STREETS
Championing Sustainability through Sports
www.streets-pro.com

Chair-Based Aerobics Programme 2025

Funders' Impact Report

be active
Inspiring Bedfordshire to move more

SPORT ENGLAND

active LUTON

Executive Summary

The Chair-Based Aerobics (CBA) Programme, actively delivered by the STREETS team, ran between April and August 2025 across ten community and faith-based venues in Luton. STREETS initiated the programme through a detailed scoping exercise, identifying suitable locations, and securing venues via formal SLAs. It offered low-impact group exercise for older adults, many of whom live with chronic health conditions or limited mobility. Weekly sessions attracted around 120 participants, with 79 individuals completing the online registration. Participants were culturally diverse—roughly one-third were of Asian/Asian-British Indian origin, one-quarter Pakistani, and one-quarter White British—with an average age in the mid-60s.

120 Weekly participants

Attracted to sessions across venues

79 Completed registration

Individuals registered online

18 Volunteers identified

Across 10 venues

Despite a high prevalence of chronic conditions such as high blood pressure (40 registrants), high cholesterol (51), arthritis (37) and diabetes (26), self-reported physical-activity levels were encouraging: one-third of registrants engaged in daily physical activity and another quarter in moderate activity (2–3 days per week). The STREETS team was critical in operationalising the programme: they recruited 18 volunteers from their communities across the 10 venues—13 of whom completed the Chair-Aerobics course—and ensured they received essential training, including safeguarding, first aid, and DBS checks. Furthermore, STREETS organised qualified chair aerobics instructors to deliver the sessions. Each centre was provided fully funded training opportunities (2 chair-based practitioner courses, 2 first aid courses, and 2 safeguarding courses) and equipped with the necessary equipment, including a bag for each venue containing 20 1kg weighted balls, 20 exercise bands, and a speaker.

The programme delivered over 100 sessions; two venues extended their schedules to complete the 12-week cycle. Despite some operational challenges, the initiative achieved notable outcomes: participants reported improved balance and flexibility, reduced stiffness and joint pain, enhanced mental wellbeing, increased social interaction and greater confidence in daily movement. A case study from the Hatters PCN – Sundon Baptist Church site illustrates these benefits: among the 10 evaluation forms collected, participants' exercise frequency shifted markedly towards more regular activity, self-rated health improved from "okay" to "quite good," and all respondents reported feeling more connected to others and more confident in daily movement. Qualitative feedback praised the trainers and emphasised the social, physical and emotional benefits of the classes.

This report summarises the programme's key challenges and benefits, presents detailed demographic and health analyses, and highlights the Hatters PCN case study. It concludes with recommendations to NHS commissioners, Public Health, Sport England and other funders on how sustained investment in chair-based exercise can address health inequalities, reduce social isolation and improve quality of life for older adults.

Programme Delivery: Comprehensive Operational Review

Overview

The Chair-Based Aerobics (CBA) Programme successfully completed its initial phase from April to August 2025, operating across 10 diverse community and faith-based locations in Luton. The programme delivered over 100 sessions focused on low-impact exercise for older adults. Key operational focus areas included successful venue mobilisation, effective volunteer recruitment, and maintaining session continuity despite logistical variations inherent in community-based delivery.

Operational Foundation and Scale

The operational framework centred on strong community partnerships, enabling rapid scale-up across diverse locations. The 10 participating venues included four faith-based centres (e.g., Central Mosque, Gurdwara), three community halls, and three Primary Care Network (PCN)-affiliated sites, ensuring accessibility across key demographic areas of Luton. This localised approach was crucial for recruiting the 120 average weekly attendees, many of whom face geographical or cultural barriers to accessing mainstream exercise facilities.

Attendance and Venue-Specific Delivery

Analysis of weekly attendance data highlights both consistent engagement and areas for improvement in data reconciliation. While 79 participants formally completed the online registration process, the average weekly turnout consistently reached 120 individuals, indicating high informal engagement—a common characteristic of community programmes aimed at reducing barriers to entry.

Resource Deployment and Volunteer Outcomes

Volunteer Training Outcomes

A critical achievement was the successful recruitment and training of 18 community volunteers across the 10 sites. This proactive measure ensures long-term programme resilience. 13 volunteers completed the specialised Chair-Aerobics certification course. Additionally, comprehensive training included:

- Safeguarding and Disclosure and Barring Service
- Emergency First Aid certification

Equipment Deployment Success

Each venue was fully equipped to deliver high-quality, safe sessions. The standard equipment deployment per site included:

- 20 x 1kg weighted balls and resistance bands, provided in robust carry bags.
- One high-quality portable speaker for clear instruction and musical accompaniment.

Community Impact

Beyond the direct physical benefits, the programme achieved significant social and mental wellbeing outcomes, fulfilling a crucial need for community cohesion among older adults, many of whom were socially isolated. Qualitative data indicates the CBA sessions acted as vital social hubs, significantly reducing reported feelings of loneliness among participants. This alignment with broader public health goals—addressing social isolation and improving mental health—demonstrates the programme's strategic value far exceeding simple physical activity provision.

Demographic and Health Profile

The programme reached a broad cross-section of older adults:

Age

Most participants were between 60 and 75 years old; the median age was 67.

Ethnicity

Top groups were Asian/Asian-British Indian (24 registrants), Pakistani (21) and White British (20), with smaller numbers of Black Caribbean/African and other backgrounds. Women outnumbered men roughly three-to-one.

Health Conditions

Over half reported high cholesterol (51); 40 had a heart condition or high blood pressure; 37 had arthritis or joint conditions; 26 had diabetes (Type 1 or Type 2). Sixteen participants used a mobility aid, and 10 had recent surgery or hospital stays.

Activity Levels

Only **12** registrants described themselves as not currently active; 32 engaged in daily physical activity, 20 in moderate activity (2–3 days/week) and 13 in occasional exercise.

These statistics indicate that many older adults with chronic conditions can maintain regular exercise when appropriate programmes are available.

Programme Benefits and Outcomes

Participants overwhelmingly reported the following benefits from attending chair-based sessions:

Improved balance and flexibility

Essential for fall prevention and daily functioning.

Reduced stiffness and joint pain

Relief from arthritis or musculoskeletal discomfort.

Enhanced mental wellbeing

Social interaction, structured activity and a sense of achievement boosted mood and confidence.

Greater physical activity

Regular attendance encouraged participants to move more in daily life.

Increased social connectedness

Group sessions fostered friendships and reduced isolation.

These outcomes align with national priorities to increase physical activity among older adults and to combat loneliness. The inclusive design—delivered across mosques, temples, churches and community centres—helped reach participants who might not engage with mainstream fitness provision.

Challenges and Lessons Learned

The successful implementation of the Chair-Based Aerobics Programme across diverse community and faith settings brought invaluable insights into site-specific challenges and opportunities. Understanding these nuances is crucial for optimising future delivery and ensuring long-term sustainability and impact.

Luton Guru Nanak Gurdwara (Women's Session)

Challenges:

- **Decision-Making Delays:** Progress was often hampered by committee-dependent decision-making.
- **Continuity Issues:** Changes in key decision-makers led to a lack of continuity, with no single individual consistently overseeing women's projects.
- **Training Window:** Limited availability for training due to women's traditional roles (cooking) and reliance on husbands for transportation.
- **Language Barrier:** A specific need for South Asian female, Hindi/Punjabi speaking coaches.
- **Volunteer Training:** Two volunteers could not complete the certification due to English language proficiency levels.

Opportunities:

- **Facility Upgrade:** The Gurdwara has available space and willingness to discuss upgrades for dedicated programme use.
- **Attendance Potential:** Strong potential for increased and consistent attendance with a bespoke, accessible space available throughout the day.

Luton Central Mosque (Women's Session)

Challenges:

- **Inconsistent Availability:** The main upstairs hall was frequently used for funerals and religious events, impacting session consistency.
- **Logistical Burden:** Equipment transport proved difficult, requiring carrying items up two flights of stairs.
- **Hall Hire Costs:** Committee changes introduced uncertainty regarding future hall hire costs, affecting programme sustainability.

Opportunities:

- **Existing Facilities:** Potential to enhance existing gym equipment connected to a women's hall for physical activity sessions.

Masjid-e-Ali (Shia Mosque)

Challenges:

- **Sustainability Costs:** Long-term hall hire costs are a key consideration for programme sustainability.
- **Venue Availability:** The venue is primarily available during daytime hours, as evenings are peak times for the sports centre.

Opportunities:

- **Dedicated Sports Hall:** The venue boasts a sports hall, offering excellent facilities for physical activity.

Beech Hill Methodist Church – Phoenix PCN

Challenges:

- **Space Limitations:** Upper-level rooms, ideal for aerobics, were inaccessible due to a non-functional lift, necessitating use of the main hall.
- **Equipment Management:** Difficulties in sharing equipment highlighted the need for a more refined system to ensure smooth operations.

Opportunities:

- **Future Fitness Studio:** The upstairs rooms could be converted into a dedicated fitness studio once the lift is repaired.
- **Volunteer Deployment:** Trained volunteers from this site are now successfully delivering sessions at Kokni Masjid and Bramingham Medical Centre.

High Street Leagrave Methodist Church

Challenges:

- **Volunteer Availability:** Volunteer schedules varied due to work commitments, leading to inconsistency in session delivery.

Opportunities:

- **PCN Connection:** Opportunity to connect with the local Primary Care Network to increase referrals and secure additional volunteer support.
- **Programme Expansion:** The venue is keen to incorporate indoor Bowls, offering potential for diversifying activities.

These detailed insights highlight the importance of adaptable programme design and strong local partnerships to navigate logistical hurdles and maximise community engagement.

Challenges and Lessons Learned (Continued)

St Andrews Church – eQuality PCN

Challenges:

- **Volunteer Readiness:** Volunteers reported feeling unprepared for independent delivery, underscoring the need for enhanced support. STREETS has since implemented a 2-3 session handover period, incorporating shadowing and mentorship.
- **Trainer Work Opportunities:** The Chair-Based Aerobics (CA) trainer expressed concerns regarding limited work opportunities post-initial training, suggesting a requirement for broader skill integration.

Opportunities:

- **Outdoor Activities:** The church's available green space presents an opportunity for diversifying the programme with outdoor summer sessions.

Shree Sanatan Seva Samaj (Hindu Temple)

Challenges:

- **Online Course Complexity:** Some volunteers found the online chair aerobics course challenging, indicating potential gaps in digital literacy or course design for this demographic.
- **Language Barriers:** Difficulties arose with online training materials due to language barriers, highlighting a need for culturally and linguistically appropriate resources.
- **Training Preference:** A strong preference was expressed for practical, in-person training and a dedicated video CA practitioner course to boost volunteer confidence and skills.

Opportunities:

- **Digitisation Potential:** Potential exists to upgrade the centre's IT and AV equipment, enabling more accessible training and hybrid delivery models.
- **Expanded Wellbeing Content:** Digitisation could facilitate the expansion of wellbeing content offered to the community.

West Indian Community Association

Challenges:

- **External Reliance:** Historical dependence on external providers for activity delivery has limited internal capacity development.
- **Scheduling Conflicts:** As a shared community centre, scheduling conflicts with numerous groups impacted session consistency.
- **Programme Hiatus:** Sessions were temporarily halted, with a planned reassessment and restart in January 2026.

Opportunities:

- **Programme Revitalisation:** The commitment to restart delivery in January 2026 offers a fresh opportunity for programme revitalisation.
- **Volunteer Capacity Building:** Significant potential exists to build local volunteer capacity, fostering greater self-sufficiency.

Peabody – Sheltered Accommodation

Challenges:

- **Lack of Resident Volunteers:** A notable absence of resident volunteers for training suggests barriers to participation or awareness.
- **Leadership Need:** Residents expressed willingness to engage but identified a need for internal leadership or direct involvement from support workers to initiate and sustain activities.

Opportunities:

- **Volunteer Incentives:** Scope exists for local fundraising to offer basic payments or incentives for volunteers.
- **Existing Infrastructure:** Available equipment and dedicated space eliminate initial setup hurdles.
- **Digital Content Platform:** A TV screen offers a ready platform for digital exercise programmes and wider wellbeing content.

Sundon Baptist Church – Hatters PCN

Challenges:

- **Funding Cessation:** The programme concluded after 12 weeks due to the cessation of PCN funding for hall hire.

Outcomes:

- **Staff Transition:** Upskilled PCN staff now deliver sessions at Luton Town Football Club on Thursdays from 10:00-11:00.
- **New Programme:** A new 6-week programme will resume at Luton Town Football Club post-Christmas.

New Setting in Progress: CYCD – Bangladeshi Community

This new Wednesday morning setting has successfully shortlisted two dedicated volunteers. This initiative aims to engage a significant group of 35-40 participants, predominantly aged between 70-80 years old, demonstrating continued demand for the programme.

Hatters PCN – Sundon Baptist Church Case Study

14

Participants enrolled

10

Evaluation forms returned

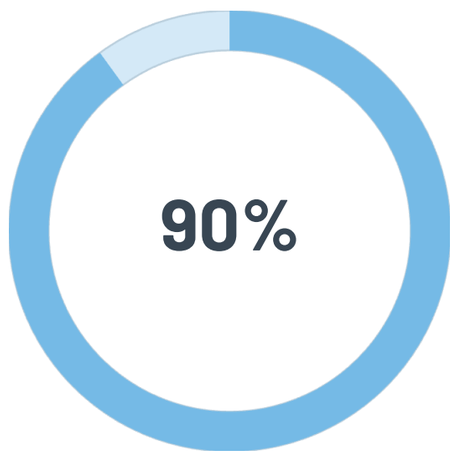
Key Improvements

- **Baseline activity:** Two respondents reported never exercising and three exercised occasionally (once or twice per month).
- **After the programme:** The number of participants exercising "often" (most days) or "always (every day)" increased from 2 to 5, while "never" dropped to zero.
- **Health rating:** Most respondents shifted from "OK" or "quite poor" to "quite good" in self-rated health.

Improvements

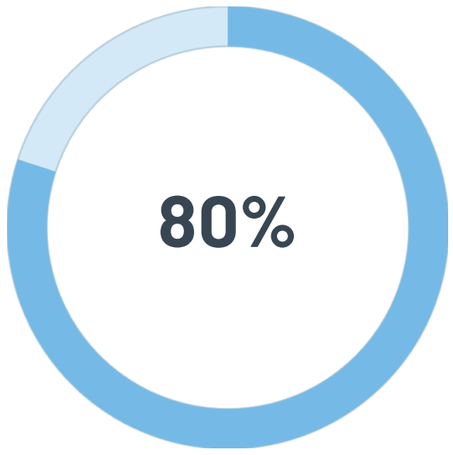
More connected to others

All ten respondents felt more connected



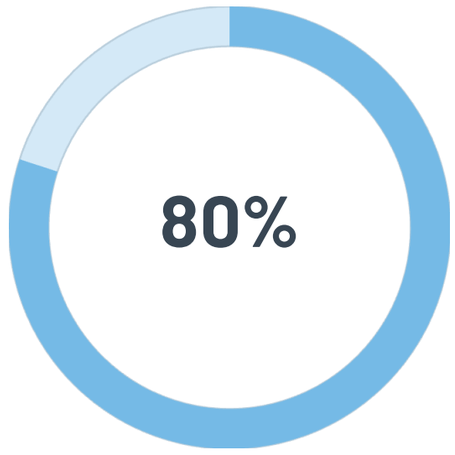
Improved daily movement

Nine experienced better movement



Better mental health

Eight reported improved wellbeing



Enhanced mobility

Eight saw better mobility

Participant feedback:

> "These classes are great for health; wonderful trainer and staff. Hope they can keep going – I feel so much better."

> "Very well organised and very sociable."

> "It has improved my daily movement and being connected to others... improved my walk to the town centre."

> "I have very much enjoyed coming ... to have a club to come to and mix with other people."

This combination of quantitative and qualitative data demonstrates that chair-based exercise not only increases physical activity but also tackles social isolation and improves self-efficacy among older adults.

Challenges and Lessons Learned

Operational Challenges

Incomplete Programmes

Two venues (Luton Central Mosque and Hatters PCN) did not complete their 12-week cycles on schedule and relied on volunteer delivery or rescheduled sessions.

Volunteer Management

A post-programme review identified 18 volunteers across 10 venues; 13 had completed the CBA course, three were still studying and three had not yet logged into the training platform. DBS and first-aid checks were completed for some of them, leaving a few outstanding.

Data Collection

Differences between registration numbers and average attendance suggest that some participants did not complete the online form. Offering paper registration and on-site digital assistance would improve data completeness.

Equipment and Storage

Transporting twenty 1 kg balls between venues proved impractical and disputes arose over equipment storage and ownership. A centralised inventory, lighter inflatable balls and clear storage protocols are necessary.

Structural Challenges for Older Adults

- **High burden of chronic conditions:** Many participants live with heart disease, diabetes, arthritis or mobility limitations, underscoring the need for safe, adaptable exercise options.
- **Social isolation:** Several participants joined to meet people and reported improved connectedness, but loneliness remains a risk factor for many older adults.
- **Cultural and linguistic barriers:** Delivering sessions in mosques, temples and churches helped overcome cultural barriers; however, reaching under-represented groups (e.g., some Black or mixed-ethnicity communities) requires targeted outreach and multilingual resources.
- **Digital exclusion:** Online registration and online training posed challenges for some participants and volunteers, suggesting the need for accessible alternatives.
- **Language Barriers:** Urdu, Punjabi, Gujarati coaches needed in some settings • Affects volunteer training, instructions, and marketing
- **Transport Challenges:** Many older adults rely on others for lifts • Impacts attendance consistency • Some venues difficult to reach without support

Recommendations for Funders

01

Sustain and Expand Funding

Continue funding chair-based exercise classes across Luton and explore expansion to additional communities. The programme meets NHS and Public Health objectives to increase activity among older adults and reduce falls, obesity, loneliness and health inequalities.

02

Invest in Volunteer Development

Allocate resources for robust volunteer training, including refresher courses, safeguarding, DBS and first-aid certification.

03

Enhance Data and Evaluation

Support the development of standardised registration and monitoring tools (including paper and digital options) to ensure accurate tracking of attendance, demographics and outcomes. Fund periodic follow-up surveys (e.g., at 3 and 6 months) to assess sustained impact on physical and mental health.

04

Target Under-Represented Communities

Provide outreach funding to engage Black, African-Caribbean and mixed-ethnicity residents, as well as those in postcode areas outside LU4 and LU3. Offering sessions in multiple languages and partnering with more culturally specific organisations will increase inclusivity.

05

Address Structural Barriers

Invest in accessible transport or more local venues to reduce geographic barriers; support storage and maintenance of equipment; and consider integration with social-prescribing pathways so GPs and community connectors can refer patients to the programme.

06

Champion Social Connectivity

Funding for social components (e.g., post-class tea/coffee, peer-support groups) to reinforce friendships formed through exercise and reduce loneliness.

Conclusion

The Chair-Based Aerobics Programme demonstrates that low-impact, community-based exercise classes can deliver meaningful health and social benefits for older adults, even among those with complex medical histories. Participants experienced increases in physical activity, improvements in self-rated health, enhanced mental wellbeing and stronger social connections. The Hatters PCN case study illustrates these outcomes vividly, with participants moving from occasional activity to exercising most days and reporting improved mobility, confidence and happiness.

Key Success: Participants moved from occasional activity to exercising most days, with all respondents reporting feeling more connected to others and more confident in daily movement.

While logistical challenges—such as incomplete programmes, volunteer coordination and data collection—must be addressed, the programme's successes far outweigh its hurdles. Continued and enhanced investment from NHS commissioners, Public Health, Sport England and other partners will allow this initiative to scale, deepen its impact and contribute to a healthier, more connected older population in Luton.

Phase 2: Equipment, Expansion & Digital Inclusion

To build on the pilot's success and address logistical barriers, Phase 2 should incorporate the following actions:

Lightweight equipment

Replace heavy 1 kg balls with inflatable balls to simplify transport between venues.

Volunteer sign-off sessions

Provide two extra sessions at each venue led by a Chair Aerobics Master practitioner to observe and sign off volunteers. Efficient scheduling should allow all sessions (across current and new venues) to be delivered in about 8–10 days.

Administrative support

Allocate three days on site to assist centres with DBS checks, first-aid certification and post-programme surveys, plus three days for data analysis and reporting.

Tailored programme design

After identifying new venues, collect participant health information via registration and tailor a 12-week programme to their needs. Each site will then hold the two sign-off sessions where volunteers lead with practitioner support.

Expansion

Add five new centres in underserved areas and extend their programmes to 15 weeks, beginning with an ice-breaker and paper-form registration for those unable to register online.

Digital inclusion

Conduct a digital-skills survey, run bespoke workshops and train a community digital mentor. This work is estimated to take about five days.

Online resources

Explore establishing a YouTube channel for chair-based aerobics, digital-education videos and wellbeing content; initial planning and recording could be completed within three days.

These steps will ensure Phase 2 addresses equipment constraints, strengthens volunteer capacity, expands access, and supports participants' digital literacy. The total effort required for these activities is estimated at 28–30 person-days.

Contact Us

STREETS

Championing Sustainability through Sports

www.streets-pro.com

For further information and to discuss this proposal, please contact us:

Address:

International Sports Management Consultancy Limited T/A STREETS

23-27 King Street
Luton, LU1 2DW
United Kingdom

Email:

admin@streets-pro.com

Website:

www.streets-pro.com

be active
Inspiring Bedfordshire to move more

SPORT ENGLAND

active LUTON