

“A Mile in Her Shoes”: A qualitative exploration of the perceived benefits of volunteer led running groups for homeless women

Jo Dawes MPhil, PGCE, BSc(Hons)  | Charlotte Sanders MSc | Rebecca Allen Msc

Faculty of Health, Social Care and Education, a joint faculty between Kingston University and St George's, University of London, London, United Kingdom

Correspondence

Jo Dawes, Faculty of Health, Social Care and Education, Kingston University and St George's, University of London, Cranmer Terrace, London, United Kingdom.
Email: j.dawes@sgul.kingston.ac.uk

Abstract

“A Mile in Her Shoes” is a volunteer-led charity which provides running groups for homeless women. The objective of this study was to explore the experiences of homeless women attending these running groups and to establish how participation in a supported running group impacted their lives. This exploratory qualitative study was carried out across two sites in London UK during February and April 2017. All regular attenders of the running groups were invited to participate in the study; subsequently, a self-selected sample of 11 women consented to being interviewed. Data were collected by female interviewers on a one-to-one basis, steered by a semi-structured topic guide. All interviews were digitally recorded, transcribed verbatim, and analysed using thematic analysis. Themes were cross-referenced by the research team and findings were supported by direct quotes. Five main themes emerged from the findings: the positive impact of the charity; homeless women's motivations and barriers to participating in running groups; the benefits of participating on physical and mental health; the importance and value of social support from the group; and the value of being provided with quality running kit. This study concludes that volunteer-led running groups are valued by homeless women by helping them take control of their health. It provides insight into their engagement in physical activity, thus potentially helping prevent injury or illness, and aiding recovery and rehabilitation. One implication of this study is that gathering homeless women's views helps to steer how community-based physical activity programmes can benefit their wellbeing. However, this small-scale study may have limited generalisability, with the topic warranting further research.

KEYWORDS

health and social care, homelessness, physical activity, voluntary sector, vulnerable populations, women

1 | INTRODUCTION

The term “homeless people” can include those who are “legally homeless” and those described as “hidden homeless” (people not included in government statistics, and out of sight in bed and breakfasts, squats or staying with friends and families) (Dawes, Deaton, & Greenwood, 2017). The scale of homelessness is hard to establish, due to difficulties quantifying the hidden homeless and statistics being collected differently across the UK nations. In England alone, homelessness has increased since 2010 both amongst rough sleepers, defined by Parsell (2012) as people literally without shelter (Department for Communities & Local Government, 2017a) and the statutorily homeless (Department for Communities & Local Government, 2017b). Government homelessness figures for 2015/16 reported approximately 59,000 households across England and Wales were accepted as homeless by their local authority (Department for Communities & Local Government, 2017b). It is thought that approximately 12% of rough sleepers, 28% of residents in homeless accommodation and 24% of service users at homeless day centres are women (Homeless Link, 2017). However, these figures may be an underestimation, as women may avoid sleeping out in the open and are likely to live in a range of hidden or marginalised situations (Homeless Link, 2017).

It is recognised that homeless people live with poorer health than the general population, characterised by a trimorbidity of physical ill-health, mental ill-health, and drug and alcohol addiction (Hewett, Halligan, & Boyce, 2012). It is arguable that homeless women's health is affected more profoundly than homeless men, with the average age of death for homeless men being 44 years (76 amongst the male general population) and 42 years for women (81 amongst the female general population) (Office of National Statistics, 2018). A recent systematic review and meta-analysis of morbidity and mortality of homeless individuals, prisoners and sex-workers found that standardised mortality ratios were consistently higher for female than male individuals in these populations, which could reflect a greater vulnerability amongst women in these groups or a different distribution of risk between men and women (Aldridge et al., 2018). Potential explanations for this difference are that homeless women are at high risk of physical and sexual violence, pregnancy, and associated complications, possibly exacerbating existing health conditions without access to regular healthcare (Speirs, Johnson & Jirojwong, 2012).

The benefits of physical activity are well recognised in the general population. A recent systematic review found that people achieving higher than minimum recommended physical activity levels are at significantly lower risk of breast cancer, colon cancer, diabetes, ischaemic heart disease, and ischaemic strokes (Kyu et al., 2016). However, women's physical activity levels are lower than those of men in virtually every age group (Public Health England, 2016) and people from lower socioeconomic groups are less active (Department of Health, 2011). Although little is known specifically about the physical activity levels of homeless women, it is reasonable to infer that homeless women are likely to be less

What is known about this topic

- Homeless people have poorer health and premature mortality relative to the general population, with homeless women particularly vulnerable.
- Exercise is widely reported to benefit mental health, physical health and facilitate social inclusion.
- Group activity for marginalised groups is reported to facilitate social support and foster a sense of community.

What this paper adds

- Volunteer-led running groups are of value to homeless women.
- Participation in a volunteer-led running group can provide social support, reduce isolation and may help homeless women to take control of their lives.
- Hearing homeless women's views on services designed for them can allow health, social care and voluntary sector staff to steer future service design.

physically active than the general population. It is arguable that, with homeless women's recognised poor health profile (Speirs et al., 2012) and premature mortality (ONS, 2018), they are not exempt from the chronic diseases known to be improved with exercise and therefore are likely to benefit from increased physical activity.

“A Mile in Her Shoes” is a charity based in London (UK) providing volunteer-led running groups for women defined as homeless, which includes those at risk of homelessness, currently, or have been homeless. The charity endeavours to remove barriers to running, by providing kit, offering women only groups, providing healthy snacks, and focusing on fun and enjoyment. The charity aims to enable participants to increase their physical activity levels through running, and intends to benefit them mentally, physically, and socially (A Mile in Her Shoes, 2018). The purpose of this research was to explore women's experiences of participating in a running group for homeless women, so that the perceived value of the intervention can be explored from their perspective. This is important because homeless women are a marginalised population who often go unheard. Moreover, it is important to explore the perceived physical, mental health, and social benefits that attending a running group may provide.

2 | METHODS

2.1 | Design

This small scale, exploratory study used a descriptive, cross-sectional, non-experimental qualitative design, allowing the researchers to gather in-depth views and experiences from a small group of people (Thomas, Nelson, & Silverman, 2015). The study was reviewed

and approved by the Faculty Research Ethics Committee, Kingston University and St George's, University of London.

2.2 | Setting

The charity, "A Mile in Her Shoes," operates five park based, hour long, running groups for women defined as homeless. Sessions involve meeting at a designated centre (e.g. hostel or leisure centre), walking or running as a group to a nearby park and participating in running based activities. Female volunteer group leaders participate alongside the women, who self-select the intensity they run at. This study recruited women from two groups, one in North and one in South London. All interviews were carried out in a quiet, private room where the running groups congregated before each running session. These locations optimised privacy for interviews and minimised inconvenience to the participants.

2.3 | Participants

Prior to study recruitment, the charity group leaders were sent participant information sheets and a letter inviting participation via email and asked to disseminate these to potential participants. This allowed the women time to decide if they wished to participate, and ask questions about the study. Women interested in participating were given an information sheet, written in laypersons' language and sufficient time to decide whether to participate. No coercion was involved. They were then asked to complete a written consent form and arrangements were made for the interview. The total number of women invited to participate in this study was estimated to be 20, from which 11 women consented to interview. Participants were between the ages of 23 and 57 years old, were either currently homeless or had been homeless and had regularly attend the volunteer-led running groups for a minimum of four weeks. No participants withdrew from the study.

2.4 | Instrumentation

The topic guide for the interviews was designed following a review of relevant literature and in liaison with charity trustees. It included open ended questions, inviting the interviewees to share their experiences of the running group, how it affected their physical and mental health, motivations, and barriers to attending and their involvement with the charity. Interviews were digitally recorded using Olympus WS-811 and Olympus LS-12 Linear PCM digital voice recorders.

2.5 | Data collection

Data were collected between February and April 2017 using face-to-face, semi-structured interviews. Eleven women were interviewed over 10 interviews, as two women chose to be interviewed together. Two female researchers (CS and RA), both with experience of sports rehabilitation, were present during each interview. One carried out the interview and the other acted as a moderator. The

interviewer used the topic guide, encouraging participants to provide as much detail as possible, while eliciting necessary clarification by paraphrasing back to the interviewee their interpretation of what was said, or by requesting further explanation. This process is a form of member checking which can optimise accuracy and credibility of data collection (Lincoln & Guba, 1985). The moderator controlled the recording equipment, observed the interview and took notes. After data collection, refreshments were provided to all interviewees as a "thank you" for their contribution.

All 10 interviews were transcribed verbatim by CS and RA, then cross checked for accuracy by comparison with the original sound recordings and inaccuracies being adjusted at this point. Anonymisation of the transcripts was carried out prior to data analysis, replacing any identifying information such as names of people with a pseudonym. All data, including: sound recordings, transcriptions, and consent forms were stored on a password protected laptop, which was only accessible to the research team.

2.6 | Data analysis

Data were analysed using thematic analysis because it allows for identification of implicit and explicit meanings within data (Thomas et al., 2015). This six phase process involved searching across the data for repeated patterns of meaning (themes). The six phases included: familiarisation with the data; coding; searching for themes; reviewing the themes; defining and naming the themes; and, writing up (Braun & Clark, 2006). By adopting a well-recognised analysis technique, the research team added credibility to the analysis process (Yin, 2018). RA, CS, and JD independently familiarised themselves with the data, coded and searched for themes. By carefully reading the interview transcripts several times, the research team could each get a sense of the data as a whole (Bengtsson-Tops, Saveman, & Tops, 2009); Reviewing, defining, and naming the themes was a collaborative process between all three authors. This triangulation allowed a degree of confirmability, by avoiding exclusive reliance on a single investigator (Archibald, 2016). At this stage, all researchers used the topic guide to act as an "aide memoire" for generation of initial codes (Green & Thorogood, 2013). Writing up was carried out by RA, CS, and JD. General theoretical ideas were then applied to generated themes, to identify significance relative to the research question and literature (Bryman, 2015). Themes were finalised and presented, supported by direct quotes or "thick descriptions" to provide additional context (Geertz, 1973).

3 | FINDINGS

Eleven women with a lived experience of homelessness agreed to participate. All 11 were interviewed face-to-face. Nine were interviewed individually and two participants chose to be interviewed together, as one lacked confidence with her spoken English. Interviewees' ages ranged between 23 and 57 years and their

involvement with the charity ranged from four weeks to over a year. Their accommodation status varied, including: homeless, living in hostel, temporary accommodation, and permanent accommodation after being homeless. All had been provided with running kit by the charity and had participated in running groups offered by “A Mile in Her Shoes.” Data analysis identified five main themes: the positive impact of the charity; homeless women’s motivations, and barriers to participating in running groups; the benefits of participating on physical and mental health; the importance and value of social support from the group; and, the value of being provided with quality running kit. For each theme, detail will be supported by direct quotes from the women interviewed, with their pseudonym and their accommodation status.

3.1 | The positive impact of the charity

All interviewees were positive about the charity, the benefits of the running groups and the positive impact regular running had had on their lives. There was a common sense of enjoyment amongst interviewees, but each described that differently. For example:

There’s no doom and gloom, there’s no negativity, no. It’s brilliant. So, if I could hold that, you know, capture it and keep it every day, my God, life would be a bed of roses, wouldn’t it?

(Sue, permanent accommodation after being homeless)

For another interviewee, attendance provided a clear sense of achievement:

I always felt quite amazed that I’d done it. I was sort of like... I can’t believe I did that ... or if I’d done it for a period I couldn’t believe I’d kept doing it.

(Melissa, permanent accommodation after being homeless)

Amongst the women interviewed many believed the group was empowering and helped them to cope with their challenging circumstances:

I’m really striving to cope with my situation and I need to be a strong woman... I think the group has helped that.

(Leah, homeless)

For some, in addition to enjoyment, the group provided a sense of purpose:

I’m up early, so it gives me somewhere to go, and to do, and I find it fun.

(Lucy, homeless)

For two women there was a value to the running group being outdoors:

As a resident, [it] is good. I get chance to go outside and run and join, [it] is good. (Grace, living in a hostel)

Many of the women in this study stated that they believed attending the running group had been “good” for them. Several reported enjoying running, being part of the group and looking forward to attending. Others made it clear that they tried to arrange their lives to be able to attend.

3.2 | Homeless women’s motivations and barriers to participating in running groups

It was apparent from interviewing the women in this study that although they shared many motivations for attending the running groups, the challenges surrounding homelessness presented many barriers. Some women’s motivations were self-driven, for example: a desire to get fit, lose weight, improve health, relax, or meet new people:

I wasn’t in a good place before, I was quite unwell mentally, and I put on a lot of weight and was really self-conscious. I knew I needed to do something about it, to be honest. And I saw this advertised here and just thought ‘why not give it a go? If I don’t like it I don’t have to go again’, and here I am, a year later.

(Sophie, permanent accommodation after being homeless)

Some women referenced previously being fit and wishing to return to being more active: “I like running, and I hadn’t run for a long time.” (Ruth, living in a temporary accommodation). For others, motivation seemed linked to the perceived effort of the charity and its volunteers:

“Nothing’s been any hassle at all. It’s been anything but supportive towards me. So yeah, I’m very grateful and I just hope I can return the favour by coming every Monday to show, ‘great, I’ve got the gear and now I’m here to work’. If you’re going to put the time in, the least I can do is come and we both win then.

(Sue, permanent accommodation after being homeless)

Although this lady uses the phrase “anything but supportive,” when seen in context, she clearly means the volunteers have been supportive and she is grateful for that. For some, limited finances was a motivation for attendance:

It’s about, like, fitness. Because I cannot buy things like memberships, so it’s good for my calories.

(Dawn, homeless)

However, in contrast, a lack of funds was also cited as a barrier to attendance:

Sometimes I'm just too far away. You know, I walk a lot to different places to stay and sometimes I just don't want to keep walking. And I couldn't afford to get the bus or the train or whatever, so it is annoying.

(Leah, homeless)

Leah stated that in addition to a lack of money, the unpredictability of being homeless and being tired impacted on her attendance. This was reiterated by the women who were interviewed together:

So she's homeless, but still she's happy to join them because she doesn't sleep the whole night, and then feel relaxed when she joins the classes as well. She's so strong to do that, it's not easy.

(Views of Mariam, homeless and sleeping on buses.
Translated by Sadia, fellow interviewee and friend)

Another emergent theme that was both a motivation and a barrier to attendance was body image. Many participants reported feeling self-conscious about how they felt they looked or how they might be perceived when running. One participant reported that this affected her initial involvement in running:

back then, it kind of made me feel self-conscious because I was so big. Even though everyone was lovely and welcoming, it was just going out running, I thought people were looking at me, knowing I was homeless, but also thinking 'she's too big to run'. So that stopped me to start with...

(Sophie, permanent accommodation after being homeless)

3.3 | The benefits of participating on physical and mental health

The belief that participating in the running groups benefited their mental and physical health and was described by many:

It's an inner battle. But I know if I make the effort, you know, put the work in, then I'll see the benefit. So here I am today, talking to you and you know, I'm feeling good, whereas I might not normally.

(Sue, permanent accommodation after being homeless)

More specifically, participants referred to perceived improvements in their physical health associated with participating in the running group, including: improved fitness, improved endurance, improved recovery after exercising, a reduction in pain and getting faster at running:

When I first came, I remember the next day I felt like I could hardly move (laughs) but then the more I

come the more I find it easier... Even little things like, I've found I can walk further and I find going up and down stairs easier, which is weird, isn't it?

(Leah, homeless)

These views are supported by Lucy, who also describes having more energy after participating:

I couldn't run the whole time before, but now I run around the park and I'm less tired. I feel more energy and like I can do more in the day when I come here.

(Lucy, homeless)

Alongside the recognition that physical health was improved by participating, all interviewees reported some form of improvement to their mental health, including: improved confidence, improved mood, feeling happier, more relaxed, more positive and less lonely. Sophie discussed improved confidence and motivation. She also had started running independently in addition to running with the group:

I've dropped nearly four dress sizes; I feel so much more body confident with that. And I can actually run for the whole session without nearly dying. I also go out for runs on my own and I definitely think I've got faster. I can run for longer and further, so yeah my fitness has definitely improved. It's not even just that though, I feel like mentally I'm in a better place, more motivated, I dunno, it just made me feel like I could do anything if I pushed myself. So yeah, it made me more confident too.

(Sophie, permanent accommodation after being homeless)

This increase in physical activity by running independently was reported by half of the women interviewed. Others reported feeling happier and more relaxed:

Every day I'm happier when I run, like yeah it feels good, I feel something different. It feels like, it's not like usual, you know... I feel like, hmm, I'm feeling relaxed when I go back, and I feel like no stress, you know?

(Sadia, temporary accommodation)

Katrina also reported a sense of improved self-belief and having a more positive attitude to her poor health:

It's step by step, but psychologically I believe that I can, because ... I have quite big, serious health problems, so I thought I will never get fit again, and now I suddenly start to believe that it is possible.

(Katrina, homeless)

3.4 | The importance and value of social support from the group

All of the women interviewed reported social benefits of being part of a group. Whether by reducing their feeling of loneliness, meeting new people, making friends or having the support of women who have experiences similar to themselves, it was clear these benefits were highly valued:

I don't really have a group of friends, because I'm always on the move... So, you know, it's nice to meet people who are going through the same thing as you and then you might, I don't know....bump into them through the rest of the week. It's nice.

(Leah, homeless)

The women interviewed stated that the volunteers and participants of the group were inclusive and supportive, so regardless of ability, anyone who was keen to participate was supported to do so, which created a strong sense of belonging:

I'm glad that the charity exists, as it's brought us all together. And, there's some new friends I've made here. And, it's just nice that even though my friend can't run at the moment, that she's still able to participate, because she's got someone to walk round the park with her. So she still feels part of the team.

(Ruth, temporary accommodation)

Importance was placed on being able to meet women with similar experiences, not only being the recipient of support, but also the provider:

What's really comforting about the group is that everybody is or has experienced homelessness. They're all dealing with their own thing, and everyone supports each other.

(Sophie, permanent accommodation after being homeless)

3.5 | The importance of being provided with quality running kit

All the interviewees discussed the running kit that the charity provided for them. Many were delighted to have been provided with the clothes free of charge, particularly as few of the women had the funds to purchase kit themselves. Many of the women hadn't appreciated what a difference having suitable clothes would make to comfort:

I got a bra and it was like, erm, a proper running bra, which I would never...I wasn't working at the time, and I would never have spent that amount of money on a

bra... but it was just like, it made such a difference, you know? And... then later on a pair of socks, sport socks, which again, erm I was just like, socks are socks (laughs) you know, what are you on about, you know? I was just like... and that just made... feel so much more confident, you know, more comfortable, and... such a boost, you know?... Something I never would have done, you know, myself.

(Melissa, permanent accommodation after being homeless)

However, amongst the women interviewed, those who were currently homeless, experienced challenges looking after their kit. Some were worried they would misplace it because sleeping in a variety of insecure settings meant carrying and keeping kit could be difficult:

and I even left it [running kit] here, most of it. Because of, I don't live in a hostel, I sleep in churches, every night different church, so I have to carry with me.

(Katrina, homeless)

For others, their donated kit made up some of the few items of clothing they owned, so some reported wearing it day to day, rather than just for running:

as I wear it a bit more, you know? Because I don't really have many other... you know? So, it will wear out and then I don't know what I'll do, but that's not a complaint, because I couldn't afford to go out and buy it in the first place....

(Leah, homeless)

In particular, some found wearing their running shoes daily resulted in them wearing out quickly:

the shoes they provided are the only ones I own so they are broken already because I wear them all the time.

(Dawn, homeless)

Despite some challenges in caring for their kit, some women reported that being given appropriate running kit helped motivate them to exercise and to feel that they were a valued part of the group:

Wearing the clothes makes me feel like I can be sporty and can do anything. Not sure if that sounds silly, but it did. Like I fitted in and I belong in this kind of 'runner's world'. It makes me feel equal and like just normal. Not that I'm not normal, but you just feel like people see you differently when you are homeless.

(Sophie, permanent accommodation after being homeless)

4 | DISCUSSION

The aim of this research was to explore the perceived impact that volunteer-led running groups had on the physical, mental and social wellbeing of women who have experience of homelessness.

By gathering the views, opinions and experiences of women who had joined the sessions this aim was met. The purpose of this study was to gather information on participants' views, opinions and experiences of a running group and to gain insight into the perceived impact that a running group had on their physical and mental health, as well as the social benefits.

Participants reported numerous physical health benefits, such as: improved fitness and endurance, having more energy, improved recovery after exercising, reduction in pain and getting faster at running. With the group operating once a week and with some participants indicating they had begun to run independently of the group, this suggests that participation in the running group helped many of the women interviewed to be more physically active than previously. Although this study did not measure frequency, intensity or duration of physical activity amongst women in the running groups, it is likely that the increase in participation in regular physical activity reported would result in some positive health benefits, particularly their risk of conditions such as certain cancers, diabetes, and ischaemia-related diseases (Kyu et al., 2016). However, to quantify these changes or to determine whether they directly resulted from the running group was not possible within the scope of this study.

When one considers the vast literature supporting the relationship between physical activity and health improvements in both healthy populations and people living with ill-health (Hyu et al., 2016) it is reasonable to conclude that the experiences of the interviewed women regarding their physical health may be linked to their increase in physical activity. Also, the women may perceive they are fitter due to increased feelings of happiness and social support that has made the women feel more motivated and therefore more active, a finding mirrored by Campbell, Mutrie, White, McGuire, and Kearney (2005) who studied the impact of a group exercise intervention on women receiving treatment for breast cancer. A conclusion of this study is that interventions such as running groups can help homeless and vulnerable women to take control of their health, which in turn can prevent injury or illness, and aid recovery and rehabilitation. However, whether this is due to health gain from increased physical activity or from being physically active as part of a supportive community from which the women were empowered to address health issues, remains unclear.

Our study found that the women interviewed felt that negative thoughts, feelings of low mood and depression were improved by participating in the running groups. These findings are consistent with studies that have highlighted beneficial effects of exercise on depression (Callaghan, 2004; Stathopoulou, Powers, Berry, Smits, & Otto, 2006). They are also consistent with the findings of a systematic review which considered the impact of exercise on anxiety and depression (Lawlor & Hopker, 2001) and found that despite several of

the studies they reviewed having methodological challenges, exercise largely decreased symptoms of anxiety and depression compared to no treatment.

Some women reported that their initial self-consciousness may have been a barrier to taking part in the running group. These feelings are not limited to homeless women and have been identified in other studies of adults and their attitudes to exercise (Lascar et al., 2014). Those women who overcame their anxieties to attend the running groups spoke of valuing that sense of achievement. Research by Robinson, Matheson, Kraemer, Wilson, and Obarzanek (2010) who studied culturally tailored dance interventions for low-income African American girls also found that perception of body image can improve with participation in an exercise intervention. This is a powerful message, and a finding which should be considered when designing exercise interventions for marginalised and excluded groups.

A strong theme in this research was the value the women placed on the social support they gained both from the charity volunteers and the other women attending the running groups. This value was borne out in other research, for example, a study by Sherry (2010) who carried out research with homeless and marginalised people participating in the "Homeless World Cup" (a football tournament for homeless people) similarly found that participating in exercise and being part of a group had social support benefits. It may therefore be reasonable to conclude that the finding that group exercise has a benefit of providing social support is of note and may be applicable to other vulnerable groups, regardless of gender or the nature of the sport or physical activity. Although the literature which examines the relationship between social support and physical activity is wide ranging, a recent systematic review suggests that there is a positive link between support for physical activity from friends, and future participation in physical activity (Scarapicchia, Amireault, Faulkner, & Sabiston, 2017). Thus, it is reasonable to suggest that the social support and friendships the women interviewed in our study gained could be crucial in facilitating their continued engagement in running or other physical activity.

4.1 | Strengths and limitations of this study

A key strength of this study is that it reaches a population who have a limited voice in society; as a result the findings can facilitate those who are often unheard having their views inform services that are designed to help them and, potentially, other marginalised groups. Another strength is that data collection and analysis was completed by an entirely independent and impartial research team, who had no vested interest in the project, which allowed for complete objectivity in reporting of the findings. However, the limitations of this study must also be acknowledged. First, despite the in-depth nature of the interviews, the study did involve a relatively small number of participants; therefore any claims of generalisability or transferability of findings to other populations should be made cautiously. Also, those interviewed were principally a self-selecting group, who may have chosen to participate in the study

due to their positive experiences. Consequently, it is possible that this study missed hearing from women who struggled to attend the groups, or who did not wish to attend. Such potential for bias must therefore be acknowledged.

5 | CONCLUSIONS

This study suggests volunteer-led running groups are beneficial for and valued by women with experience of homelessness, and that engagement with such groups can have a positive impact on them physically, mentally, and socially. As for practice and policy, this study gives valuable insights into the value of group physical activity, volunteers, and participants offering a welcoming and supportive environment and provision of appropriate clothing, all of which were fundamental to the success of the programme. These are ideas which professionals working in health, social care, or the voluntary sector could apply to facilitate vulnerable people's engagement in physical activity and to promote health and social wellbeing. It is relevant to staff whose caseloads include homeless people or vulnerable women, as it highlights the wide reaching benefits of volunteer-led running groups, which could be applied to physical activity interventions aimed at enhancing wellbeing amongst other marginalised groups. This study also demonstrates that gathering vulnerable women's views of a service aimed at them is essential in guiding service development and being responsive to their needs.

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CONFLICT OF INTEREST

None of the authors of this paper have any conflict of interest with the publication of this paper.

ORCID

Jo Dawes  <https://orcid.org/0000-0003-0248-4160>

REFERENCES

- A Mile in Her Shoes. (2018). What we do. Retrieved from <http://www.amileinhereshoes.org.uk/about>
- Aldridge, R. W., Story, A., Hwang, S. W., Nordentoft, M., Luchenski, S. A., Hartwell, G., ... Hayward, A. C. (2018). Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: A systematic review and meta-analysis. *Lancet*, *391*, 241–250. [https://doi.org/10.1016/S0140-6736\(17\)3136\(17\)](https://doi.org/10.1016/S0140-6736(17)3136(17))
- Archibald, M. (2016). Investigator triangulation: A collaborative strategy with potential for Mixed Methods Research. *Journal of Mixed Methods Research*, *10*(3), 228–250. <https://doi.org/10.1177/1558689815570092>
- Bengtsson-Tops, A., Saveman, B., & Tops, D. (2009). Staff experience and understanding of working with abused women suffering from mental illness. *Health and Social Care in the Community*, *17*(5), 459–465. <https://doi.org/10.1111/j.1365-2524.2009.00843.x>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Bryman, A. (2015). *Social research methods* (5th ed.). Oxford: Oxford University Press.
- Callaghan, P. (2004). Exercise: A neglected intervention in mental health care? *Journal of Psychiatric and Mental Health Nursing*, *11*(4), 476–483.
- Campbell, A., Mutrie, N., White, F., McGuire, F., & Kearney, N. (2005). A pilot study of a supervised group exercise programme as a rehabilitation treatment for women with breast cancer receiving adjuvant treatment. *European Journal of Oncology Nursing*, *9*(1), 56–63. <https://doi.org/10.1016/j.ejon.2004.03.007>
- Dawes, J., Deaton, S., & Greenwood, N. (2017). Homeless people's access to primary care physiotherapy services: An exploratory, mixed-method investigation using a follow-up qualitative extension to core quantitative research. *British Medical Journal Open*, *7*, e012957. <https://doi.org/10.1136/bmjopen-2016-012957>
- Department for Communities and Local Government. (2017a). *Rough sleeping statistics Autumn 2016 England*. National Statistics. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585713/Rough_Sleeping_Autumn_2016_Statistical_Release.pdf
- Department for Communities and Local Government. (2017b). *Statutory homelessness January to March 2016, and homelessness prevention and relief 2015/16: England*. National Statistics. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/533099/Statutory_Homelessness_and_Prevention_and_Relief_Statistical_Release_January_to_March_2016.pdf
- Department of Health. (2011). *Start active, stay active: A report on physical activity for health from the four home counties' Chief Medical Officers*. Retrieved from https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216370/dh_128210.pdf
- Geertz, C. (1973). Thick descriptions: Towards an Interpretive Theory of Culture. In *The Interpretation of Cultures: Selected Essays* (pp. 3–30). New York: Basic Books.
- Green, J., & Thorogood, N. (2013). *Qualitative methods for health research*. London: Sage.
- Hewett, N., Halligan, A., & Boyce, T. (2012). A general practitioner and nurse led approach to improving hospital care for homeless people. *British Medical Journal*, *345*, e5999. <https://doi.org/10.1136/bmj.e5999>
- Kyu, H. H., Bachman, V. F., Alexander, L. T., Mumford, J. E., Afshin, A., Estep, K., ... Forouzanfar, M. H. (2016). Physical activity and risk of breast cancer, colon cancer, diabetes, ischemic heart disease, and ischemic stroke events: Systematic review and dose-response meta-analysis for the Global Burden of Disease Study 2013. *British Medical Journal*, *354*, i3857. <https://doi.org/10.1136/bmj.i3857>
- Lascar, N., Kennedy, A., Hancock, B., Jenkins, D., Andrews, R. C., Greenfield, S., & Narendran, P. (2014). Attitudes and barriers to exercise in adults with type 1 diabetes (T1DM) and how best to address them: A qualitative study. *PLoS ONE*, *9*(9), e108019. <https://doi.org/10.1371/journal.pone.0108019>
- Lawlor, D. A., & Hopker, S. W. (2001). The effectiveness of exercise as an intervention in the management of depression: Systematic review and meta-regression analysis of randomised controlled trials. *British Medical Journal*, *322*(7289), 763–767. <https://doi.org/10.1136/bmj.322.7289.763>

- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry: The paradigm revolution*. London: Sage.
- Link, H. (2017). Supporting women who are homeless: Briefing for homelessness services. Retrieved from https://www.homeless.org.uk/sites/default/files/site-attachments/Supporting%20women%20who%20are%20homeless%20March%202017_0.pdf
- Office for National Statistics. (2018). *Deaths of homeless people in England and Wales: 2013 to 2017*. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2013to2017>
- Parsell, C. (2012). Home is where the house is: The meaning of home for people sleeping rough. *Housing Studies*, 27(2), 169–173. <https://doi.org/10.1080/02673037.2012.632621>
- Public Health England. (2016). Health matters: Getting every adult active every day. Retrieved from <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day>
- Robinson, T. N., Matheson, D. M., Kraemer, H. C., Wilson, D. M., Obarzanek, E., Thompson, N. S., ... Killen, J. D. (2010). A randomized controlled trial of culturally tailored dance and reducing screen time to prevent weight gain in low-income african american girls: Stanford GEMS. *Archives of Pediatrics and Adolescent Medicine*, 164(11), 995–1004. <https://doi.org/10.1001/archpediatrics.2010.197>
- Scarapicchia, T. M. F., Amireault, S., Faulkner, G., & Sabiston, C. M. (2017). Social Support and physical activity participation among healthy adults: A systematic review of prospective studies. *International Review of Sport and Exercise Psychology*, 10(1), 50–83. <https://doi.org/10.1080/1750984X.2016.1183222>
- Sherry, E. (2010). (Re) engaging marginalized groups through sport: The homeless world cup. *International Review for the Sociology of Sport*, 45(1), 59–71. <https://doi.org/10.1177/1012690209356988>
- Speirs, V., Johnson, M., & Jirojwong, S. (2012). A systematic review of interventions for homeless women. *Clinical Journal of Nursing*, 22, 1080–1093. <https://doi.org/10.1111/jocn.12056>
- Stathopoulou, G., Powers, M. B., Berry, A. C., Smits, J. A., & Otto, M. W. (2006). Exercise interventions for mental health: A quantitative and qualitative review. *Clinical Psychology: Science and Practice*, 13(2), 179–193. <https://doi.org/10.1111/j.1468-2850.2006.00021.x>
- Thomas, J. R., Nelson, J. K., & Silverman, S. J. (2015). *Research methods in physical activity* (7th ed.). Champaign, IL: Human Kinetics.
- Yin, R. K. (2018). *Case study research: Design and methods* (6th ed.). Thousand Oaks, CA: Sage.

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