

Experiences and strategies influencing older adults to continue playing walking football

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Experiences and strategies influencing older adults to continue playing walking football

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4

5 **Abstract**

6 Adults aged 55+ are most likely to be inactive, despite research suggesting older adults
7 experience multiple benefits when participating in physical activity and sport. Limited
8 research focuses on long-term continuation of sport participation in this population,
9 especially in 'adapted sports' like walking football. This study explored experiences of
10 walking football maintenance in 55- to 75- year-old players. Semi-structured interviews were
11 conducted with 17 older adults maintaining walking football play over six months. Inductive
12 analysis revealed five higher-order themes representing maintenance influences, and two
13 higher-order themes relating to maintenance mechanisms (i.e., the conscious process by
14 which players maintain). Influences when maintaining walking football included individual-
15 level and culture-level influences (e.g. perceived benefits of maintenance and ability
16 acceptance). Maintenance mechanisms included cognitions and behaviours (e.g., scheduling
17 sessions and redefining physical activity expectations). Findings highlight novel implications
18 for policy and practice, which are important to consider when delivering walking football to
19 older adults.

20 *Keywords:* older adults, football, soccer, behaviour change, maintenance, qualitative
21 methods, interviews
22

Literature Review

Within the United Kingdom (UK), adults reaching 65 years and older are expected to reach a quarter of the population by 2046 (Randall, 2017). It has been reported that 2.8 million people aged over 65 years will need nursing and social care by as soon as 2025. This subsequently suggests the need for a considerable increase in funding to provide care needs, and poor health markers having an increased impact on public health services in the United Kingdom (Guzman-Castillo et al., 2017). It has been suggested that physical activity (PA) can improve physiological markers and provide a lower risk of all-cause mortality (Rezende et al., 2014), alongside potential psychological benefits in older adulthood, such as increased memory performance (Chapman et al., 2013). However, reports by sporting bodies such as Sport England suggest that older adults are less likely to be active, with 42% of those over the age of 55 leading inactive or sedentary lives, compared with 29% of the general population (Sport England, 2018). Additionally, it has been reported that older adults struggle to maintain moderate to vigorous PA after completing a 24-week program (Kendrick et al., 2018). Research therefore needs to consider how to encourage long-term participation in groups who are the least likely to continue participation over time. Research in older adults has found environmental barriers to PA (e.g., access to facilities) links to lower PA levels in those with lower socioeconomic status (SES), alongside individual barriers such as health concerns (Franco et al., 2015; Stalsberg & Pedersen, 2018). Therefore, finding ways to engage adults in activity as they reach later life is important to increase physical and mental health markers, reduce care needs and improve overall health-related quality of life (McPhee et al., 2016).

Sport participation in older adulthood is an alternative option to conventional forms of PA advertised to older adults, such as brisk walking, water aerobics or dancing (National Health Service, 2019). Sport participation or 'SP' is defined by Gayman and colleagues

(2017) as “activities which involve training or competition with some level of physical intensity or organisation” (p.175). Research suggests many physical and psychological benefits to SP in older adulthood, for example, reports of less sedentary time, increased cognitive flexibility, and acceptance of aging processes (Gard et al., 2017; Gayman et al., 2017; Heo et al., 2013; Pesce & Audiffren, 2011). Nonetheless, SP sees the biggest decline over the life span and has been found to progressively decline compared with other activities, such as walking for health (McPhee et al., 2016). Similar patterns of SP have also been seen in other countries, where sport participation declines with increasing age (Eime et al., 2016). To help understand how to offset the decline in SP in older adulthood, research within the field of behavioural psychology has begun to explore the determinants and barriers associated with SP. Studies have found multiple factors related to participation in sport, including previous sporting experience, physical health state and accessibility to sporting facilities (Jenkin et al., 2017). Notable barriers to SP include a lack of sporting opportunities for those reaching older age, and a lack of awareness about available sport programs for older populations (Jenkin et al., 2018). Research exploring how best to increase levels of inclusive sport and appropriate playing opportunities for older adults is needed (Jenkin et al., 2018).

Adapted sports are defined as activities that are directed at those “who require adaptation for participation in the context of physical activity” (Carlier et al., 2016, p.351). Mainstream sports that have a level of adaptation, such as handicapping within golf, have been highlighted in previous research as providing a means for older adults to stay involved in sports as they age (Stenner et al., 2016). Approximately 40,000 people across the UK are estimated to take part in walking football, an example of an adapted sport (Lloyd, 2019). Further research is starting to uncover the psychological and physiological benefits that are seen when playing such sports in older age. A recent report exploring the benefits of another walking sport, walking basketball, highlighted the importance of competition for the

participants' enjoyment of the sport, alongside modifications to the sport to suit player capabilities (Jenkin et al., 2018). Research has started to explore physical benefits arising from walking football, for example significant reductions in body fat and time to volitional exhaustion (Arnold et al., 2015), alongside psychological aspects such as enjoyment and forming new social connections (Reddy et al., 2017). The availability and choice of walking football sessions, and the acceptance of all ability levels (regardless of injury or health conditions) were also reported by participants as contributing influences when initiating walking football in the first six months of play (Cholerton et al., 2020). Conversely, negative experiences were also reported, relating to injuries or health conditions preventing play, and the experiences of wider football culture, especially in the availability and promotion of women's walking football (Cholerton et al., 2020). Collectively, research to date has highlighted the positive potential of walking football for older adults, but less is known about experiences of older adults considered to be continuing, or 'maintaining' a sport, especially adapted sports, such as walking football.

Maintenance of a health behaviour has been defined as a “sustained behavior during the period of observation that meets a threshold believed to be necessary to improve health or wellbeing within a given population” (Seymour et al., 2010, p.667). The concept of maintenance was first introduced in theories such as self-determination theory (SDT) and social cognitive theory (Bandura, 1977; Ryan & Deci, 2000), preceding later theories concerning maintenance. Later theories include the Model of Behaviour Maintenance and Habit Formation (Rothman, 2000; Rothman et al., 2009; Lally & Gardner, 2013), where maintenance is driven by the satisfaction of the behaviour change created during initiation, through reflective processes such as comparisons and shifting expectations, and automatic ‘habit’ forming processes such as repeated performance of ‘healthful responses’. Despite a large body of research focusing on maintenance of health behaviours, many theories were not

intended to focus on PA behaviour change specifically, and many non-PA theoretical frameworks assist with intervention development (Hutchison et al., 2013). The generalisability of these theories therefore still requires testing and it has been suggested that predictions and theoretical explanations of maintenance should be tested across a variety of contexts and populations (White et al., 2016). Research has suggested that understanding maintenance of health behaviours holds importance, due to the health benefits seen after making positive lifestyle changes over a long period of time. Long-term health benefits of PA and sport are seen when older adults commit to activities for more than 6 months. Such benefits include elevated cardiovascular reserve and skeletal muscle adaptations, alongside reduced psychological distress (Awick et al., 2017; Laitakari et al., 1996; Roberts et al., 2017). In addition, maintenance strategies, such as the relapse-prevention model, have been linked to PA adherence (Kahn et al., 2002). Lifestyle change is normally said to reach the maintenance stage from six to eight months after adopting the behaviour (Lally et al., 2010).

Differences between the initiation and maintenance phases of lifestyle change have been identified in PA research and theory, highlighting different factors and mechanisms present at different stages of lifestyle change (van Stralen et al., 2010; Voils et al., 2014). Different factors in initiation, such as perceived access to facilities and functional limitations were not identifiable in maintenance, where other factors such as enjoyment of PA and having a sports partner were more prevalent (van Stralen et al., 2010). This suggests that initiation and maintenance may be considered as distinct phases in lifestyle change. Moreover, previous research examining SP specifically has focused on participation as a whole (Jenkin et al., 2017, 2018), with less focus on participant experiences and influences of SP initiation and maintenance. Therefore, it is essential to explore factors that increase the likelihood of increased maintenance to adapted sports and how this might be different from the initiation phase, which may require different behaviour change techniques or

interventions. Exploring the experiences of initiation and maintenance of adapted sports like walking football can inform the development of effective interventions aimed at encouraging older adults to continuing to play for longer.

This literature review highlights the state of PA and SP in older adults, and the benefits that these activities offer to older adults when continuing to play long term. However, limited research focuses on maintenance of sport participation in this population, especially in 'adapted sports' like walking football. The aim of this study was to build on previous research exploring initiation experiences in 55- to 75-year-old adults playing walking football, and qualitatively explore participant experiences of continuing to play walking football long term.

Methods

Research Paradigm

As limited research has been conducted to understand older adults' maintenance experiences in adapted sport, qualitative enquiry was used to explore and address the research question (Braun & Clarke, 2006; Clarke & Braun, 2013). An inductive, data-driven approach to answering the research question was used, due to the limited research in this area and to allow novel data to emerge in this context (Hilton & Johnston, 2017; Laverack, 2017; Ogden, 2016). The study design was guided by underpinning principles of phenomenological research (Groenewald, 2004; O'Halloran et al., 2018), defined as "understanding social and psychological phenomena from the perspectives of people involved" (Groenewald, 2004, p.44).

Participants

Participants were recruited as part of a larger study exploring initiation and maintenance experiences of walking football, and were interviewed in two parts, the first part exploring

initiation (Cholerton et al., 2020) and the second part exploring maintenance. This paper reports the findings from part two only. The participants were recruited from different walking football clubs across the UK. Participants were screened prior to data collection to ensure they met the inclusion criteria for the study. Inclusion criteria specified participants fell within the bracket of 55-75 years of age. Participants were required to have played walking football for 6 months or more, to ensure participants satisfied the minimum term of maintenance (Lally et al., 2010; van Stralen et al., 2009). Participant recruitment took place through visiting local football clubs, as well as promoting the study via social media channels.

Participant demographics

In total, 17 participants were interviewed (nine male, eight female). Participants were aged between 55 and 71 years (Mean age = 64 years). Eleven participants had been playing walking football for less than two years at time of interviewing, five participants taking part between two and five years, and one participant taking part for over five years. Fifteen participants had over ten years of experience participating in sport across their lives, with two female participants having two to five years of sporting experience. Participants interviewed were from a range of clubs from areas representing different SES levels. SES was determined by the English indices of deprivation (Department for Communities and Local Government, 2015) and Scottish Index of Multiple Deprivation (Scottish Government, 2016). Five participants played at a club located in an area containing the 20% least deprived population in the UK (high SES), five participants from a club located in an area containing the 40% most deprived UK population (middle SES), and seven participants from a club located within an area containing the 20% most deprived UK population (low SES).

1 Interview Guide Design

2 The interview guide was developed acknowledging the research aims, as well as
 3 taking into account a review of previous literature within the area of SP (Heo et al., 2013;
 4 Simkin & Gross, 1994; Stenner et al., 2016). The interview guide used semi-structured, open
 5 questions, addressing areas such as breaks in play, factors motivating continued participation
 6 and what may cause long-term breaks from walking football. Example questions from the
 7 interview included; *"Tell me about a time you have taken a break in playing walking*
 8 *football"*, *"What are the most important things about walking football that motivate you to*
 9 *continue to participate?"*, and *"What might make you completely stop playing walking*
 10 *football in the future?"*. Follow-up questions (Roulston, 2012) were also used, to attribute
 11 meaning to answers and assist participants with recall when being interviewed (McKenna et
 12 al., 2004; Wenger, 2011). These included, for example; (when discussing factors relating to
 13 continued participation) *"Why is/are that/they most important to you?"* and *"What*
 14 *encourages you to continue playing even when you don't feel like it?"* Prior to data collection,
 15 a pilot interview was conducted with an older-aged adult. The pilot interview highlighted
 16 small, administrative changes to the study, for example rewording of certain language and
 17 using lay language (for example, 'staying in the sport' instead of 'maintenance') when asking
 18 interview questions.

19 Procedure

20 Ethics approval was obtained from Sheffield Hallam University Research Ethics
 21 Committee (May 2018). One-to-one interviews took place via face-to-face and telephone
 22 with the lead researcher, who had no prior relationship to the participants interviewed. The
 23 interviews were recorded using a digital sound recorder. Telephone interviews were chosen
 24 to reach participants from diverse locations across the UK. Before interviews, participants
 25 received an information sheet and a participant consent form, where informed consent was

received via writing or recorded verbal consent, in the case of telephone interviews. Participants also completed a brief demographic questionnaire before the interview, either on paper if the interview was face to face, or communicated verbally before the interview if by telephone. This allowed the researcher to obtain further demographic information from the participants (age, gender, sporting experience, and time playing walking football). Club locations have not been disclosed to ensure participant anonymity in line with General Data Protection Regulation (GDPR) guidelines. Participants were offered the opportunity to fill out a lifegrid (a hard-copy or digital grid, detailing prevalent years relating to previous and current sport participation, ages they started sports, and any life events which coincided with sport participation) in order to help improve recall (Parry et al., 1999), however no participants chose to utilise this. The mean interview time was 27 minutes. Where possible, 'memoing' was used by the researcher where possible whilst the interviews were taking place, to collect any useful reflections on the interview that may not have been explicit on the interview file (Miles & Huberman, 1994). Participants were debriefed immediately following the interview and offered the chance to email or contact the researcher regarding the study or provide any information they had not discussed within the interview. All participants were contacted and offered the chance to read transcripts as part of member checking (Birt et al., 2016); four participants confirmed reading transcripts with no changes to be made, with the others participants not responding to the email with any changes to be made.

Data Analysis

Interviews were transcribed verbatim by the lead author with Microsoft Word and Audio Notetaker, and after all transcripts had been completed, personal details were removed from transcripts to protect participant anonymity. Once all data from recordings were transcribed, transcripts were read multiple times, allowing for immersion in the data (Miles & Huberman, 1994). The lead author coded the interviews using the NVivo software package

(QSR International Pty Ltd, Version 11, 2017, Burlington, MA, USA). An inductive thematic approach was implemented when coding raw data, allowing for novel themes to emerge from the data collected (Braun & Clarke, 2006; Thomas, 2006). A pre-given framework was not assigned to the findings, in line with principles of phenomenology and to allow for a rich and in-depth account of individual experiences (O'Halloran et al., 2018). Peer consultation of the data took place with another researcher within the field of behavioural psychology. The second researcher independently read through transcripts and codes determined by the initial researcher were checked accordingly. Discussions between the two researchers resolved any coding differences which occurred. Seventeen interviews were analysed and transcribed. Additional discussion of the themes and subthemes took place within the wider research team of psychologists, all with expertise in qualitative research and sport and exercise psychology, in order to reach agreement of the themes and to maintain analytic rigour (Tracy, 2010).

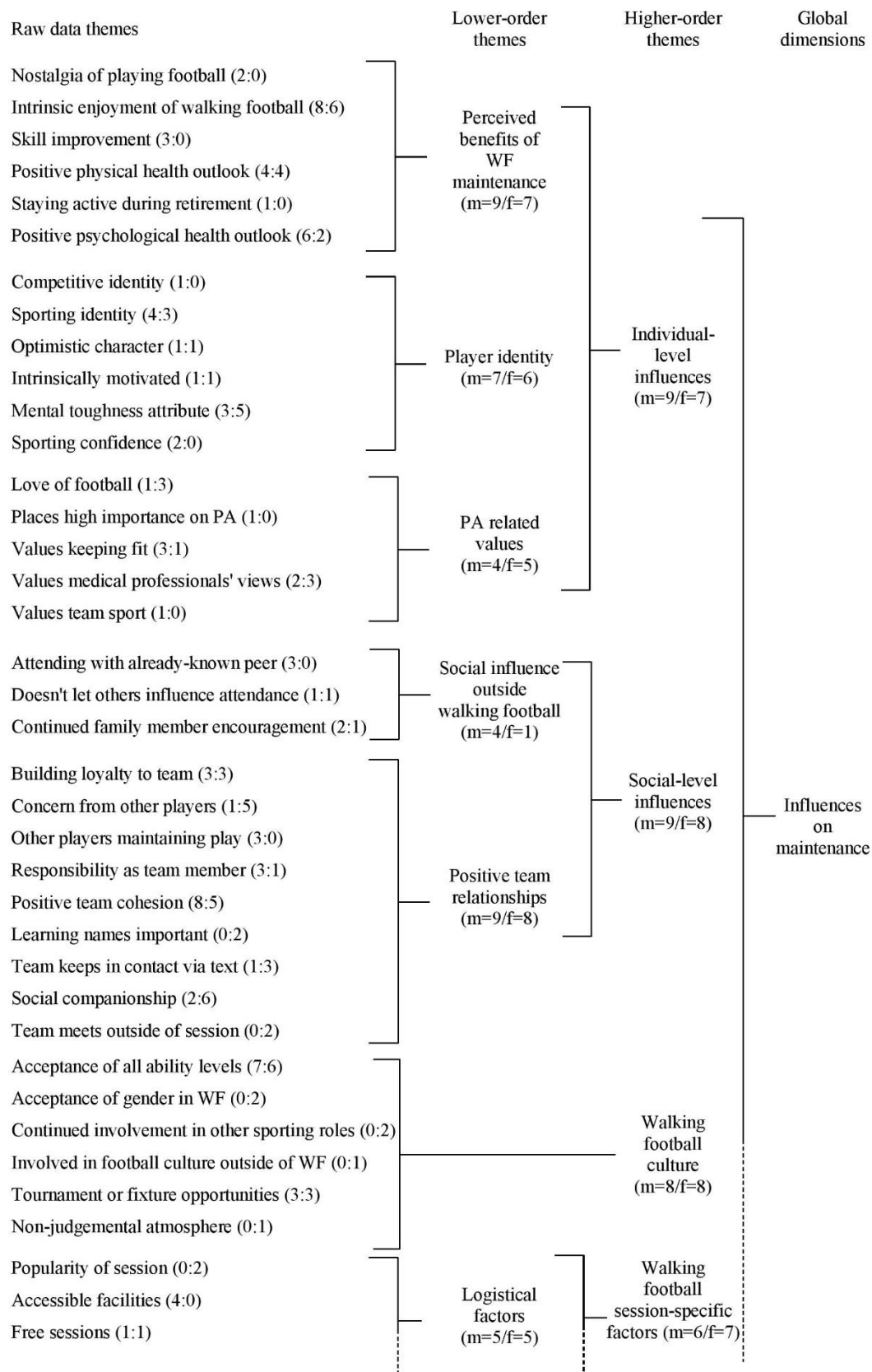
Findings

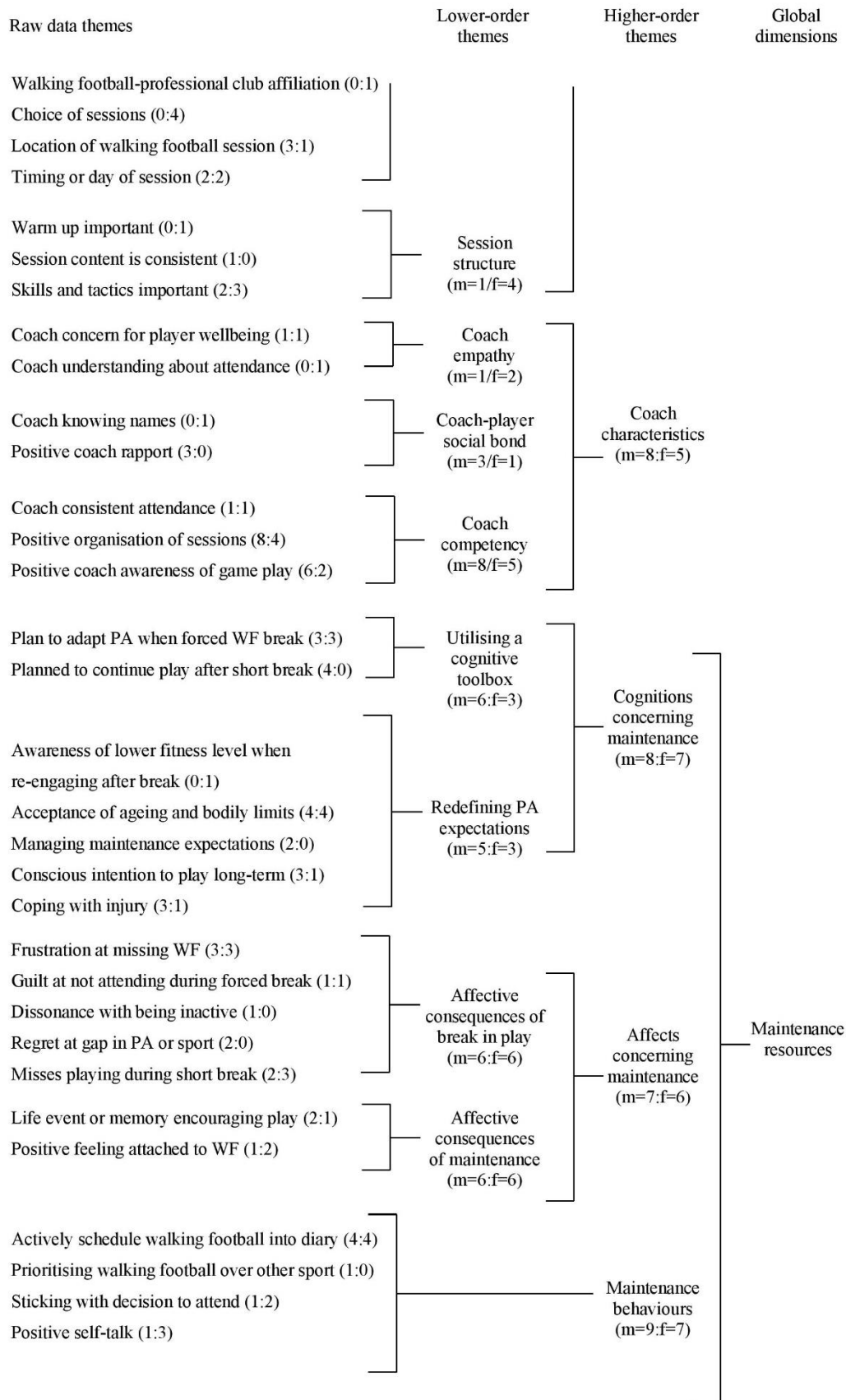
Identified Themes

A total of 114 raw-data themes emerged from the analysis of the data. Further analyses of the raw-data themes revealed five higher order and 10 lower order themes that collectively represented influences involved in participants' walking football maintenance. Two higher order and four lower order themes represented the global dimension concerning mechanisms related to maintenance. The full analysis of higher order, lower order and raw data themes can be seen in Figure 1. Each of the higher order themes will be explained in detail below and where subtle differences arose between genders and those from different socio-economic areas, these have been noted within the relevant theme. Within the figures provided, the gender split of each raw data theme has been recorded (e.g., 4:4, male to female

1 respectively). Verbatim quotes are provided to demonstrate themes and are labelled with a
 2 player pseudonym, gender (e.g., M = male / F = female) and player age (e.g., 65).

3





Influences on Maintenance

Higher order themes related to influences on walking football maintenance, which were aspects of a participant's life believed to encourage walking football for those continuing to play after six months. These included individual-factor influences, social-factor influences, walking football culture, walking football session-specific factors, and coach characteristics.

Individual-level influences. This higher order theme consisted of three lower order themes: perceived benefits of walking football maintenance, player identity and PA related values. A positive physical and psychological health outlook was prominent amongst participants, and whilst both male and female participants acknowledged the physical benefits of taking part in the sport, noticeably more male participants reported the psychological benefits related to walking football play. One participant discussed that walking football served as a respite from daily life, stating "yeah, you don't have anything else on your mind for that hour. No matter what's going on in your life." (William, M, 64). The intrinsic enjoyment (i.e inherent enjoyment, rather than enjoyment for a particular outcome) of walking football was also important to two-thirds of participants, with one participant explaining that she never felt as though she did not want to attend football sessions, unlike more conventional types of exercise:

When you question not going, sometimes I think oh no I'm not looking forward to this boot camp on Thursday, I never ever have that on the Monday or the Friday at football (Nina, F, 60)

Participants also reported that a strong sporting identity encouraged them to maintain play, with a large proportion of participant interviews reporting many years of sport involvement. One participant stated "I've always done something sporty. You know, almost always, apart from a gap when I hurt my back and I couldn't. So, there's always something that says you

know, I want to do something, I want to do something" (Theo, M, 62). Experiences related to the player's ability to persist, and manage setbacks and adverse situations (i.e. mental toughness) was reported by approximately half the participants interviewed, which encouraged maintenance and helped overcome barriers to participation on a weekly basis. Many participants claimed that they did not avoid sessions due to bad weather, with one participant saying that they have "been out there in the rain before now, and played football and loved it and thinking yes, you know I ain't frightened of rain" (Heather, F, 58).

Long-term values and perceptions participants held around sport, health and exercise were also discussed as influential on maintenance. Overall, values relating to maintenance included the love of football. One participant expressed that "I love five a side and this [walking football] is to me my five a side now" (Jim, M, 61). In addition, many participants from varying SES levels valued medical professionals' views on PA and sport, with some participants discussing that they would take medical professional recommendations seriously and consider ceasing walking football play if their doctor advised against playing walking football:

I mean up till now, I've mentioned it to my doctors and what have you when I've been to whatever, they've been like oh no that's great, yes brilliant, exercise good for you, so. I think until somebody tells me you can't do that anymore then I'm gonna do it.
(Alice, F, 65)

Social-level influences. Two lower order themes were identified as social-level influences on walking football maintenance: social influence outside walking football and positive team relationships. Positive encouragement from peers outside of walking football was believed to facilitate maintenance, and family members were also reported to actively encourage participants to maintain behaviour. One participant discussed her relative's positive influence on attending walking football sessions, stating that "I think sometimes you

do feel tired but then sometimes I even hear my sister's voice... you know because it's um, once you get out there, you get going again" (Heather, F, 58). Some participants also felt that attending walking football sessions with a peer encouraged maintenance, with one participant discussing the influence his friend had on sporting activities throughout their lifetime:

I've known [friend] um, thirty odd years, our wives used to work together, kids are same age, they grew up knowing each other so, you know there's a lot of interplay or whatever, and we just go, we are different people without a doubt but um, he's a bit older than me but um, we just do things whatever, we've played tennis in the past together, we've played cricket probably about three or four times together, um, but you know, it just works somehow. (Theo, M, 62)

Nevertheless, despite this support from family and peers, the majority of participants discussed the importance of team relationships. Positive team cohesion was discussed by over two thirds of participants interviewed, particularly the camaraderie of the teams and encouragement given between team members, as well as one participant mentioning that "You feel as though you're part of a football team" (Charles, M, 71). Female participants also highlighted the support and specifically the concern from other members of the team if they had missed a session or injured themselves in play, as highlighted by one participant:

You have the caring side where [name], I mean I don't think I've experienced it myself but she got a really bad cramp...and she could not get her knee back but, they all stopped and you have about four or five of them round her trying to help her and comfort her (Anna, F, 61).

Male participants also reported team connections, however discussions focused more on loyalty and responsibility which aided maintenance in walking football for some participants. One participant talked of the responsibility to turn up so teams can be made up to play games, "just because I don't feel like it, it's not an excuse." (Frank, M, 65).

Walking football culture. This higher order theme related to the culture surrounding walking football which influenced participants' continued engagement in the sport. Many participants described the acceptance of all ability levels within the club and one participant discussed working with others with varying mental and physical conditions:

For me the important thing about those sessions is giving people who wouldn't normally get the chance to play at all, the opportunity to play, I mean there's one guy there who's got dementia, you know we don't change over at half time because it adds another aspect that you've got to focus on (Alice, F, 65)

Additionally, many participants were encouraged by the club providing opportunities to play in fixtures or tournaments. Several participants highlighted tournaments as an opportunity to bond with team members of all abilities, and participants expressed a general level of acceptance and team cohesion even if games were lost, "so long as we played our best as a team" (Jim, M, 61). One female participant also mentioned the positive nature of tournaments in relation to self-confidence and cultivating team connections:

I never would have even contemplated doing [a tournament], but you know things like that, doing the football tournament to Spain, you know, I was the only woman in a bunch of like, 15 blokes, you know what, so what?... I tried, a couple in my closer friends from football were there and, you know it was great. (Alice, F, 65)

Walking football session-specific factors. This higher order theme consisted of two lower order themes, relating to logistical factors and session structure. Within the lower order theme of logistical factors, accessible and free sessions for those who may not be able to afford weekly sessions were discussed by some participants of varying SES levels, as well as female participants discussing the choice of sessions as being an important factor. One participant discussed the benefit of having access to multiple sessions, with different groups for different ages:

1 There's so many different sessions that, not particularly different abilities but
 2 different age groups, to be able to, participate so, say, if, they've got an over 50s
 3 group, and I can go and play in that, just because it says over 50s, and you're over 60
 4 doesn't mean you can't go to us, so it's such a great mix (Nina, F, 60)

5 In terms of the walking football session structure, both male and female participants
 6 discussed the ability to practice skills and tactics within sessions. One participant discussed
 7 that skills and tactics were only weaved into sessions when attendance had dropped, for
 8 example, over summer months when participants went away on holiday:

9 Then when we first started, and it's like, three of us who've turned up, to one
 10 [session], and that can happen in the summer sometimes, when people go off on their
 11 holidays and some things, it, just been given little skills to practice and things
 12 (Andrea, F, 66)

13 Nevertheless, some participants felt that further emphasis on skills and tactics would be
 14 beneficial within sessions, in order to improve ability during maintenance:

15 I think because, you know having played it for a year now and it, I'd say it's dropped
 16 hints to us about tactics or a couple you know, calling people's names and things like
 17 that when you go for the ball and telling them where you want it, but it's good to
 18 reemphasise that (Paul, M, 71)

19 **Coach characteristics.** This higher order theme relates to the coach characteristics
 20 which were highlighted by participants as important factors in their maintenance of walking
 21 football. Lower order themes included coach empathy, the coach-player social bond, and
 22 coach competency. Regarding coach competency, positive organisation of sessions and
 23 awareness of game play was highlighted by the majority of participants as important for
 24 walking football maintenance, with many participants praising the coach for enforcing
 25 correct walking football rules, as highlighted by one participant:

[Coach] again, is very much on top of it, if you get, and we had one the other week, a guy started he was new, he was, possibly a bit younger than most of us cos it's any age group it's not whatever, he was 40s I suppose, and he was getting a bit keen and getting a bit kicky or whatever, yeah we don't do that, no. (Theo, M, 62)

Nevertheless, one respondent noted confusion when it came to game play and rule interpretation. They wrote that “one person’s overhead height isn’t the same as the next...” and that there are concerns for when players are not penalised for running. This raises issues relating to the standardisation of walking football rules within club sessions.

Participants appreciated when the coach showed concern for team players’ well-being, and female participants often discussed the coach’s empathy if any injury issues were presented or reasons for missing a session. More male participants than female discussed the social bond with the coach and the coach knowing the players’ names was discussed, alongside positive coach rapport and ‘pulling [coach’s] leg a little bit’ (Paul, M, 71), highlighting ‘banter’ shared between the team and coach.

Maintenance Resources

The global dimension of maintenance resources refers to the cognitive, affective and behavioural processes which participants employed during maintenance of walking football, to manage behaviour and continue walking football play. Higher order themes within this global dimension included maintenance thought processes and maintenance behaviours.

Cognitions concerning maintenance. There were two lower order themes within this higher order theme, relating to thoughts participants experienced when considering how to maintain walking football. These themes were ‘utilizing a cognitive toolbox’ and ‘redefining PA expectations’. ‘Utilising a cognitive toolbox’ referred to the participants’ thought processes when adapting PA activities, after being forced to take a break from walking football. One participant discussed the return to PA when taking a break from walking

1 football due to medical reasons. They stated that when they returned, they were “taking it
2 steady. Building up, and I did that at the gym, did that, I started gingerly playing golf again,
3 going for walks, just gradually not throwing myself at it to get myself back to where I was”.
4 (Frank, M, 65)

5
6 The redefining of ageing and acceptance of bodily limits was discussed by half of the
7 participants interviewed, when discussing maintenance experiences. One participant
8 discussed the cognitive acceptance of bodily limits when ageing, in relation to injury whilst
9 playing walking football:

10 I hurt my foot, and it was like I can't I know I can't go but I've resigned to the fact
11 yeah, it's okay so... I'll be back this week and back we go again, boom, gone. You
12 know. You have to accept that that might happen, and it can happen and it probably
13 will happen. You know, to people at our kind of age. (Theo, M, 62)

14 Alongside this awareness and acceptance of bodily limits, participants discussed the
15 flexibility of walking football being beneficial for maintaining participation, especially when
16 returning from injury. One participant discussed the flexibility of playing in different
17 positions when returning from injury and if they have “just got another pain, um, and they'll
18 just sort of stay in goal” (Emily, F, 64).

19 **Affects concerning maintenance.** Within this higher order theme, two lower order
20 themes relating to affective consequences of break in play and affective consequences of
21 maintenance were discussed. Participants talked about the affective consequences of small,
22 planned and unplanned breaks in walking football (for example, through an injury or a
23 holiday). Five participants expressed they missed playing the sport, with one player stating
24 they “had to get back” (Olivia, F, 58). This was often paired with a dissonance of being

inactive, or having guilt for not attending during a short break, as one player recalls when a break was forced, due to a medical procedure:

I felt guilty not being here to be honest with you, it's a bit like when you go to work [laughs] you know when you go to work and you're off sick and you think I should be at work, what am I doing, I should be at work. It's a bit like that, so Wednesday nights came round and I was sending [coach] a text saying I'm a bit under the weather I don't think I can make it tonight, I actually felt I wanted to do it. (Frank, M, 65)

Further affective consequences of maintenance were discussed by participants, which related to the feelings players had as a consequence of maintaining walking football play. In some participant experiences, a previous life event or memory encouraged ongoing play:

It really does make you realise you know, I mean, I lost my partner, we'd been together [number] years...it brings it home to you, you know there's so many things that we talked about doing that we didn't, we never had the chance to do, we'll never have the chance to do, and it's true what they say, life's too short. (Alice, F, 65)

Equally, some participants shared their experiences of having positive feelings attached to walking football, with one participant recalling affects after the session has finished, stating “rarely you felt, oh I wish I hadn't come tonight” (Paul, M, 71). Another participant discussed that maintenance changed the feelings related to walking football, “because having done it so many times, you just know that you do feel better, after” (Emily, F, 64).

Maintenance behaviours. This theme relates to the behaviours participants actively employ to keep themselves playing walking football. Three of the most prominent behaviours were the sticking with the decision to attend, actively scheduling walking football into a diary, and prioritising walking football over other sports and PA. Having walking football sessions as part of a weekly routine was believed to facilitate ongoing maintenance and help

1 to overcome any potential barriers. Planning walking football into participants' schedules
 2 ensured that other commitments could be scheduled around the walking football, and that
 3 walking football is "habit, it's in my head, Thursday night, is walking football night, and I go,
 4 say it's freezing cold, chucking it down with rain, whatever, I will go, and there will always
 5 be somebody there" (Jim, M, 61).

6 Some participants ensured, on a weekly basis, that commitments (e.g., part-time work
 7 or social occasions) did not clash with walking football commitments and "made sure things
 8 work round" walking football (Charles, M, 71). For a number of participants, committing to
 9 the decision to attend was important to maintaining walking football participation for some
 10 participants interviewed, both male and female. Participants expressed that "once I've made
 11 my mind up, to go, I tend to stick with that decision" (Timothy, M, 71). Positive self-talk was
 12 also discussed as a helpful maintenance technique. Positive self-talk was reported more by
 13 females and was said to facilitate motivation to attend sessions:

14 It's, you've gotta get up and get yourself motivated because you've gotta tell yourself,
 15 you've gotta talk to yourself and I do, I talk to myself, not out loud but I tell myself
 16 you lazy so and so, you know, get up (Heather, F, 58)

17 Discussion

18 The purpose of this study was to explore experiences of walking football maintenance in
 19 older adults between 55-75 years old. Findings from the current study have suggested that
 20 continued participation in walking football includes many factors and influences at play, with
 21 themes arising from previous literature, alongside new findings specifically relating to
 22 walking football. Findings from the current study have suggested that continued participation
 23 in walking football may be due to many factors and influences. New findings have been

found, specifically relating to walking football, as well as similar themes arising to previous literature in mainstream sport participation.

The importance of individual factors. Individual level influences, such as perceived benefits of walking football maintenance were highlighted by the majority of participants, including the enjoyment of competition, the enjoyment of the game itself, and also the positive outlook of physical and psychological benefits. Similar themes have emerged in previous research, with Stenner and colleagues (2016) highlighting perceived benefits as being a reason for older adults' regular involvement in golf, alongside Jenkin and colleagues (2018) highlighting the importance of competition within walking basketball players. Rothman et al.'s (2009) Theory of Behavior Maintenance highlights factors such as the importance of satisfaction of the behavior change, and making temporal comparisons, as being integral to behavior maintenance. This is seen in this study's findings, with participants highlighting the benefits gained from playing walking football (both physical and mental). van Stralen and colleagues (2010) also highlighted intrinsic motivation as being a driver for PA maintenance in people over 50 years. SDT (Ryan & Deci, 2000) also highlights the importance of intrinsically focused goals in maintaining health behaviours such as PA, and further systematic reviews have supported the positive relationship between intrinsic motivation and long-term exercise adherence (Teixeira et al., 2012). Despite these similarities to previous studies, the walking football players in this study discussed qualities of walking football that were sport specific, such as the ability to compete whilst playing in a safe environment. Walking football players tended to have a strong sporting identity, and walking football allowed players to continue playing sport where mainstream sport participation was not possible, for example during injury or experiencing a health condition. This highlights the valuable use of adapted sports, allowing for those who may not be able to participate in higher intensity sports to maintain SP in older adulthood.

1 Values and perceptions of PA were also highlighted amongst participants.

2 Interestingly, a number of participants (both men and women, from varying SES levels)
3 discussed their values relating to medical professionals' views on walking football and PA,
4 with participants stating they would consider giving up walking football participation if a
5 medical professional advised against play. Previous research has highlighted the importance
6 of healthcare provider advice in relation to PA support (Van Stralen et al., 2010), however no
7 research has explored this within SP specifically. This research highlights the importance
8 older adults place on their healthcare providers 'approving' their participation in walking
9 football, and the influence this may have on players' continuation in the sport. Additionally,
10 previous theories have discussed the benefits of implicit attitudes within the stage of initiation
11 (Rothman et al., 2009), however this was not highlighted as salient in the stage of
12 maintenance. This study suggests that values and perceptions relating to health and the
13 behaviour still remain important in 55-75 year-old walking football players.

14 **Walking football relationships and culture facilitating maintenance.** Social

15 influences within and outside the club environment were important in the maintenance of
16 walking football. Whilst social influences outside of the club (such as support and
17 encouragement from family members) were discussed, the majority of discussions focused on
18 the walking football culture itself, from club culture, to coach characteristics and team
19 connections. This research supports previous PA research in older adults, suggesting social
20 support, such as from family members and peers, is important when maintaining PA habits
21 (Maula et al., 2019; van Stralen et al., 2009; Wahlich et al., 2017), and previous walking
22 football research has highlighted the importance of team connections during interventions
23 with older adults (Reddy et al., 2017). Current findings also draw parallels with other
24 population groups, including youth sport and the notion of a positive 'social climate'
25 influencing intention to continue, including relationships with parents, coaches and peers

(Gardner et al., 2016). In the current study, whilst some older adults simply went to play walking football and were not interested in forming new social connections, the majority of participants highlighted the importance of camaraderie, social connections, and having a good relationship with the coach. This theme was similar to themes found during experiences of initiation (Cholerton et al., 2020). This highlights the continuing need for positive social connections in sport throughout the life span in not only initiation, but also within the maintenance phase.

Themes from this study included the ongoing acceptance of all ability levels from a club culture level. By accepting older adults with varying levels of football, or indeed walking football experience into adapted sport, walking football may offer a more lenient atmosphere than mainstream sport with a higher intensity may not be able to offer. Again, similar parallels can be drawn to youth sport and the influence of an inclusive club culture (e.g. a 'caring climate') encouraging commitment to a sport (Hall et al., 2017). This study reinforces that a caring and inclusive club culture is important to cultivate, no matter the age of the players.

The role of walking-football session specific factors. Lastly, session specific factors were found to play a role in influencing walking football maintenance in older adults. Logistical factors such as the choice of sessions, alongside accessible facilities and in some cases free sessions were all related to ongoing maintenance. Within session structure, a skills and tactics portion of the session was deemed important by both male and female participants, highlighting the interest in learning skills alongside simply playing the game, which has been seen to aid positive development within older adulthood, both physical and psychologically (Baker et al., 2010; Pesce & Audiffren, 2011). Previous research suggests that by giving players choice and accessibility to sessions, the initiation of PA and sport is encouraged (Jenkin et al., 2018; Michie et al., 2011; van Stralen et al., 2009). Whilst many

1 maintenance theories have focused on the individual and social aspects of maintenance, such
 2 as Rothman et al., (2000; 2009), some theories have explored environmental aspects on
 3 maintenance of health behaviours, such as access to facilities and the safety of such
 4 environments (Nigg et al., 2008; Sallis et al., 2012). These session-specific factors highlight
 5 the importance of keeping sessions accessible (such as choice of sessions and good facilities),
 6 even when players have been maintaining SP, in order to influence further and longer-term
 7 engagement, highlighting how certain aspects of the walking football environment can
 8 encourage maintenance.

9 Overall, the identified influences on walking football maintenance can be compared
 10 to previous research (van Stralen et al., 2009) and established ecological models relating to
 11 PA participation (Spence & Lee, 2003), which highlight a set of multilevel influences (intra-
 12 and extraindividual) on an individual's PA levels. Such influences included individual-level
 13 influences such as player identity, social support, and a suitable environment and culture on
 14 the ability to maintain walking football play. Nevertheless, new themes represented the added
 15 factors relating to adapted sport, such as the walking football specific culture, and coach
 16 specific characteristics, which suggest different factors to consider when examining adapted
 17 sport's ability to encourage PA maintenance in older adults.

18 **The utilisation of individual maintenance resources.** Cognitions, affects and
 19 behaviours relating to walking football maintenance were discussed widely by participants.
 20 Some conversations surrounding this theme focused on the planning of breaks in play (e.g.,
 21 holiday or injury) and in the cases of mostly female participants, the use of self-talk to
 22 encourage participation. The availability of 'maintenance resources' have been discussed in
 23 previous literature and suggest that the availability of these psychological and physical assets
 24 that can be drawn on during maintenance may affect the individual's ability to maintain the
 25 behaviour (White et al., 2016). Additionally, behaviours influencing walking football

1 maintenance included embedding the routine of walking football sessions into the
2 participants' lives and sticking with the decision to attend sessions. Cognitions experienced
3 by the participants, especially the affective consequences of PA and planning for breaks in
4 play, supports previous evidence relating to behaviour change and a repeated, consistent
5 performance of the specific lifestyle behaviour that has been changed (Rothman et al., 2009;
6 van Stralen et al., 2009). Redefining of PA and bodily expectations was also discussed by
7 half the participants from a range of SES levels, and highlights similarities between
8 Rothman's theory of behaviour maintenance (2009), and 'shifting expectations' behaviour
9 seen in the maintenance phase of a healthier lifestyle behaviour, suggesting this can be seen
10 across different behaviours, from dietary change to PA. Certain narratives from the players
11 suggest that due to walking football's adaptive nature (such as the ability to change player
12 positions and play at a gentler speed), the sport allowed time for injuries to settle and for
13 players to adapt to a new sporting life in older age. This may suggest that walking sports such
14 as walking football, may aid older adults to shift expectations in their PA ability as they reach
15 older age.

16 Despite these similarities, Rothman and colleagues' study (2009) suggests planning
17 and implementation intentions were primarily seen within the stages of initiation, whereas
18 this study suggests that planning and intention to play long term is still important at the stage
19 of maintenance, in relation to attending walking football sessions and with some players
20 planning in their diary when to attend sessions. This highlights the need to consider the role
21 of planning and implementation intentions when encouraging PA or sport maintenance in
22 older adulthood, and encouraging active planning of attending sessions into the maintenance
23 stage. It is also important to note that whilst previous research has highlighted the ability of
24 SP in later life to help older adults redefine and accept older age and bodily limitations
25 (Dionigi, 2002; Dionigi et al., 2013) some research has reported that sport, in some instances,

can hinder this and push older adults into denying ageing processes. One such example of an age process is degeneration (Dionigi et al., 2013), which could encourage ignorance of injuries in this population. This knowledge provides an understanding into how adapted sport can provide older adults with a form of PA, while allowing players to accept bodily limits and adapt play to suit this, as an alternative to mainstream sport.

Applied Implications and Future Research

Much of the analysis into walking football maintenance highlights the use of the sport to encourage continued SP and on a broader level, PA participation. Many conversations related to cognitions and behaviours concerning maintenance provide insight into relapse prevention, for example players planning walking football into schedules, and also the adaptation of PA when experiencing a short break from play. It is therefore advised that coaches and clubs increase their awareness of those returning from injury or planning to go on holiday, encouraging walking football play on return. Interestingly, the participants' respect and reliance on medical professionals' advice across SES levels when taking part in PA and sport was evident. It is imperative that health professionals understand the benefits and risks of walking football play, so they can advise alternative activities to those looking to increase PA levels. With much recent research highlighting the benefits of a whole system approach and the need for preventative medicine (Brannan et al., 2019), further education for medical professionals on the scope and range of different types of PA is essential. Environmental, session-specific factors should also be taken on board, such as accessible facilities and choice of sessions, in order to give older adults the biggest opportunity to maintaining play. Lastly, the influence of the walking football coach should not be overlooked. Coaches should organise sessions as much as possible to include not only game play, but aspects of tactics and skills which may help players improve and progress over time. In addition, group dynamics, camaraderie and coach-player relationships are important within

walking football and should be the focus of programmes aiming to encourage maintenance in older adults.

In terms of future research, as the majority of work into psychosocial and behavioural aspects of adapted sports has been largely explorative until now, further research to assess the effectiveness of individual, social and environmental factors on adapted sport maintenance would be advised, and may include exploring the fit of behaviour change frameworks into this context. Further research may include prospective cohort studies to understand the key ingredients and outcomes of adapted sport maintenance. The findings may also be used to inform the development of programmes or strategies to enhance the ongoing participation of older adults in sport. Further research into behavioural aspects of other emerging adapted sports, such as walking netball and walking rugby, would also be recommended.

Strengths and Limitations

This study furthers understanding concerning experiences of maintenance of adapted sport, which had not been studied previously. Strengths include a balanced gender sample, recording of SES of clubs in order to understand experiences from different SES areas, and a range of participants from across England and Scotland. The main limitation of this study is that it presents the view of currently active players only. Further research exploring perceptions of walking football from those that have dropped out of the sport and the views of other stakeholders, such as coaches, may provide additional insight into the challenges posed when maintaining SP.

Conclusion

This research aimed to understand experiences and influences of older adults, between 55-75 years old, continuing walking football play. Whilst maintenance has been heavily documented within PA research, maintenance of SP from the perspective of older adults,

especially within walking football, is less understood. This research offers new knowledge highlighting the ongoing awareness of walking football benefits, maintaining play after injury or a short break, and social influences such as coach and team influence on player maintenance. Furthermore, a positive walking football culture should not be discounted as an important influence when maintaining walking football play. Additionally, maintenance mechanisms such as cognitions (e.g. redefining PA expectations) and behaviours, (e.g. planning walking football into schedules) are important to players when maintaining play. Policy and practice suggestions include coach awareness of players returning from illness or injury and wider awareness amongst primary care health professionals, such as GPs, of walking football as alternative PA for older adults. The findings can be used to inform the development of programmes or strategies to enhance the ongoing participation of older adults in sport.

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