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# Rapid review of the Healthy Ageing Programme: effectiveness in supporting health and wellbeing policies for older people

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

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# **Rapid review of the Healthy Ageing Programme: effectiveness in supporting health and wellbeing policies for older people**

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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# Glossary

## **Gwanwyn**

A month-long festival held across Wales in May celebrating and showcasing creativity in older people, run by Age Cymru.

## **Healthy Ageing Programme (HAP)**

Since 2007 Age Cymru has been delivering the Healthy Ageing Programme on behalf of the Welsh Government. The primary aim of the programme is to enhance physical activity among older adults, counteract physical decline and frailty, and support independent living as people age.

## **Healthy life expectancy**

The number of years on average lived in good general health.

## **Low Impact Functional Training (LIFT)**

A qualification owned by Age Cymru written with training provider Exact Fitness. It is a series of activities and games designed to get people over 50 engaging in physical activity. Age Cymru partners with local authorities to gain a greater reach for this programme which is currently popular with around 800 participants across Wales.

## **Nordic Walking**

This is an enhanced walking technique that uses poles to work the upper body as well as the legs. It is a highly effective all year workout using a technique that is similar to that of cross-country skiing. It puts less strain on joints than other activities and can be very effective for people with mobility issues or those recovering from illness or injury.

## **Qigong**

Pronounced 'chi gong', qigong involves using exercises to optimise energy within the body, mind and spirit with the goal of improving and maintaining health and wellbeing. It has both psychological and physical components. Most forms of qigong involve slow, long and deep breathing, gentle and smooth movements aimed for relaxation and mind regulation which includes focusing attention and visualisation.

## **Social prescribing**

An approach where local charities, social care and health services refer people to activities, groups and services in their community to meet the practical, social and emotional needs that affect their health and wellbeing.

## **Tai Chi**

Tai chi is a martial art originating from China, with a set of slow-moving sequences which has become more focused on health promotion and rehabilitation over time. It is considered

one form of qigong and involves physical movement, focussed attention and controlled breathing.

### **Walk and Talk**

This is a public health approach that can be delivered in local communities. It typically involves a trained volunteer leading activities, a structured walking programme, a phased approach designed to build confidence and has social interaction as a core aspect of delivery.

# 1. Introduction

Welsh Government commissioned OB3 Research to complete a short, focused review of the Healthy Ageing Programme (HAP) to assess its relevance, effectiveness, and adaptability to support health and wellbeing policy priorities for older people.

## 1.1. Aims of the review

The aims of the review were to:

- build upon existing evaluation and monitoring evidence to help evaluate:
  - how well the HAP meets its aims (such as increasing physical activity, reversing frailty, supporting independence, supporting mental health, and reducing loneliness)
  - the ability of the HAP to support and adapt to evolving Welsh Government health and wellbeing policies for older people
- identify successful elements and areas for improvement to ensure long-term sustainability
- provide evidence-based recommendations to inform future programme development.

## 1.2. About the Healthy Ageing Programme (HAP)

### 1.2.1. Overview

The HAP has been delivered by Age Cymru on behalf of Welsh Government since 2007. In the 2025–26 financial year, programme delivery costs totalled £206,700. Progress is monitored against agreed targets, with Age Cymru providing reports to Welsh Government twice a year and attending review meetings every six months.

### 1.2.2. Core aim

The HAP's core purpose is to promote and sustain physical activity among older adults, helping to counteract frailty and support independent living. Activities are designed to be safe, enjoyable, and community focused. The programme also seeks to:

- educate and empower individuals to value active lifestyles.
- foster social engagement to improve mental health and reduce loneliness.

### 1.2.3. Core activities

HAP delivers a diverse range of initiatives to improve physical health and social wellbeing, including:

#### Physical Activity Programmes

- Tai Chi and Nordic Walking: Community-based classes that combine physical activity with social interaction.

- Walking Groups (Walk and Talk model): Designed for older people who can walk short distances but benefit from group support. Each group is led by a trained volunteer leader and two helpers.
- Low Impact Functional Training (LIFT): A qualification developed by Age Cymru in partnership with Exact Fitness. This programme uses games and activities to engage people over 50 in physical activity and currently reaches around 800 participants across Wales.

#### Arts and Creativity

- Gwanwyn Arts Festival: A national celebration of creative ageing held every May, encouraging participation from arts and community organisations.
- Creative Ageing Network: Quarterly meetings for professionals working in creativity and older people.

### **1.2.4. Policy alignment**

The HAP actively supports Welsh Government priorities through the following areas:

- falls prevention: contributing to the National Falls Prevention Task Force, Falls Awareness Week, and strategic groups.
- social prescribing: collaborating under the National Framework for Social Prescribing.
- winter wellbeing: promoting campaigns such as Help Us Help You, Warm Homes, and Winter Wrapped Up.
- Compassionate Cymru: providing administrative support for the Advisory Group and its communications.
- advance care planning: raising awareness through strategic partnerships.
- bereavement support: participating in the National Bereavement Steering Group.
- engagement with Black, Asian and Minority Ethnic people and communities: Working with partners to improve access to arts and physical activity programmes.
- COVID-19 response - between 2022 and 2025, Age Cymru provided targeted support to older adults to mitigate the impacts of pandemic lockdowns, including referral points for social prescribers and sustaining volunteer-led programmes.

## 2. Scope and methodology

### 2.1. Scope of the review

The review assessed the relevance, effectiveness, and adaptability of the [Healthy Ageing Programme](#) (HAP) in supporting Welsh Government health and wellbeing priorities for older people. It focused on programme delivery and outcomes between 2022 and 2025, drawing on monitoring data, policy documents, and stakeholder perspectives.

The scope included:

- Programme objectives and activities: how well the HAP met its aims, including promoting physical activity, reducing frailty, supporting mental health, and addressing loneliness.
- Policy alignment and adaptability: the extent to which the HAP supported evolving Welsh Government priorities such as falls prevention, social prescribing, bereavement support, advance care planning, and engagement with Black, Asian and minority ethnic people and communities.
- Programme impact and sustainability: identification of successful elements, areas for improvement, and opportunities to strengthen long-term sustainability.
- Stakeholder and beneficiary perspectives: insights from Age Cymru staff, Welsh Government policy leads, delivery partners, volunteers, and older people participating in HAP activities.

The review did not include a full economic evaluation or comparative analysis with other programmes, as its purpose was to provide proportionate evidence to inform near-term policy decisions.

### 2.2. Methodology

A mixed-method approach was adopted to provide timely and proportionate evidence. The methodology combined secondary data analysis, a rapid evidence synthesis, and primary qualitative research with stakeholders and beneficiaries.

The review began with an analysis of Age Cymru's monitoring and annual reports for 2022–2025, alongside relevant policy and literature sources identified by the Welsh Government. These documents were examined using a structured framework to assess programme delivery, engagement levels, outcomes, and alignment with health and wellbeing priorities for older people. This stage provided a foundation for identifying evidence gaps and areas requiring further exploration.

A rapid evidence synthesis was then undertaken to map existing literature against the Welsh Government priorities for older people. This process highlighted how the HAP's outcomes corresponded with wider societal, economic, and policy developments, and identified opportunities for improved alignment.

Primary research was conducted through semi-structured interviews and focus groups held between mid-September and end November 2025. In total, 14 interviews were held via Microsoft Teams with Age Cymru staff, Welsh Government policy leads, and representatives from stakeholder organisations. These discussions explored the HAP's effectiveness, adaptability, and future priorities. Five focus groups were also conducted, including four face-to-face sessions with beneficiaries at HAP activities such as Nordic Walking, Tai Chi, and LIFT chair exercise classes, and one online session with volunteers. Across these sessions, 8 volunteers and 50 beneficiaries contributed their experiences and perspectives.

In the final phase, a review meeting with Welsh Government policy officials was held to discuss emerging themes and gather feedback.

Data from all sources were analysed thematically and triangulated to identify recurring themes, strengths, and areas for improvement. These findings shaped practical recommendations to enhance the programme's future impact.

### **2.2.1. Limitations**

As a rapid review, the scope was necessarily time-limited and focused on a select range of stakeholders and activities. While this approach prioritised breadth over depth, it was appropriate for generating timely evidence to support policy development. The sample of beneficiaries included a wide age range, and more female than male participants, which broadly aligns with HAP's participation profile. The quantitative impact analysis included in the report relies on data presented in Age Cymru monitoring returns.

## 3. Evidence synthesis

This section summarises Welsh Government policy priorities for healthy ageing (2022–2025), highlights important societal and health trends, and draws on evidence from UK programmes to identify what works in supporting older people’s health and wellbeing.

### 3.1. Policy priorities and supporting evidence

#### 3.1.1. System priorities

Both national policy and research indicate a rapidly ageing population with increasingly complex health and social care needs. [Age Cymru \(2025\) research](#) found that 51% of older people in Wales had experienced challenges with physical health, while 30% had struggled with mental or emotional health over the past year. Evidence highlights the importance of supporting older people to self-manage long-term and complex conditions, including comorbidities. The Welsh Government’s [NHS in 10+ Years](#) report projects a significant rise in age-related conditions such as dementia and certain cancers, compounded by modifiable risk factors like obesity and physical inactivity.

Prevention and early intervention are central priorities. Welsh Government’s strategy [Age Friendly Wales](#) and Public Health Wales’ [Investing in a Healthier Wales](#) emphasise purposeful activity and opportunities for healthy behaviours. Building community-level prevention is also highlighted in [Building Capacity through Community Care](#) and other UK-wide policy.

Closely related is the policy focus on integrated care. The Welsh Government’s [A Healthier Wales](#) strategy outlines a seamless system of care and support, with integrated community prevention and coordination. The [integrated quality statement on older people and people living with frailty](#) underscores a stronger role for the third sector in these models.

Policy and evidence also emphasise age-friendly communities, including place-based care, supportive local environments, and accessible community infrastructure. The [Older People’s Commissioner \(2019\)’s report](#) identifies the eight World Health Organisation (WHO) domains of age-friendly communities, including social participation and outdoor spaces, while [Age Friendly Wales](#) positions Wales within the global movement towards such communities. Social prescribing is increasingly recognised as a mechanism to support community-level engagement, with the [National Framework for Social Prescribing](#) highlighting the need for joint working and cohesion among partners.

Supporting independent living, avoiding unnecessary hospital admissions, and enabling rapid discharge with community-based recovery are important policy priorities. [Welsh Government hospital discharge guidance](#) stresses proactive support, active reablement, and rehabilitation to prevent hospitalisation. Addressing frailty and falls is a recurring theme, with [research from Bangor University \(2018\)](#) noting that falls cost the UK NHS over £2.3 billion annually and emphasising cost-effective preventative measures, including physiotherapy and Tai Chi.

### 3.1.2. Health inequalities

Evidence highlights the ongoing impact of health inequalities related to deprivation, gender, and ethnicity on healthy ageing in Wales. Evidence from [Swansea University's Centre for Innovative Ageing \(2021\)](#) found that people in more deprived areas are more likely to have poorer health behaviours, and the [Older People's Commissioner's report \(2019\)](#) noted the significant effect of deprivation on life expectancy and healthy life expectancy. Similar patterns are evident in England and Scotland, with the [Centre for Ageing Better's State of Ageing \(2025\)](#) reporting that structural inequalities and poverty prevent many from ageing healthily.

Certain groups are consistently identified as needing targeted support, including carers, minority ethnic communities, people with dementia, and the bereaved. The [Women's Health Plan for Wales](#) highlights barriers affecting women's healthy ageing, while [Older People's Commissioner's research \(2019\)](#) shows that Black, Asian, and Minority Ethnic older people face difficulties accessing services and connecting socially. The Welsh Government's [National Framework for Bereavement Care](#) stresses the importance of opportunities to reflect on grief, through individual or group sessions, peer support, and friendship groups.

Addressing health inequalities requires tackling barriers such as transport and poverty. Public Health Wales' [Investing in a Healthier Wales: prioritising prevention](#) identifies poor health, physical limitations, poverty, stigma, lack of skills, time constraints, inadequate volunteer support, and caring responsibilities as obstacles to building social relationships, including through volunteering.

Safe and warm housing also underpins healthy ageing. The [Care and Repair Cymru report \(2024\)](#) highlights the negative impact of housing disrepair on older people's health. The Welsh Government's [Warm Homes Programme](#) aims to support vulnerable households and reduce avoidable ill health linked to cold living conditions.

### 3.1.3. Mental and emotional health

Mental health and life satisfaction are central to healthy ageing. Welsh Government's [Mental Health and Wellbeing Strategy](#) emphasises the importance of community belonging and using local assets, including outreach and physical activity services, to support good mental health in later life. Closely linked is the priority of addressing loneliness and social isolation. Public Health Wales' [Investing in a Healthier Wales](#) highlights that programmes targeting these issues have significant impact on older people's wellbeing. [Welsh Government's review \(2019\)](#) discusses how intergenerational practices can reduce loneliness and social isolation, particularly when embedded long-term in community settings, are also effective in reducing social isolation.

Culture is recognised as a contributor to wellbeing, with Welsh Government's [Priorities for Culture](#) highlighting its role in fostering belonging and supporting both individual and community health. Digital literacy is another policy focus, as lack of access can exacerbate social isolation and reduce independence; the [Older People's Commissioner's report \(2024\)](#) found that rapid technological change can create significant barriers for older adults.

### **3.1.4. The rights of older people**

A rights-based approach underpins healthy ageing policy, including addressing age discrimination. Social Care Wales's [Making rights work for older people guidance](#) stresses that older people should have access to healthcare that maintains or improves their physical, mental, and emotional wellbeing, with services that are empowering, person-centred, and focused on what matters to the individual. Safeguarding and abuse prevention are also important priorities, with the Welsh Government's [National Action Plan to prevent the abuse of older people](#) addressing self-neglect, loneliness, social isolation, and dementia.

Finally, the Welsh language is integral to healthy ageing support. Welsh Government's plan for the [Welsh language in health and social care](#) emphasises the 'Active Offer' in health and social care services, ensuring accessibility for older people, particularly those living with dementia.

## **3.2. What works for healthy ageing programmes in the UK**

### **3.2.1. Good governance and delivery structures**

Research highlights the importance of strong governance and delivery structures, including effective partnerships, resource sharing, and clear referral routes. Evaluations of the Welsh Government's [Healthy and Active Fund](#) and [Ageing Better in Camden](#) emphasised the importance of inclusive partnerships, advisory groups, and exercise referral pathways. High-quality volunteer involvement and training are important, as shown by [Winchester University's research \(2020\)](#) on social prescribing initiatives addressing isolation and loneliness. Ongoing strength and balance training and continued professional development for staff or volunteers is recommended by the [Centre for Ageing Better's research \(2019\)](#)

Sustainability and funding remain challenges, with programmes like Age UK's [Fit for the future programme](#) noting the need to support volunteer-based delivery models. The evaluation of the Welsh Government's [Healthy and Active Fund](#) shows that successful programmes also have strong monitoring, evaluation, and quality assurance, with flexible designs responsive to lessons learned. Community infrastructure, such as local hubs, strengthens delivery, while commissioning systems that support evidence-based approaches improve programme effectiveness according to an evaluation of [Manchester's village model](#).

### **3.2.2. Support and outreach**

Targeted support and outreach are critical for reaching older people facing barriers to engagement. Initiatives like [Ageing Better in Camden](#) used flexible approaches, including pop-up events and street outreach, while [Manchester's village model](#) worked with diverse groups. These initiatives above also highlight how effective messaging and campaigns, trust-based relationships, and co-production with communities enhance impact.

Programmes are effective when there is a strong element of co-production and community or beneficiary ownership. This includes building meaningful, trust-based relationships

between those delivering the programmes and beneficiaries. The evaluation of Welsh Government's [Healthy and Active Fund](#) emphasised co-production and local ownership for successful outcomes. The Centre for Ageing Better's [Raising the bar on strength and balance report \(2019\)](#) discusses how large-scale programmes can also provide multi-dimensional, holistic support where capacity allows.

### **3.2.3. Types of activities**

Common activities in UK healthy ageing programmes include befriending as seen within the [Leeds Neighbourhood Networks](#), though its evidence shows limited and short-term mental health benefits. Physical activity and arts activities demonstrate stronger impact according to [a study by Bristol University \(2024\)](#) on the economic contribution of third sector initiatives for older people. Community group membership, education, and religious involvement are associated with increased wellbeing in older people according to [a study conducted by University College London \(2017\)](#). [Research on developing a framework of health ageing practices \(2022\)](#) also suggests that multidimensional programmes offering holistic support are most effective, combining one-to-one and group interventions to address varied needs.

In conclusion, successful healthy ageing programmes are preventative, person-centred, and embedded in communities. They combine physical, social, and cultural activities with strong governance, sustainable funding, and strong evaluation.

## 4. The Healthy Ageing Programme’s effectiveness and alignment with Welsh Government policy priorities (2022-2025)

This chapter looks at how well the Healthy Ageing Programme (HAP) has achieved its goals, supported Welsh Government priorities, and responded to changing needs between 2022 and 2025. Evidence from programme data, interviews, and feedback shows that the HAP delivers meaningful outcomes for older people in Wales and continues to be effective, adaptable, and relevant for the future.

### 4.1. Engagement and reach

The HAP achieved significant engagement across Wales through its physical activity and creative strands during the review period of 2022-2025. Tai Chi Qigong classes engaged 750 regular participants (target: 300), Nordic Walking attracted 399 participants (target: 200), and LIFT supported 750 participants (target: 850). In 2024–25, 151 volunteers delivered 8,893 hours and facilitated 38,413 interactions with participants demonstrating strong value through volunteer engagement and community involvement.<sup>1</sup>

The Gwanwyn arts festival listed 103 events with 9,007 participants in 2024, and the “This is Older” image library reached 2.27 million views and 14,000 downloads, helping to challenge ageist stereotypes.

### 4.2. Increasing physical activity

Across HAP’s activity groups, 99% of participants reported improved health and fitness and 89% said they now do more regular exercise<sup>2</sup>. Participants described better balance, flexibility and mobility, reduced stiffness, and renewed confidence in daily life. Several reported that sessions replaced or complemented physiotherapy and supported post-operative recovery.

“Tai Chi is a low impact activity which has helped me with muscle strength, co-ordination, balance and concentration.” (Physical activity participant)

“I’m fitter now than I was in my 50s.” (Walking group participant)

Participants described improvements in balance, coordination and confidence in movement across all activities. Participants who had experienced falls described feeling steadier and more secure in their movements.

“Balance does improve and that gives you confidence.” (Tai Chi participant)

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<sup>1</sup> Progress reported in Age Cymru, Healthy Ageing Report March 2025 (unpublished). Targets reported in Age Cymru, Healthy Ageing Report April 2024.

<sup>2</sup> 357 participants surveyed in 2024-25 by Age Cymru and results presented in Age Cymru, Healthy Ageing Report March 2025 (unpublished).

### **4.3. Reducing loneliness and feeling part of community**

Eighty-six % of participants noted that one of the things they valued most about the physical activity classes or groups was the opportunity to socialise and meet people. HAP was described by focus group participants as a vital antidote to loneliness.<sup>3</sup>

“Age Cymru and your activities are providing a lifeline for many people, to meet other people, get fit and not be lonely and have a purpose in life.” (Physical activity participant)

Groups also became small communities of care. Members checked in on each other, offered lifts, visited one another when unwell, and celebrated birthdays and milestones together. Volunteers also reported how groups fostered new friendships, reduced isolation and created informal support networks both inside and beyond the sessions.

“People have gone on holiday together, go on trips together, and people help each other with their shopping... that sense of community there is very strong.” (Volunteer)

### **4.4. Mental health and wellbeing**

Seventy-two % of participants reported feeling happier or an improvement in their mental health.<sup>4</sup> Activities such as Tai Chi Qigong, by design, focus on mindfulness, controlled breathing and focused attention to support both physical and mental health. Volunteers themselves have also benefitted from the physical activity programme, noting that it supports their own wellbeing.

“[The group] has become an ever-growing family where individuals can come for support, companionship and enjoyment...when everyone is chatting, laughing and having a good time, it fills me with joy that I helped make it happen.” (Physical activity volunteer)

Participants described better mood, greater motivation, and reduced feelings of anxiety or sadness. Many said the activity gave them “a reason to get out of bed,” breaking cycles of low mood and inactivity. The friendly, welcoming environment and the consistency of weekly contact were described as powerful protectors against depression and social withdrawal. Some participants reported that regular attendance helped them manage their mental health more effectively.

“I come into Tai Chi like a lion, and I go out like a lamb.” (Tai Chi participant)

“It’s probably stopped me needing antidepressants.” (Walking group participant)

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<sup>3</sup> 357 participants surveyed in 2024-25 by Age Cymru and results presented in Age Cymru, Healthy Ageing Report March 2025 (unpublished).

<sup>4</sup> 357 participants surveyed in 2024-25 by Age Cymru and results presented in Age Cymru, Healthy Ageing Report March 2025 (unpublished).

## 4.5. Independence and confidence

Feedback from participants highlighted the impact of HAP activities on their sense of independence and confidence. Participants described feeling capable again, both physically and mentally, and able to manage everyday life with less fear of falling, fatigue or dependence on others. Participants explained how the classes helped restore a sense of agency and purpose that many felt they had lost through retirement or declining health. Volunteers saw participants taking on new activities, gaining self-belief and managing their routines more effectively.

“When you stop work, you don’t always have a reason to get out of bed. Now, you do.” (Walking group participant)

“I feel more confident that I can reach things in the house.” (LIFT participant)

## 4.6. Cultural and community participation

The Gwanwyn festival continues to perform strongly, offering a wide range of arts activities and attracting substantial participation. Some organisations now use it to promote their year-round work, and the 2024 Changemakers theme highlighted older people’s cultural contributions.<sup>5</sup>

As a result of their involvement in the HAP, Age Cymru has also expanded creative engagement in care homes via its long-running cARTrefu programme (now “[Arts in Care Homes](#)”), funded by the Arts Council of Wales and the Baring Foundation. The programme’s high-quality arts sessions have gained national and international recognition.<sup>6</sup> HAP support additionally enabled visits by the BBC National Orchestra of Wales to 13 care homes.<sup>7</sup>

Age Cymru view the current month-long festival model as the most workable approach within existing resources, and early engagement for 2025 has focused on libraries, community arts groups and local authorities.

Participants described how HAP activities reconnected them with local heritage and nature, encouraged renewed involvement in community groups, and created informal networks for sharing practical advice.

## 4.7. Challenging stereotypes

The “[This is Older Stock Image Library](#)” has significantly expanded its reach and is supporting Age Cymru’s anti-ageism work by helping to challenge negative stereotypes of ageing.<sup>8</sup>

Participants felt that their involvement in HAP activities had helped reshape how they saw themselves. Many participants described how taking part in physically active, sociable

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<sup>5</sup> Age Cymru, Healthy Ageing Report March 2025 (unpublished).

<sup>6</sup> Age Cymru, Healthy Ageing Report March 2023 (unpublished).

<sup>7</sup> Age Cymru, Healthy Ageing Report March 2025 (unpublished).

<sup>8</sup> Age Cymru, Healthy Ageing Report March 2025 (unpublished).

groups challenged their own and others' assumptions about ageing as a period of decline. Being able to contribute, take on small leadership roles as volunteers, or simply enjoy being part of a lively group reinforced positive self-identity for many.

“They think they can’t do it... and I feel like a proud parent sometimes.” (Volunteer)

However, a few participants observed that the programme’s branding under “Age Cymru” could unintentionally discourage people who did not identify as old.

“I wouldn’t actively look for a walking group on Age Cymru because I don’t feel that I am old.” (Walking group participant)

## **4.8. Health promotion and messaging**

The HAP contributes to Age Cymru’s national winter health campaign, [Spread the Warmth](#), which shares practical advice on staying warm and well. In 2024–25 the campaign generated good social media engagement with 1,193 impressions on Facebook and X posts gaining 422 impressions. 6,500 copies of the [Winter Wrapped Up](#) guide were also distributed and well-received. Messaging aligned with wider national campaigns, and Age Cymru also promoted Welsh Government’s [Help Us, Help You](#) initiative. An information session delivered in Merthyr Tydfil was praised for reaching older adults who struggle to access online resources.<sup>9</sup>

Participants highlighted the pivotal role of volunteer leaders in sharing health information, signposting to services, and providing printed materials for those offline. Activities became trusted spaces for informal health education on topics such as fall prevention, diet, scams and exercise, offering practical guidance that participants often felt they could not access elsewhere.

“She tells us about things that we need to know about.” (Walking group participant)

## **4.9. Supporting other priorities**

Age Cymru contributed to advance and end-of-life care work by attending planning meetings, promoting the bilingual [Thinking of End-of-Life](#) guide, and participating in the National Bereavement Steering Group. Limited evidence was available on the impact, though a Macmillan-funded small grants scheme supported community activities on death and bereavement, and a 2025 conference in Cardiff helped build dialogue and momentum. Policy outputs included briefings and updated materials on advanced care planning.<sup>10</sup>

While activity participants rarely discussed formal planning, HAP activities appeared to support related priorities indirectly by helping older people stay active, connected, and independent. Participants and volunteers described groups as preventive, offering social bonds, informal safety nets, and respite for carers - all of which may help delay reliance on formal services.

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<sup>9</sup> Age Cymru, Healthy Ageing Report March 2025 (unpublished).

<sup>10</sup> Age Cymru, Healthy Ageing Report March 2025 (unpublished).

“If it wasn’t for this group, they supported me when I came home from hospital and got me back out and about.” (Walking group participant)

“Over half the people in the classes I’ve run are carers... when the wellbeing of carers suffers, health and social care suffers.” (Volunteer)

## **4.10. Successful elements and areas for improvement**

Feedback from monitoring information demonstrated that the HAP is highly valued. Age Cymru’s regular feedback mechanisms - monthly surveys, annual surveys, focus groups and forums - help maintain a responsive, user-influenced programme. Almost all physical activity participants (99.7%) rated sessions as good or excellent in a 2024/25 survey, citing friendly, respectful leaders and a strong sense of being listened to.

Evidence from the fieldwork showed that groups operate in a democratic, co-produced way. This shared ownership contributes to pride, sustainability and strong social bonds.

“I like the way we are consulted and made to feel that what we think and want are actually important.” (Physical activity participant)

Volunteers play a pivotal role in the programme’s success. They praised the depth of Age Cymru’s training, and the reassurance provided when issues arise. However, the programme’s reliance on volunteers poses a sustainability risk despite no current recruitment issues.

“Volunteers are the heart of communities, but they can’t carry everything.” (Stakeholder)

Activities are designed to be inclusive, with adaptable routes, seated or standing options, self-paced participation and accessible venues at low cost. This enables people with a wide range of conditions to participate safely. In terms of reach, participation is still more concentrated in urban areas, though the HAP has recently increased activity in rural areas and worked with specific communities, including Somali women practicing Tai Chi Qigong.<sup>11</sup> Limited resources can make it harder to reach rural or deprived areas or support specific groups, such as disabled older people.

Some volunteers noted that paperwork requirements and a lack of visibility of other HAP activities can make it challenging to track outcomes or signpost effectively. Age Cymru also faces difficulties securing arts funding, making HAP the main stable support for arts and ageing work. Challenges remain around monitoring creative activities such as the Gwanwyn festival, where feedback depends on external organisers.

Participants and volunteers noted some outreach challenges. Those most isolated may not hear about HAP or may feel intimidated by established groups. Printed materials and more visible local promotion, through newspapers, GP surgeries, libraries and community hubs, were strongly recommended.

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<sup>11</sup> Age Cymru, Healthy Ageing Report October 2024 (unpublished).

Overall, there is strong evidence of reach, engagement, and effective joint working in Age Cymru's activities, all of which are critical for the adaptability and impact of the programme, as noted in this report.

Age Cymru's extensive networks of older people and volunteers, along with its links to a wide range of stakeholders, have been central to the HAP's success. These connections position Age Cymru as a unique asset within the sector, while other organisations also bring important strengths.

Together, this breadth of joint working illustrates the potential for continued cross-sector approaches to enhance reach and equity across Wales.

#### **4.11. Ability to support evolving policy priorities**

Stakeholders generally agreed that the HAP has evolved appropriately, maintaining core elements, particularly the physical activity offer, while adapting where possible to emerging needs. Age Cymru remains open to diversification, though funding limits how far the programme can broaden its offer. Annual discussions with Welsh Government shape priority areas, with recent work on bereavement and compassionate communities reflecting both national priorities and Age Cymru's survey findings.

Partnership working was widely seen as a strength, particularly where local authorities and community organisations help widen access. However, some partners reported limited visibility in their area, suggesting uneven reach across Wales and constraints on how consistently HAP can respond to new priorities.

HAP is making efforts to reach priority groups, including carers, minority ethnic communities, people with dementia and bereaved individuals. However, structural constraints, workforce capacity, reliance on volunteers and short-term funding limit targeted work. Demand continues to rise, with long waiting lists for many classes, and stakeholders stressed that volunteers cannot meet increasingly complex needs alone.

Participation inequalities persist, especially among older men, minority ethnic groups, digitally excluded adults and people in rural or deprived areas. Stakeholders expressed mixed views about shifting to a more targeted model, emphasising the value of HAP's universal approach and warning that narrow targeting could exclude people with significant need. Age Cymru echoed this but recognised that underrepresented groups may warrant more tailored strategies with government guidance.

The Gwanwyn festival was seen as appropriately national in scope, though its annual themes allow alignment with emerging priorities such as community reconnection, grief or age discrimination, and support partnerships with a wider range of organisations.

Social prescribing and bereavement support were mentioned as areas where HAP could contribute more, but only if capacity and referral routes are strengthened. Stakeholders valued HAP's ability to offer gentle, creative activities that provide safe spaces for connection.

Finally, stakeholders noted that targeted outreach requires time and local knowledge, which are difficult to sustain with current funding and staffing. National-local communication was also highlighted as an area for improvement to better share learning and ensure resources reach frontline delivery.

#### **4.12. Are HAP's goals still fit for purpose?**

Stakeholders generally felt HAP's goals - physical activity, social connection, creative engagement, and practical health information - remain highly relevant and aligned to Government's prevention, independence, and emotional wellbeing priorities.

Stakeholders agreed that the current mix of local delivery and national work is appropriate, and that the programme's scope can be adjusted as policy needs shift, provided sustainability is maintained.

Future delivery will need to navigate economic pressures, demographic ageing, culturally sensitive provision, gender-specific needs, digital exclusion, and transport/toilet access.

## **5. Conclusions and recommendations**

### **5.1. Effectiveness of the HAP in meeting its aims and policy priorities**

HAP's physical activity programme has broadly met its 2022–2025 targets, offering a cost-effective service. The Gwanwyn festival exceeded expectations promoting 103 events and over 9,000 participants. Age Cymru has contributed to national health campaigns, falls prevention, bereavement support, and arts engagement, demonstrating wide-ranging reach and alignment with policy priorities.

Participants report improvements in physical health, balance, confidence, independence, and mental wellbeing. HAP supports social connection, community participation, and cultural engagement, while helping challenge age-related stereotypes. Evidence of impact in advance care planning and bereavement support is more limited but present.

Volunteer-led delivery is a major strength, fostering participant ownership, trust-based relationships, and cost-effective activity provision. Delivery is inclusive, adaptive, and accessible, though participation skews toward confident, active individuals in urban areas. Challenges remain in monitoring, evaluation, outreach, and securing consistent arts funding, particularly in rural or deprived areas.

### **5.2. Ability to support evolving policy priorities**

HAP aligns closely with Welsh Government priorities on prevention, independence, and community engagement. The programme has adapted to emerging priorities, although reach is limited by workforce capacity and volunteer reliance. Physical activity classes are in high demand, limiting the potential for targeted outreach. The Gwanwyn festival maintains a national scope, using creative themes to engage diverse audiences. Stakeholders note that balancing universal access with targeted approaches will require careful planning to address persistent participation inequalities.

### **5.3. Extent goals remain fit for purpose**

HAP's goals remain appropriate, reflecting policy priorities and stakeholder input. Core areas - physical activity, social connection, creative engagement, bereavement, and confidence-building - support prevention, age-friendly communities, and emotional wellbeing. Future delivery must consider economic pressures, demographic changes, cultural needs, workforce capacity, and emerging priorities like social prescribing and bereavement support. Clear boundaries are needed to avoid mission drift, particularly regarding clinical support, safeguarding, or intensive digital inclusion initiatives.

## **5.4. Recommendations**

### **Recommendation 1: Maintain HAP's current goals and policy alignment**

HAP's goals remain fit for purpose and strongly aligned with Welsh Government priorities on prevention, independence, mental wellbeing, and cultural participation. Age Cymru and Welsh Government should continue their collaborative approach to annual priority-setting, ensuring flexibility to respond to emerging needs such as bereavement support and compassionate communities.

### **Recommendation 2: Clarify scope of health promotion work**

Age Cymru and Welsh Government should use the evidence presented in this report to confirm which policy areas are appropriate for HAP health promotion work and which are not appropriate. Future health promotion work should be planned based on appropriate policy areas identified.

### **Recommendation 3: Sustain core funding and delivery balance**

The current funding model supports a balanced approach across physical activity, arts and creativity, and national campaigns. This should be maintained to preserve HAP's holistic impact.

### **Recommendation 4: Expand provision to address equity gaps**

Evidence shows geographic and demographic gaps, with rural areas, men, and minority ethnic communities underrepresented. Welsh Government should consider additional resources to enable targeted outreach and culturally tailored activities. Expansion should prioritise areas of greatest need and align with policy priorities on health inequalities.

### **Recommendation 5: Strengthen marketing and outreach**

Age Cymru should explore new ways of reaching a broader audience using the findings from this review of 'what works' for healthy ageing programmes. This is likely to depend on progress made in relation to recommendation 4.

### **Recommendation 6: Expand and strengthen partnerships**

Future delivery should build on HAP's existing networks while strengthening partnerships with local authorities, health boards, housing associations, and cultural organisations to improve reach and equity. Any such expansion would require consideration of additional resources.

### **Recommendation 7: Pilot integration with social prescribing**

HAP is well-suited to complement social prescribing but constrained by capacity. A pilot in one region should test referral pathways, resource implications, and scalability. This aligns

with the National Framework for Social Prescribing and Towards an Integrated Community Care System.

**Recommendation 8: Define boundaries for high-need or clinical support**

HAP is not necessarily the most appropriate mechanism to deliver intensive, high-need or clinical healthy ageing interventions. Age Cymru and Welsh Government should bear this in mind when deciding on future delivery plans, such as targeting priority groups.

**Recommendation 9: Improve monitoring and evaluation for arts activities**

Collecting wellbeing impact data for Gwanwyn is challenging. Monitoring should focus on reach and added value for partner organisations, while introducing light-touch feedback tools for events directly delivered by Age Cymru.

**Recommendation 10: Maintain and future-proof the volunteer model**

The volunteer-led approach is a core strength and cost-effective. There are no immediate risks relating to volunteer recruitment though both Welsh Government and Age Cymru should be prepared to address any downturn in volunteer availability or interest. This may include focusing on retention of existing volunteers where possible.

# Annex A: Research Instruments

## Discussion guide 1: Stakeholders

### A. Introduction

1. Could you briefly describe your role and responsibilities?
2. What is your level of knowledge and involvement with the Healthy Ageing Programme (HAP)?
3. In what ways have you or your organisation engaged with HAP so far?

### B. Policy context

4. From your perspective, what are the current priorities and challenges in the policy context around healthy ageing in Wales? How well does HAP align with these policy priorities?
5. How effectively has HAP responded to current and emerging challenges?
6. Besides HAP, what other sources of funding or programmes are supporting healthy ageing and physical activity for older people in Wales? How does HAP compare to these in terms of scope, reach and impact?
7. Overall, how well do you think HAP is meeting current policy priorities?

### C. Design and delivery

8. HAP delivers both direct activities (e.g., LIFT, tai chi) and national-level work (campaigns, working groups, knowledge-sharing). How do you view the balance between these? Do they reinforce each other effectively? What should be prioritised?
9. What do you think is the appropriate scope of HAP?
10. Who do you think should be the target audience for HAP?
11. To what extent is HAP co-produced, person-centred, and inclusive for participants?
12. What do you see as the main strengths and weaknesses of the delivery model?

### D. Inclusivity and reach

13. How does HAP reach older people in general?
  - How well does it reach people in more deprived areas or experiencing health inequalities?
  - What has been done (or could be done) to engage Black, Asian and Minority Ethnic people and communities in Wales, men, and LGBTQ+ older people?
  - Participation in HAP is currently majority female (89%). Why do you think this is, and how could engagement be improved across genders?
14. How well is HAP ensuring fair and equitable access overall?
15. To what extent does HAP address common barriers to participation?
16. How flexible is delivery in adapting to different needs across groups and communities?

## **E. Outcomes and impact**

17. What would you describe as the most significant outcomes or impacts of HAP to date?

18. What further evidence is needed to understand HAPs contribution?

## **F. Future priorities**

19. What are the major trends and challenges in ageing in Wales over the next 5–10 years?

20. What are the main enablers and barriers to the long-term sustainability of HAP?

21. How could barriers be overcome?

22. Are there any gaps in provision or policy priorities that HAP should address in future?

23. If you could recommend one change to strengthen or improve HAP, what would it be?

24. Is there anything else you'd like to add about HAP or the wider context of healthy ageing in Wales?

## Discussion guide 2: Beneficiaries

### A. Welcome and introduction (5 mins)

Can you tell us a little about yourself?

### B. Getting involved in HAP (10–15 mins)

1. How did you first hear about or get involved with the Healthy Ageing Programme [or refer to specific activity if unfamiliar with the term HAP]?
2. Can you tell me about the activity or activities you've taken part in?
3. How easy or difficult was it for you to access the activity?

### C. Views on delivery (15–20 mins)

4. What do you think of the staff or volunteers who deliver the activity?
5. How would you describe the quality of delivery?
6. Do you feel the activity is accessible and inclusive to people like you?
7. What helps you to engage and keep coming back?
8. What, if anything, makes it harder for you (or others) to take part?
9. How much input do you have in how activities are planned or delivered?
10. Do you feel the activities are designed around what matters to you personally?
11. Do you feel empowered or more confident as a result of taking part? In what way?

### D. Impacts of HAP (20 mins)

12. Were there any specific challenges or problems the activity helped you with?
13. Have you noticed any changes in your life or health since taking part?
14. What difference has this activity made to your daily life, if any?
15. Is there anything that's changed for the better — or worse — since you started?
16. Do you feel this support came at the right time for you?
17. Have you stopped using any other services or support as a result of getting involved in this activity?

### E. Future needs (10–15 mins)

21. Is there anything that would make it easier for you to take part or benefit more?
22. Are there any gaps in the support provided by the Healthy Ageing Programme - things you would like but aren't available?
23. If you could change one thing about the service, what would it be?
24. Thinking about your wider needs, what other health or support services do you use?
25. How does the Healthy Ageing Programme fit alongside these?
26. Has HAP referred you to any other support or helped you access other opportunities?

## Discussion guide 3: Volunteers

### A. Welcome and introduction (5 mins)

- Tell us about yourself. What led you to get involved in volunteering with Age Cymru?

### B. Getting involved in HAP (10-15 mins)

1. How did you first hear about / get involved with volunteering for the HAP?
2. Can you tell me about the activity or activities you help to run?
3. How easy or difficult was it for you to get started as a volunteer?

### C. Views on delivery (15-20 mins)

4. From your perspective, how do you find delivering these activities?
5. How would you describe the quality of delivery overall?
6. Do you feel the activities are accessible and inclusive to participants?
7. What makes it easier for participants to engage and keep coming back, in your experience?
8. What, if anything, makes it harder for participants to take part?
9. How much input do you have in how activities are planned or delivered?
10. Do you feel the programme reflects what matters to participants?
11. Do you feel supported and confident in your role as a volunteer?

### D. Impacts of HAP (20 mins)

12. What kinds of challenges or problems do you think the activities help participants with?
13. Have you noticed any changes in participants' lives since they joined?
14. What difference do you think these activities make for people day-to-day?
15. Do you feel the programme helps prevent participants' needs from getting worse or avoids the need for more formal support later?
16. Has the programme reduced participants' reliance on other services, in your view?
17. And what about you personally - has volunteering had any benefits or impacts for you?

### E. Future needs (10-15 mins)

18. Is there anything that would make it easier for you to deliver activities or feel more supported in your role?
19. Are there any gaps in the support provided by the Healthy Ageing Programme for volunteers or participants?
20. If you could change one thing about the way the programme is run, what would it be?
21. How do you see the HAP fitting alongside other services or support in the community?
22. Has the programme helped participants (or you, as a volunteer) access other opportunities or support?