\*BAT program\***

**\*Collaboration between organisations to support  
the LWG\***

**\*Opportunities for participation in other social  
and community activities\***

## 4.6. What are the benefits of the LWG?

This section presents participants' views on the benefits of the LWG. The benefits of the LWG were discussed from three different angles. Firstly what did individual members gain from being part of the group? Secondly what did the group as a whole gain from existing as a formal group? And finally, what did the local community gain from the LWG?

### 4.6.1 Benefits to individual members

Members identified a wide range of benefits from the existence of the LWG. These included the exercise and health component, social aspects, friendship, companionship, the feeling of belonging and being part of an accepting group, social support and caring, fun, personal health and well-being, getting to know others in the community and helping each other out.

#### 4.6.1.1 Exercise and health component

The group members considered the exercise and health benefits that came with being a member of the walking group to be 'important'. For many members this was the initial reason for joining the walking group. The structure, the routine it provided, the safety of walking in a group and the fact that 'you often did more exercise than you would on your own' were all reported to be 'benefits' of LWG membership.

*...It just gives me that regular exercise that I needed and its not as though you really have to stay with all the group because some of the ladies they go at their own pace and I go at mine (Focus group participant)*

*The exercise, it's important to have exercise and it's good to have it with company. It's safe, the walks are planned, we have different areas, different routes that we take and I think we are creatures of habit so that on Tuesdays and Thursdays you know that they are the walking times. (Focus group participant)*

Responses in key informant interviews produced a similar list. According to the BAT project officer, members have told her that some of their health conditions have improved, they have lost weight, they felt fitter and the LWG gave them a sense of purpose and a 'reason to get out of the house'. The walking group leader has found

that the walking helped her back problem and she now experiences less pain and greater movement than previously. Other LWG members also stated that their health problems have improved after commencing regular walking with the group. Examples included sore necks, high blood pressure and diabetes. Other members reported losing weight and feeling better about themselves as well as the positive reinforcement they got from walking with others that are 'similar to themselves'.

*They said they're feeling much better because the regular exercise... it's helping me and the group. (Key Informant - Walking Group Leader)*

*They tell you they definitely feel better for doing the regular walk. Some of them have lost weight...they feel better, they feel fitter and they feel brighter. So you've got the physical benefits. (Key Informant - BAT project officer)*

*I had some back problems too and when I started walking I am much better now. (Focus group participant)*

*... copes with things better after doing the walking, go back home and do my chores, feel good, feel well - It's like magic. (Focus group participant)*

#### 4.6.1.2 Social aspect / friendship / companionship

While the initial motivation behind the LWG was to provide a way for people to increase their level of physical activity, the range of social benefits that have accrued are impressive. Both LWG members and key informants were aware of these benefits and keen to illustrate them. The focus group discussions were full of comments about the pleasures of walking each week with the group and the friendship, companionship and sense of caring that was available.

*The companionship is very good. (Focus group participant)*

*... to mix with people before that I couldn't mix I was rather shy you know. (Focus group participant)*

*Make you feel better and they will support you that's very, very important. (Focus group participant)*

The importance of the social benefits was also recognised by the key informants, many of who viewed it as a key element to the walking group. One key informant felt

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it was likely that the social element kept the group going and people turning up each week.

*So there are really three parts, the fitness, the education and the social part...and financially cheap so it fits within the socio-economic bracket. (Key Informant)*

*Well I think there's companionship you know to start with. There's that motivation...you know if you've got a commitment to say well I won't let them down I'll go, well I think that's probably what it is that keeps them going and then that caring about one another within the group. (Key Informant)*

Several members of the group described the LWG as a 'family' and shared stories on how the group supported and cared for each other. This social support and caring was a major benefit for many of the participants. The walking group leader also used this same description and commented on how members had developed close ties and contact with each other.

*We think of each other, we are not thinking of just ourselves. We've just got such a nice group together. We all think of each other. I think that it's more friendship. We all get on so well. (Focus group participant)*

*I lost my husband and I found everyone was such a great support to me you know, and I look back and I think well, I wonder where I would have gone from there if I hadn't have continued with the walking group because they make you feel that they cared and you can come along, you can have a laugh with them and you know that you've cheered up and sometimes you go along and you see someone that's a bit down and you have a chat to them and you realise that... Oh well they probably have gone home feeling a lot better because you can relate to how I felt when I first started coming. But now they're a great crowd and I really enjoy coming so... (Focus group participant)*

Other members reported benefits in terms of how the LWG had helped them to mix more with people, be more confident, meet new people, and develop new friendships and reduce the loneliness they had experienced before joining the group.

*I am a loner but I have enjoyed the company because they accept me for what I am, you know what I mean. (Focus group participant)*

*It gives you something to get up for in the morning, those two days of the week. (Focus group participant)*

*It filled a space and that's why I kept going. (Focus group participant)*

*Have something to do, some people to talk with because some days I don't talk to nobody. (Focus group participant)*

Friendship and social aspects were mostly discussed in terms of extending the social networks of those in the LWG. However, at least one member noted that the social benefits extended to the community and that she now met and recognised people in and around her neighbourhood.

*There is one other good thing about it too. I used to go up to Woolworths here at the shopping centre. I'd go about my business, meet nobody and come out. Now, if I hurry in there, I can meet two or three of the walking group and it breaks down a lot of barriers and makes the community more community like. (Focus group participant)*

#### 4.6.1.3 Having fun

In addition to the health, fitness, and 'social support' benefits, 'fun' and 'having a good time' were identified as important benefits for members of the LWG. Members reported that, if the group did not have an aspect of fun then many would not continue.

*We can have a good laugh...It's fun you know and different. (Focus group participant)*

*We just enjoy it and we look forward to it actually...It's just, it's a pleasure you know, you come home and you feel so uplifted. (Focus group participant)*

*It gives you a reason to get up in the morning because I'm sort of on my own a lot and knowing that I have got my group I look forward to it every Tuesdays and Thursdays because it gives me something to do. (Focus group participant)*

#### 4.6.1.4 Other benefits

One or two members noted benefits such as personal growth, increased confidence and self esteem since being involved in the LWG. These are valuable attributes and notable additional benefits to the other physical health benefits.

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*A confidence booster too I think. - she pushed me to do it - but I'm glad I did it, I felt great after I did it... (Focus group participant)*

#### **4.6.2 Benefits of being a group**

When asked about the benefits of being a group the participants in the focus group discussions tended to comment on the social benefits, and on the different ways the group cared for and helped each other. Participants gave examples of the range of activities they 'do as a group'. Two themes emerged through the discussions. Firstly, when the LWG members spoke about the variety of walking and non-walking activities undertaken by the group their remarks indicated that the benefits of being a group included financial discounts, opportunities to undertake diverse activities, and links to other networks through other group members.

*We only pay part of it or half of it so at least it's really helping us and we enjoy... (Focus group participant)*

*With all the activities I have gone to do things that I think I would never, ever do. Go places, see places, I think I have done more with the walking group than I would have done myself. (Focus group participant)*

A second theme that reoccurred throughout all of the discussions was the sense of belonging and specifically belonging to a group. Being a member of a group was important to many participants. Even though the group has no formal membership rules, regulations or payments, the value of 'being part of ' group' was strong and appeared to be important to many. Participants' comments about 'belonging' and 'feeling like you are accepted' seem different to the 'social benefits' already raised such as friendship and caring. 'Belonging' and informal two-way links may have a symbolic value and benefit for members.

*When you are in the group, it [problem] doesn't enter your head because you don't think about it, which is beautiful. It's a beautiful feeling when you are with people and you can just treat them you know, and this is what I like about it. (Focus group participant)*

*If I didn't belong to this group I would be moving to Ballajura and live in Ballajura one of the reason I stay in Beechboro is because of the group. (Focus group participant)*

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*Family, you know, belonging, family is belonging, but I think that is the word.  
(Focus group participant)*

### **4.6.3 Benefits to the broader community**

#### **4.6.3.1 Community activities**

Like the discussion on the benefits provided by being a member of the group, the discussion of the benefits that the LWG provided for the community tended to focus on the examples of the non-walking activities which the group did themselves. However, it is evident by the nature of these activities that the local and broader community simultaneously benefits.

For example, members of the LWG have been involved in a variety of fund raising activities for the Parkinson Association, Salvation Army Door Knock Appeal and the Red Cross. They have also sung at Aged Care Homes, participated in church related activities, and planted trees in the neighbourhood. There was general agreement amongst the LWG members that this was rewarding for everyone - the community and the LWG members.

*I think that we get much more than what we give. (Focus group participant)*

*Just the fact is their faces glow... yeah there's a glow like this. It's like they are not forgotten. Being in a nursing home they're not forgotten... here we are coming from the outside, remembering them and doing it for them. That's the most rewarding gift for us isn't it? (Focus group participant)*

#### **4.6.3.2 Provision of safe environments for walking**

Focus group discussions and key informant interviews revealed that the LWG had been involved with the local council regarding repairs to the local pavements and in some areas the provision of a footpath, improved lighting, signage, and in developing walking maps. The involvement with the council has also had extended benefits, as the LWG members reported that they could reach the local council and 'be heard'. This provides the council with community input and contact.

*...and they also have a voice on council so when any problems come up they go straight to council and they iron them out for us. (Focus group participant)*

*...the reason why that came up is because some of the walkers fell over in this street where this was raised and in no time we had it [footpath] fixed you know because...we wrote a letter in. (Focus group participant)*

*They have lobbied for better footpaths, better signage and better lighting... (Key Informant)*

#### 4.6.3.3 Role models

The LWG's community profile, and their regular walks through the local neighbourhood have helped to raise awareness, and to generate an interest in health and physical activity. By literally 'walking the streets', the members have been role models for the community, and by meeting in the health centre they have been seen regularly by patients and the community. Participants reported that this could help to make people more comfortable about the group and about physical activity.

*A visible health focus rather than just posters on the wall...they're role models for other people in the community and that helps...people can see and I guess it's a comfortable thing for people to enquire about them, because they walk through the waiting area [of the health centre]. (Key Informant)*

Not all members saw themselves or the group as benefiting the community. Some joked about how they looked as a group walking down the road in their white BAT T-shirts. However, this remark, whilst made in humour, was still consistent with the key informant observations that the LWG is a known identity in the community, that T-shirts provided a useful symbol of recognition, and that the group was an active part of the community.

*A sight for sore eyes!! (Focus group participant)*

*One other thing is identity. We have these t-shirts and tops and if not in that, there is usually somebody in white and if you are hurrying you see the white group. (Focus group participant)*

*...provide them with something that makes them feel that they belong, which just might be a hat or little t-shirt and a leader. (Key Informant)*

#### 4.6.3.4 Neighbourhood connection and profile

One key informant reported that an important benefit provided by the walking group was the sense of neighbourhood connection that it provided to the community. It was a group that community members could be referred to and it had visibility in the community, which in turn developed a greater sense of community spirit.

*Because these things do snowball if you're getting some profile of having a community spirit, it actually creates community spirit. Somewhere it has to start and if it starts through a walking group, then great, you know, it starts to happen there. (Key Informant)*

Similar to community spirit, but referred to separately, was the benefit of the LWG in providing a profile for the community. The key informants (perhaps more than the walking group members themselves) saw the LWG as providing a sense of community in Lockridge. Through its activities in the local community, such as assisting in fundraising events and tree planting, the group has become a visible 'community identity' and has become recognised in the Lockridge community. There was a strong feeling among the key informants that the walking group had raised the profile of Lockridge in a positive way that has been lacking for some time. The group's profile has meant that local doctors and health professionals could advise patients to join the walking group. The local and statewide media coverage of the LWG has also raised the awareness of the local community members and the profile of the community.

*I think it's given it a little bit of a community profile, because people see them walking...Lockridge has not had a very good community profile...to see the community doing something creates a positive feeling in the area...it's become a little bit of an institution as a walking group. So they've given that community sense back to the Lockridge area. (Key Informant)*

All past member survey respondents either strongly agreed (82%, n=10) or agreed (18%, n=2), and most current member respondents (86%, n=24) strongly agreed that the reputation of the walking group in the community was important to members.

#### 4.6.3.5 *More than just a walking group*

Through the range of non-walking activities and their contribution to the wider community there was a sense that the LWG saw themselves as more than just a walking group. Both the *BAT* project officer and the walking group leader stated that they saw the group as more of a community group than as strictly a walking group. The LWG has provided a strong, supportive network in the local community.

*I think it's given it [Lockridge] a very positive image...I think they're very well known as a group that gets things done. (Key Informant)*

*This group doesn't just see themselves as a walking group, they see themselves as a community group. (Key Informant)*

#### **4.6.4 Benefits to the *BAT* program and supporting agencies**

##### 4.6.4.1 *Spin offs for the *BAT* program*

In addition to the benefits of the LWG to the local community, the *BAT* project officer commented that the *BAT* program as a whole had benefited by having this successful group as part of the larger project. In particular, she mentioned the increased profile that *BAT* received from media coverage about the LWG. She also described the development of trust between the different members within the group that has enabled them to participate as a group or as individuals in other *BAT* events. This has further fostered trust both within the group and between the LWG and other groups.

*Be Active Together has had its own profile raised by being involved with the success of this walking group. The media coverage that the walking group generates is a spin off to Be Active Together. So, yeah, I think just the successfulness and the fact that the different ones who go to the walking group, then go on and become involved in other Be Active Together events, they don't just go to the walking group. They then start to feel comfortable with the project and they'll come along to other things of their own accord, sometimes with their group and sometimes on their own. So you get exposed to more people and you start to develop that trust that runs between those sorts of groups. (Key Informant – *BAT* project officer)*

#### 4.6.4.2 Benefits to the agencies supporting BAT and the LWG

The LWG has been 'officially supported' by a number of agencies. This support has proved a worthwhile investment for these agencies, as their involvement is in alignment with each organisation's business and strategic plans. The council benefits because they have contact with a group that represents the community, and through interacting with them the council can gain a better idea of the community's needs and wishes. It also fits into the Swan Health Service's business plan to have groups such as the walking group operating in the local area, to which they can refer their clients.

*They came along and sat in on a few council meetings and made their faces known which was good. (Key Informant)*

*You've got a resource a very, very local resource right on your doorstep... so that you can use it to refer people to. So it's in our best interests to support it. (Key Informant)*

Meeting at the local community health centre has not only assisted the LWG to feel a part of the local community but it has also provided a close connection with the health professionals in the local area. Boosting staff morale and bringing the local community into the health centre were examples provided by some key informants on the benefits to the community health centre, and its staff, of their connection with the LWG.

*...I think it breaks down some of those us and them barriers (Key Informant)*

*Every time they'd go into the room where the walking group were having their end of year party, I mean it was just such a wonderful feeling, they were really joining in with them, but also it has boosted the moral, I think, of the community health centre. I think it created a sense of community within the Lockridge community. (Key Informant)*

*I think they've had a great...a big impact on, on actually bringing lots more people into the centre [community health centre], bringing lots more people together in that Lockridge area and the little things they've done with tree planting...just seems like they've had quite an impact on that community. (Key Informant)*

## 4.7 Is social capital present in the LWG?

A number of indicators have been identified in the literature around the concept of social capital. These include reciprocity, trust (social/civic), civic engagement, participation in other networks, a sense of connectedness/belonging, and the appropriation of the group to serve another purpose. No focus group or key informant questions asked direct questions about social capital but there were examples of these indicators in all the focus group and key informant discussions<sup>1</sup>. The discussion schedules were designed to elicit information about relevant aspects of social capital.

<sup>1</sup>Items included in the telephone survey did ask about various social capital indicators in order to assess the opinion of the whole group.

### 4.7.1 Reciprocity

Reciprocity, or the mutual exchange of goods or privileges, was indicated through the many stories about how the group cared for each other in various ways. For example, members spoke about visiting individuals if they did not show up, how they would help cook, clean and shop if one of them was not well, and send birthday and get well cards. Reciprocity outside of the immediate group was illustrated by the group's willingness to prepare plays and sing at local nursing homes, and by the encouragement given by these agencies.

*Another thing is if someone hasn't got the transport, someone with transport will go and pick the other one up. So you don't miss out. (Focus group participant)*

*...just after the baby was born and even before baby was born... even though [walking group member] has Parkinson's and her hands shake, she would go to [another walking group member's] house, put your clothes out to dry, fold them, help you yes when... (Focus group participant)*

*...yeah, well our house was broken into one morning when I was walking and I wouldn't go out I never went out for about three weeks, I just was too scared to go out but in the end my friends from the walking group said it's time you came back and they got me back into it again otherwise I was just too scared to go out. They were very helpful. (Focus group participant)*

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*... and at Christmas time we go to nursing homes and sing carols for the patients. It's good. (Focus group participant)*

Current member survey respondents confirmed that reciprocity was strong within the LWG with almost all (97%, n=27) either strongly agreeing (93%) or agreeing (4%) that group members were willing to help each other out.

#### **4.7.2 Tolerance of diversity**

All the focus groups spoke about accepting people from different backgrounds, different ages, genders, and with different needs. This diversity and acceptance was recognised and enjoyed by most members. Key informants confirmed that the group's ethnic 'heterogeneity' was seen as a positive aspect of the group.

*I think it's the different nationalities in this group. We've got such a mixture you know, (laughter) that you can always learn something from them as well, you know, they can learn from you and you can learn from them. (Focus group participant)*

97% (n=27) of current member respondents strongly agreed (93%) or agreed (4%) that the multicultural mix of the group added to the quality of the group. The majority (89%, n=25) strongly agreed (86%) or agreed (3%) that members of the LWG were able to freely express dissenting views while 7% (n=2) of respondents strongly disagreed with this.

#### **4.7.3 Sense of connectedness**

A compelling characteristic of all the focus group discussions was the comments around membership of this group and the feelings of being part of something – of belonging. All current member survey respondents (n=28) reported a sense of belonging to the group and that there was support from other members. Key informants also commented that this sense of connectedness and belonging was a strong element that had developed in the group.

*Yes, we belong. I think that is the word, that is the crux of what, we belong to the group, you know, we are part of it and what hurts them hurts us. (Focus group participant)*

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*I think the word that we feel and you can wrap it up in this one word, is we belong. (Focus group participant)*

*We wanted to improve people's health and well being through physical activity ...it went even a step further...it created a sense of belonging... (Key Informant)*

#### **4.7.4 Appropriation of the group**

The 'use' of the group for a purpose other than its original 'function' (in this case walking) has been illustrated by the involvement of the group in a range of other social and physical activities. In addition, the group has proactively and reactively been involved in community activities. There was a strong feeling among the key informants that the group now has several functions. The physical activity aspect was paramount and was the reason for the formation of the walking group, it was the 'doing' of the walking with others in a social setting that created the unique strength of the group. Some professionals may refer people to the group to get some regular physical activity, others refer people to join the group because there was a good level of social support and caring from other group members.

*I mean if a doctor is referring, he tends not to think as much of the social, but he wants his patient to be active... so the physical activity component is important, but definitely doesn't stand alone. That nurturing, that belonging, that creating interest and a sense of purpose in some people's minds...It seems that a number of people that have become involved in the group over time, have got to the group by being at a point in their life where they needed something, they had a need of their own...that was much more than physical activity... (Key informant)*

#### **4.7.5 Civic involvement**

Planting trees, developing local walking maps, lobbying local government for repairs to the streets and pavements and acting as a community reference group were examples of activities that have benefited not only the group but illustrate the benefits to, and involvement in, the broader community. Most (86%, n= 24) of the current member survey respondents strongly agreed that the LWG was interested in helping in the local community.

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*They'll lobby and they'll get their local councillor in to tell them that they've got to keep going. (Key Informant)*

*I got a petition form and I just had seventy five signatures so I sent that to the Shire...(Key Informant – walking group leader)*

#### **4.7.6 Participation in other networks**

Members were asked in the telephone survey about their interest in becoming more involved in community groups and activities. The majority (79%, n=22) reported that being a member of the LWG had affected their interest in being involved in community groups and activities. Of those, all (n=22) indicated they had a greater interest in being involved in community groups and activities than they had before their involvement with the LWG. Examples of the types of groups and associated activities members had been involved in during the previous year included church groups, social clubs/groups, *Be Active Together*, service club (such as Lions), health support group (such as Parkinson's Association), school related group and resident or community action group.

#### **4.7.7 Trust**

Trust was a key theme that arose repeatedly in both focus group discussions and during the key informant interviews. Participants reported that there was a strong element of trust amongst members of the group, and between the LWG and outside organisations and the community. The development of trust between members has resulted in a strong co-operative and caring ethos that has extended beyond the group and into the community.

Current members of the LWG confirmed this in the telephone survey. Respondents overwhelmingly reported that being a member of the LWG had assisted them to feel a part of their community, or to become involved in local community activities. All respondents (100%, n=28) felt belonging to the group helped them feel a part of the local community and most (97%, n=27) said it helped them to feel good about their community.

## 5. DISCUSSION

This study aimed to learn from the experiences of an enduring walking group set up as part of a broader community physical activity program in a metropolitan region of Perth, Western Australia. Through focus group discussion, a telephone survey and interviews with key informants, we assessed the critical inputs in starting and maintaining the group, key characteristics of how the group functioned and what benefit the individuals, the communities and the agencies involved have gained over the past six years.

The results of this case study are limited by the over reliance on recall and self report by the participants. In addition it was difficult to engage the participation of past members of the group. However, the study is strengthened by the use of multiple sources of qualitative and quantitative data, and by multiple independent coding of the qualitative data.

Is it possible that some of the insights gleaned from this walking group can be generalised and applied to supporting the development of other community groups? These insights may be used to increase our understanding of the ‘ingredients’ that can contribute to establishing and maintaining physical activity and other groups; the role and value of community groups to the social fabric of our society; and the opportunities that exist to build partnerships to promote health and social capital in communities, through supporting such groups.

### **Keys to success in establishing and maintaining a walking group**

We found that the key factors to establishing and maintaining a walking group were support from local government and the local health service, on-going collaboration between these organisations to support the walking group, provision of local facilities for meeting and socialising, the skills and networks of the leader, and the ‘informality’ of the group structure.

### **What are the benefits of walking in a group?**

In this case study, the benefits to individual members of the group appear to extend beyond just improved physical health through participation in physical activity to

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encompass social networks, friendships, support and a sense of belonging. This suggests that the activity of walking and the identifiable group structure provided a medium for the attainment of other important health benefits.

### **Developing social capital to strengthen the health of communities**

The recent interest in social capital has focussed attention on other well-developed areas of social health, such as social cohesion and social support (Hawe and Shiell 2000). Furthermore, both the social ecological approach to health promotion (Stokols 1992) and the literature on social inequalities emphasise the powerful influence of the social as well as the physical environment on health status (Macintyre and Ellaway 1999; Marmot 1999). While the primary aim of the *BAT* program was to increase the level of physical activity in inactive and insufficiently active adults and women in a low socio-economic region, the process employed has supported other important benefits such as improved social and support networks, a greater sense of belonging and an enhanced community image. These may turn out to be powerful outcomes that may lead to improved health.

This case study has shown that encouraging people to come together through a walking group can result in the development of a social support network. Such a return in turn provides a valuable resource for developing health and well being at the community level. The various social and community benefits from participating in physical activity - and in particular through walking groups - and the promotion of these benefits could well be a powerful contributor to selling the physical activity message at the local level.

Social capital benefits - mediated through physical activity - can be expressed in terms of improved community cohesiveness, enhanced community networks and decreased anti-social behaviour (Australian Sports Commission 1998). Wright *et al.* (1996) reported on the positive, albeit less tangible benefits, that walking had on the City of Marion community in South Australia. Residents reported that walking promoted a greater awareness amongst walkers of 'what was happening in their area' and that people seen out walking contributed towards building community spirit.

This case study has demonstrated that a community walking group can be involved in promoting health in local communities. Moreover, this can work in economically

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disadvantaged communities. This case study identifies the importance of informal participation and social engagement. Networks, norms, trust and reciprocity were nurtured through the engagement of local stakeholders. This process led to many and varied benefits for the individuals in question, and for the local community, and agencies working in the community. In addition, the community development and intersectoral approach provided a foundation for benefits to accrue in the longer term.

### **Intersectoral action for health**

Working intersectorally to support the LWG has involved the coordination of various resources from different organisations, for the benefit of the LWG - yet each organisation reported that their contribution and expertise fitted comfortably with their primary role and core business. The skills, networks and interest of each organisation and its staff were important factors in building the partnership. Collaboration between local government and the health service has not only assisted in strengthening the LWG but importantly created health development opportunities and outcomes.

Working in partnership with, and supporting, the LWG has created reciprocal benefits for those organisations involved. Key informants from the health service spoke about the unanticipated benefits of an improved profile for the community health centre within the local community. It was seen as a welcoming place which the community could be part of, a positive link to the community. For the council, the group was a very visible 'ears and eyes' in the local community, a voice providing community feedback to enhance the service provision and accountability of local government.

### **Value of supporting local groups in a community**

Local government, health services and community centres have a role in supporting a myriad of local groups which can promote social organisation, social cohesion and health in communities. This case study has demonstrated that positive elements of social capital can emerge such as the development of trust, increased networks and participation, reciprocity and civic engagement. Case studies of community groups in the Adelaide Building Healthy Communities: Health Development and Social Capital project (Miller *et al.* 1999) showed similar social capital elements emerging within groups.

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There was a perception amongst key informants that the community was 'better off' when a local group was able to engage at a social and civic level. The LWG had demonstrated its ability to do this and as a result key informants felt that community spirit and community profile had been developed. This is consistent with Putnam's (1993) work where communities that demonstrate engagement and involvement of community members report 'feeling better about themselves'.

Local government has a role in supporting local community groups and in providing infrastructure and facilities to support these groups. This can create and strengthen social capital within local communities. Locally based community development strategies aimed at increasing participation in communities, coupled with supportive structures to encourage participation, are particularly effective with groups who are less well-equipped to participate, or are disadvantaged (Baum *et al.* 1999).

It has been recognised that in order to provide better health outcomes for socioeconomically disadvantaged people, action is needed at a macro or community level to improve the social and economic environment - rather than a sole focus on personal behaviour and/or risk factors (Marshall and Craft 2000). Community health services and other human service organisations have a role in supporting local communities through community development strategies to build and strengthen the social networks and fabric of communities. Providing a link to the community, and encouraging and supporting individuals to participate can build stronger communities, which in turn may support better health outcomes.

### **Working together stretches limited resources further**

There are opportunities for health promotion activities between community groups and organisations. The building of partnerships between local government and health service organisations and community groups can strengthen these groups without large financial or human resource investment. It is important that there are shared goals that reflect this partnership and the role of local government and health services. This is consistent with the Ottawa Charter for Health Promotion (WHO Ottawa Charter 1986) and the Jakarta Declaration (1997).

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### **Supporting community groups to build an identity**

Much of the success in supporting community groups lies in the process undertaken to create and sustain the group. There is no one 'special ingredient' for creating a recipe for success - a combination of ingredients is required. Groups can never be replicated exactly, group dynamics are unique to history, interactions and experiences. However, providing support to community groups and creating an environment that provides opportunities for social and community engagement can strengthen and sustain groups and thus benefit individuals and their communities.

This case study has demonstrated that leadership is a vital ingredient in establishing and maintaining a functioning walking group. Supporting the leader via a designated officer can add to the skill development and confidence of the leader. The group started with a clear purpose, to walk, and this has been maintained throughout. The diversification of the group into other activities and to serve other purposes has developed as relationships and trust has been built within the group.

### **Building inclusive communities**

People from culturally and linguistically diverse backgrounds are less likely to participate in a range of groups and activities including physical activity (Baum *et al.* 1999; Tzimas 1997). This study has highlighted the valuing of cultural diversity that can exist within groups. Community health centres and other locally based community services can encourage and link people from a range of cultural backgrounds. Social capital can be positively built and encapsulated in local communities that are inclusive and value cultural difference (Baum *et al.* 1999). Whilst this study did not measure the amount of social capital that has been generated in this group, there were many examples where tolerance of cultural diversity had added richness to the lives of members, and had added positively to the functioning of the group and the types of activities members engaged in to support others, both within the group and within the local community.

### **Sustaining the capacity to increase participation in physical activity within local communities**

Establishing and supporting health promotion activity at the local level has always been challenging. Working collaboratively across sectors to increase participation in physical activity by all Australians, as well as particular efforts directed towards those

most at risk of inactivity, such as low SES groups (Armstrong *et al.* 2000), is a strategy that has perhaps gained its momentum because past efforts have been ineffective. Building the capacity within other organisations to undertake physical activity health promotion is an important strategy that can enhance the success of such ventures. This can be achieved through the building of health promotion infrastructure to deliver physical activity programs, the building of partnerships and organisational environments so that programs are sustained, and enhancing the problem solving capabilities within organisations (NSW Health 1999).

## RECOMMENDATIONS

### IMPLICATIONS FOR PHYSICAL ACTIVITY AND HEALTH PROMOTION

The findings from this study have identified some key health promotion strategies that health and other professionals may utilise to establish and maintain walking groups to increase participation in physical activity. Importantly, they are a combination of key factors or “ingredients” that may assist in providing opportunities for social and community engagement that can improve health and contribute positively to the social fabric of community life. In addition, it is important to acknowledge the reciprocal and often “unanticipated” outcomes for organisations involved in supporting community groups such as walking groups. These can include benefits such as the development of positive relationships with the immediate community that encourages community input and feedback to improved profiles for organisations within the local community.

1. **Building partnerships** between local government, health services, community based organisations and the community to support health promoting opportunities and structures within local communities.
2. In establishing and maintaining walking groups a **combination of key factors** are important to consider together. These include identifying **a leader, leadership style**, availability of a **local meeting facility, informal group structures, collaboration** between local organisations to support the walking group, and providing **opportunities for participation** in other social and community activities if required.
3. **Collaboration and communication** between local organisations such as local government and health services to support the development and maintenance of locally based walking groups. This can be achieved without large financial or human resource investment.
4. Local government, health services or community centres can support the development and maintenance of local groups such as walking groups by **providing access to low cost resources which support group activities and social interaction** eg. meeting facility, photocopying, promotion in local media and newsletters.

5. Groups such as walking groups can be strengthened and sustained through support from locally based professional staff in local government, health services or other organisations to **assist the group leader** as required. This could include providing **support and opportunities for training, group promotion and problem solving.**

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## **APPENDIX 1 - FOCUS GROUPS**



THE UNIVERSITY OF  
WESTERN AUSTRALIA

**SOCIAL CAPITAL- A CASE STUDY OF A COMMUNITY WALKING GROUP**

**A joint project of:** University of Western Australia - Fiona Bull - 9380 7814  
Eastern Perth Public and Community Health Unit - Chris Gillam -  
**9224 1618**  
PO Box S1296, Perth WA 6845 Telephone (08) 9224 2869 Fax (08) 9224 1612

Name  
Address

9 September 1999

Dear

We are inviting you to take part in a small discussion group to share your experiences on how the Lockridge Walking Group works. Later in the year we would like to telephone you and ask you a few questions to find out your involvement in community groups and what influences you to join groups. We can learn from your experiences and the information provided will be helpful to existing and future walking groups in the WA community.

The 'Be Active Together' Program and the Eastern Perth Public and Community Health Unit, together with the University of WA are conducting this project to find out what resources and supports are needed to help existing and future community walking groups. We would like to thank you for your past involvement in the 'Be Active Together' program. Your views and opinions are important and we would greatly value your involvement in this project.

**We would like you to be our guest for morning tea and the discussion group at the Altone Park Recreation Centre, 332 Benara Road, Beechboro Tuesday 5 October 1999, 9.30am - 11.30am**

We understand there are many demands on your time, and in appreciation of attending our discussion group we will be giving you \$10.00 to help cover your costs in attending. Each person who completes the telephone survey will have a chance to win one of three vouchers to a local restaurant to the value of \$50.

Morning tea will be provided during the discussion and it should conclude by 11.30 am. Would you please fill in the form, attached to this letter, letting us know if you will be involved or not in the project, and return it in the reply paid envelope to the Eastern Perth Public Health Unit by 23 September 1999. This helps us organise the discussion groups and refreshments.

If you are interested in finding out more about the project or discussion group, please call us and we will be more than happy to explain the project to you. Unfortunately Simona will be away during this time but you can call Helena Iredell at the Eastern Perth Public and Community Health Unit on 9224 2869.

We look forward to seeing you at our discussion group.

Yours sincerely  
Ms Simona Willis  
'Be Active Together' Project officer

Ms Helena Iredell  
Project Officer

*The project is funded by Healthway (Western Australian Health Promotion Foundation)*



## ***Acceptance Form***

### **Discussion Group**

I would like to take part  (Tick one box)

I would not like to take part

in the discussion group on the Lockridge Walking Group  
**at the Altone Park Recreation Centre, Tuesday 5 October, starting at 9.30am.**

We are running the discussions on other days. So if this day  
is not suitable, tick the box and we will phone you to find another time.

### **Telephone survey**

I would like to take part

I would not like to take part  (Tick one box)

in the telephone survey on the Lockridge Walking Group.

Please fill in your details below, so we can keep in contact with you.  
It will be kept confidential and only used by the project team.

1. Your name and current home address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Your contact telephone number.

( ) \_\_\_\_\_

**Thank you for agreeing to support this project.**

**Place this form in the envelope provided and mail back to us by 30 September 1999.**

---

## Dates and times of focus groups

<b>Date</b>	<b>Time</b>	<b>Location</b>
Tuesday 5 October 1999	9.30 – 11.30am	Altone Park Recreation Centre Benara Road Beechboro
Thursday 7 October 1999	9.30 – 11.30am	Altone Park Recreation Centre Benara Road Beechboro
Tuesday 12 October 1999	9.30 – 11.30am	Altone Park Recreation Centre Benara Road Beechboro
Thursday 14 October 1999	9.30 – 11.30am	Altone Park Recreation Centre Benara Road Beechboro



THE UNIVERSITY OF  
WESTERN AUSTRALIA



**Dr Fiona Bull, Helena Iredell**  
Department of Public Health, Nedlands 6907  
Telephone (08) 9380 7814

**Ms Chris Gillam Telephone: (08) 9224 1618**  
**Ms Lisa Bayly Telephone: (08) 9224 1603**  
Eastern Perth Public & Community Health Unit

## SOCIAL CAPITAL- A CASE STUDY OF A COMMUNITY WALKING GROUP

A joint project of: **University of Western Australia**  
**Eastern Perth Public and Community Health Unit**  
PO Box S1296, Perth WA 6845 Telephone (08) 9224 2869 Fax (08) 9224 1612

## Consent Form

The purpose of this discussion group is to hear your views on community walking groups. There are no right or wrong answers – we are interested in your thoughts. The discussion will be tape recorded to assist us to gather all the views expressed by the group. The recording will be transcribed and collated in summary form only. Your name **will not** be attached to any of the statements or the report. You are assured of complete confidentiality. You are free to withdraw from the discussion at any time. Your participation in this study does not prejudice any right to compensation, which you may have under statute or common law.

### Please read and sign the following statement

I (the participant) have read the information above and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time without prejudice. I understand that all information provided is treated as strictly confidential and will not be released by the investigator unless required to do so by law. I agree that research data gathered for the study may be published provided my name or other identifying information is not used.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

The Committee for Human Rights at the University of Western Australia requires that all participants are informed that, if they have any complaint regarding the manner in which a research project is conducted, it may be given to the researcher or, alternatively to the Secretary, Committee for Human Rights, Registrar's Office, University of Western Australia, Nedlands, WA 6907 (telephone number 9380-3703). All study participants will be provided with a copy of the Information Sheet and Consent Form for their personal records.

## Focus Group Interview Protocol

### Welcoming Statement

Good morning, and welcome to our session today. Thank you for finding the time to come along to our discussion group.

My name is.....

I would like to introduce our other project team member here today. *Person's name* will be assisting and making some notes on the topics discussed.

Today, we would like to find out what you think goes into making community groups, such as the Lockridge Walking Group survive. I would like to draw on your experiences as a member of this walking group and ask you to tell us about how the walking group works.

The ideas, which are generated from today's discussion, will assist us in improving the running of future community based walking groups. Together, I hope we can identify what should go into making walking groups appealing and acceptable to community members so that they take up walking as a form of physical activity.

There are no right or wrong answers. We are seeking your opinions and suggestions - including both the negative and positive aspects of the walking group. All your comments are of interest and value to the project.

So that I do not miss any of our conversation today and can go back and examine the important points that were raised in our discussion, I would like to tape record our discussion. All comments are confidential and no one will be identified in any written materials or other discussions. Nor will the information be used for any other purpose other than for this project or given to any other organisation. Participation is voluntary and you may leave the discussion group at any time. I have placed an information and consent form at each person's spot. We'll just take a minute to read through this (*Read the information about the project*). If I could ask you to sign the consent form and (*assistant's name*) will collect them.

Is anyone unhappy about continuing with our discussion today? (*Pause*)

Thank you.

I would like this to be an informal discussion, so please feel free to respond to each other's comments; don't wait for me to ask you to speak. However, I would appreciate if we could speak one at a time so that each person has an opportunity to have their say and so I can hear everything that is discussed. I would like as many people as possible to respond to my questions so we get a range of opinions and ideas.

There are many issues to cover today. From time to time I may move on. Please stop me if you have anything else to add to the topic.

### Ice Breaker

1. I would like each one of you to briefly introduce yourself.  
I'd like you to tell the group your name and how you became involved in the Lockridge Walking Group.

### **Introductory question**

2. How important are local groups in developing the community spirit of Lockridge?  
Which types of groups have the greatest effect on community spirit?

### **Processes and Inputs**

#### **Group members' perception of how the LWG works as a group.**

#### **How it feels to be a group member.**

#### **What existing qualities and skills of the group members contribute to the maintenance of the group?**

- 2.2 Think back to when you joined as a new member of the walking group? What was it like?
- 2.3 After being a member for a while how do you fit in (feel) now as a group member? In what ways did this happen?
- 2.4 What attracts you to stay?
- 2.5 What keeps the walking group going?  
  
Prompt: What skills and people helps to keep the walking group going?  
Other than skills and people, what other things does the LWG already have that has made it work?
- 3.7 What support does the LWG get that helps it continue?  
Where and from whom does this support come from?

#### **What are the inputs by the community to keep the group going?**

- 4.1 Prompt: What can your local government and health agencies provide to help other groups like the LWG get going?  
Which would be the most important to support a group like the LWG?

#### **What are the barriers and obstacles in keeping the group going?**

- 5.1 What have been the difficulties to keeping the LWG going? (the 'hic ups')  
How can these be overcome?
- 2.6 Are there times when differences come up within the group?  
How do you deal with them?  
  
(Looking for): How comfortable are the group members with one another?  
How does the group deal with any differences that may arise between members?
- 2.7 When needed, do group members help each other out?  
In what ways have group members helped each other?
- 2.8 When planning the future activities of the group, how are decisions made?
- 2.9 When the group wishes to start a new activity, describe how the group goes about doing this? (How they access resources and gain co-operation from others)

### **Processes and inputs**

**Group members' perception of how the LWG works within the community.**

**Inputs from the community into the running of the LWG.**

**Group members input into other community groups.**

- 3.1 What other activities besides walking do members of the LWG do together?  
How did they come to be part of the LWG activities?

### **Benefits of the LWG for the individual and community**

- 1.1 What have you gained from being a member of the LWG?
- 1.2 What do you think the walking group has given to the local community?
- 3.2 What are the most important functions of the LWG? Which two of these are the most important?
- 3.3 In what ways, if at all, has the LWG co-operated with other groups in the local community?  
How did the walking group begin to work with other groups?  
Has this co-operation helped the walking group?
- 3.5 Are you involved with any other groups in the local community?
- 3.6 Since joining the LWG do you feel differently about joining other groups in your community? In what way do you feel differently?

### **Concluding Questions**

Is there anything that we should have talked about but didn't?

### **Future plans**

What plans does your group have for the future?

For the pilot group: This is the first of our discussions. We're planning to hold several more over the coming weeks. What advice (suggestions) do you have for us about running these groups?

---

## Demographics Sheet

### Lockridge Walking Group

### Focus Group Interviews

Participant's Name: \_\_\_\_\_  
 Focus Group Date: \_\_\_\_\_

#### Introduction

Hello. Could I speak to *(Name of focus group participant)*

Hello, my name is \_\_\_\_\_ from the Eastern Perth Public & Community Health Unit.

I am calling to remind you that the discussion group about the Lockridge Walking Group is on tomorrow at *Time* at the Altone Park Recreation Centre. The group members who are participating in the group tomorrow are meeting at the recreation centre and will do their walk from there and come back in time for the meeting, if you wish to join them.

To help tomorrow's discussion, I would like to ask you a few questions, so that we know a little bit about you before you join us.

1. How long have you belonged to the Lockridge Walking Group?
 

Less than 6 months .....	1
6 months to 1 year .....	2
2 – 3 years .....	3
4 – 5 years .....	4
6 years .....	5
  
2. On average, how often do you walk with the LWG?
 

Twice a week .....	1
Once a week .....	2
2 – 3 times a month .....	3
Less than once a month .....	4
Rarely .....	5
  
3. On average, how often do you join the LWG in their other activities?
 

Almost always .....	1
Most of the time .....	2
Sometimes .....	3
Not very often .....	4
Rarely .....	5

4. Do you belong to any other exercise / physical activity groups?

Yes

No

If yes, please list those you belong to.

---

---

---

5. Do you belong to any other community groups?

Yes

No

If yes, please list those you belong to.

---

---

---

6. How long have you lived in your local area?

- |                   |       |   |
|-------------------|-------|---|
| Less than 1 year  | _____ | 1 |
| 1 – 3 years       | _____ | 2 |
| 4 – 6 years       | _____ | 3 |
| 7 – 9 years       | _____ | 4 |
| More than 9 years | _____ | 5 |

7. In which suburb do you live?

---

8. Do you speak a language other than English at home?

Yes

No

If yes, which other language (s) do you speak at home

---

---

9. Which year were you born in? 19\_\_

10. Don't ask this question – record the gender

Male

Female

**Thank you for answering my questions and I look forward to seeing you tomorrow.**



THE UNIVERSITY OF  
WESTERN AUSTRALIA

## **SOCIAL CAPITAL- A CASE STUDY OF A COMMUNITY WALKING GROUP**

**A joint project of: University of Western Australia - Fiona Bull - 9380 7814  
Eastern Perth Public and Community Health Unit - Chris Gillam -  
9224 1618**

**PO Box S1296, Perth WA 6845 Telephone (08) 9224 2869 Fax (08) 9224 1612**

11 November 1999

Dear

We are writing to thank you for contributing to our project and sharing with us your experiences on how the Lockridge Walking Group works. We really appreciated the time you gave us and your views and opinions were most valuable and vital in helping us to gain an insight into what resources and supports are required to support existing and future community walking groups, including the Lockridge Walking Group.

We have almost completed the data collection phase of the project and the information gathered to date is both rich and varied. We will be spending the next month or two analysing all the data collected and compiling a written report on the results of our investigation and the recommendations to emerge from this. We would welcome an opportunity to share this information with you. In the New Year we will be organising a morning tea to feedback to you our findings and to say thank you for your valued contribution. We will be in touch with you again in the New Year to confirm the date, time and venue.

Again, thank you very much. We have enjoyed working with you on this project and very much value the contribution that you have made.

Yours sincerely

Ms Simona Willis  
'Be Active Together' Project Officer

Ms Helena Iredell  
Project Officer

*The project is funded by Healthway (Western Australian Health Promotion Foundation)*



## **APPENDIX 2 – KEY INFORMANT INTERVIEWS**



THE UNIVERSITY OF  
WESTERN AUSTRALIA



Dr Fiona Bull, Ms Helena Iredell  
Department of Public Health, Nedlands 6907  
Telephone (08) 9380 7814

Ms Chris Gillam Telephone: (08) 9224 1618  
Ms Lisa Bayly Telephone: (08) 9224 1603  
Eastern Perth Public & Community Health Unit

**SOCIAL CAPITAL- A CASE STUDY OF A COMMUNITY WALKING GROUP**

A joint project of: University of Western Australia  
Eastern Perth Public and Community Health Unit

PO Box S1296, Perth WA 6845 Telephone (08) 9224 2869 Fax (08) 9224 1612

Name  
Address

22 September 1999

Dear

We are inviting you to take part in an interview to share your experiences on how the Lockridge Walking Group works. We can learn from your involvement with the walking group. The information will be helpful to other existing and future walking groups in the WA community.

The 'Be Active Together' Program and the Eastern Perth Public and Community Health Unit, in conjunction with the University of WA, are conducting this project to find out what resources and supports are needed to help existing and future community walking groups. We wish to find out what assistance and resources were given to the walking group. You have been identified as being involved in the establishment and/or maintenance of the Lockridge Walking Group. Your contribution to this program has been valuable and we would greatly appreciate your involvement in this project.

We understand there are many demands on your time. The interview will be done at a time and place convenient to you, and it will take 45 minutes. Would you please fill in the form, attached to this letter, indicating if you will be involved or not in the project, and return either by mail in the reply paid envelope or by fax on 9224 1612 to the Eastern Perth Public and Community Health Unit by **30 September 1999**.

If you wish to find out more about the project please call us and we would be more than happy to explain the project to you. Lisa Bayly can be reached on 9224 1603, or you can call Helena Iredell at the Eastern Perth Public and Community Health Unit on 9224 2869.

Walking is the most popular form of physical activity. Your views and opinions are most valuable and vital in building on the knowledge and practice in this area.

We look forward to speaking with you in the near future.

Yours sincerely

Lisa Bayly  
Senior Health Promotion Officer  
Eastern Perth Public & Community Health Unit

Helena Iredell  
Project Officer

*The project is funded by Healthway (Western Australian Health Promotion Foundation)*



## Acceptance Form

**Attention:** Helena Iredell  
**Fax:** 9224 1612  
**From:** \_\_\_\_\_  
**Subject:** Lockridge Walking Group

I would like to take part  (Tick one box)  
I would not like to take part

In the face-to-face interview on the Lockridge Walking Group  
the most convenient time to conduct the interview on is:

<b>Monday</b>	<input type="checkbox"/>	<b>Morning</b>	<input type="checkbox"/> (9 – 11am)
<b>Tuesday</b>	<input type="checkbox"/>	<b>Afternoon</b>	<input type="checkbox"/> (12pm – 4pm)
<b>Wednesday</b>	<input type="checkbox"/>		
<b>Thursday</b>	<input type="checkbox"/>		

**Preferred Venue:** \_\_\_\_\_  
(A quiet place at your office/ workplace or we can arrange a meeting place)

So we can contact you to confirm the interview time and venue and let you know if there are any changes, could you please provide us with the following information.

1. Your contact telephone number. ( ) \_\_\_\_\_
2. Your fax number ( ) \_\_\_\_\_
3. Your e-mail address \_\_\_\_\_

**Thank you for agreeing to participate in this project**  
**Please return this form in the reply paid envelope provided or fax to us on 9224 1612 by 30 September 1999.**

## Key informant interviews

### Key informants:

1. Lockridge Walking Group Leader since its inception in 1993
2. 'Be Active Together' project officer
3. City of Swan councillor (previously Shire President). Representative for Lockridge ward and BAT Member of Management committee
4. Swan Health Service Primary Health Care Manager and on the BAT Management Committee.
5. Swan Health Service Occupational Therapist at the Lockridge Community Health Centre where the LWG meet every fortnight.
6. Health Promotion Officer, Eastern Perth Public & Community Health Unit Led and supported the original formation of the LWG.

## Key Informant Interview schedule

### Introduction

The purpose of this interview is to discuss your role in the establishment and ongoing maintenance of the Lockridge Walking Group. We would like you to share your views on what were the important resources and supports that went into establishing the walking group, and what collaboration and ongoing assistance is needed to maintain the success of the walking group. This information will be helpful to other existing and future walking groups in the WA community.

So I do not miss any of our conversation today and can go back and examine the important points raised in the interview, I would like to tape record our interview. You will have an opportunity to read the report before it is finalised. All comments are confidential, your name will not be used, and the information will not be used for any other purpose. If you want to discontinue the interview at any point let me know and we will stop.

### 1. History of person's involvement with the LWG

- 1.1 Were you involved in the establishment of the LWG? How were you involved?  
What was the involvement of your organisation?  
What was the reason for becoming involved with the LWG?
- 1.2 What has been your involvement with the ongoing maintenance of the LWG?  
How does your organisation view its role in the ongoing support of the LWG?
- 1.3 Is this the first community group your organisation has been involved with?  
What type of community groups has your organisation involved with?  
Which of those groups have you work closely with?

*(Organisational role not relevant for walking group leader)*

### 2. Benefits of the LWG for the individual and community

- 2.1 In your opinion, what have been the benefits, if any, to the members of belonging to the LWG?
- 2.2 What do you think the walking group has given to the local community?

- 2.3 What has your organisation gained, if anything, from being involved in supporting the existence of the LWG?

**3. Inputs into the LWG by the organisations and the group members**

- 3.1 What did your organisation contribute to the establishment of the LWG?  
I am thinking of things like funding; resources, facilities for the LWG to use.  
(This will be relevant only to those involved from the beginning)
- 3.2 There have been several organisations involved in the supporting the LWG?  
They include Shire of Swan; Eastern Perth Public & Community Health Unit; Lockridge Community Health Centre; Swan Health Service.  
In your opinion, what did the other organisations contribute to the establishment of the LWG?
- 3.3 What does your organisation contribute to the continued support of the LWG?
- 3.4 What is the contribution of other participating organisations in maintaining the LWG?
- 3.5 How would you describe the contribution of group members in the formation and continuation of the walking group?
- 3.6 How much collaboration has there been between people and organisations in this project?
- 3.7 How is this collaboration achieved?
- 3.8 In thinking about what we have discussed, in your opinion, what are the critical factors in establishing and then maintaining a walking group?

**4. Processes**

**Key informants perception of how the LWG works as a group and as part of the community**

- 4.1 How would you describe the structure of the LWG? Formal or informal?
- 4.2 How would you describe the interaction of the group members?  
Do members help each other out, if there is a need?
- 4.3 Who do you think generally makes the decisions about the group's activities?
- 4.4 What do you think is the role of the leader in the walking group?  
What do you think would happen if the leader changed?
- 4.5 How do you think the group usually deals with differences of opinion?
- 4.6 How does the group deal with the differences in members' background?  
Prompt: I am thinking of things like cultural differences, language, age, interests
- 4.7 The LWG participates in other activities other than walking.  
Can you name some of these other activities?  
How do you think these come to be part of the LWG's activities.

- 4.8 In your opinion, what has the community gained from the LWG's involvement in these activities?
- 4.9 What do you see as the most important functions of the LWG?
- 4.10 Does your organisation communicate with the LWG?  
Who usually communicates with them and how?  
What is the main reasons for talking with the LWG?
- 4.11 Does the LWG ever contact your organisation?  
Who from the group makes the contact?  
Who would they normally speak to?  
How do they know who to speak to and do they understand what your organisation can or cannot help them with?
- 6. What are the barriers and obstacles in keeping the group going?**
- 6.1 From the point of view of your organisation, were there any obstacles / barriers to establishing the walking group? If so, what were they?  
Have these obstacles been overcome? How was this achieved?
- 6.2 What are the obstacles, if any, to keeping the LWG going?  
How can these be overcome?

**APPENDIX 3 – TELEPHONE SURVEY OF CURRENT AND  
PAST MEMBERS**

## CURRENT MEMBER LETTER OF INVITATION



THE UNIVERSITY OF  
WESTERN AUSTRALIA



Dr Fiona Bull, Helena Iredell  
Department of Public Health, Nedlands 6907  
Telephone (08) 9380 7814

Ms Chris Gillam Telephone: (08) 9224 1618  
Ms Lisa Bayly Telephone: (08) 9224 1603  
Eastern Perth Public & Community Health Unit

### SOCIAL CAPITAL- A CASE STUDY OF A COMMUNITY WALKING GROUP

A joint project of: University of Western Australia  
Eastern Perth Public and Community Health Unit  
PO Box S1296, Perth WA 6845 Telephone (08) 9224 2869 Fax (08) 9224 1612

Name

Address

20 October 1999

Dear Name

Thank you for coming to our discussion group on the Lockridge Walking Group. Your comments were most helpful and informative. I hope you also found the discussion interesting and you enjoyed getting together with other members for the morning. The remarks certainly have given the project team members much valuable information on setting up and running walking groups.

Soon we will be carrying out the short telephone survey, where we ask you to share your experiences as a member of the Lockridge Walking Group. The project wishes to find out what features of this group have been important to group members over time. Again we can learn from your experiences and the information provided will be helpful to existing and future walking groups in the WA community.

The 'Be Active Together' Program and the Eastern Perth Public and Community Health Unit, together with the University of WA, are conducting this project to find out what resources and supports are needed to help existing and future community walking groups.

**Each person who completes the telephone survey will have a chance to win one of three vouchers to a local restaurant to the value of \$50.**

Would you please fill in the form, attached to this letter, letting us know if you will be involved or not in the project, and return it in the envelope provided to the Eastern Perth Public and Community Health Unit by *Friday 29 October 1999*. This helps us carry out the telephone survey at a time most suitable to you.

If you are interested in finding out more about the project, please call us and we will be more than happy to explain the project to you. Unfortunately Simona Willis will be away until 25 October but you can call Helena Iredell at the Eastern Perth Public and Community Health Unit on 9224 2869.

We look forward to talking with you soon.

Yours sincerely

Ms Simona Willis  
'Be Active Together' Project officer

Helena Iredell  
Project Officer

*This project is funded by Healthway (Western Australian Health Promotion Foundation)*



## Acceptance Form

I would like to take part  (Tick one box)

I would not like to take part

in the telephone survey about the Lockridge Walking Group

### The most convenient time to call me to do the telephone survey is on

Please tick the boxes to let us know when will be the best time to call you.

We will be doing the survey between 10 November - 25 November.

<b>Monday</b>	<input type="checkbox"/>	<b>Morning</b>	<input type="checkbox"/> (9am – 12pm)
<b>Tuesday</b>	<input type="checkbox"/>	<b>Afternoon</b>	<input type="checkbox"/> (1pm – 3pm)
<b>Wednesday</b>	<input type="checkbox"/>	<b>Afternoon</b>	<input type="checkbox"/> (4pm – 6pm)
<b>Thursday</b>	<input type="checkbox"/>		
<b>Friday</b>	<input type="checkbox"/>		

Please fill in your details below, so we can keep in contact with you.

It will be kept confidential and only used by the project team.

1. Your name and current home address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Your contact telephone number.

( ) \_\_\_\_\_

**Thank you for agreeing to support this project.**

**Place the form in the envelope provided and mail back to us by  
Friday 12 November 1999.**

## PAST MEMBER LETTER OF INVITATION



THE UNIVERSITY OF  
WESTERN AUSTRALIA



Dr Fiona Bull, Helena Iredell  
Department of Public Health, Nedlands 6907  
Telephone (08) 9380 7814

Ms Chris Gillam Telephone: (08) 9224 1618  
Ms Lisa Bayly Telephone: (08) 9224 1603  
Eastern Perth Public & Community Health Unit

### SOCIAL CAPITAL- A CASE STUDY OF A COMMUNITY WALKING GROUP

A joint project of: University of Western Australia  
Eastern Perth Public and Community Health Unit  
PO Box S1296, Perth WA 6845 Telephone (08) 9224 2869 Fax (08) 9224 1612

Name

Address

19 October 1999

Dear Name

We are inviting you to take part in a short telephone survey to share your experiences as a member of the Lockridge Walking Group. The project wishes to find out what features of this group have been important to group members over time. We can learn from your experiences and the information provided will be helpful to existing and future walking groups in the WA community.

The 'Be Active Together' Program and the Eastern Perth Public and Community Health Unit, together with the University of WA, are conducting this project to find out what resources and supports are needed to help existing and future community walking groups. Your views and opinions are important and we would greatly value your involvement in this project.

**Each person who completes the telephone survey will have a chance to win one of three vouchers to a local restaurant to the value of \$50.**

Would you please fill in the form, attached to this letter, letting us know if you will be involved or not in the project, and return it in the envelope provided to the Eastern Perth Public Health Unit by *Friday 29 October 1999*. This helps us carry out the telephone survey at a time most suitable to you.

If you are interested in finding out more about the project, please call us and we will be more than happy to explain the project to you. Unfortunately Simona Willis will be away until 25 October but you can call Helena Iredell at the Eastern Perth Public and Community Health Unit on 9224 2869.

We look forward to talking with you soon.

Yours sincerely

Ms Simona Willis  
'Be Active Together' Project officer

Helena Iredell  
Project Officer

*This project is funded by Healthway (Western Australian Health Promotion Foundation)*



## Acceptance Form

I would like to take part  (Tick one box)

I would not like to take part

in the telephone survey about the Lockridge Walking Group

### The most convenient time to call me to do the telephone survey is on

Please tick the boxes to let us know when will be the best time to call you.

We will be doing the survey between 10 November - 25 November.

<b>Monday</b>	<input type="checkbox"/>	<b>Morning</b>	<input type="checkbox"/> (9am – 12pm)
<b>Tuesday</b>	<input type="checkbox"/>	<b>Afternoon</b>	<input type="checkbox"/> (1pm – 3pm)
<b>Wednesday</b>	<input type="checkbox"/>	<b>Afternoon</b>	<input type="checkbox"/> (4pm – 6pm)
<b>Thursday</b>	<input type="checkbox"/>		
<b>Friday</b>	<input type="checkbox"/>		

Please fill in your details below, so we can keep in contact with you.

It will be kept confidential and only used by the project team.

1. Your name and current home address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Your contact telephone number.

( ) \_\_\_\_\_

**Thank you for agreeing to support this project.**

**Place the form in the envelope provided and mail back to us by  
Friday 12 November 1999.**



THE UNIVERSITY OF  
WESTERN AUSTRALIA

Dr Fiona Bull, Helena Iredell  
Department of Public Health, Nedlands 6907  
Telephone (08) 9380 7814



Ms Chris Gillam Telephone: (08) 9224 1618  
Ms Lisa Bayly Telephone: (08) 9224 1603  
Eastern Perth Public & Community Health Unit

**SOCIAL CAPITAL- A CASE STUDY OF A COMMUNITY WALKING GROUP**

A joint project of: University of Western Australia and Eastern Perth Public and Community Health Unit  
PO Box S1296, Perth WA 6845 Telephone (08) 9224 2869

*Name*

*Address*

3 November 1999

Dear *Name*

As a past member of the Lockridge Walking group we are interested in your thoughts on how community walking groups can be improved. Your experience, both positive and negative, is important to us.

Recently we sent you an invite to take part in a short telephone survey to share your experiences as a past member of the Lockridge Walking Group. We have not heard back from you. Please fill in the attached form letting us know if you are willing to be involved in the project and return it in the reply paid envelope provided by **Friday 12 November 1999**.

**Each person who completes the telephone survey will have a chance to win one of three vouchers to a local restaurant to the value of \$50.**

This project is being conducted by the 'Be Active Together' Program, the Eastern Perth Public and Community Health Unit and the University of WA. We can learn from your experiences and the information provided will be helpful to existing and future walking groups in the WA community. If you are interested in finding out more about the project, please call Helena Iredell at the Eastern Perth Public and Community Health Unit on 9224 2869.

We look forward to talking with you soon.

Yours sincerely

Ms Simona Willis  
'Be Active Together' Project officer

Helena Iredell  
Project Officer

*This project is funded by Healthway (Western Australian Health Promotion Foundation)*



**Telephone Survey to Walking Group Members - current members**

ID No.

Name: \_\_\_\_\_

**Introduction**

Hello. Could I speak to (*Name of group member*) please.

Hello my name is \_\_\_\_\_ from the Eastern Perth Public & Community Health Unit. I am working with Helena Iredell on the LWG survey.

Thank you for sending back the letter and agreeing to be involved in this telephone survey. I am calling to do the survey now. It will take 20 mins to complete. Is this a convenient time?

Yes (*carry out the survey*)

No Can I arrange with you now a time that will be convenient to call you back to conduct the survey.

Day \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

The information from this survey will help us identify what features of the walking group have been important to you and how existing and future walking groups can be improved to make them appealing to community members as a form of physical activity.

\*\*\*\*\*

1. Can you recall where you first heard or read about the Lockridge Walking Group?

Yes

No

(If yes), where did you first hear or read about the Lockridge Walking Group?

Local community newspaper.....

Local noticeboard .....

Be Active Together newsletter.....

From a friend .....

From a partner/spouse .....

From the GP.....

From other health professional (Ask to specify) ...

\_\_\_\_\_

From the group leader (Dorothy) ...

Other (Ask to specify).....

2. Is this the first walking or exercise group you have ever joined?

Yes

No

(If no), what other walking or exercise group did you already belong to before joining this one?

(Name of walking group or exercise group)

\_\_\_\_\_

\_\_\_\_\_

3. Have you joined any other walking or exercise group since joining the Lockridge walking group?

Yes

No

(If yes), please list those you have you joined .....

.....

.....

Are any of these activities part of the Be Active Together Program?

(Place a tick next to those that are BAT activities)

4. When did you join the Lockridge Walking Group?

Month / year \_\_\_\_\_

Didn't know

5. On average, how often do you walk with the LWG?

Twice a week ..... 1

Once a week ..... 2

2 - 3 times a month ..... 3

Less than once a month ..... 4

Occasionally ..... 5

6. How often do you join the LWG in their other activities?

Almost always ..... 1

Most of the time ..... 2

Sometimes ..... 3

Not very often ..... 4

Occasionally ..... 5

Never..... 6

7. At the moment, do you think you will continue to be a member for the next 3 months?

Yes

No

8. I am now going to read you a series of statements and I would like you to tell me if they have been benefits to you of being a member of the Lockridge Walking Group. If you could answer yes, no or not sure to each statement.

I feel safe walking in a group.....	Y	N	NS
It helps me to do some physical activity / increase my fitness.....	Y	N	NS
I like the social activities it offers to members.....	Y	N	NS
I have Increased energy levels.....	Y	N	NS
My health has improved.....	Y	N	NS
I have a feeling of being accepted by the group.....	Y	N	NS
There is the social interaction opportunity and meeting people.....	Y	N	NS
Access to activities that otherwise I could not afford.....	Y	N	NS
Opportunity to go places I otherwise would not go.....	Y	N	NS
It helps me feel I am part of the local community.....	Y	N	NS
It gets me involved in local community activities.....	Y	N	NS
It helps me feel good about my community.....	Y	N	NS
I have a feeling of belonging to the group.....	Y	N	NS
There is support from others.....	Y	N	NS
I find out about other groups / activities.....	Y	N	NS
Same interests.....	Y	N	NS

Anything else (Ask to specify) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. We've talked about the benefits of the group for you, now I would like to ask you about how the LWG benefits the community?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Do you feel that being a member of the Lockridge Walking Group has affected your interest in being involved in community activities/ groups?

- Yes   
 No

(If yes) Is it greater or less than in the past?

- More .....1  
 Less .....2

11. In the past 12 months have you been involved in any local community activities such as:

Be Active Together activities

- Service club (such as Rotary; Lions)
- Church group
- School related groups
- Health support groups (e.g. Parkinson’s Support Group)
- Cultural group or association
- Local government
- Resident or community action group
- Social clubs / groups
- Any others
- None

12. Do you agree or disagree with the following statements  
(Scale - strongly agree 1 2 3 4 5 strongly disagree)

There is a sense of belonging amongst the group members	Strongly agree	1	2	3	4	5	Strongly disagree
If someone disagrees with other members of the group, they would feel free to say so	Strongly agree	1	2	3	4	5	Strongly disagree
Most group members are caring people	Strongly agree	1	2	3	4	5	Strongly disagree
Group members are willing to help each other out	Strongly agree	1	2	3	4	5	Strongly disagree
The multicultural mix among the group members, adds to the quality of the group.	Strongly agree	1	2	3	4	5	Strongly disagree
The members of the Lockridge Walking Group are involved in making decisions on the activities of the group.	Strongly agree	1	2	3	4	5	Strongly disagree
For the Lockridge Walking Group to run successfully it needs to have a group leader	Strongly agree	1	2	3	4	5	Strongly disagree
When needed, members of the Lockridge Walking Group can rely on the support and help of the Be Active Together project officer - Simona Willis	Strongly agree	1	2	3	4	5	Strongly disagree
When needed, members of the Lockridge Walking Group can rely on the help of local organisations.	Strongly agree	1	2	3	4	5	Strongly disagree
The Lockridge Walking Group is interested in helping in the local community	Strongly agree	1	2	3	4	5	Strongly disagree
The reputation of the walking group in the community is important to the group members	Strongly agree	1	2	3	4	5	Strongly disagree

13. What support does the LWG need from the Shire of Swan and Lockridge Community Health Centre to keep it going? Please rate how important each are to keeping the group going.  
(Scale - not important 1 2 3 4 5 very important)

Support of a project officer from the 'Be Active Together' Program	not important	1	2	3	4	5	very important
Having a 'Be Active Together' T-shirt to identify the group	not important	1	2	3	4	5	very important
Having materials that support the group's activities such as photocopying maps	not important	1	2	3	4	5	very important
Having a room where the group can meet	not important	1	2	3	4	5	very important
Having the opportunity to have morning tea after the walk	not important	1	2	3	4	5	very important
Local media attention on LWG activities	not important	1	2	3	4	5	very important
Having the 'Be Active Together' newsletter	not important	1	2	3	4	5	very important
Support from the Lockridge Community Health centre	not important	1	2	3	4	5	very important
The presence of the larger 'Be Active Together' program	not important	1	2	3	4	5	very important
Other (Ask to specify) _____	not important	1	2	3	4	5	very important

### Demographics

I would like to ask you some questions on your background, such as where you live, your employment and age. This information will help us to understand what type of people are in the walking group. If you are uncomfortable answering any of the following questions, let me know and we will move on to the next question.

14. How long have you lived in your local area?
- Less than 1 year ..... 1
  - 1 - 3 years ..... 2
  - 4 - 6 years ..... 3
  - 7 - 9 years ..... 4
  - More than 9 years ..... 5
15. What is the highest level of education you have completed?
- No formal schooling ..... 1
  - Primary school ..... 2
  - Secondary school ..... 3
  - TAFE course ..... 4
  - Trade or business training ..... 5
  - University degree or diploma ..... 6
  - Other Ask to specify)..... 7

16. Which of the following best describes your work activities for the last month?

- Working full time..... 1
- Working part time ..... 2
- Home duties ..... 3
- Student ..... 4
- Unemployed ..... 5
- Retired ..... 6
- Unable to work due to a disability ..... 7
- Other (Ask to specify)..... 8

17. Which language(s) do you speak at home

- Italian ..... 1
- Chinese ..... 2
- Cambodian ..... 3
- Indonesian ..... 4
- Greek ..... 5
- Polish ..... 6
- Vietnamese ..... 7
- French ..... 8
- Croatian ..... 9
- English..... 10
- Other (Ask to specify) ..... 11

18. Are you of Aboriginal or Torres Strait Islander descent?

- Yes
- No

19. Do you live alone?

- Yes
- No

20. Do you have children under 18 years of age?

- Yes
- No

(If yes), how many under school age

how many school age to 18 years

21. Which year were you born in?

19\_\_

22. Don't ask this question - record the gender

- Male
- Female

**Thank you for your help in completing this survey!**

# Telephone Survey to Walking Group members - past members

ID No.   
Name \_\_\_\_\_

## Introduction

Hello. Could I speak to (*Name of group member*) please.

Hello my name is \_\_\_\_\_ from the Eastern Perth Public & Community Health Unit. I am working with Helena Iredell on the LWG survey.

Thank you for sending back the letter and agreeing to be involved in this telephone survey. I am calling to do the survey now. It will take 20 mins to complete. Is this a convenient time?

Yes (*carry out the survey*)

No Can I arrange with you now a time that will be convenient to call you back to conduct the survey.

Day \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

The information from this survey will help us identify what features of the walking group have been important to you and how existing and future walking groups can be improved to make them appealing to community members as a form of physical activity.

\*\*\*\*\*

1. Can you recall where you first heard or read about the Lockridge Walking Group?

Yes

No

(If yes), where did you first hear or read about the Lockridge Walking Group?

Local community newspaper.....

Local noticeboard .....

Be Active Together newsletter.....

From a friend .....

From a partner/spouse .....

From the GP

From other health professional (Ask to specify) ...

From the group leader (Dorothy) ...

Other (Ask to specify).....

2. Was this the first walking or exercise group you had ever joined?

Yes

No

(If no), what other walking or exercise group did you already belong to before joining this one?

(Name of walking group or exercise group)

\_\_\_\_\_

\_\_\_\_\_

3. Have you joined any other walking or exercise group since joining the Lockridge walking group?

Yes

No

(If yes), please list those you have you joined .....

.....

.....

Are any of these activities part of the Be Active Together Program?  
*(Place a tick next to those that are BAT activities)*

4. How long were you a member of the Lockridge Walking group?
- |                          |   |
|--------------------------|---|
| Less than 6 months ..... | 1 |
| 6 months - 1 year .....  | 2 |
| 2 - 3 years .....        | 3 |
| 4 - 5 years .....        | 4 |

5. When did you leave the Lockridge Walking Group?
- Month / year .....
- Didn't know

6. What was the main reason for leaving the Lockridge Walking Group  
*(Circle reasons - write their response below if it is not one of the above options)*

- |  |   |
|--|---|
| I don't have the time .....                | 1 |
| Health reasons .....                       | 2 |
| Gone back to work .....                    | 3 |
| Caring for children .....                  | 4 |
| Taking children to school.....             | 5 |
| Caring for an adult relative.....          | 6 |
| Didn't enjoy walking .....                 | 7 |
| Didn't like some aspect of the group ..... | 8 |
| Didn't want to say .....                   | 9 |

Other ..... 10

.....

.....

.....

Prompt: (If they give 7,8,9 as the reason - prompt...)  
 Was there some aspect of the group you were unhappy with?  
 If yes, What was it that you did not like?

.....

.....

7. When you were a member, how often did you walk with the LWG?
- |                              |   |
|------------------------------|---|
| Twice a week .....           | 1 |
| Once a week .....            | 2 |
| 2 - 3 times a month .....    | 3 |
| Less than once a month ..... | 4 |
| Occasionally .....           | 5 |

8. When you were a member, how often did you join the LWG in their other activities?

Almost always .....	1
Most of the time .....	2
Sometimes .....	3
Not very often ... ..	4
Rarely .....	5

9. I am now going to read you a series of statements and I would like you to tell me if they were benefits to you by being a member of the Lockridge Walking Group. If you could answer yes, no or not sure to each statement.

I feel safe walking in a group.....	Y	N	NS
It helps me to do some physical activity / increase my fitness.....	Y	N	NS
I like the social activities it offers to members.....	Y	N	NS
I have Increased energy levels.....	Y	N	NS
My health has improved.....	Y	N	NS
I have a feeling of being accepted by the group.....	Y	N	NS
There is the social interaction opportunity and meeting people.....	Y	N	NS
Access to activities that otherwise I could not afford.....	Y	N	NS
Opportunity to go places I otherwise would not go.....	Y	N	NS
It helps me feel I am part of the local community.....	Y	N	NS
It gets me involved in local community activities.....	Y	N	NS
It helps me feel good about my community.....	Y	N	NS
I have a feeling of belonging to the group.....	Y	N	NS
There is support from others.....	Y	N	NS
I find out about other groups / activities.....	Y	N	NS
Same interests.....	Y	N	NS
Anything else (Ask to specify) .....			
.....			
.....			
.....			

10. We've talked about the benefits of the group for you, now I would like to ask you about how the LWG benefits the community?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Do you feel that having been a member of the Lockridge Walking Group has affected your interest in being involved in community activities/ groups?

- Yes
- No

(If yes) Is it greater or less than in the past?

- More.....1
- Less.....2

12. In the past 12 months have you been involved in any local community activities

such as:

- Be Active Together activities
- Service club (such as Rotary; Lions)
- Church group
- School related groups
- Health support groups (e.g. Parkinson’s Support Group)
- Cultural group or association
- Local government
- Resident or community action group
- Social clubs / groups
- Any others
- None

13. Do you agree or disagree with the following statements  
(Scale - strongly agree 1 2 3 4 5 strongly disagree)

There was a sense of belonging amongst the group members	Strongly agree	1	2	3	4	5	Strongly disagree
If someone disagreed with other members of the group, they felt free to say so	Strongly agree	1	2	3	4	5	Strongly disagree
Most group members were caring people	Strongly agree	1	2	3	4	5	Strongly disagree
Group members were willing to help each other out	Strongly agree	1	2	3	4	5	Strongly disagree
The multicultural mix among the group members, added to the quality of the group.	Strongly agree	1	2	3	4	5	Strongly disagree
The members of the Lockridge Walking Group were involved in making decisions on the activities of the group.	Strongly agree	1	2	3	4	5	Strongly disagree
For the Lockridge Walking Group to run successfully it needed to have a group leader	Strongly agree	1	2	3	4	5	Strongly disagree
When needed, members of the Lockridge Walking Group could rely on the support and help of the Be Active Together project officer - Simona Willis	Strongly agree	1	2	3	4	5	Strongly disagree
When needed, members of the Lockridge Walking Group could rely on the help of local organisations.	Strongly agree	1	2	3	4	5	Strongly disagree
The Lockridge Walking Group was interested in helping in the local community	Strongly agree	1	2	3	4	5	Strongly disagree
The reputation of the walking group in the community was important to the group members	Strongly agree	1	2	3	4	5	Strongly disagree

14. What support did the LWG need from the Shire of Swan and Lockridge Community Health Centre to keep it going? Please rate how important each are to keeping the group going.  
(Scale - not important 1 2 3 4 5 very important)

Support of a project officer from the 'Be Active Together' Program	not important 1 2 3 4 5 very important
Having a 'Be Active Together' T-shirt to identify the group	not important 1 2 3 4 5 very important
Having materials that support the group's activities such as photocopying maps	not important 1 2 3 4 5 very important
Having a room where the group could meet	not important 1 2 3 4 5 very important
Having the opportunity to have morning tea after the walk	not important 1 2 3 4 5 very important
Local media attention on LWG activities	not important 1 2 3 4 5 very important
Having the 'Be Active Together' newsletter	not important 1 2 3 4 5 very important
Support from the Lockridge Community Health centre	not important 1 2 3 4 5 very important
The presence of the larger 'Be Active Together' program	not important 1 2 3 4 5 very important
Other (Ask to specify) _____	not important 1 2 3 4 5 very important

### Demographics

I would like to ask you some questions on your background, such as where you live, your employment and age. This information will help us to understand what type of people are in the walking group. If you are uncomfortable answering any of the following questions, let me know and we will move on to the next question.

15. How long have you lived in your local area?
- |                         |   |
|-------------------------|---|
| Less than 1 year .....  | 1 |
| 1 - 3 years .....       | 2 |
| 4 - 6 years .....       | 3 |
| 7 - 9 years .....       | 4 |
| More than 9 years ..... | 5 |

16. What is the highest level of education you have completed?

---

No formal schooling .....	1
Primary school .....	2
Secondary school .....	3
TAFE course .....	4
Trade or business training .....	5
University degree or diploma .....	6
Other Ask to specify).....	7

17. Which of the following best describes your work activities for the last month?

Working full time.....	1
Working part time .....	2
Home duties .....	3
Student .....	4
Unemployed .....	5
Retired .....	6
Unable to work due to a disability .....	7
Other (Ask to specify).....	8

18. Which language(s) do you speak at home

Italian .....	1
Chinese .....	2
Cambodian .....	3
Indonesian .....	4
Greek .....	5
Polish .....	6
Vietnamese .....	7
French .....	8
Croatian .....	9
English.....	10
Other (Ask to specify) .....	11

19. Are you of Aboriginal or Torres Strait Islander descent?

- Yes
- No

20. Do you live alone?

- Yes
- No

21. Do you have children under 18 years of age?

- Yes
- No

(If yes), how many under school age

how many school age to 18 years

22. Which year were you born in?

19\_\_

23. Don't ask this question - record the gender  
Male   
Female

**Thank you for your help in completing this survey!**