active
Kent & Medway



Place Expansion Programme: Thanet

Project # 2
Orbit Housing Test and Learn

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Executive Summary

The Orbit Housing Test & Learn explored how confidence, independence and belonging were experienced by older residents, including people living with frailty, long-term health conditions and restricted mobility, across four housing schemes in Thanet. The twelve-week programme combined in-scheme physical activity, mixed-scheme participation and supported opportunities to access community venues. The evaluation used narrative inquiry, drawing on Community Connector diaries, observations, informal conversations, resident interviews and facilitator interviews.

The analysis identified four interrelated themes. Belonging was produced through familiarity, shared identity and everyday care, but was also conditional: established groups could support their members while creating barriers for residents outside them. Confidence developed through participation rather than preceding it. Repetition, peer encouragement, psychologically safe groups and discreet adaptation enabled residents to test assumptions about what they could do. Independence was best understood as supported agency rather than self-sufficiency. Practical assistance, accessible environments and trusted accompaniment expanded residents' choices, while observation, adaptation and withdrawal could represent legitimate forms of agency. Trust, consistency and relational labour formed the infrastructure connecting all three outcomes.

The findings show that activity provision alone was insufficient. Engagement became possible when relational, environmental and practical conditions aligned. Housing schemes were experienced as homes rather than neutral venues; consequently, external participation could broaden connection when carefully managed but could also displace residents and undermine psychological safety. Confidence developed in familiar settings did not transfer automatically to community venues because transport, mobility equipment, unfamiliar environments and the absence of trusted companions introduced new risks.

Six priorities follow from the evaluation: co-design provision with residents; respect communal areas as part of residents' homes; invest in consistent and relational delivery; recognise flexible and partial participation; plan accessibility and transport from the outset; and build continuity and supported transition into short-term provision. Future evaluation should measure not only attendance but also changes in trust, choice, relationships, capability and the conditions enabling participation.

Overall, the Test & Learn demonstrates that inclusive physical activity requires a relational, capability-oriented and place-sensitive approach. Sustainable participation depends on trusted people, adaptable activities, accessible places, meaningful choice and sufficient continuity for new experiences to become credible and repeatable

Introduction

About the Project:

This report presents the final findings of the Orbit Housing Test & Learn project, *Exploring perspectives of confidence, independence and belonging among Thanet-based housing scheme residents through storytelling*. The project sought to develop a more nuanced understanding of how older residents, including those living with frailty, long-term health conditions or restricted mobility, experienced physical activity and social participation within and beyond their housing schemes. In particular, the test & learn project examined how confidence, independence and belonging were understood, negotiated and expressed through residents' everyday experiences, rather than treating these concepts as fixed individual characteristics or predetermined programme outcomes.

The Test & Learn was delivered across four Orbit Housing schemes in Thanet: Victoria Villas in Margate, Napleton Court in Ramsgate, Cherry Court in Broadstairs and Craven Court in Garlinge. The twelve-week programme adopted a phased model of engagement, beginning with activities delivered within residents' housing schemes before seeking to introduce mixed-scheme participation and supported opportunities to engage with community venues and facilities. Activities included chair-based exercise, Pilates, yoga, tai chi, boxing, circus skills, judo, indoor games and facilitated visits to libraries, leisure centres and other community settings. This progressive approach was designed to explore whether familiarity, repeated participation and relational support could help residents develop the confidence and practical capacity to engage more widely in physical activity and community life.

The project was situated within a wider recognition that inequalities in physical activity cannot be explained solely through individual motivation, knowledge or personal choice. For older adults and people living with frailty, participation is shaped by an interaction between health, mobility, transport, confidence, social relationships, previous experiences, environmental accessibility and the availability of appropriate support. Within supported housing contexts, these factors are further influenced by the social dynamics of individual schemes, residents' relationships with shared spaces, the presence or absence of trusted staff, and the extent to which activities are perceived as safe, relevant and intended for them.

The study therefore approached participation as a socially situated and relational process. Rather than asking only whether residents attended or became more active, the enquiry examined the conditions under which engagement became possible, meaningful or sustainable. It also considered the reasons residents might observe an activity without joining, participate only partially, withdraw after an initial attempt, or choose not to engage at all. Such responses were not interpreted automatically as resistance, apathy or programme failure. Instead, they were examined as potential expressions of autonomy, self-protection,

social positioning, fluctuating capacity or dissatisfaction with the conditions in which participation was being offered.

Through this approach, the Orbit Housing Test & Learn contributes to a more contextually grounded understanding of physical activity participation among older residents and those living with frailty. Its central proposition is that sustainable engagement cannot be generated through activity provision alone. It depends upon the cultivation of trusted relationships, psychologically safe environments, meaningful choice, accessible forms of support and sufficient continuity for residents to develop familiarity and confidence over time. The report subsequently outlines the methodological approach, presents the four principal themes, discusses their relationship to the wider programme design, and identifies implications for future practice, partnership working and sustained provision.

Design & Approach

The Orbit Housing Test & Learn adopted a qualitative narrative inquiry approach to explore how confidence, independence and belonging were experienced and understood by residents living across four Orbit Housing schemes in Thanet. Narrative inquiry is grounded in the understanding that people interpret and communicate their experiences through stories, and that these stories provide insight into identity, relationships, place and change over time. This approach was considered particularly appropriate because confidence, independence and belonging are complex, relational and context-dependent experiences that cannot be understood adequately through attendance figures or standardised measures alone.

The approach was designed to privilege residents' lived experiences while also examining the social and environmental conditions through which participation was enabled, constrained or negotiated. Rather than treating residents' accounts as isolated statements about individual motivation, the Test & Learn considered how stories were shaped by residents' health, mobility, personal histories, relationships with other residents, experiences of ageing, attachment to place and perceptions of psychological and physical safety. This enabled the enquiry to move beyond a narrow assessment of whether residents participated and instead examine what participation meant, how it became possible, and why it was experienced differently across residents and housing schemes.

Context & Setting

The twelve-week Test & Learn programme was delivered across Victoria Villas in Margate, Napleton Court in Ramsgate, Cherry Court in Broadstairs and Craven Court in Garlinge. The programme was designed to support older residents and those living with frailty or long-term health conditions to become more physically active and socially connected. It adopted a phased engagement model intended to move

gradually from familiar and accessible in-scheme provision towards supported participation in wider community settings.

The initial phase concentrated on delivering activities within the housing schemes. This was intended to reduce immediate barriers to participation and provide opportunities for residents to become familiar with facilitators, activity formats and the experience of participating alongside others. Subsequent phases introduced mixed-scheme participation and opportunities to engage with activities outside the immediate housing environment. These included facilitated visits to libraries, leisure centres and other local facilities. Across the programme, residents were offered chair-based exercise, Pilates, yoga, tai chi, boxing, circus skills, judo and indoor games, alongside opportunities for informal conversation and social interaction.

What we wanted to understand:

The study was guided by the following insight question:

How are confidence, independence and belonging experienced and understood by residents of Thanet-based housing schemes through their stories of participation in the Orbit Housing Test & Learn?

Data Generation

Data generation was multi-method, longitudinal and embedded within the delivery of the Test & Learn. Evidence was gathered through Community Connector diaries, observational field notes, informal resident conversations, in-depth resident interviews and facilitator interviews. The use of multiple sources enabled the study to examine change over time, compare different interpretations of the same events, and retain detail about the contexts in which participation or withdrawal occurred.

Community Connector diaries and observational records were produced throughout the programme. These documented attendance patterns, interactions between residents, responses to particular activities, expressions of interest or reluctance, changes in participation, and moments of confidence, discomfort, enjoyment or withdrawal. The reflections also recorded practical and organisational influences, including changes to schedules, difficulties accessing buildings, transport arrangements, facilitator consistency and the role of scheme managers.

Importantly, storytelling was not confined to formal interview moments. Many stories emerged during informal conversations before and after sessions, while travelling together, or during moments of shared activity such as playing games or having refreshments. These spontaneous stories were recorded in field notes and treated as valid and valuable data, consistent with narrative inquiry's emphasis on everyday storytelling as a site of meaning-making.

Data Analysis

The data were analysed using a reflexive narrative-thematic approach. This combined thematic analysis of patterned meanings across the dataset with attention to the structure, context and temporal development of individual accounts. The analysis sought to avoid fragmenting residents' stories into isolated codes that were disconnected from their circumstances. Quotations and observed moments were therefore interpreted in relation to the speaker's wider account, the social environment of the scheme and the stage of programme delivery in which they occurred.

The first phase of analysis concentrated on Community Connector diaries, field notes and informal resident feedback. Initial coding was inductive and focused on recurring expressions of confidence, independence, belonging, trust, participation, resistance, uncertainty and change. This initial analysis generated four overarching themes: belonging as a contested and conditional social process; confidence as an emergent, relational achievement; independence as scaffolded, negotiated and embodied; and trust, consistency and relational labour as the infrastructure of change.

These preliminary themes informed the development of a structured thematic codebook and the semi-structured interview guides used during the final phase of data generation. The codebook included more specific concepts relating to conditional belonging, psychological safety, group dominance, socially borrowed confidence, confidence through repetition, supported independence, partial participation, transport anxiety, person-centred trust, predictability and relational labour. Cross-cutting attention was also given to temporal change, choice and consent, power and positioning, silence and absence, and ethical tensions between support and autonomy.

The resident and facilitator interview data were subsequently analysed deductively against the four established themes and their associated codes. This approach examined the extent to which the interview evidence confirmed, complicated or challenged the findings generated through the earlier practitioner reflections. Deductive coding was not used to force all interview material into the existing framework. Data that could not be explained adequately through the four themes were reviewed separately and considered as possible exceptional or cross-cutting findings.

Bringing together different perspectives

Evidence from residents, facilitators and Community Connectors was considered both separately and in relation to one another. Resident accounts were given weight when interpreting the meaning of confidence, independence, safety and belonging because these concerned residents lived experiences. Facilitator and Community Connector accounts were used to examine the delivery practices, relationships and organisational conditions surrounding those experiences.

The inclusion of multiple perspectives enabled the analysis to distinguish between programme intention and experienced effect. For example, opening sessions to external participants could be understood by practitioners as an opportunity to build bridging relationships, while being experienced by residents as loss of access to their own communal space. Similarly, an out-of-scheme visit could be understood as an opportunity to develop independence, while residents could experience the journey, group composition or unfamiliar destination as physically and socially unsafe.

Reflexivity was integral to the design and analysis of the study. Community Connectors, facilitators and practitioner-researchers were not detached observers of the programme. Their presence, relationships, questions, adaptations and responses contributed to the conditions in which residents participated and the stories they chose to share. The data were therefore understood as relationally produced rather than discovered independently of the research process.

Practitioner interpretations recorded in diaries and field notes were treated as situated accounts shaped by professional roles, expectations and relationships with residents. Where practitioners described residents as reluctant, resistant or disengaged, the analysis considered alternative explanations, including anxiety, social risk, previous negative experiences, fluctuating health, dissatisfaction with delivery or an active decision not to participate.

Respecting participants and their stories

Ethical practice extended beyond formal consent and confidentiality to include sustained attention to autonomy, dignity, safety and the relational consequences of the research process. Participants were informed about the purpose of interviews and the use of their accounts. Participation was voluntary, and residents retained the right to decline questions, end conversations, withdraw from activities or determine how fully they wished to engage.

Anonymity has been preserved in reporting, with pseudonyms used where individuals are referenced, and care taken to avoid identifiable detail. Where residents' stories were shared in written reflections, these were treated with sensitivity, recognising the vulnerability that can accompany storytelling about health, isolation, or loss. The emphasis throughout was on amplifying residents' voices rather than interpreting them through deficit-based or instrumental lenses.

The study recognised partial and observational participation as legitimate. Residents were not required to complete an activity or demonstrate visible progression for their experience to be considered meaningful. Choosing to remain seated, observe, adapt a movement, leave early or decline participation was treated as a potential expression of agency rather than non-compliance.

Design & Approach Limitations

The findings reflect the experiences and interpretations of those residents and facilitators who participated in interviews or whose interactions were recorded through the programme. Residents who remained within their flats, consistently declined contact or did not attend shared activities are necessarily less visible within the dataset. The report therefore cannot claim to represent fully the perspectives of residents who were most isolated or least engaged.

The embedded nature of data generation created both strengths and limitations. Sustained practitioner involvement enabled small changes and informal narratives to be documented over time, but it also meant that observations were shaped by the roles and relationships of those recording them. Participants may have responded differently to facilitators, Community Connectors and interviewers depending on the degree of trust, familiarity or perceived authority involved.

The Test & Learn was delivered over twelve weeks, with some individual activities offered in shorter blocks. This timeframe was sufficient to reveal early relational and behavioural changes, but it was not designed to establish whether these changes were sustained over the longer term. Facilitator accounts additionally suggested that short delivery cycles could end at the point when familiarity, trust and confidence were beginning to consolidate.

What we learned

The analysis identified four interrelated themes through which residents' experiences of confidence, independence and belonging could be understood. These were: belonging as a contested and conditional social process; confidence as an emergent, relational achievement; independence as scaffolded, negotiated and embodied; and trust, consistency and relational labour as the infrastructure of change. Although presented separately for analytical clarity, the themes were closely interconnected. Residents' willingness to participate was shaped by whether they felt that they belonged within the social environment, while confidence developed through repeated experiences of participation within relationships and spaces perceived as safe. Independence was similarly supported through trusted relationships, accessible environments and practical assistance, rather than emerging through individual effort alone. Trust, consistency and relational labour therefore operated across all three outcome areas as enabling conditions through which change became possible.

The themes were developed initially through Community Connector diaries, observational field notes and informal resident feedback, and were subsequently examined through resident and facilitator interviews. The interview evidence broadly confirmed the preliminary analysis but also added greater complexity. In particular, residents' accounts demonstrated that the same programme feature could be experienced differently depending on the social and spatial context. The participation of people from outside a housing scheme, for example, could create new relationships and broaden social interaction in one setting, while in another it could leave residents feeling displaced from activities delivered within their own home environment. Similarly, a closely bonded resident group could provide encouragement and collective confidence for those within it, while simultaneously creating less visible barriers for residents positioned outside the group.

Theme 1: Belonging as a Social Process

Belonging was not an automatic consequence of living within the same housing scheme or having access to shared activities. Instead, it was produced through everyday relationships, mutual recognition, collective routines and residents' attachments to particular spaces. The data also showed that belonging was neither uniformly positive nor equally available. The social ties that gave some residents security and confidence could make participation more difficult for others, while attempts to widen participation could unsettle residents' sense of ownership and safety within their own home environment.

Across the Community Connector reflections, resident interviews and facilitator accounts, belonging was therefore characterised by a central tension. Residents valued familiarity, close relationships and a strong sense of collective identity, but these same qualities could generate boundaries around who was recognised as part of the group. Belonging was consequently both enabling and conditional. It could support participation by reducing social uncertainty, while also reinforcing established patterns of inclusion, avoidance and withdrawal.

Belonging through familiarity and everyday connections

Residents most described belonging through the quality of everyday life within their housing scheme rather than through formal participation in organised activities. Belonging was associated with atmosphere, familiarity, humour, mutual care and the knowledge that social contact was available without being compulsory. One resident described the scheme as both socially connected and peaceful:

"It's the atmosphere. I love the atmosphere. You can have a laugh and jokes with people. Some people keep themselves to themselves and that, but you can have a laugh with other people. I mean, certain people in here have said that I've made their life changeable since I've been here and that, because I'm funny, laughable, lovable, and cuddly and all that lot. And I talk, like I said, I mean, I'll talk to anyone. I'll talk to anyone. I'll be funny with anyone. And that, but I love it because of the quietness." (Resident interview)

This account demonstrates that belonging did not require continuous social interaction. The resident valued both the opportunity to connect and the freedom to experience quietness. Belonging was therefore partly about control over social proximity: knowing that others were available, while retaining the option to withdraw without losing one's place in the community.

"We all had a conversation about previous careers and then while we were exercising, we were just chatting and then everyone was discussing what they did as a career and other residents didn't know what other people did. And then it started a whole conversation and I felt like everyone's relationships were getting a little bit stronger." (Facilitator interview)

Conversation was therefore not external to the intervention. It was one of the mechanisms through which residents became more recognisable to one another. By making personal histories visible, the sessions could move relationships beyond identities associated primarily with age, frailty or housing status.

Taken together, the evidence suggests that activities supported belonging most effectively when they connected with the existing relational life of the scheme. The physical activity created a focus around which interaction could occur, but belonging was strengthened through what happened around the activity: encouragement before the session, humour during it, conversations during breaks and refreshments afterwards.

The conditions of belonging

Although established resident groups provided companionship and support, they also shaped who felt able to enter and use communal space. Across several schemes, participation remained concentrated among a small group of residents who were already socially connected and accustomed to communal activities:

"There's only a few of us, isn't there really, that get involved with everything that goes on here? ... You'll find in life it's the same people that do the same things... We try and get other people to come in, but it doesn't always work out." (Resident interview)

For residents within these groups, familiarity reduced the risks associated with trying something new. They could encourage one another, attend collectively and carry relationships across activities, social occasions and wider trips. A facilitator described this as providing "strength and unity":

"The bad eggs kind of dominate the whole scheme. Their opinion has a knock-on effect. People who might want to come don't, because they don't want to be on the outside of that group." (Community Connector reflection, Craven Court)

The language used by practitioners reflects their interpretation of the scheme's dynamics and should not be treated as a neutral description of particular residents. Nevertheless, the reflections identify an important mechanism: participation carried social meaning. Attending an activity was not simply an individual decision about interest or health. It could position a resident in relation to an influential group and potentially threaten an existing source of belonging.

This has implications for the role of resident champions. Residents who are well connected and enthusiastic can be powerful facilitators of engagement, but reliance on a small number of socially prominent residents may unintentionally reproduce existing group boundaries. Wider engagement may require additional routes into activities, including individual invitations, smaller introductory sessions and opportunities that do not require residents to enter an established group immediately.

Belonging and feeling safe in shared spaces

Belonging was closely connected to whether residents felt safe within the immediate activity environment. This feeling could change according to group size, the people present, the behaviour of other participants and whether residents retained control over a space they understood as their home.

Community Connector reflections showed that some residents felt a sense of belonging only within particular relational arrangements:

"He doesn't necessarily feel part of that group normally, but when we're there, when it's me and Sarah and Alix and the instructor, he does feel like he belongs." (Community Connector reflection, Craven Court)

Belonging was therefore not a stable characteristic of either the resident or the scheme. The presence of trusted people temporarily altered the social environment and created conditions in which the resident could feel accepted.

"You've got to trust the people that come in. And we don't even know the people that come in here, so we can't trust them." (Resident interview)

These concerns should not be assumed to justify closed or exclusionary provision. Rather, they indicate that bridging participation must be relationally developed. Advertising an activity openly does not perform the work required to make unfamiliar people recognisable, trustworthy and appropriately situated within a shared domestic environment.

Theme 2: Developing Confidence through Participation & Support

Confidence was not experienced as a stable personal attribute that residents either possessed or lacked. Across Community Connector reflections, resident interviews and facilitator accounts, confidence emerged through participation itself. It developed as residents became familiar with activities, facilitators and other participants, and as they accumulated experiences that challenged assumptions about what they could safely or successfully do.

The findings therefore position confidence as an achievement produced through relationships, repetition, appropriate adaptation and experiences of success. Residents were not required to become confident before participating. Instead, supported participation created the conditions through which confidence could begin to develop. This reverses a common behavioural assumption that individuals must first possess sufficient confidence or motivation before they can engage.

Confidence was also multidimensional. It included confidence in physical capability, confidence to enter a communal space, confidence to interact with unfamiliar people, confidence to make mistakes without embarrassment and confidence to exercise choice about when and how to participate. These dimensions were closely connected but did not necessarily develop simultaneously. A resident could feel physically capable within a familiar group while remaining uncomfortable about travelling to an unfamiliar venue. Another could feel socially secure within the scheme but uncertain about whether their body could undertake a particular movement.

Confidence through trying, repeating, and succeeding

Residents frequently approached the programme with established narratives about incapacity. Expressions such as "I can't do that," "that's not for me" and "I won't be able to do it" appeared repeatedly across the dataset. These statements were not necessarily evidence of unwillingness or a general lack of motivation.

They often reflected residents' experiences of long-term health conditions, pain, reduced mobility, previous falls, ageing and activities that had not been adapted successfully in the past.

Confidence began to change when residents were able to test these expectations through supported participation. Community Connector observations documented small but meaningful shifts over time:

"In the first session she kept saying 'I can't do that' to nearly every move, but now, three sessions in, she's attempting everything, even if it's the adapted version." (Community Connector reflection, Craven Court)

The significance of this progression did not depend on the resident completing every movement in a standardised form. It was evident in her willingness to attempt each activity and to accept adaptation as a valid way of participating. Confidence was demonstrated through a changed relationship with possibility. The resident had moved from anticipating failure to exploring what she could do within her current capacity.

"Getting off the chairs onto the mat has been, for some of the ladies, amazing. I think last year they were saying, 'No, we wouldn't get on the mat because we'd never get up again'... and tonight there were maybe five or six residents on the mats, which is pretty amazing, to be honest with you." (Facilitator interview)

Moving onto a mat required more than physical ability. Residents needed to trust their bodies, the facilitator, the available support and the possibility of returning safely to a standing or seated position. The progression therefore illustrates the interdependence of physical confidence, relational trust and environmental safety.

The findings also caution against interpreting verbal reluctance as a definitive statement of preference or capability. Residents' initial statements often communicated uncertainty, anticipated risk or a request for reassurance. However, neither should they be disregarded automatically. The relevant mechanism was not pressure to participate, but the creation of low-risk opportunities through which residents could test their expectations while retaining the ability to stop or adapt.

Confidence through relationships and safety

Confidence was rarely generated by residents in isolation. It was shaped by observing others, receiving encouragement from trusted peers and participating within groups where mistakes were normalised. Residents could temporarily draw on the confidence of people around them before developing a stronger sense of personal capability. Confidence was therefore socially distributed across relationships rather than located solely within the individual. A facilitator described how seeing peers participate reduced embarrassment:

"Yeah, because people don't want to be embarrassed, and when they see other people are doing it, then they do it." (Facilitator interview)

Observing others allowed residents to assess both the physical and social risks of an activity. Where peers attempted movements, made mistakes and remained accepted within the group, the anticipated

consequences of joining became less severe. Social modelling communicated that difficulty was expected and that participation did not require immediate competence.

"I suppose maybe they think people are going to judge them, you know, because Claire's got her MS, Mich's a big girl. You know, and I think that is the confidence, that, and some people like Rach, she finds it very difficult to communicate. She sits there and she just stares at you, and people might get offended by her, you know, and I think that's why." (Resident interview)

Although this was one resident's interpretation of other people's experiences, it shows how confidence was mediated by expectations of stigma, misunderstanding and judgement. An individual might feel capable of an activity while remaining uncertain about how their body, health condition or communication style would be perceived by others.

The value of peer confidence also requires a critical interpretation. Residents embedded within supportive groups could draw on collective encouragement and shared experience. Those outside established networks had fewer opportunities to borrow confidence. Group-based delivery may consequently strengthen confidence among existing participants while doing less for residents who remain socially isolated. Intentional outreach, smaller introductory sessions and individual relational support may be necessary to ensure that the benefits of collective confidence are not restricted to established groups.

Facilitation and choice builds or undermines confidence

Facilitators were central to the production of confidence because they shaped how activities were introduced, adapted and experienced. Their contribution extended beyond technical instruction. Facilitators mediated uncertainty, established expectations, responded to residents' physical and emotional cues and created conditions in which participation could occur without residents being defined by their limitations.

Community Connector observations repeatedly identified facilitator style as an important influence on participation:

"There's a brilliant rapport between Lottie and the group. She's laid back and fun, and you can see how much that matters. People are so much more relaxed and willing to get involved." (Community Connector reflection, Victoria Villas)

The facilitator's warmth and humour reduced the perceived seriousness of making mistakes. Rapport changed the emotional demands of participation and enabled residents to experiment without feeling closely assessed.

"Because it's gone now, isn't it? This week they've not had anyone in there. All their lovely things that they've done and these relationships that we've built have been taken away again. And then you have to go back in and build it all up... Because I know circus skills was, they loved it. The people were coming back and saying how much fun they had, but now that fun and that relationship and that confidence has gone." (Facilitator interview)

The claim that confidence had entirely "gone" should be interpreted cautiously. Residents retained their experiences and may have continued to draw meaning from what they achieved. Nevertheless, the facilitator identified an important structural issue. If confidence develops through trusted relationships, predictable routines and repeated participation, the withdrawal of those conditions may limit residents' ability to consolidate or transfer emerging confidence.

This does not imply that every facilitator or activity should continue indefinitely. It indicates the need for transition planning. Short-term provision should include pathways through which residents can sustain activity, retain relationships or move gradually towards resident-led or locally embedded opportunities. Without such pathways, the programme risks repeatedly demonstrating what residents can achieve without establishing the infrastructure needed to maintain it.

Theme 3: Independence is Enabled Through Support, Choice and Access

Independence emerged as a complex and relational experience that could not be reduced to self-sufficiency or the ability to act without assistance. Across the Community Connector reflections, resident interviews and facilitator accounts, residents' independence was enabled through combinations of practical support, trusted relationships, accessible environments and meaningful choice. Receiving assistance did not necessarily diminish autonomy. In many cases, appropriate support expanded what residents felt able or willing to do.

The evidence also demonstrated that independence was embodied. Residents made decisions in relation to pain, fatigue, mobility, balance, sensory impairment, anxiety and fluctuating health. Leaving a session early, remaining seated, observing an activity or choosing not to travel could represent informed decisions rather than failures of independence. Residents exercised agency through adapting participation to their bodies and circumstances.

At the same time, residents' opportunities were shaped by structural conditions beyond their immediate control. Transport, distance, mobility equipment, weather, timing, the accessibility of destinations and the availability of trusted companionship all influenced whether participation outside the housing scheme was realistically possible. The data therefore challenge interpretations that attribute non-participation primarily to individual motivation. Independence depended upon whether the surrounding environment enabled residents to act on their preferences.

Independence through support and meaningful choice

Residents and facilitators frequently described independence in ways that challenged the assumption that autonomous action must be undertaken alone. Support was most enabling when it increased residents' control, developed practical capability or reduced avoidable risk without taking decisions away from them. One facilitator articulated this understanding directly:

"I think it's very important and I think when they're here we want people to do as much as they can by themselves and if they need a small amount of aid that's fine as well." (Facilitator interview)

This account frames independence as the opportunity to exercise as much agency as possible within an appropriately supportive environment. Assistance was not positioned as the opposite of independence. It functioned as a scaffold that allowed residents to undertake more than would have been possible without support.

"I think probably, like we were talking about, designing the programme probably needs to come from the residents. And they probably would say, 'We don't want Pilates.' They'll say, 'We want dance and boxing,' and stuff that they are familiar with and comfortable with. But that's important to know, isn't it?" (Facilitator interview)

This account extends independence beyond individual choices during sessions to influence over programme design itself. Residents were more likely to recognise activities as relevant and intended for them when they had a meaningful role in deciding what was offered, how it was described and when it took place.

The evidence therefore suggests that supported independence was not achieved simply by encouraging residents to do more for themselves. It involved widening the range of realistic choices available to them, providing practical assistance where necessary and ensuring that residents retained control over how those opportunities were used.

Independence within changing health and capacity

Residents' experiences of independence were inseparable from their bodies. Mobility limitations, pain, fatigue, anxiety, sensory impairment, Parkinson's disease, arthritis, fibromyalgia and other long-term conditions influenced what residents could do and how that capacity changed over time. Independence was therefore embodied and variable rather than fixed.

Community Connector observations demonstrated that meaningful participation took different forms. Some residents joined the full activity, while others participated from a chair, adapted movements, observed or left before the session ended. One reflection described a resident whose physical conditions affected active participation but not her desire to remain connected:

"She comes just to watch sometimes because of her knees and spine, but she likes being there. That's her way of taking part." (Community Connector reflection, Cherry Court)

Observation was not an absence of engagement. The resident chose a form of participation compatible with her body while retaining access to the social environment. This challenges binary distinctions between participants and non-participants. Attendance without physical involvement could still provide connection, enjoyment and familiarity, and could preserve the possibility of future participation when capacity changed.

"Sometimes it's challenging to get yourself going, because if you're in pain with that, you don't really want to do it. But then I thought, well, I'll be in pain later on in here, so you just go for it. So you just do, you just get on with it." (Resident interview)

For this resident, participating despite pain was experienced positively. However, the decision arose from their own assessment of the situation. The same response should not be expected of all residents or treated as evidence that others experiencing pain ought to attend.

Independence was thus expressed through negotiation between aspiration and capacity. Residents balanced the desire to remain active and connected against concerns about pain, falls, fatigue, embarrassment and physical harm. Inclusive delivery recognised that this balance could change and allowed residents to adjust without having to justify each decision.

Transport, place and access

Transport was one of the most consistent barriers to participation beyond the housing schemes. However, the data demonstrate that transport was not merely a logistical matter. It brought together physical mobility, confidence, cost, timing, weather, accessibility, previous travel experience, mobility equipment and the presence or absence of trusted companions.

Residents described apparently short journeys as involving multiple stages, each of which could create a barrier. One resident explained:

"It all depends where it is and everything, and it all depends if people have got transport or not. Sometimes when the days it falls on, I mean, I've either got appointments and everything... Yes, I can get to other places on the mobility scooter. But again... you've got to think about people walking from here to bus stops, and then if they can walk it or not." (Resident interview)

The feasibility of attending an external activity could not be determined by geographical distance alone. Residents needed to reach the bus stop, wait, board with mobility equipment, travel, and then move from the destination stop to the venue. Appointments and other commitments added further complexity.

"He has had to reduce how far and how often he travels because of his health, but if we can get him to the leisure centre or the library, it would be a massive win for independence." (Community Connector reflection, Craven Court)

The reflection accurately identifies the importance that such a journey could hold, but the resident evidence suggests that the "win" should not be defined only by arrival at the venue. The process of planning the journey, deciding to try, travelling with support and returning safely may each represent meaningful components of independence.

The evidence ultimately shows that independence outside the scheme was not determined by personal confidence alone. It emerged through an interaction between residents' bodies, environments,

relationships and available resources. Where these conditions were not aligned, remaining within the scheme could be the most autonomous and appropriate decision.

Theme 4: Trust and Consistency Underpin Participation & Change

Trust, consistency and relational labour underpinned residents' experiences of belonging, confidence and independence. Trust enabled residents to enter shared spaces, attempt unfamiliar movements, accept support and interact with people they did not yet know. Consistency allowed these experiences to become predictable, while relational labour connected residents to activities through encouragement, reassurance, adaptation and practical assistance.

Trust was not expressed primarily as confidence in an abstract programme or institution. It was most often located in particular people, including facilitators, Community Connectors, scheme managers and other residents. These relationships gave the programme credibility and helped residents assess whether participation would be safe, respectful and worthwhile. Community Connector reflections captured this distinction:

"People don't always trust the programme, but they do trust individuals. They'll come because it's you, or because it's Lucas, or because it's Sarah." (Community Connector reflection)

Trust and consistency through relationships, safety, and reliability

Residents' accounts positioned trust as a fundamental feature of both scheme life and programme participation. Trust was associated with knowing the people around them, believing that personal belongings and shared spaces were safe, and having confidence that others would behave reliably. One resident described trust as a central reason for remaining within their scheme:

"Great. It's great. It's good. I love living there. I mean, I was going to move, but I've had my name taken off of the housing register now. I've decided I'm staying there where my friends are, you know, and where people I can trust. All the people that are in here, including Martin there, I can trust. I could say to them, there's an envelope here. I'm not telling what's in it, and give it to them and say, 'Can I leave that with you while I'm on holiday?' And it could have a thousand pound in it, could have nothing. But I know that envelope wouldn't get touched." (Resident interview)

Trust in this account was more than an interpersonal preference. It contributed directly to the resident's attachment to place and decision to remain. The scheme felt like home partly because the resident believed that the people around them would act with care and integrity.

"If someone tells them off or makes them feel stupid even once, that's it. They won't come back." (Community Connector reflection)

The effects of an incident were disproportionate because trust was difficult to build and easy to unsettle. Continuity, respectful communication and reliable delivery were therefore not matters of administrative quality alone. They were components of the intervention mechanism.

The unseen work behind trust and consistency

The programme depended on substantial relational labour undertaken by Community Connectors, facilitators, scheme managers and residents. This labour included personal invitations, reminders, reassurance, informal conversation, adaptation, accompaniment, mediating group dynamics, responding to health needs and maintaining communal spaces. It often occurred before or after formal sessions and was not captured through records of activity delivery.

Community Connectors frequently acted as relational bridges between residents and the programme. They built familiarity through repeated presence, learned residents' preferences and concerns, accompanied people into unfamiliar settings and adjusted plans in response to individual circumstances. Their role was particularly important for residents who were not already connected to an active resident group.

"Matthew didn't really want to play the game we had planned, so we played Connect 4 instead. Honestly, I think it made his day. He absolutely loved it." (Community Connector reflection, Craven Court)

The interaction did not deliver the planned activity, but it preserved the relationship and communicated that the resident's preferences mattered. Such moments could appear peripheral if evaluated only against programme outputs. Analytically, however, they were central to building the trust through which future engagement might become possible.

"Because our manager's not here, when people come in, I tell them to make sure they're signed in because of the health and safety and fire, and some of them don't like being told. But at the end of the day, this is our home. You know, we don't want somebody to die in here if we don't know who they are, you know?" (Resident interview)

This account demonstrates that opening activities to wider participation transferred practical and emotional responsibilities onto residents. They were not simply receiving an activity. They were monitoring access, explaining rules and protecting the safety and integrity of their home.

Overall, relational labour was a core programme mechanism. Activities gained meaning and credibility through the people who connected them to residents' everyday lives. Without this work, the same sessions could be delivered technically but remain socially inaccessible.

Sustaining trust and consistency beyond short-term delivery

The Test & Learn demonstrated that trust and confidence could develop through relatively short periods of repeated engagement. However, the findings also raised questions about what happened when

delivery ended. Facilitators were particularly concerned that short activity blocks concluded at the point when relationships, familiarity and participation were beginning to consolidate:

"Well, I think the only downfall with these projects is that they're so short-lived. I understand it comes down to funding and money, that we build up this reputation and relationship and then it goes. And then we have like four weeks and then we build it, build it and then it goes... Where's that gap bridge, that we don't just give this on a plate and then take it away?"(Facilitator interview)

The facilitator identified a gap between testing an activity and establishing conditions through which participation could continue. Short-term delivery could prove that residents enjoyed an activity without resolving who would sustain it, how it would be funded or how residents would continue to access trusted support.

"It's just basically, is it all going to stop and that's it?... Because we've all got used to it and used to it being good." (Resident interview)

The phrase "got used to it" is significant. Familiarity was one of the mechanisms through which initial uncertainty had reduced. Ending provision after residents had incorporated it into their routines risked interrupting a newly established pattern of participation.

The Test & Learn should therefore be understood as having created both outcomes and obligations. Where residents were invited to trust facilitators, establish routines and invest in relationships, the programme acquired a responsibility to manage endings transparently and avoid abrupt withdrawal where possible. Ethical sustainability involves acknowledging the relational consequences of short-term provision and planning how residents will be supported when a delivery phase concludes.

What the Findings Mean:

The Orbit Housing Test & Learn demonstrates that participation in physical activity among older residents and those living with frailty cannot be understood adequately as an individual behavioural choice. Although residents' health, preferences and previous experiences were important, engagement was produced through the interaction of social relationships, physical environments, organisational arrangements and access to practical support. Confidence, independence and belonging were therefore not separate outcomes generated by exposure to activity. They were relational accomplishments whose development depended upon the conditions surrounding participation.

This interpretation has important implications for how physical activity inequalities are conceptualised. A conventional behavioural account might attribute low participation to limited motivation, confidence or knowledge. The findings instead suggest that what appears to be low motivation may reflect a rational response to social risk, inaccessible travel, uncertainty about a facilitator, previous experiences of exclusion,

or concern that an activity will not accommodate a resident's body. Participation was rarely determined by a single barrier. It became possible when several enabling conditions aligned sufficiently for residents to judge the experience as safe, relevant and manageable.

The programme's phased design was valuable because it exposed how these conditions changed across settings. Delivering activities within the housing schemes reduced some immediate barriers and enabled residents to participate within familiar social and physical environments. However, the anticipated progression from in-scheme provision to wider community participation was not straightforward. Confidence developed within one environment did not necessarily transfer to another because the relational, practical and psychological conditions changed. This indicates that progression should not be understood as a linear movement from dependence to independence, or from the housing scheme to the wider community. Instead, it should be understood as a negotiated process in which residents expand participation at different rates and in different directions.

Belonging Can Support or Limit Participation

The findings position belonging as more than a positive social outcome arising from participation. Belonging operated as a mechanism that shaped whether participation became possible in the first place. Residents who felt recognised within communal spaces, had trusted relationships with peers and could anticipate how others would respond were better able to tolerate the uncertainty associated with trying something new. Belonging lowered the social cost of participation.

This helps explain why the same activities produced different patterns of engagement across the four schemes. Schemes already characterised by resident-led social activity, shared stewardship of communal spaces and established peer relationships provided a stronger relational platform for the programme. Facilitators could connect new activities to existing routines and networks. In schemes where social relationships were more fragmented or contested, the programme had to undertake more relational work before activity participation could become meaningful.

The implication is that scheme context should not be treated as background information or as a variable to be managed after delivery begins. The relational history of each setting is part of the intervention context and should influence programme design. A standardised activity offer may produce different outcomes because it enters different systems of relationships, expectations and informal power. Future provision should therefore begin with an assessment of existing communal life, including who uses shared spaces, whose influence shapes participation, which residents remain less visible and how previous initiatives have been experienced.

Confidence Develops Through Supported Participation

The findings reverse the conventional assumption that confidence must be developed before residents can participate. In the Orbit Test & Learn, confidence was frequently generated through the experience of participation itself. Residents did not necessarily begin by believing that they were capable. They developed

confidence after encountering evidence that an activity could be attempted safely, adapted appropriately and completed without judgement.

This distinction is analytically important because it changes the programme response to low confidence. If confidence is treated as an individual prerequisite, residents may be offered information, reassurance or motivational encouragement before being expected to act. If confidence is understood as an outcome of supported action, the programme must instead create low-risk opportunities in which residents can test what is possible. The task is not simply to persuade residents to believe in themselves. It is to design experiences that make new beliefs about capability credible.

The findings suggest that confidence developed through a recursive process. Residents approached an activity with expectations shaped by health, ageing, previous injury or inaccessible experiences. A manageable first attempt produced an embodied experience of capability. This reduced uncertainty before the next session and made further participation more likely. Repetition then allowed residents to recognise progression, strengthening both confidence and willingness to continue.

Independence Does Not Mean Doing Everything Alone

The findings challenge an individualistic interpretation of independence as the capacity to act without assistance. Such an interpretation is particularly inappropriate for residents living with frailty, fluctuating health or mobility restrictions because it positions dependence on people, equipment or transport as a reduction in autonomy. The data instead suggest that independence was often expanded through support.

This can be understood as scaffolded agency. Residents exercised greater control when practical barriers were reduced, appropriate assistance was available and support was responsive to their preferences. Help with navigation, trusted accompaniment, adapted activity and peer encouragement did not necessarily make residents less independent. These forms of support widened the range of actions that residents could realistically choose.

The key analytical distinction is between support that enables choice and support that substitutes for it. Enabling support develops capability, reduces avoidable risk or makes an inaccessible opportunity usable. Disempowering support removes control, determines what a resident should do or assumes incapacity without consultation. The Test & Learn was most consistent with independence where support remained responsive and proportionate.

Relationships are a Core Part of Delivery

Trust did not merely support the delivery of the Orbit Test & Learn. It constituted part of the infrastructure through which the intervention operated. Residents needed to trust that activities would occur as promised, that facilitators would understand their capabilities, that mistakes would not lead to humiliation and that communal spaces would remain safe. Without this trust, the activity offer retained limited practical meaning.

The findings distinguish interpersonal trust from institutional trust. Residents most readily trusted known individuals whose reliability had been demonstrated through repeated contact. Facilitators, Community Connectors, scheme managers and peers became the people through whom the programme was interpreted. Trust in the initiative was therefore mediated through relationships rather than generated automatically by organisational affiliation.

This explains why consistency had such a pronounced effect. Repeated presence allowed residents to accumulate evidence that a person or activity could be relied upon. Familiarity reduced the need to reassess risk at each session. Predictable structures similarly enabled residents to anticipate what would happen and how their bodies might respond.

Sustainability and the Challenges of Short-Term Delivery

The Test & Learn model created a productive environment for experimentation, but it also exposed a tension between short-term testing and the time required for relational change. Activities could be introduced and adapted within a limited period, yet the confidence, trust and routines surrounding them developed gradually. In some cases, provision ended at the point when residents were beginning to incorporate participation into their everyday lives.

This does not mean that short-term programmes lack value. The Orbit Test & Learn generated detailed learning about activity preferences, scheme contexts, accessibility and delivery mechanisms. It also created meaningful experiences for residents. The issue concerns what happens when a test successfully demonstrates demand or produces emerging change but does not establish a credible route for continuation.

The findings suggest that sustainability should not be understood solely as the continuation of a specific activity. It includes sustaining opportunities to enact confidence, maintain social connection and access trusted support. A particular facilitator or activity may end, but the relational and behavioural gains can be protected through planned transition.

Overall Learning

The central contribution of the Orbit Housing Test & Learn lies in demonstrating that the conditions of participation are themselves an appropriate target for intervention. The programme did not simply offer physical activities and observe individual responses. It altered, with varying degrees of success, the relationships, routines, expectations and practical arrangements through which residents encountered physical activity.

The findings support a realist understanding of change, even though the study was not designed as a formal realist evaluation. Outcomes varied because mechanisms operated differently across contexts. Peer encouragement generated confidence where residents trusted the group, but could reinforce exclusion where group boundaries were strong. External participation created bridging relationships where it was gradual and manageable, but produced displacement where residents lost control of communal space.

Transport enabled wider participation when combined with appropriate equipment, destination accessibility and companionship, but was insufficient when offered as a standalone solution.

This context-mechanism relationship helps explain why there was no single activity or delivery model that worked uniformly across schemes. The relevant question is not simply which activity was most popular. It is what the activity enabled within a particular environment and why residents interpreted it as safe, meaningful or accessible.

The principal implication is that future provision should not ask only how residents can be encouraged to participate. It should ask how the system can reduce the social, environmental and organisational risks attached to participation. This repositions responsibility from residents alone towards the partnerships and delivery structures that shape the opportunities available to them.

Priorities for Future Delivery

The findings indicate that future provision should focus not only on the activities offered, but on creating the relational, environmental and practical conditions that enable residents to participate. Six priorities are recommended.

Co-design Offers with Residents

Residents should be involved before decisions are made about activity type, timing, language, location and access. Co-design should include residents who already use communal spaces and those who participate less frequently, as established groups may not represent the experiences of the wider scheme.

Activities should be described in familiar and accessible language. Terms that imply specialist knowledge, physical competence or previous experience may discourage participation before residents have understood how the activity can be adapted.

Respect the Housing Scheme as Residents' Home

Communal spaces should be treated as part of residents' home environment rather than as open community venues. Any participation by people from outside the scheme should be discussed with residents and managed through appropriate limits on numbers, clear access arrangements and consideration of group composition.

External participation should be introduced gradually and should not prevent host residents from accessing activities. Success should therefore be assessed through residents' experiences of safety, ownership and inclusion, rather than attendance numbers alone.

Invest in Consistent and Relationship-Based Delivery

Where possible, the same facilitators should deliver a sustained block of activity. Facilitators should be selected for their ability to build rapport, communicate accessibly and adapt activities sensitively, as well as for their technical qualifications.

Scheme managers and Community Connectors should support introductions, answer questions and maintain communication with residents. Time spent inviting, reassuring and following up with residents should be recognised as an integral part of delivery.

Offer Different Ways to Take Part and Progress

Residents should be able to participate in ways that reflect their health, confidence and preferences. This may include adapting movements, observing, taking breaks, leaving early or joining only the social elements of a session. These forms of engagement should be recognised as legitimate rather than incomplete participation.

Progression should not be defined solely as moving from the scheme into community settings. For some residents, regularly entering a communal space or taking part in an adapted activity represents meaningful progress. External participation should remain an option supported through familiarisation, trusted accompaniment and accessible transport.

Plan for Accessibility and Transport from the Start

Transport should be considered before external opportunities are scheduled. Planning should account for the complete journey, including access to pick-up points, mobility equipment, accessibility at the destination and residents' ability to travel safely.

Door-to-door or group transport may be necessary, but transport alone will not guarantee engagement. Residents may also require information about the venue, reassurance about accessibility and the support of familiar people.

Build Continuity and Sustainability into the Programme

The duration of activity blocks and arrangements for continuation should be communicated clearly. Where provision is ending or transferring to another provider, residents should receive a supported transition rather than signposting alone.

Resident-led encouragement and organisation should be recognised and supported but should not replace funded coordination or professional delivery. Future evaluation should also capture changes in confidence, relationships, choice and participation alongside attendance data, with longer-term follow-up used where possible to understand whether changes are sustained.

Conclusion

The Orbit Housing Test & Learn demonstrates that confidence, independence and belonging are not fixed individual characteristics or separate programme outcomes. They are interconnected experiences shaped by residents' relationships, health, environments and access to appropriate support. Participation became more likely when activities were delivered within trusted spaces, adapted to residents' needs and supported by familiar people.

Belonging provided an important foundation for engagement, but it remained conditional. Established resident groups could offer reassurance, encouragement and mutual care while also creating boundaries for those outside them. Similarly, opening schemes to external participants could support wider connection when managed gradually, but could undermine residents' ownership and psychological safety when their communal spaces became overcrowded or unfamiliar.

Confidence developed primarily through participation rather than preceding it. Repeated opportunities to try activities safely enabled residents to reconsider assumptions about their capabilities and recognise progress through small but meaningful changes. Independence was similarly relational. It was strengthened through choice, adaptation, practical assistance and trusted accompaniment rather than through the withdrawal of support.