



Leicester-Shire Get Healthy Get into Sport

Final Evaluation Report

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Authors

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Executive Summary

Background

The health benefits of being physically active have been well established. Despite this, a high proportion of adults in England do not do enough physical activity to benefit their health. There is currently limited evidence as to how to engage inactive people in sport as a means of increasing participation in physical activity. To address this gap in the evidence, Sport England invested in a programme of Lottery funded ‘Get Healthy, Get Active¹’ research projects which aim to target inactive population groups and encourage them to participate in sport once a week for at least 30 minutes. Leicester-Shire Get Healthy Get into Sport (GHGIS) was one of these projects.

Leicester-Shire Get Healthy Get into Sport

Project aims and objectives

The overall aim of GHGIS was to develop and test a community model for engaging inactive individuals in sport and physical activity. The project built on existing local partnerships and was delivered in two areas which currently have high levels of physical *in*activity and related health conditions (New Parks in the North West of Leicester City and Greenhill in Coalville, Leicestershire). The objectives of the project were to:

- increase the number of inactive people engaging in sport in the two project areas
- improve the sports offers for communities in the two project areas
- increase the number of trained volunteers in sport
- develop ‘community champions’ who will provide a sustainable sports offer in the two project areas
- ensure that inactive individuals are introduced into and supported within more formal sports settings, e.g., local sports centres
- develop a feasible and scale-able community engagement model for promoting sport amongst the most inactive.

Project management and delivery

The GHGIS project was led and managed by Leicester-Shire & Rutland Sport (LRS) in partnership with a number of local organisations from the sports, physical activity and health sector (listed below). A project board was created to help oversee strategic project decisions, and an operations group was established to help facilitate delivery of the project on the ground of the project. Membership of both boards consisted of representatives from each of the key project partners including:

- Leicester-Shire & Rutland Sport (project lead)
- Public Health (Leicester City Council and Leicestershire County Council)
- Local authority leisure centres (New Parks Leisure Centre, Leicester City Council and Hermitage Leisure Centre, North West Leicestershire District Council)
- Leicestershire Partnership NHS Trust (Health Improvement)

¹ Previously known as ‘Get Healthy Get Into Sport’

- British Heart Foundation National Centre for Physical Activity and Health (BHFNC) (Research and Evaluation team)
- National Governing Bodies (NGBs) (Leicestershire Athletics Network and British Cycling).

Project outline

Individuals were screened for inclusion in the project based on their current levels of physical activity using the Single Item Measure for Physical Activity. Eligible participants, i.e., those who report not having participated in any physical activity in the last week (0 days), and who lived in the New Parks or Greenhill areas, met with a Mentor who worked with them for up to six one-to-one sessions to help the participant overcome their barriers to participating in sport and physical activity. Participants were encouraged to continue their participation following the mentored sessions and were provided with a free leisure pass for six months to support this along with opportunities to participate in community based activities such as cycling and AthleFIT. They were also encouraged to bring a family member or friend to their activities to help them sustain their participation and one nominated family member or friend also received a reduced price leisure pass.

The project also aimed to recruit a number of Community Sport and Physical Activity Champions from previous project participants, with the intention to provide them with training and volunteering experience to help develop skills and experience to assist and potentially lead sessions within the community and attract new people into sport.

Changes to project delivery

A number of changes to delivery were made during the project based on feedback and evaluation findings. These included: LRS increased staff time given to the project by adjusting personnel and staff remits, in addition to the overall project manager (0.2FTE), two physical activity development officers provided time to the project (0.2FTE each); reallocation of funding to provide additional Mentor time; funding originally planned to support incentives was reallocated to support participation in mass participation events (entry fees and transport) and annual celebration events; a monthly newsletter was introduced to sustain participant engagement with the project; Champions were recruited from the local community rather than from project participants who were not ready to take on this responsibility; some group Mentor sessions were held rather than one-to-one sessions; additional activities were provided in response to participant feedback and requests, these included: Boxercise, Tai Chi, CardioTone and Swim-Fit activity classes; and the British Cycling offer was reduced in the last year of the project due to low uptake by participants.

In addition, there was a relatively high staff turnover during the project including three managers, six mentors and four administrators within Leicestershire Partnership NHS Trust (LPT), a new manager at New Parks Leisure Centre, a change in project co-ordinator at Hermitage Leisure centre and three Research Associates at the British Heart Foundation National Centre for Physical Activity and Health (the Principal Investigator/Research and Evaluation Manager did not change over the course of the project).

Evaluation

An evaluation of GHGIS was conducted by the BHF National Centre for Physical Activity and Health (BHFNC) at Loughborough University in accordance with the Standard Evaluation Framework for Physical Activity Interventions. The main aim of the evaluation was to assess the extent to which community engagement through the project is effective at engaging the inactive in sport, and to assess the effectiveness of the project in increasing participation in sport and physical activity. The specific evaluation objectives were to:

1. assess whether one-to-one mentoring influences experiences of and adherence to participation in sport and physical activity
2. explore whether the engagement of family members or friends facilitates adherence to sports participation
3. determine whether engagement in the project leads to participants achieving at least 1 x 30 minutes of sport per week
4. determine whether engagement in the project leads to an increase in total physical activity in the short and longer term
5. determine whether engagement in the project has wider benefits for participants including improved physical and mental wellbeing and changes in other lifestyle behaviours such as diet and smoking
6. explore the wider impact of the project in engaging volunteers ('community champions') in the delivery of community sport
7. appraise the relative success of different aspects of the project to inform future delivery.

A mixed methods approach was used to evaluate GHGIS, and data were collected using a number of approaches:

- surveys with participants at four time points (baseline, three, six and twelve months)
- one-to-one session records
- attendance registers at leisure centres and community-based activities
- qualitative interviews and focus groups with key stakeholders, project partner and participants.

Follow-up survey data was initially collected exclusively using telephone calls with participants. In response to low response rates this method was altered and from February 2015 onwards participants were contacted using a mixture of phone calls, emails (online survey) and by letter (postal surveys) depending on participant preference.

The purpose of this report is to provide a final summary of the evaluation conducted and the learning captured during the GHGIS project, along with demonstrating the progress of the project towards the key project indicators at the conclusion of operation.

Key findings

Recruitment and participant characteristics

- A total of 533 participants were recruited to the GHGIS project and provided baseline data (292 from New Parks and 241 from Greenhill).

- Overall, word of mouth was the most common way in which participants were recruited to the project (56.8%) followed by leisure centre referrals (11.6%). Using leaflets, posters and promotion through local facilities (e.g. libraries and community centres) was much less successful.
- A higher proportion of GHGIS participants were female (69.5%) than male (30.5%) but there were differences between the two areas (75.4% female in New Parks and 62.3% female in Greenhill).
- The mean age of GHGIS participants was 37.7 \pm 13.6 years (New Parks: 36.7 \pm 13.2 years; Greenhill: 38.8 \pm 14.0 years) with 68.7% of all participants aged over 30.
- Participants from Greenhill were more likely to be from a white ethnic group (97.9%) compared to New Parks where there was more ethnic diversity with 76.0% of participants being of white ethnic origin.
- Across both areas 48.4% of participants reported being in any form of paid employment and 20.4% of participants held no formal educational qualifications. For those in employment, 69.7% were employed in non-sedentary occupations.
- Over half of participants rated themselves as being in fair or poor health (57.3% in New Parks and 58.5% in Greenhill), with some reporting disabilities or long-term illness (16.7% New Parks and 18.1% Greenhill).
- Based on the BMI of participants (calculated using self-reported height and weight), less than one third of participants fell within the normal weight category (27.6% New Parks and 25.8% Greenhill) and just under half of participants were classified as obese (47.4% New Parks and 43.3% Greenhill).
- At baseline, 11.5% of participants in New Parks and 2.1% of participants in Greenhill were participating in at least 1 x 30 minute session of sport per week. Time spent participating in sport each week was extremely low (13 minutes per week on average).
- Just over half of participants (56.7% in New Parks and 51.5% in Greenhill) met the current recommendations for participating in at least 150 minutes of moderate intensity physical activity per week. Participants reported undertaking an average of 531 minutes (New Parks) and 382 minutes (Greenhill) of total physical activity per week at baseline.
- The high levels of overall physical activity observed when physical activity is assessed using IPAQ short compared to the Single Item Measure for Physical Activity may be explained by the high proportion of participants who are in physically active employment. Short IPAQ includes work-related activity whereas the Single Item Measure for Physical Activity specifically excludes work-related activity.
- Just over a quarter of participants reported being current smokers (28.6% New Parks and 26.6% Greenhill).

- The proportion of participants meeting the recommended guideline of five portions of fruit and vegetables per day was much lower in Greenhill (35.8%) compared to New Parks (51.1%).
- Overall, 34.7% of participants reported drinking alcohol frequently or very frequently in the last 12 months though this was much lower in New Parks (26.4%) compared to Greenhill (44.6%). Almost a third (29.6%) of those who drank alcohol reported hazardous drinking behaviour (5 or more drinks on a drinking day).

Project participation

Mentor sessions

- Of 533 participants who completed a baseline survey, mentor session records were available for 467 participants (87.6%) (New Parks: n=236, 80.8%; Greenhill: n=231, 95.8%).
- Participants engaged in an average of 2.8 ± 2.0 Mentoring sessions.
- Of the 467 participants, 22 participants did not attend any Mentor sessions (New Parks n=15; Greenhill n=7), around one third of participants (35.5%) only took part in one Mentor session and only 17.3% opted to take part in the maximum six sessions (New Parks: 20.8%; Greenhill: 13.9%).
- Mentor sessions lasted on average 55.1 ± 14.8 minutes (New Parks: 55.6 ± 14.5 ; Greenhill: 54.6 ± 15.1 minutes).
- Taking part in an activity was most commonly reported (73.3%) during a Mentor session. A number of participants chose to complete independent sessions without their Mentor (5.6%). In addition, Mentors also reported that participants cancelled their session (10.0%) or did not attend without informing them (4.2%).
- A high proportion of participants rated their Mentor sessions as being 'excellent' or 'good' (89.8%) and indicated that they had enjoyed their Mentor sessions (88.3%).
- Just over half of participants (52.2%) agreed they would not have started to engage in sport or physical activity without the Mentor sessions. Encouragingly, 83.5% stated that they had attended other sports or physical activity sessions without their Mentor and 69.8% believed that they had met their goals whilst participating in the programme.
- During the first three months of the project for each participant, the most popular activity during and outside of Mentor sessions was going to the gym. A small number of participants indicated they went swimming, or took part in a cycling or running group during this time. Participants tended to engage in the same activities they experienced with their Mentor, after their Mentor sessions had finished.
- At the six and twelve month follow-up assessments, going to the gym was still the most popular activity (3 month follow-up: 48.9%; 6 month follow-up: 30.0%) followed by swimming (3 month follow-up: 26.1%; 6 month follow-up: 22.0%) and exercise classes (3

month follow-up: 15.2%; 6 month follow-up: 18.0%). Participation in other sports e.g., badminton, football, squash, yoga and tai chi were also reported.

- Overall, 31.3% (n=21) of participants reported trying new activities between the 3 and 6 month follow-up assessments (New Parks: 27.0% (n=10); Greenhill: 36.7% (n=11)) and 22.2% (10) reported trying new activities between 6 and 12 month follow up (New Parks: 17.2% (n=5); Greenhill: 31.3% (n=5)).

Use of leisure centres and community based activities

- Participants from Greenhill visited Hermitage leisure centre on average 20.3 (± 40.1) times between October 2013 and the end of March 2016. Twenty-six participants issued with a leisure centre card registered no visits. The leisure centre was visited 4338 times by GHGIS participants during this period with an average of 144.6 (± 1.4) visits per month.
- Participants from New Parks visited the leisure centre on average 18.2 (± 33.7) times between January 2014 and end of March 2016. Forty-three participants issued with a leisure centre card registered no visits. The leisure centre was visited 4651 times by GHGIS participants during this period with an average of 172.3 (± 1.3) visits per month.
- Overall, the leisure centres were visited a total of 8989 times (Hermitage: 4338; New Parks: 4651) by GHGIS participants. Gym sessions were the most frequently registered activities by participants at both Hermitage (2784 visits, 64.1%) and New Parks (2810 visits, 60.4%). Only 35.9% (Hermitage) and 39.6% (New Parks) of recorded activities during this period were for alternative activities such as walking, running, activity classes and swimming.
- In Greenhill (Hermitage), 63.9% of participants recorded attendance for at least 3 months. Only 30.2% of participants continued using the leisure centre beyond six months, and 21.1% of participants registered leisure centre usage over a period of 12 months or more.
- In New Parks, 53.7% of participants recorded attendance for at least 3 months. Only 28.6% of participants continued using the leisure centre beyond six months, and 10.6% of participants registered leisure centre usage over a period of 12 months or more.

Recruitment of Champions

- Sixty participants were referred to be GHGIS Champions (26 from Greenhill and 34 from New Parks). Twenty-seven completed their training and were considered to be 'active champions'. The rest either started training but did not finish or were referred but did not book onto a training course. Through GHGIS, nine participants completed the basketball level one course, nine completed the community sports leader award, fifteen trained as AthleFIT leaders, six in motivational interviewing, five in first aid and four in safeguarding. Eleven participants volunteered in their community, for a total of 163.5 hours.

Project impact

- Response rates to follow-up surveys were low (3 months: 35.3%; 6 months: 17.3%; 12 months: 9.4%) therefore findings should be interpreted with some caution.

- The proportion of participants taking part in at least 1 x 30 minutes of sport per week significantly increased at 3 month follow-up (baseline: 7.8%, follow-up: 41.3%; $p < 0.001$) and 6 month follow-up (baseline: 6.8%, follow-up: 39.2%; $p < 0.001$).
- Significant increases in the mean total minutes of sport per week were observed overall at 3 months (baseline: 9.8 ± 59.4 minutes per week \pm standard deviation (SD); follow-up: 71.2 ± 140.9 minutes per week \pm SD; $p < 0.001$) and 6 months (baseline: 3.1 ± 12.8 minutes per week \pm SD; follow-up: 57.4 ± 134.5 minutes per week \pm SD; $p < 0.001$).
- The proportion of participants meeting the current recommendation to participate in at least 150 minutes per week of moderate intensity physical activity significantly increased overall at 3 month follow-up (baseline: 52.5%, follow-up: 75.7%; $p < 0.001$) and 6 month follow-up (baseline: 50.0%, follow-up: 73.8%; $p < 0.05$).
- Total minutes per week spent participating in physical activity significantly increased between baseline and 3 months (baseline: 440.0 ± 594.4 minutes per week \pm SD; follow-up: 637.4 ± 662.2 minutes per week \pm SD; $p < 0.001$) and between baseline and 6 months (baseline: 363.7 ± 552.0 minutes per week \pm SD; follow-up: 525.9 ± 563.8 minutes per week \pm SD; $p < 0.05$).
- Significant increases in vigorous physical activity and moderate physical activity were observed at 3 and 6 months compared to baseline, however no significant changes in walking levels were observed at the overall level at any time point.
- Participants were asked to state whether any changes to their lifestyle behaviours and health had taken place since participating in GHGIS. The most frequently reported changes included increased physical activity (3 months: 87.6%; 6 months: 72.7%), improved diet (3 months: 79.2%; 6 months: 77.5%), feeling less stressed (3 months: 75.3%; 6 months: 68.2%) and feeling healthier (3 months: 90.1%; 6 months: 79.8%).
- At baseline, almost half of participants reported that their friends and family 'never' or 'rarely' gave the support for participating in sport. In contrast, at the 6 month follow-up, almost half of participants reported that their family gave them support for sports participation 'often' or 'very often', whilst around one third of participants reported the same for their friends.

Stakeholder perspectives

Participants

- The majority of participants who were interviewed reported that they were very happy with the GHGIS programme, had enjoyed being part of it, had increased their physical activity and improved their health. However, it should be noted that those participants who took part in the interviews were largely those who had continued to engage in the programme and so do not necessarily represent those who dropped out or were unhappy with the programme, or were unsuccessful in making lifestyle changes.

Champions

- Although the target number of champions was reached, a lack of understanding of the purpose of this element and a lack of volunteering opportunities resulted in this element not working as envisaged. Those participants who had taken part in training reported that they enjoyed it and wanted to do more. However, they were primarily concerned with furthering their own knowledge, interest and behaviour change. Champions may have been able to further their skills had more volunteering opportunities been available. There were also limitations regarding using volunteer champions e.g., insufficient insurance for volunteers to lead activities, or restrictions imposed by volunteering partners.

Mentors

- Mentors enjoyed working with participants, and found this very rewarding. They felt that for a small proportion of participants, the project had been successful in fostering long-term behaviour change, but that the majority of participants still face significant barriers to participation. Operationally, mentors were sometimes frustrated with the burden of recruitment, marketing and promoting as they felt this was not their role and detracted from time they were able to spend with participants. Mentors felt that project planning, clarity of roles, community engagement, communication and leadership support were lacking, resulting in poor marketing and promotion, slow recruitment and additional barriers to participants and delivery partners alike.
- Mentors noted that towards the end of the project, recruitment, participation and community awareness of the project and engagement was increasing, and felt disappointed that just as the project was gaining ground in these hard to reach communities, it was due to end.

Project partners

- Overall, despite challenges, partners felt the project had been successful and had impacted significantly on the lives of those participants who fully engaged with the programme and took advantage of the opportunity offered. Like mentors, project partners also felt that the lack of a protected planning and community engagement/insight phase, and a lack of clear marketing and promotion strategy and contingency planning, resulted in a slow start to recruitment and impacted on delivery throughout. However, it is important to recognise that these challenges come hand in hand with projects such as GHGIS. Short timescales for project applications and a need to begin delivery of the project shortly after funding was awarded meant that there was limited time to obtain consumer insight or undertake needs assessments, or to test project protocols. Further, projects of this nature are continually changing to adapt to the learning of the project, as was the case here.
- All partners expressed concerns about the sustainability of the programme. In particular, the difficulty of effecting behaviour change in the target group, the impact of withdrawing free or subsidised provision and one-to-one support, the financial sustainability for leisure centres and activity providers and the lack of suitable exit strategies. Mentors and delivery partners worked hard to signpost participants to other activities and programmes wherever

possible. Ensuring sustainability of GHGIS is further challenged by the current economic climate which has seen a number of cuts and savings targets imposed on local authority funding (for example public health have had cuts to funding this year and next year). In addition, there have been and are ongoing service reviews. This has meant that developing a sustainability plan for the project has been a challenge as timelines for the outcomes of reviews and funding did not match with the timelines for the project's conclusion.

- In addition to funding cuts and services reviews, partners are awaiting on further guidance on programmes linked to the new Government Sports Strategy and Sport England Strategy. This presents a challenge for developing a sustainable plan for the project as partners want to ensure that work aligns to these strategies.

Lessons learnt

Objective 1: Assess whether one-to-one mentoring influences experiences of and adherence to participation in sport and physical activity

Participants reported a large number of barriers to taking part in sport and physical activity and in particular to visiting facilities such as leisure centres with many reporting fear, anxiety and low confidence. They overwhelmingly stated that one-to-one mentoring was pivotal in supporting their efforts to participate in sport and physical activity and over half of participants indicated they would not have started doing physical activity or sport without their mentor's support.

However, around one third of participants only took part in one Mentor session and less than 20% opted to take part in the maximum six sessions suggesting there are a wide range of support needs for moving inactive people into activity. Although it is likely that attendance and engagement with one-to-one mentor sessions supported initial take-up of physical activity, and for some this early ongoing support was critical, it is not possible to determine the optimal number of mentor sessions that would lead to long-term behaviour change, or the strength of the association between mentor sessions and adherence.

Objective 2: Explore whether the engagement of family members or friends facilitates adherence to sports participation

During the project, many family members or friends who had been nominated to receive a reduced price leisure pass became participants in the project themselves. Increases in perceived support for sports participation from family and friends were observed in the project and often after an individual had signed up, their partner, children or friends also signed up and they would attend activities together. Some participants reported that having a friend or family member to engage in physical activity with encouraged their own participation. Some participants also reported making new friends as part of the project which supported them in continuing to take part.

In contrast, a number of participants reported isolation and a lack of family or friends. As such, these participants reported that they had only made friends or widened their social circle through the programme itself. The impact of such isolation in this population should be

considered carefully, as these potential participants are those that are likely in greatest need, but may be especially hard to reach.

Objective 3: Determine whether engagement in the project leads to participants achieving at least 1 x 30 minutes of sport per week

Findings from the evaluation showed that a significantly higher proportion of participants were meeting the indicator of 1 x 30 minutes of sport per week at the 3 and 6 month follow-up compared to baseline suggesting that engagement with the project may have led to increased participation in sport.

Objective 4: Determine whether engagement in the project leads to an increase in total physical activity in the short and longer term

Total time spent in physical activity was significantly higher at 3 and 6 months compared to baseline, particularly for moderate and vigorous physical activity. However, after 12 months, time spent in physical activity overall was lower compared to baseline, though this was not statistically significant.

Findings from the evaluation showed that a higher proportion of participants were meeting physical activity recommendations of 150 minutes of moderate intensity activity at the 3 and 6 month follow-up compared to baseline. After 12 months, although the proportion of participations meeting recommendations was higher than at baseline, there were no statistically significant changes.

These findings suggest that engagement with the project may have led to increased participation in physical activity in the short-term, particularly for moderate and vigorous physical activity, but not walking. More may need to be done to maintain this increase in the longer-term.

Objective 5: Determine whether engagement in the project has wider benefits for participants including improved physical and mental wellbeing and changes in other lifestyle behaviours such a diet and smoking

A high proportion of participants reported that they had made changes to their lifestyle behaviours and that their health had improved since participating in GHGIS. In particular, participants' reported changes included increased physical activity, improved diet, feeling less stressed and feeling healthier. These findings suggest that engagement in the project may have led to wider lifestyle changes and improved health and wellbeing at 3 and 6 months, though more may need to be done to sustain both physical activity and wider lifestyle behaviour changes in the longer term.

Objective 6: Explore the wider impact of the project in engaging volunteers ('community champions') in the delivery of community sport

GHGIS aimed to recruit and train a number of volunteers to support the delivery of community sport from participants recruited into the project. It became clear in the initial stages of the project that many participants were too early in their sport and physical activity

journey to take on the responsibilities expected of the champions. Recruitment for champions was therefore broadened to include individuals from the wider local communities who were already confident in taking part in sport and physical activity. Members of the wider community were recruited via adverts and promotion at local events and schools. Although many champions attended training courses, few went on to volunteer and support community-based activities as part of the programme therefore it is difficult to assess the true impact of the engaging volunteers in the delivery of community sport as part of this project.

Objective 7: Appraise the relative success of different aspects of the project to inform future delivery

Screening

The project utilised the Single Item Measure for Physical Activity to determine level of physical activity and eligibility for the programme. Only those who reported not having participated in any physical activity in the last week were eligible. Partners raised concerns that this time frame was too narrow, did not allow for sufficient understanding of a potential participants physical activity habits, and that some participants may have been dishonest or only temporarily inactive in order to access the free leisure pass. The recruitment of more active participants may have been reflected in the number of participants who only attended one Mentor session and then requested to continue independently. As such, this may have limited the programme in that it did not reach those who were most in need of the support offered. However, some participants were informed that they were not eligible for the project after completing the baseline assessment when it became clear they were already active.

Community engagement

Partners made inroads into both communities, though this was much harder in Greenhill as the project team were less familiar with the area at the start. Creative solutions were found for recruiting participants to the project, which successfully reached its target to deliver a tailored intervention to 500 inactive individuals. A wide variety of strategies were used to market the GHGIS project but the most successful was found to be word of mouth. It was therefore suggested that finding a key influential person in the local community may be the best way to promote the project in future. The least successful strategies were leaflets and posters.

Mentor sessions

Mentors were trained fitness professionals and had a range of qualifications related to delivering physical activity. Mentor support was critical in supporting people to become active though there was a range in the number of mentor sessions participants wished to have. Mentors enjoyed working with participants, helping them to set and achieve goals for physical activity, and found developing relationships with participants to be very rewarding. Similarly, participants reported that they enjoyed and valued the support provided by mentors during, between and after sessions. However, mentors sometimes struggled with participants not turning up or cancelling sessions, and felt that it was crucial for participants to engage in at least six mentor sessions in order to promote behaviour change. Further, mentors believed 6

weeks/sessions were insufficient for a participant to be ready to 'go it alone' and sustain behaviour change. Finally, mentors felt they were not able to spend as much time 'on the ground' with participants as they would have liked due to balancing other duties. Mentors wanted their sole focus to be on conducting sessions and engaging with participants.

Leisure pass

Offering a free leisure pass received mixed appraisals by partners. Partners were aware that as word of mouth about the project spread, participants increasingly saw the project as a 'free gym membership', and did not fully utilise all the support and opportunity offered by the programme. This was perceived as a waste of resources as many participants only completed one mentor session and received a leisure pass, but only used it for a limited time, or not at all. Retention rates indicated that overall, just over half of participants registered attendance for longer than 3 months, just under one third attended for more than 6 months, and only 15% registered attendance over a period of 12 months or more.

Partners also raised concerns that this approach does not facilitate sustained behaviour change, particularly if participants have not engaged with mentors. They suggested that this model of provision be revised in future projects, such that participants who engage with the programme may 'earn' additional free or subsidised access through proven repeated use, and that those who do not use the pass will have it terminated in order to release resources for others. In addition, recruitment and screening processes may need to be adapted to ensure that the intended people are recruited onto the programme in the first instance.

Leisure centre leads also suggested that there be greater flexibility in the leisure pass, as some participants requested that their access be frozen for a period of time before being reactivated. This was most frequently due to their own, or a family members' poor health.

In addition, those participants who did take advantage of the support of the free leisure pass may inevitably return to inactivity once free provision is removed, as ultimately, financial limitations in these communities remain a significant and insurmountable barrier.

Community-based provision

Community based provision over and above that of regular provision of the leisure centres, did attract participation by GHGIS participants and members of the wider community. Additional provision was not the same in both areas owing to differing availability of facilities. AthleFIT, running group and swimfit were popular in New Parks; walking football, 'walk and cuppa' group and CardioTone were popular in Greenhill. Cycling and Tai Chi were less well attended. Participants requested volleyball following a taster session at a celebration event, however, it was not possible to provide this as part of the main programme as it was not possible to find a coach to facilitate sessions.

Champions

The project successfully reached its target to recruit 24 'champions'. Some of these champions were recruited outside of the participant pool to act as role models for participants. For most GHGIS participants, the length of time spent in the programme (i.e. 6 months) was found to be insufficient to complete the journey from inactive adult to active adult to physical activity champion, rendering this an unsuitable exit strategy for the target

group. Volunteering opportunities for champions were somewhat restricted by availability of sessions in which to gain experience and lack of insurance to allow them to lead or coach at a session. The potential limitations of using volunteer champions e.g., insufficient insurance for volunteers to lead activities, or restrictions imposed by volunteering partners, should be identified early in the project. A clear plan and schedule of volunteering opportunities should be developed and shared with all partners.

Sustainability

Sustainability of the programme was a major concern for the partners. However, a number of community based activities that were introduced as part of the GHGIS programme, were planned to continue after the end of the formal project. Specifically:

- Running & Athletfit sessions will continue in New Parks
- CardioTone will continue at Greenhill (Agar Nook) whilst it is self-sustaining
- Walking group will continue in Greenhill
- An initial 'This Girl Can' event and block of taster sessions at a primary school in New Parks generated sufficient interest that an ongoing session will be delivered (taken on by the school)
- Swimfit will continue to be offered
- Walking football will continue in Greenhill.

This is encouraging and offers continued opportunities for those participants who attend these activities. It also supports the objective to reach the wider community by retaining some of the increased provision in these areas. However, without funding to employ mentors or subsidise leisure passes, the full GHGIS project in its current format will not be able to continue. Given the importance of the role of the mentor support and subsidised gym membership in these communities, the impact of the removal of these elements for future uptake of physical activity provision and long-term behaviour change will need to be considered.

Recommendations for future projects

Project management

1. Projects such as these require a minimum of 6 months lead in time before commencement of delivery in order to build relationships between project partners, establish a delivery and communication plan, familiarise the project team with target areas, establish relationships with local organisations and groups, identify key local influencers, conduct community engagement and insight activities, develop promotional and marketing materials and test project delivery protocols and processes.
2. Organisational and individual roles and responsibilities should be established with each partner prior to the commencement of delivery and these should be revisited as necessary throughout. It is important to ensure all partners have sufficient capacity to undertake their roles and responsibilities. In particular, the time needed for overall project leadership and management should not be underestimated.

3. In order to facilitate marketing and recruitment to the project and to co-ordinate local project delivery, it may be useful to recruit a community-based project officer for each target area to ensure there is someone 'on the ground' to take a lead and facilitate project activities.
4. In preparation for potential staff turnover, it is vital that future projects ensure processes and procedures for recording of information (including staff roles, recruitment, delivery and evaluation processes and procedures etc.) are put in place early in the project. This will help with smooth and comprehensive staff handovers and mitigate the potential loss of information.

Marketing and communication

5. Catchment areas should be as broad as is reasonably possible in order to maximise recruitment and engagement. The location of activity provision and access/transport to facilities should be considered carefully as this can be a major barrier to participants taking part. Delivering the project in adjacent areas may facilitate community engagement and foster connected social groups and relationships which may also support sustainability.
6. A clear marketing and communication strategy for establishing and maintaining engagement with project participants should be developed and duties delegated systematically to appropriate organisations and staff.
7. All marketing materials should be up-to-date, contain all of the required information (e.g. a contact telephone number and how to register for the activity) and should be distributed to all partners.
8. A strategy should be developed to maintain the involvement of participants who have completed the initial phase of the project. The use of a monthly newsletter to participants outlining upcoming activities and events, along with regular 'celebration events' can be useful approaches to help to maintain engagement.
9. Opportunities should be sought for information about programmes to be spread via word of mouth in communities. Key influential persons in a community should be identified who can help with recruitment and identify existing groups from where participants could be recruited.

Project delivery

10. The screening process for assessing eligibility for the project should be tested to ensure it correctly identifies the target population to be recruited.
11. Participant's barriers should be taken into consideration in project planning. These include fear, anxiety and low confidence. Do not underestimate the extent of the barriers to participating in sport and physical activity in this population group. Even entering a leisure centre can be a major challenge for some participants. Participants

may also lack suitable equipment, footwear and clothing and may need to be supported to obtain these in order to facilitate their participation.

12. Work closely with mentors to mitigate problems and provide support with work load. Ensure mentors have right set of attributes (i.e., they are friendly, approachable, supportive) and training (e.g. appropriate fitness qualifications) to work closely with the target population.
13. Ensure staff based in local leisure centres are aware of the project, are approachable and helpful to participants and partners, and are kept up to date about the project as necessary.
14. Monitor participation and use of the free leisure pass and consider introducing some check points at which the free pass may be extended or terminated (taking into consideration the participants' circumstances). Encourage participants to extend the free (or subsidised) membership by trying different activities or through continued use. Allow flexibility in memberships (i.e., the ability to 'pause' their membership due to their own or family ill-health).
15. When working with a project partner who is offering a service, try to ensure the additional provision for the project matches their existing services. If normal services require adaptation for the purposes of the project, this can be challenging.
16. Monitor attendance at activities and respond quickly to those which are less well-attended. This may include supporting partners to develop an offer which is more appealing to the target group whilst recognising the challenges of changing normal service delivery.
17. A timetable of all of the activities should be available to participants and to all members of staff involved. The timetable should be kept up-to-date throughout the project. Where possible, the timetable should be planned in consultation with all partners to ensure everyone knows which activities are being delivered when and to try and avoid two activities being offered at the same time.
18. In consultation with participants, consider broadening the activities on offer, especially for team-based sports such as football, basketball, netball etc. that can foster positive social relationships and support sustained behaviour change. Provide participants with the opportunity to try a new activity before having to commit to it but try to ensure the activity can then be offered (and coaches are available) on a more regular basis if there is sufficient interest from participants.
19. Make it clear to the community that the programme can offer support to those with limitations and disabilities and ensure the activities are open to all. Offer opportunities to try things for free and with support, and consider reduced rates for those who are unemployed.

20. Develop a strategy for re-engaging drop-outs when they first disengage with the programme and explore strategies for maintaining contact with participants throughout. (e.g., monthly newsletter/timetable of activities).
21. Ensure there are suitable opportunities for newly recruited volunteer champions to obtain the experience they need to develop their skills and confidence. A clear pathway may need to be established to support champions and ensure they are then able to contribute to delivery of sports and other activities in their local communities.

Exit strategy to support continued participation

22. Clear sustainability and exit strategies should be developed during initial project planning and these strategies should be revised and adjusted as appropriate throughout delivery.
23. A clear pathway for signposting participants to further activities or programmes after their participation has ended should be developed. Additional opportunities for adults to be active in their communities should be identified and these should be communicated widely.

Project evaluation

24. Evaluation and data collection protocols should be established, tested and embedded from the start of the project (pre-delivery). Guidance and training should be provided to partners as necessary (and on an ongoing basis) and regular checks undertaken on the quality of the data being collected. Steps which need to be taken to ensure evaluation follow up data is collected in a timely fashion should be identified and implemented.

Conclusions

The inactive population face a large number of barriers to participating in sport and physical activity and may require intensive support to move from being inactive to starting activity. GHGIS offered a tailored intervention which included support from a mentor, a free 6 month leisure pass and ongoing opportunities to take part in activities in the local community. Overall, GHGIS met its target of recruiting 500 inactive adults across the two project areas and demonstrated increases in sports provision which may have led to increases in participation in sport and physical activity.

This was a complex project with multiple partners and an especially hard to reach target group. Despite challenges in planning, strategy and delivery, all partners worked to contribute to the overall success of the programme. A number of crucial learnings from the first and second years of delivery allowed partners to reassess and adjust their practice to overcome challenges in communication, marketing, recruitment and delivery. Although it was not possible to overcome all challenges, the learning gathered throughout this project via delivery partners and evaluation will be invaluable in informing future programmes.

Challenges such as restricted timelines for the funding application and commencement of delivery of the project, government funding cuts and ongoing service reviews, new Government sport strategies, staff turnover, and the need to continually change and adapt

project plans as a result of ongoing learning, all affected the ability of project partners to maximise the success, impact and sustainability of the project. These factors should be taken into consideration when evaluating the success of GHGIS and should not be overlooked when planning future projects.

Undoubtedly, the GHGIS programme has made a significant impact on the lives of some participants, as evidenced in their stories and feedback. Future programmes should ensure there are strong strategic plans for marketing, promotion, delivery, evaluation and sustainability, along with sufficient resource and capacity to effectively undertake all components of the programme. This will help to maximise the impact felt within the communities targeted, and to ensure long term impacts on health and physical activity levels in these communities. In order to achieve this, community engagement and insight activities must be conducted during both planning and delivery phases.

Future programmes should focus their targets and outcomes towards long term behaviour change, ensuring that retention of participants is as high a priority as recruitment and that suitable exit strategies exist for participants. Working within a local areas' existing activity provision will support delivery partners to ensure sustainability in the provision of activities.

Contents

Executive Summary	3
1. Overview of Leicester-Shire Get Healthy Get into Sport	22
1.1 Background.....	22
1.2 Vision and objectives	22
1.3 Target outcomes	22
1.4 Programme description	23
1.5 Purpose of report	29
2. Evaluation	30
2.1 Evaluation aims and objectives	30
2.2 Evaluation methods.....	30
2.3 Data cleaning and analysis.....	33
2.4 Ethical approval	34
3. Recruitment and participant characteristics.....	35
3.1 Recruitment.....	35
3.2 Referral pathways.....	35
3.3 Participant characteristics.....	35
3.4 Participant health status.....	37
3.5 Participation in sport and physical activity	37
3.6 Other lifestyle behaviours	38
4. Project participation	40
4.1 One-to-one Mentor sessions	40
4.2 Activities undertaken after Mentor sessions	50
4.3 Use of leisure centres and community-based activities	51
4.4 Champions.....	57
4.5 Participation by wider community.....	57
5. Project impact.....	58
5.1 Survey response rates	58
5.2 Participation in sport	58
5.3 Participation in physical activity	59
5.4 Perceived benefits of taking part in GHGIS	62
5.5 Support from friends and family	63
6. Perspectives from participants and champions	64
6.1 Participants' and champions' perspectives	64

6.2 Participant case studies.....	68
7. Perspectives from delivery partners.....	72
7.1 Mentors' perspectives	72
7.2 Partners' perspectives	76
8. Summary of key findings and recommendations.....	86
8.1 Key findings	87
8.2 Lessons learnt	91
8.3 Recommendations for future projects	92
8.4 Strengths and limitations of the evaluation.....	96
8.5 Conclusions.....	100

1. Overview of Leicester-Shire Get Healthy Get into Sport

1.1 Background

The health benefits of being physically active have been well established². Despite this, a high proportion of adults in England do not do enough physical activity to benefit their health. There is currently limited evidence as to how to engage inactive people in sport as a means of increasing participation in physical activity³. To address this gap in the evidence, Sport England invested in a programme of Lottery funded 'Get Healthy, Get Active' research projects which aim to target inactive population groups and encourage them to participate in sport once a week for at least 30 minutes. Leicester-Shire Get Healthy Get into Sport (GHGIS) was one of these projects.

The overall aim of GHGIS was to develop and test a community model for engaging inactive individuals in sport and physical activity. The project built on existing local partnerships and was delivered in two areas of Leicestershire which currently have high levels of physical *in*activity and related health conditions (New Parks in the North West of Leicester City and Greenhill in Coalville, Leicestershire).

1.2 Vision and objectives

GHGIS aimed to contribute towards delivering the vision Leicester-Shire and Rutland Sport (LRS) published in its 2013-2017 Strategy for Sport and Physical Activity, which stated 'The people of Leicestershire, Leicester and Rutland will be the most physically active in England by 2025.

The objectives of the GHGIS project were to:

- increase the number of inactive people engaging in sport in the two project areas
- improve the sports offers for communities in the two project areas
- increase the number of trained volunteers in sport
- develop 'community champions' who will provide a sustainable sports offer in the two project areas
- ensure that inactive individuals are introduced into and supported within more formal sports settings, e.g., local sports centres
- develop a feasible and scale-able community engagement model for promoting sport amongst the most inactive.

1.3 Target outcomes

The specific target outcomes set for GHGIS were as follows:

- deliver a tailored intervention to 500 inactive individuals
- seventy-seven per cent (77%) of participants will show increased total physical activity levels three months after beginning the programme and will achieve Sport England's

² Department of Health (2011) Start Active, Stay Active: a report on physical activity from the four home countries' Chief Medical Officers. London: Department of Health.

³ Cavill, N., Richardson, D., & Foster, C. (2012) Improving health through participation in sport: a review of research and practice. British Heart Foundation Health Promotion Research Group, Oxford, UK.

key indicator of participating in at least one 30 minute session of sport each week after six months of intervention

- encourage the wider engagement of 500 additional individuals in regular sport, e.g., family and friends
- from the 500 inactive participants engaged in the project, 24 will be supported to become local Community Sport and Physical Activity Champions ('community champions')
- 'Community champions' will improve both their personal skills and their chances of undertaking further volunteering or gaining employment within the sport and health sector, increasing the provision of high quality sports delivery in the community
- build an improved sports specific offer in targeted communities
- increase the number of community led sports/multi-sports organisations (self-constituted), therefore providing local opportunities for local people to regularly participate.

1.4 Programme description

1.4.1 Funding

The GHGIS project was one of Sport England's Lottery funded 'Get Healthy, Get Active' portfolio of projects. It received £439,278 from Sport England to deliver and evaluate the project outlined below. Additional funding (£105,000) was provided by Leicester-Shire & Rutland Sport, Leicestershire County Council, Leicester City Council and North West Leicestershire Council with in kind support (totalling £98,000) provided by all delivery partners, thus making the total funding for the project £642,278.

1.4.2 Project timelines

The GHGIS project received funding in July 2013 with plans to deliver the project for 3 years until June 2016. Recruitment commenced in September 2013 and was completed in March 2016 allowing a 3 month period for data analysis and writing the final evaluation report.

1.4.3 Management and delivery of GHGIS

Overall, the GHGIS project was led and managed by Leicester-Shire & Rutland Sport (LRS) in partnership with a number of local organisations from the sports, physical activity and health sector (listed below). A project board was created to help oversee strategic project decisions, and an operations group was established to help facilitate delivery of the project on the ground. Membership of both boards consists of representatives from each of the key project partners including:

- Leicester-Shire & Rutland Sport (project lead)
- Public Health (Leicester City Council and Leicestershire County Council)
- Local authority leisure centres (New Parks Leisure Centre, Leicester City Council and Hermitage Leisure Centre, North West Leicestershire District Council)
- Leicestershire Partnership NHS Trust (Health Improvement)
- British Heart Foundation National Centre for Physical Activity and Health (BHFNC) (Research and Evaluation team)

- National Governing Bodies (NGBs) (Leicestershire Athletics Network and British Cycling).

Delivery of GHGIS was facilitated by the Leicestershire Partnership NHS Trust (Health Improvement team) (LPT) (formerly the LPT Food and Activity Buddies (FAB) team). LPT was responsible for recruiting participants to the project, conducting the baseline assessments, issuing the 6 month leisure pass, delivering the one-to-one mentoring sessions and conducting the follow-up assessments at three, six and twelve months.

Hermitage and New Parks Leisure centres supported recruitment, marketing and promotion, activity provision, space for community provision activities and providing the reduced leisure pass offer. Community-based activities were supported and provided by local branches of the National Governing bodies of Leicestershire Athletics Network and British Cycling.

1.4.4 Target audience

Individuals were screened for inclusion in the project based on their current levels of physical activity using the Single Item Measure for Physical Activity⁴ (PA SIM). Those who reported not having participated in any physical activity in the last week (0 days) were eligible to participate. Participants also had to live at address within the New Parks or Greenhill areas which was assessed using the participant's postcode.

1.4.5 Project pathway

Figure 1 shows the intended project pathway and delivery model. Recommended market segmentation methods and knowledge and experience of local agencies and partners were used to engage the target audience. It was anticipated that participants would be recruited to the project via a number of mechanisms including via GPs or other health professionals, National Governing Bodies, Sports Regeneration teams, Physical Activity Development Officers, community lifestyle events, leaflet drops / posters, social media campaigns and word of mouth. The most frequently used method of referral was word of mouth with leaflet drops and posters being least successful (see section 3.2).

Three referral pathways were planned: one for New Parks (City); one for Greenhill (County); and one for participants to self-refer into the project. In reality, all participants were referred or self-referred directly to LPT for screening and recruitment into the project (Figure 2).

⁴ Milton, K., Bull, F.C., Bauman, A. (2011) Reliability and validity testing of a single-item physical activity measure. *British Journal of Sports Medicine*, 45(3):203-8.

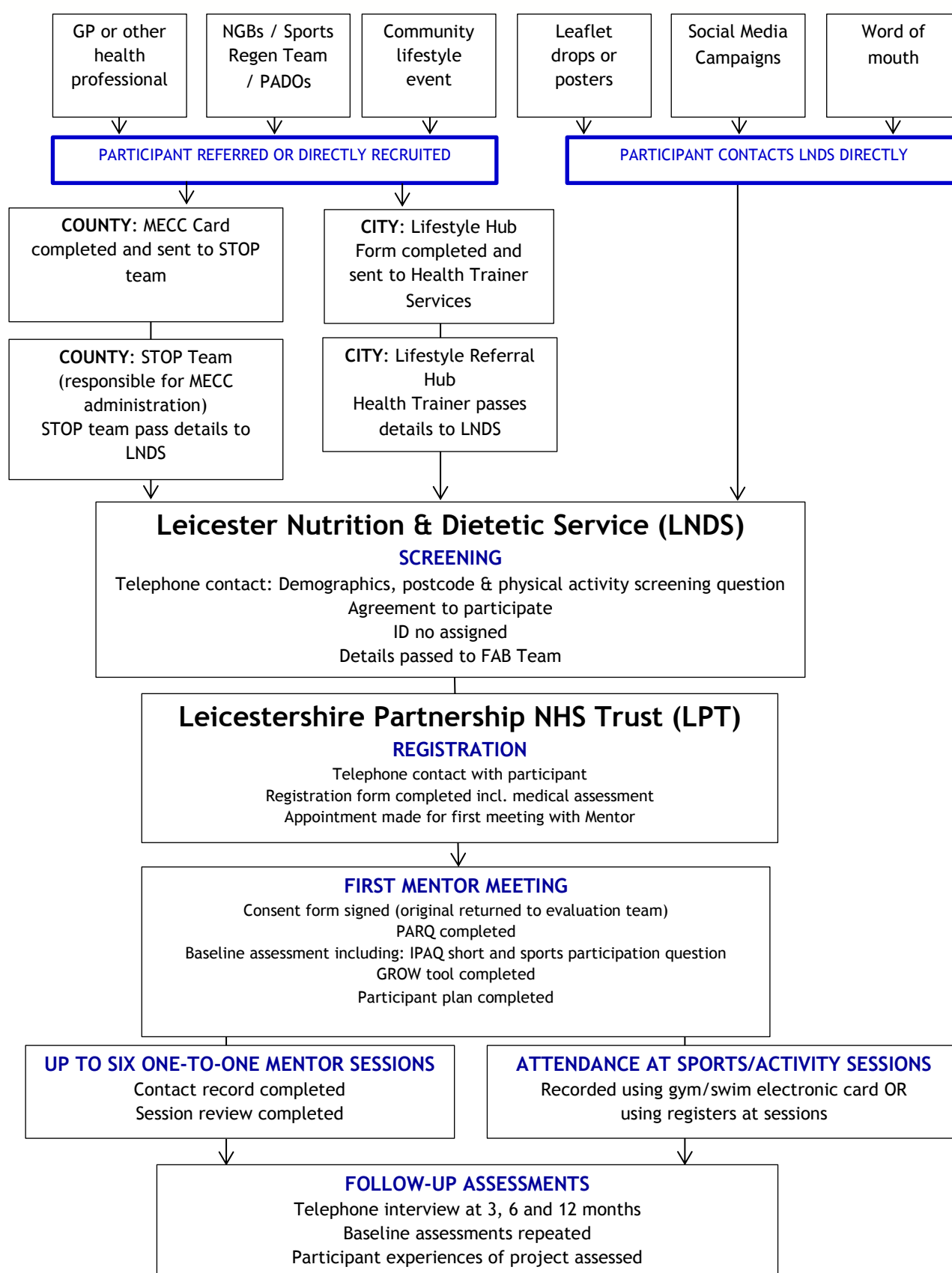


Figure 1. Summary of intended referral pathway and project delivery

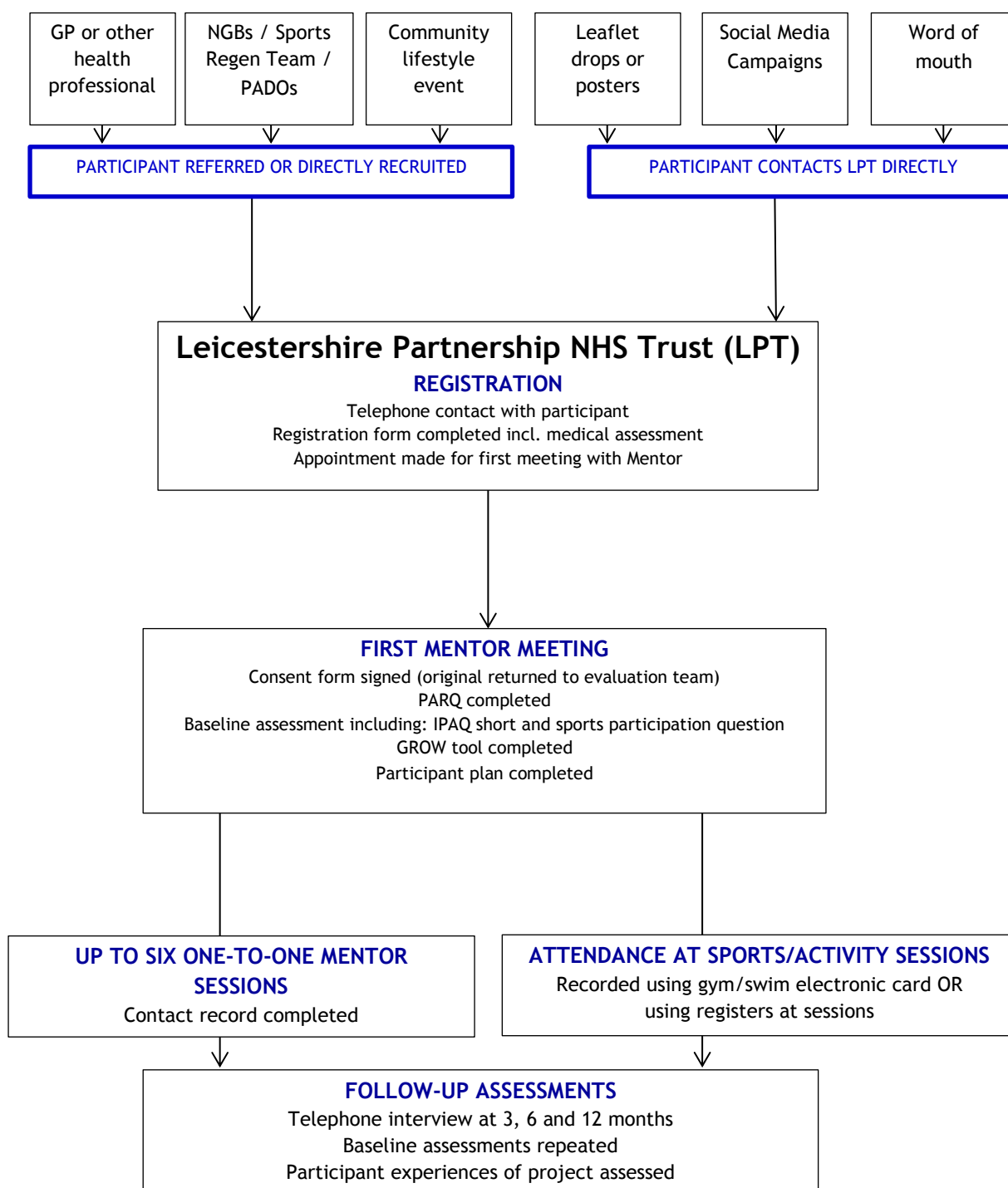


Figure 2. Revised referral pathway and project delivery

1.4.6 Project components

Eligible participants met with a Mentor who worked with them for up to six one-to-one sessions to help the participant overcome their barriers to participating in sport and physical activity. Participants were encouraged to continue their participation following the mentored sessions and were provided with a free leisure pass for six months to support this along with opportunities to participate in community-based activities such as cycling and AthleFIT. They were also encouraged to bring a family member or friend to their activities to help them sustain their participation. Each of the components of the project is outlined in more detail below:

- **Baseline assessments**

At the first meeting, participants completed the GROW tool (available on request) in discussion with their Mentor. The GROW tool was used to facilitate a conversation around the participant's goals for physical activity, barriers to reaching those goals and potential solutions for overcoming them, and what types of activity the participant would like to take part in during the project. The Mentor then planned the following Mentor sessions with the participant. The Physical Activity Readiness Questionnaire (PAR-Q) and baseline evaluation survey were also completed during this session and the participant was issued with a free 6 month leisure pass.

- **One-to-one Mentor sessions**

Each participant was entitled to have up to six one-to-one Mentor sessions and could choose how many sessions they wished to attend. During the sessions the Mentors supported the participant to undertake an activity, or have a discussion about progress, or there was also the option to undertake a support activity e.g. to go to the shops to buy a pair of trainers. The types of activities undertaken at Mentor sessions are described in more detail in section 4.1.

- **6 month free leisure pass**

Each participant was entitled to a 6 month free leisure pass at their local leisure centre (New Parks or Hermitage Leisure Centre). All activities which the participant attended were recorded using this pass.

- **Community-wide activities**

In addition to leisure centre activities, activities such as AthleFIT, cycling and walking were offered as part of the project in the wider community. The project aimed to develop partnerships and relationships with local sporting groups, organisations and clubs to ensure there were opportunities for continued participation once Mentor sessions had ended and to promote the long-term sustainability of the project. In addition, project participants were invited to take part in mass participation events such as Race for Life, Santa fun run and the Colour run. Registers were kept of the activities that participants attended.

- **Friends and family offer**

Each participant was able to nominate a friend or family member to receive a reduced rate 6 month leisure pass to help support the participant with continuing activities during

the programme. Nominated friends and family were also able to access wider community sessions and received support to take part in mass participation events (e.g., transport to the events was provided).

- **Champions**

The project aimed to recruit a number of Community Sport and Physical Activity Champions from previous project participants and provide them with training and volunteering experience to help develop skills and the experience to assist and potentially lead sessions within the community and attract new people into sport. It became clear early on in the project that it was too early for many participants to take this next step therefore a number of Champions from the local communities were recruited to support activities.

1.4.7 Key changes to project delivery

A number of changes to delivery were made during the project based on feedback and evaluation findings. These included the following:

- LRS increased staff time given to the project by adjusting personnel and staff remits. In addition to the overall project manager (0.2FTE), two physical activity development officers provided time to the project (0.2FTE each), one to work in each project area. These officers helped to build capacity for overall project management and supported project delivery partners with their responsibilities, including marketing and communication of the project.
- Funding was reallocated to provide additional Mentor time to support the delivery of the project and administrative time to support evaluation data collection.
- It was initially planned to provide participants with an incentive offer to enable them to purchase equipment or take part in activities. However, the administration and management of this scheme provided challenging to implement therefore it was withdrawn from the project. Support for participants to engage in mass participation events (e.g., entry fees and transport) and annual celebration events were put on in place of the incentive offer.
- A monthly newsletter was introduced which included details of upcoming activities and events as well as a timetable of activities. This was to help communication with existing GHGIS participants to ensure they still felt part of the programme and to encourage them to continue to take part in sport and physical activity.
- GHGIS participants were invited to take part in local mass participation events, such as the Santa fun run and the Colour run. Transport was provided to take a group of participants to the events and support provided to help them take part.
- It proved difficult to recruit Champions from existing participants as they were too early in their sport and physical activity journey to take on this responsibility. A small number of Champions were recruited from the local community outside of GHGIS to support this aspect of the project.
- In New Parks, Mentor sessions were sometimes conducted in groups rather than one-to-one in order to facilitate recruitment and meet the needs and wishes of potential participants in this area.

- Additional activities were provided during the project in response to participant feedback and requests. These included: Boxercise, Tai Chi, CardioTone and Swim-Fit activity classes.
- The offer from British Cycling was reduced for the final year of the project due to low uptake and challenges in delivery.

Other staff changes:

Throughout the project there were a number of staff changes for different partners which proved challenging for continuity, partnership working and delivery:

- Three different Leicestershire Partnership NHS Trust (LPT) Managers providing line management for Mentors and the project administrator
- Six different LTP Mentors (three at any one time)
- Four different LPT admin officers (one at any time)
- New facilities manager at New Parks Leisure Centre
- Change in project co-ordinator at Hermitage Leisure Centre due to maternity leave
- Three Research Associates at the BHFNC (the Principal Investigator/Research and Evaluation Manager for GHGIS did not change throughout the project).

1.5 Purpose of report

The purpose of this report is to provide a final summary of the evaluation conducted and the learning captured during the GHGIS project, along with demonstrating the progress of the project towards the key project indicators at the conclusion of operation.

2. Evaluation

The BHF National Centre for Physical Activity and Health (BHFNC) was commissioned as a partner to evaluate GHGIS.

2.1 Evaluation aims and objectives

The overall aims of the evaluation were to assess:

- the extent to which community engagement through the project is effective at engaging the inactive in sport
- the effectiveness of the project in increasing participation in sport and physical activity.

The specific evaluation objectives are to:

1. assess whether one-to-one mentoring influences experiences of and adherence to participation in sport and physical activity
2. explore whether the engagement of family members or friends facilitates adherence to sports participation
3. determine whether engagement in the project leads to participants achieving at least 1 x 30 minutes of sport per week
4. determine whether engagement in the project leads to an increase in total physical activity in the short and longer term
5. determine whether engagement in the project has wider benefits for participants including improved physical and mental wellbeing and changes in other lifestyle behaviours such as diet and smoking
6. explore the wider impact of the project in engaging volunteers ('community champions') in the delivery of community sport
7. appraise the relative success of different aspects of the project to inform future delivery.

A summary of key evaluation activities which took place during the project is provided in Table 2.1.

2.2 Evaluation methods

This section provides a summary of the evaluation methods used in the project. A full description of methods is available from the authors.

A mixed methods approach was used to assess the project objectives and data were collected using a number of approaches:

- surveys with participants at four time points (baseline, three, six and twelve months) (objectives 3, 4 and 5)
- one-to-one session records (objectives 1, 7)
- attendance registers (leisure centres and community-based activities) (objectives 1, 7)
- qualitative interviews and focus groups with key stakeholders, project partner and participants (objectives 1, 2, 6, 7).

Table 2.1 Summary of evaluation activities

	2013						2014												2015												2016						
	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	
PREPARATION																																					
Training of Mentors		X																																			
Pilot test forms & data transfer		X																																			
PARTICIPANT DATA																																					
Preparation of forms	X	X																																			
Database development	X	X																																			
Recruitment			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Data received by BHFNC										X												X												X			
Data analysis										X	X	X										X	X	X										X	X	X	
ATTENDANCE DATA																																					
Data received by BHFNC										X												X												X			
Data analysis										X	X	X										X	X	X									X	X	X		
QUALITATIVE DATA COLLECTION																																					
Preparation of schedules				X	X	X										X	X	X										X	X	X							
Participants (Interviews) (n= 43)							X	X					X			X			X	X					X			X			X	X	X				
Mentors (Interviews) (n=9)							X	X											X	X											X	X	X				
Sports providers (Interviews) (n=10)							X	X											X	X											X	X	X				
Champions (Interviews) (n=2)															X												X										
Partners (Interviews) (n=38)																X	X											X		X	X	X	X	X			
Data analysis									X	X	X										X	X	X										X	X	X	X	

Eligibility for participation

All participants were screened for eligibility using the Single Item Measure for Physical Activity⁵. Only participants answering 0 days were eligible for inclusion in the project.

Participant surveys

Baseline assessment

A face-to-face baseline survey was conducted by the Mentor during the initial meeting with the participant. This survey was used to assess the participant's demographics, as documented in the Standard Evaluation Framework for Physical Activity Interventions⁶ (including sex, date of birth and ethnicity), physical and mental wellbeing, physical activity levels (using short IPAQ⁷), participation in sport and other lifestyle behaviours, such as, diet and smoking, prior to taking part in GHGIS. After the completion of the initial session, forms were returned to the LPT office by the Mentor and entered onto SurveyMonkey (web-based survey software) by a LPT team administrator.

Follow-up assessments

Follow-up surveys were scheduled to be undertaken by a LPT team administrator three, six and twelve months after the initial baseline survey for each participant was completed. The surveys were completed over the telephone, via email or via post. Telephone and email survey responses were entered directly onto SurveyMonkey. Postal surveys were returned using a pre-paid return envelope to the LPT office and responses were entered onto SurveyMonkey by a LPT team administrator. In response to low return rates and feedback from the LPT team that the follow-up surveys were too long for participants, shorter versions were developed in February 2015. The follow-up surveys re-assessed physical activity levels (using short IPAQ and a sports participation question and perceptions of the impact of GHGIS).

Copies of participant surveys are available from the authors on request.

One-to-one session records

Each participant was entitled to up to six one-to-one Mentor sessions. A contact record was completed by the Mentor after each session. The session records captured which activities were undertaken during the one-to-one session and any additional feedback from the Mentor or the participant after taking part in the session. The forms were returned to the LPT office by the Mentor after the last session with the participant, and a LPT administrator was responsible for entering the data into SurveyMonkey.

Sports and Leisure Centre Data

After their initial Mentor session, all participants were issued with a membership card for their local leisure centre (either New Parks Leisure Centre or the Hermitage Leisure Centre). Each time a participant attended the leisure centre their card was swiped to record their attendance. Data were downloaded and transferred to the evaluation team for analysis. In

⁵ Milton, K., Bull, F.C., Bauman, A. (2011) Reliability and validity testing of a single-item physical activity measure. *British Journal of Sports Medicine*, 45(3):203-8.

⁶ Cavill, N., Roberts, K. Rutter, H. (2012) Standard Evaluation Framework for Physical Activity Interventions. Oxford: National Obesity Observatory, UK.

⁷ Craig CL, Marshall AL, Sjostrom M, Bauman AE, Booth ML, et al. (2003) International physical activity questionnaire: 12-country reliability and validity. *Medicine Science Sports and Exercise*, 35:1381-1395.

addition, for activities delivered in the community, delivery partners kept a record of attendance at each activity. It was intended that these activity records would be given to the leisure centres so the attendance of GHGIS participants could be recorded via the membership card system. However, some activity registers were given directly to the evaluation team who aggregated this data with the leisure centre record data already received.

Qualitative methods

Representatives from all partner organisations attended shared learning events and were interviewed individually three times, once during each year of the project. Interviews followed a semi-structured interview schedule to guide the discussions through key topic areas, lasted about one hour each and were recorded and transcribed to facilitate analysis. The purpose of these events / interviews was to capture feedback and learning from mentors, sports delivery staff and project partners on delivery of the different aspects of the project and sustainability of the project going forward.

Participants and Champions were interviewed at celebration events, mass participation events and individually. At celebration events and mass participation events a short interview schedule was used to ask key questions in relation to experiences of the project. Interviews followed a semi-structured interview schedule to guide the discussions through key topic areas, lasted about one hour each and were recorded and transcribed to facilitate analysis.

Copies of interview schedules are available from the authors on request.

2.3 Data cleaning and analysis

All baseline and follow-up survey data and one-to-one session data were downloaded from SurveyMonkey after completion of the project and imported into SPSS Version 22.0.

Data on sports and leisure centre participation and attendance records at community-based activities were provided by the leisure centres for activities undertaken by participants registered on the project between 1st September 2013 and 31st March 2016.

Descriptive analyses were conducted to report the findings from the baseline surveys, one-to-one session records and participation.

Analysis of sports and physical activity participation data

For the purposes of this report the following key indicators are reported:

- % participants meeting 1 x 30 minute session of sport per week
- mean total minutes of sport per week (\pm standard deviation)
- % participants meeting 150 minutes physical activity per week
- mean total minutes of physical activity per week (\pm standard deviation)
- mean total minutes of vigorous physical activity per week (\pm standard deviation)
- mean total minutes of moderate physical activity per week (\pm standard deviation)
- mean total minutes of walking per week (\pm standard deviation)

These data were collected using the short version of the International Physical Activity Questionnaire⁸ (IPAQ) and a new question about sports participation as requested by Sport England. Data cleaning processes followed the guidance provided in the IPAQ scoring protocol⁹. The proportion of participants meeting the 1 x 30 minutes of sport per week indicator was computed using the average time spent doing sport on a typical day. Total minutes of sport per week was computed using average time spent doing sport on a typical day multiplied by the total number days on which the participant indicated taking part in sport.

For each of vigorous physical activity, moderate physical activity and walking indicators, time spent on an average day was multiplied by the number of days of participation to give total weekly minutes spent in each domain of activity. Total weekly minutes of physical activity was computed by summing the total minutes per week for each of these.

For paired categorical data, McNemar's test was conducted assessing change in proportions between baseline and follow-up. Continuous data were analysed to test for significance using a paired t-test. Where data did not show a normal distribution, non-parametric tests (Wilcoxon signed rank test) were utilised. Due to the low numbers of participants with baseline and follow-up data, particularly at 6 and 12 months, the findings should be interpreted with caution.

Qualitative data was reviewed and coded in NVIVO and a thematic approach was used to identify key themes.

2.4 Ethical approval

Ethical approval for this evaluation was obtained from Loughborough University Ethical Advisory Board (reference R13-P135). All participants gave written, informed consent to participate in the evaluation activities of GHGIS prior to beginning the project. Written consent was obtained from the Mentors, sports delivery staff and project partners prior to each focus group or interview.

⁸ Craig *et al.*, (2003)

⁹ <http://www.ipaq.ki.se/scoring.htm>

3. Recruitment and participant characteristics

3.1 Recruitment

A total of 533 participants were recruited to the GHGIS project and provided baseline data (292 from New Parks and 241 from Greenhill).

3.2 Referral pathways

Participants were asked how they found out about the GHGIS project (Table 3.1). Overall, word of mouth was the most common pathway with 56.8% of participants learning about GHGIS in this way. Leisure centre referrals were the next most common method of participants hearing about the project (11.6%) though there was some variation between New Parks (8.2%) and Greenhill (15.8%). The least frequently reported methods were leaflets, posters and at local facilities (e.g. library or community centre).

Table 3.1 Participant referral pathways

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Word of mouth	303	56.8	162	55.5	141	58.5
Leisure Centre	62	11.6	24	8.2	38	15.8
Referral from health professional	58	10.9	43	14.7	15	6.2
Community event	51	9.6	28	9.6	23	9.5
Friends or family	38	7.1	29	9.9	9	3.7
Leaflet	27	5.1	22	7.5	5	2.1
Poster	12	2.3	11	3.8	1	0.4
Local facility (e.g. library)	11	2.1	5	1.7	6	2.5

3.3 Participant characteristics

Table 3.2 shows the characteristics of participants who completed the baseline assessment. A higher proportion of GHGIS participants were female (69.5%) than male (30.5%) but there were differences between the two areas (75.4% female and New Parks and 62.3% female in Greenhill). The mean age of GHGIS participants was 37.7 ± 13.6 years (New Parks: 36.7 ± 13.2 years; Greenhill: 38.8 ± 14.0 years) with 68.7% of all participants aged over 30. Participants from Greenhill were more likely to be from a white ethnic group (97.9%) compared to New Parks where there was more ethnic diversity with 76.0% of participants being of white ethnic origin.

Participants from Greenhill tended to have reached higher levels of education and were more likely to be in full or part-time employment than participants from New Parks. Across both areas 48.4% of participants reported being in any form of paid employment and 20.4% of participants held no formal educational qualifications. For those in employment, 69.7% were employed in non-sedentary occupations.

Table 3.2 Participant characteristics

	Overall Total n=533		New Parks Total n=292		Greenhill Total n=241	
	n	%	n	%	n	%
Sex						
Male	159	30.5	70	24.6	89	37.7
Female	362	69.5	215	75.4	147	62.3
Age						
<30	166	31.3	101	34.8	65	27.1
30-44	206	38.9	103	35.5	103	42.9
45-59	122	23.0	71	24.5	51	21.3
≥60	36	6.8	15	5.2	21	8.8
Ethnicity						
White	458	86.7	222	76.0	236	97.9
Black/Black British	40	7.6	39	13.4	1	0.4
Asian/Asian British	16	3.0	14	4.8	2	0.8
Mixed ethnic group	14	2.7	12	4.1	2	0.8
Education						
Degree	68	13.0	36	12.6	32	13.3
GCE 'A' Level	53	10.1	23	8.1	30	12.5
BTEC (higher) or BEC (higher)	61	11.6	38	13.3	23	9.6
GCSE Grades A-C	231	44.0	123	43.2	108	45.0
Other	5	1.0	2	0.7	3	1.3
No formal qualification	107	20.4	63	22.1	44	18.3
Employment						
Full-time work	140	26.5	66	22.9	74	30.7
Part-time work	116	21.9	56	19.4	60	24.9
Full time student	51	9.6	32	11.1	19	7.9
Unemployed	92	17.4	61	21.2	31	12.9
Retired	23	4.3	10	3.5	13	5.4
Looking after family	82	15.5	46	16.0	36	14.9
Ill or disabled	21	4.0	15	5.2	6	2.5
Voluntary work	4	0.8	2	0.7	2	0.8
Physical activity at work (employed)						
Sedentary	87	30.3	39	26.5	48	34.3
Manual work	71	24.7	44	29.9	27	19.3
Standing	103	35.9	53	36.1	50	35.7
Heavy manual work	26	9.1	11	7.5	15	10.7

3.4 Participant health status

Over half of participants rated themselves as being in fair or poor health (57.3% in New Parks and 58.5% in Greenhill), with some reporting disabilities or long-term illness (16.7% New Parks and 18.1% Greenhill) (Table 3.3). Body mass index (BMI) was calculated using participant's reported height and weight ($\text{BMI}=\text{kg}/\text{m}^2$). Based on this self-reported information, less than one third of participants fell within the normal weight category (27.6% New Parks and 25.8% Greenhill) and just under half of participants were classified as obese (47.4% New Parks and 43.3% Greenhill).

Table 3.3 Health status

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Disability						
Disability/long-term illness	85	17.3	44	16.7	41	18.1
General health						
Excellent	36	6.8	24	8.3	12	5.0
Good	190	35.9	102	35.4	88	36.5
Fair	221	41.8	118	41.0	103	42.7
Poor	82	15.5	44	15.3	38	15.8
Body Mass Index						
Normal ($<25.0\text{kg}/\text{m}^2$)	103	26.7	53	27.6	50	25.8
Overweight ($25.0\text{kg}/\text{m}^2 - 29.9\text{kg}/\text{m}^2$)	108	28.0	48	25.0	60	30.9
Obese ($\geq 30.0\text{kg}/\text{m}^2$)	175	45.3	91	47.4	84	43.3

3.5 Participation in sport and physical activity

Table 3.4 and Table 3.5 show participation in sport and physical activity at baseline. At baseline, a very small number of participants reported participating in at least 1 x 30 minute session of sport per week (overall 7.2%). In contrast, just over half of participants (54.4%) met the current recommendations for participating in at least 150 minutes of moderate intensity physical activity per week (Table 3.4).

Time spent participating in sport each week was extremely low (13 minutes per week on average) at baseline. However, participants reported undertaking an average of 531 minutes (New Parks) and 382 minutes (Greenhill) of total physical activity per week at baseline. The majority of activity undertaken by participants was either moderate intensity physical activity or walking, levels of vigorous physical activity were much lower (Table 3.5).

The high levels of overall physical activity observed when physical activity is assessed using IPAQ short compared to the Single Item Measure for Physical Activity may be explained by the high proportion of participants who are in physically active employment. Short IPAQ includes work-related activity whereas the Single Item Measure for Physical Activity specifically excludes work-related activity.

Table 3.4 Participation in sport and physical activity at baseline

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Participation in sport 1 x 30 minutes per week	38	7.2	33	11.5	5	2.1
Participation in physical activity Meeting guidelines	287	54.4	164	56.7	123	51.5

Table 3.5 Mean total minutes of sport and physical activity per week at baseline

	Overall		New Parks		Greenhill	
	n	Mean minutes (\pm SD)	n	Mean minutes (\pm SD)	n	Mean minutes (\pm SD)
Mean total minutes of sport per week	533	12.8 \pm 80.1	292	21.9 \pm 106.6	241	1.8 \pm 14.6
Mean total minutes of physical activity per week	528	463.4 \pm 624.9	289	530.9 \pm 684.7	239	381.9 \pm 534.0
Mean minutes of physical activity by domain						
Vigorous physical activity	533	76.0 \pm 229.7	292	94.1 \pm 261.3	241	54.1 \pm 182.6
Moderate physical activity	533	135.2 \pm 299.6	292	163.2 \pm 339.3	241	101.4 \pm 239.4
Walking	533	247.9 \pm 348.4	292	268.2 \pm 367.5	241	223.2 \pm 322.8

3.6 Other lifestyle behaviours

Smoking

Almost a third of participants reported being current smokers (28.6% New Parks and 26.6% Greenhill). Of those who had been previous smokers, the majority has stopped smoking more than 12 months ago (76.4% in New Parks and 81.9% in Greenhill) (Table 3.6).

Table 3.6 Smoking status

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Current smoker	147	27.7	83	28.6	64	26.6
Past smoker	167	31.5	74	25.5	93	38.6
Never smoked	217	40.9	133	45.9	84	34.9
Past smokers - duration since stopped						
In the last month	7	4.2	4	5.6	3	3.2
One to three months ago	12	7.2	3	4.2	9	9.6
Four to six months ago	10	6.0	7	9.7	3	3.2
Seven to 12 months ago	5	3.0	3	4.2	2	2.1
More than 12 months ago	132	79.5	55	76.4	77	81.9

Nutrition and diet

On average, participants consumed 4.6 \pm 3.1 portions of fruit and vegetables per day (New Parks: 5.2 \pm 3.2 portions; Greenhill: 4.0 \pm 2.9 portions). However, the proportion of participants meeting the recommended guideline of five portions of fruit and vegetables per day was much lower in Greenhill (35.8%) compared to New Parks (51.1%) (Table 3.7).

Table 3.7 Proportion meeting five a day fruit and vegetable recommendation

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Fruit and vegetable consumption Meeting guidelines	225	44.1	142	51.1	83	35.8

Alcohol

Overall, 34.7% of participants reported drinking alcohol frequently or very frequently in the last 12 months though this was much lower in New Parks (26.4%) compared to Greenhill (44.6%). Almost a third (29.6%) of those who drank alcohol reported hazardous drinking behaviour (5 or more drinks on a drinking day) (Table 3.8).

Table 3.8 Alcohol consumption

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Frequency of alcohol consumption in last 12 months						
Very frequently	22	4.2	12	4.2	10	4.2
Frequently	160	30.5	63	22.2	97	40.4
Irregularly	176	33.6	110	38.7	66	27.5
Rarely/never	166	31.7	99	34.9	67	27.9
Number of alcoholic drinks on drinking days						
1 or 2	183	43.0	88	40.0	95	46.1
3 or 4	117	27.5	58	26.4	59	28.6
5 or more	126	29.6	74	33.6	52	25.2

4. Project participation

This chapter outlines participation in the GHGIS project and use of services/activities which were offered as part of the GHGIS project including:

- One-to-one Mentor sessions
- Free leisure pass for 6 months
- Community-based activity sessions
- Recruitment of Champions
- Participation by the wider community

4.1 One-to-one Mentor sessions

Of 533 participants who completed a baseline survey, mentor session records were available for 467 participants (87.6%) (New Parks: n=236, 80.8%; Greenhill: n=231, 95.8%). Participants engaged in an average of 2.8 ± 2.0 Mentoring sessions. Of the 467 participants, 22 participants did not attend any Mentor sessions (New Parks n=15; Greenhill n=7), around one third of participants (35.5%) only took part in one Mentor session and only 17.3% opted to take part in the maximum six sessions (New Parks: 20.8%); Greenhill: 13.9%) (Table 4.1). Mentor sessions lasted on average 55.1 ± 14.8 minutes \pm SD (New Parks: 55.6 ± 14.5 minutes \pm SD; Greenhill: 54.6 ± 15.1 minutes \pm SD).

Table 4.1 Number of Mentor sessions attended

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
0 session	22	4.7	15	6.4	7	3.0
1 session	166	35.5	86	36.4	80	34.6
2 sessions	43	9.2	23	9.7	20	8.7
3 sessions	61	13.1	21	8.9	40	17.3
4 sessions	44	9.4	20	8.5	24	10.4
5 sessions	50	10.7	22	9.3	28	12.1
6 sessions	81	17.3	49	20.8	32	13.9

Sessions were characterised according to the type of activity that took place during the Mentor sessions (Table 4.2). Taking part in an activity was most commonly reported (73.3%). Text descriptions of the activities undertaken were provided for 226 sessions and included going to the gym (n=174), swimming (n=15), yoga/pilates (n=12), aqua aerobics (n=10), an exercise class e.g. step aerobics or boxercise (n=6), sport e.g. squash (n=4), walking (n=3) and AthleFIT (n=2). Mentors noted completion of the baseline Grow tool or a 'discussion only' at 113 sessions (7.0%). A number of participants chose to complete independent sessions without their Mentor (5.6%). In addition, Mentors also reported that participants cancelled their session (10.0%) or did not attend without informing them (4.2%).

Table 4.2 Characteristics of Mentor sessions (mentor session records)

		Overall		New Parks		Greenhill	
		n	%	n	%	n	%
Overall	Total n	1621		749		872	
Activity		1188	73.3	593	79.2	595	68.2
Completion of Grow tool* only		97	6.0	48	6.4	49	5.6
Discussion only		16	1.0	12	1.6	4	0.5
Independent session		90	5.6	31	4.1	59	6.8
Session cancelled by participant		162	10.0	46	6.1	116	13.3
Participant did not attend		68	4.2	19	2.5	49	5.6

*The Grow tool was used at the baseline assessment meeting to assess participant's barriers to physical activity and set initial goals for the participant.

Participants were also asked to provide information on the type of activities they did with their mentor during the one-to-one sessions and the types of activities they had continued to do without their mentor since finishing the one-to-one sessions in the 3 month follow-up survey (Table 4.5). The most popular activity during both time periods was going to the gym. A small number of participants indicated they went swimming, or took part in a cycling or running group during the time period when they met with their mentor. A pattern also emerges with participants tending to engage in the same activities they experienced with their Mentor, after their Mentor sessions have finished.

Table 4.5 Participation in activities during and after Mentor sessions (FU survey data)

		Overall		New Parks		Greenhill	
		n	%	n	%	n	%
Activities participants reported doing at Mentor sessions							
Gym - weights/cardio		161	48.5	90	46.6	71	51.1
Exercise classes		65	19.6	36	18.7	29	20.9
Swimming		76	22.9	38	19.7	38	27.3
Cycling group		6	1.8	2	1.0	4	2.9
Running group		5	1.5	0	0.0	5	3.6
Multi-sport group		8	2.4	7	3.6	1	0.7
Walking		11	3.3	2	1.0	9	6.5
Other sport/activity *		39	11.7	18	9.3	21	15.1
Activities participants reported doing between last Mentor session and 3 month follow-up							
Gym - weights/cardio		130	39.2	70	36.3	60	43.2
Exercise classes		40	12.0	22	11.4	18	87.1
Swimming		67	20.2	31	16.1	36	25.9
Cycling group		3	0.9	2	1.0	1	0.7
Running group		5	1.5	3	1.6	2	1.4
Multi-sport group		3	0.9	3	1.6	0	0.0
Walking		19	5.7	6	3.1	13	9.4
Other sport/activity *		37	11.1	18	9.3	19	13.7

*e.g. badminton, football, squash, yoga, tai chi

Goal setting and barriers

At each Mentor session the participant's goals were reviewed and new ones set if appropriate. New goals which were set ranged from being very general e.g. *'to do more'*, to a wider physical activity goal e.g. *'to be physically active twice a week for one hour for the next six weeks'*, to undertaking a specific activity e.g. *'to be inducted onto the gym programme'* or *'to go swimming once a week for one hour'*.

Barriers to achieving goals were also discussed along with ways in which these barriers might be overcome. The most frequently mentioned barriers included:

- Anxiety, particularly in relation to attending the gym
- Child care or other family commitments
- Fear of injury or feeling pain from exercising
- Having someone to do things with
- Health, illness or being in pain e.g. back pain, depression
- Health or illness of a family member
- Lack of confidence
- Lack of time
- Lack of motivation, laziness and tiredness
- Overcrowding of gym or pool
- Poor weather
- Transport
- Work commitments

Opinion on Mentor sessions

Participants were asked to comment on what they liked and disliked about the Mentor session. The main things participants liked about sessions included:

- activities starting to get easier

'Activities now seem to be getting easier.'

- enjoyment of the sessions

'I liked it all. It pushed and gave me the good start to begin this journey of getting active again. It was sweaty and I look forward to the next session.'

'Enjoyed everything and felt great.'

'Enjoyed it all, likes taking family with her for these sessions.'

'Enjoyed everything about the session and never did anything like it before.'

'Enjoyed it loads, loved the fresh air and meetings other participants on the programme.'

- feeling more confident about using leisure centre facilities

'She loved the fact that we managed to get her some tracksuit bottoms, it gave her confidence to try and go to the gym.'

'Feeling optimistic and confident about the sessions ahead.'

'Feeling more confident in the gym and happy so far.'

'I liked it all. I no longer feel nervous about going to the gym by myself.'

- achieving their goals

'Felt happy as reached intended goals.'

'Felt proud of her own ability and achievements today.'

- feeling healthier, less stressed or losing weight

'Definitely getting fitter losing weight and feeling stronger.'

'Felt a lot healthier over 6 week session.'

'Fun and enjoyable, good exercises, felt good afterwards - less stressed.'

- having support from the Mentor

'Liked it all, especially the encouragement.'

'Having a mentor with me as I would have never gone into the pool and how she made me feel comfortable and supported.'

'I enjoyed it. It is nice to go to the gym with the mentor who supports, encourages, motivates and pushes you to work harder. I have new ideas to work with as well.'

'I really liked the mentor being present and pushing me to work hard. I would have easily given up after the first five minutes.'

'I still enjoy having a mentor by my side and pushing me. Programme feels more manageable, I can tell because I am exercising more, it has helped.'

- personal time for the participant.

'[Participant] just enjoys getting to the sessions and having some time for herself to think about her own health and fitness - she is a busy Mum, Wife and Carer so this time is precious.'

The main things participants disliked about sessions included:

- gym or pool being overcrowded

'Almost all of the equipment was being used, hard when you are already warmed up.'

'Didn't like the crowds of people, they made her feel uncomfortable and unsteady on her feet.'

'Did not enjoy the busy pool. Too many people upsets her.'

- difficulties in using or understanding the gym equipment

'Cardio is difficult machine to use. Was hard getting active again after such a long time, fitness levels not what they used to be.'

'I disliked the treadmill but as I get stronger I hope I will enjoy with time.'

- Getting hot and sweaty

'Didn't like the exercises or sweating.'

- Activities causing pain

'The exercise does cause me pain but just need to get used to this movement.'

Experience of Mentor sessions

At the final Mentor session, participants were asked describe their overall journey and feelings about their Mentor programme. Participants were overwhelmingly positive about their enjoyment of the sessions, the support they had received from the Mentors, the role Mentors had played in helping them to start being active again and motivating them, the free access to the gym and the impact the programme had on their confidence and participation in physical activity.

'It is great, really enjoyed it. Everyone should join it and I have recommended a few people to the programme.'

'The journey has been good. I was very nervous about being in the gym environment and doing exercise alongside others in the classes. I feel much better for joining.'

'A very good programme. I would not have started without support, and the free sessions are a good incentive.'

'Definitely feeling fitter half a stone lighter, more energised, definitely given me the motivation and confidence to come.'

'Enjoyed the mentor programme, given me the motivation to get active again and to plan around my busy lifestyle.'

'Having a mentor present gave me the motivation to go to the gym. It has given me the confidence to use the machine without looking and feeling silly. It has also given me the motivation that I need to fit the workouts in the week.'

'He found the whole journey 'rewarding'. He has lost 1 stone in 6 weeks by cutting out beer and eating healthy and decreasing portion size. He also felt that by doing this it gave him more energy to play with his kids. He was glad he did GHGIS and enjoyed the mentor session.'

'I am happier within myself, feels nice to tone up, and clothes being looser, going to the gym makes you feel fresh, gives you more energy. I would recommend this programme to everyone.'

'I have liked it, the energy to get up and meet my mentor. It has definitely helped having a lovely mentor because if they weren't nice I wouldn't have turned up for the sessions. My mentor was my motivation to turning up to all the sessions for the one-to-one.'

'I think at the start I was scared, anxious and dubious. I found out about this through family support officer and I have gone to the gym as a result of having a mentor. I'm confident to go the gym by myself now.'

'I think it's a very good thing as it gives you the motivation. Previously I've only lasted a month in the gym. Now it is about me and maintaining my fitness because previously I had just been sitting for the last few years.'

'It has been a very good journey. I have learnt a lot about the importance of being fit and healthy, not just for myself but for the whole family. Also how much I like having time to myself and I am on my way to fit in a lovely dress for my holiday.'

'It has been really good having a mentor present for these sessions. If the mentor had not been here then I probably wouldn't have turned up to use the gym. I liked the guidance of having a programme devised for me from the fitness instructor, guided by the mentor as this was stressed to me to get additional support from her.'

'The participant describes the overall journey as 'fantastic and amazing'. She has lost one stone in 6 weeks by changing her eating habits and increased exercise. She doesn't feel too exhausted, after the session she felt lifted.'

Participants were also asked about their experiences of GHGIS and their Mentor sessions at the three month follow-up assessment (Table 4.3). A high proportion of participants rated their Mentor sessions as being 'excellent' or 'good' (89.8%) and indicated that they had enjoyed their Mentor sessions (88.3%).

Table 4.3 Experience of Mentor sessions (3m FU survey data)

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Rating of Mentor sessions						
Excellent	104	59.1	61	62.9	43	54.4
Good	54	30.7	24	24.7	30	38.0
Fair	15	8.5	9	9.3	6	7.6
Poor	3	1.7	3	3.1	0	0.0
Enjoyment of session activities						
Yes	159	88.3	90	87.4	69	89.6
No	2	1.1	2	1.9	0	0.0
Not sure	19	10.6	11	10.7	8	10.4

Just over half of participants (52.2%) agreed they would not have started to engage in sport or physical activity without the Mentor sessions (Table 4.4). Encouragingly, 83.5% stated that they had attended other sports or physical activity sessions without their Mentor and 69.8% believed that they had met their goals whilst participating in the programme.

Table 4.4 Participation in activity and goal achievement (3m FU survey data)

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Would participant have started doing physical activity without Mentor?						
Yes	70	38.5	46	44.2	24	30.8
No	95	52.2	52	50.0	43	55.1
Not sure	17	9.3	6	5.8	11	14.1
Participants attendance at activity sessions outside of Mentor sessions						
Yes	152	83.5	84	81.6	68	86.1
No	29	15.9	18	17.5	11	13.9
Not sure	1	0.5	1	1.0	0	0.0
Goals achieved						
Yes	125	69.8	72	71.3	53	67.9
No	28	15.6	14	13.9	14	17.9
Not sure	26	14.5	15	14.9	11	14.1

Likes and successes

Participants reported liking having a Mentor to talk to, setting goals, attending the Mentor sessions and receiving awards as part of the Celebration events. They reported enjoying going back to activities they had done when they were much younger.

Participants reported increases in physical activity and sports participation, improvements in diet, weight loss, changing to using e-cigarettes from smoking cigarettes and improvements in symptoms for those with long-term conditions. Some participants indicated that the improvements in their health enabled them to go back to work after a long period of illness.

'Liked the set time and setting a goal with the mentor - liked the different ideas that were suggested to carry out. Successes: - weight loss - sleeping better - felt healthier.'

'I liked having a mentor to discuss my issues/concerns with and also gave me tips at the gym. I also liked the motivation I got from the programme, it gave me the push I needed to be more active. I have now also signed up to my Workplace Challenge and go for a 30 minute walk every lunch break and also do exercise dvd's at home. I enjoy going to the gym and will resume once it is a bit less busy.'

'Doesn't tend to do too much walking because of a bad knee. Lost over stone since the start of programme. After attending the Celebration evening he was overwhelmed to receive an award- it was 'out of the blue'. Award geared him up and increased his motivation. Impressed with scheme.'

'This project has given the participant motivation to get up and he has learnt what his body can and cannot do. Before he joined GHGIS, he had not worked out for 30 years as he was told to rest his back which was the wrong thing to do in the long-term because he felt worse when trying to move about. He has been told that he can't have a new knee because of his health, he suffers with asthma and bronchitis, so this encouraged him to join GHGIS. He now walks more than he used to and does exercises to strengthen his knees. He never used to bother going out because he relied heavily upon his carers, but now he walks past the gate to the end of the road without thinking about it.'

'Really enjoyed getting back into gym work which I used to do about 20 years ago, can see the improvements already. Also never been a keen swimmer but thought I would give this a go. Could only do about 2 to 3 lengths to start with without getting out of breath, I did 30 lengths the other night without stopping. Incredible! As stated on my first meeting. I'm currently suffering with tendon problems in my feet, otherwise I would have tried more sports which included squash/badminton etc. Maybe when I am over this problem? Anyway I have thoroughly enjoyed the last 2-3 months and looking forward to carrying this on into the future.'

'I have really enjoyed having a mentor for my sessions as I lack motivation; having someone there who is able to push me has helped me to become more independent in physical activity and also my mental progress has improved. I love the gym sessions as I feel I can push myself to succeed and feel that my physical state has improved immensely. I am now able to push myself to walk further, eat healthier and participate more in individual activities and sport. The sessions have helped me find the kick start I need to a healthier and more active lifestyle.'

'My Mentor has been working with me in the pool to help me strengthen my right sided weakness, which clearly has helped me to do the exercises in the pool. Consequently, my mobility has improved and I am more stable on my feet and can walk without my stick. Thank you for the great experience.'

'Without this initiative it would have been very unlikely that I would have joined a gym. I'm now finding the exercises rewarding and enjoying the challenge, although I'm only managing one session a week at the moment. It has been part of helping me return to work after a long illness.'

'Cut down smoking, controlling what I eat, eating healthier compared to 4 months ago. I can now walk to the top of the street without getting out of breath.'

'I'm so grateful to the scheme because I'm feeling lighter than before, dropped a size in dress and feeling healthier.'

'It encouraged me to take charge of my physical conditions. I am now signed up to Leisure Centre and aiming to get fitter so that I might take part in some form of physical sporting activities in the near future. Although I am not taking part in any sport at present, I expect that I will. I intend to play badminton and walking football in the New Year.'

'I loved the programme. It was a great encouragement to me to keep it going after the 6 weeks ended. I have lapsed on some things but overall I have made positive improvements to my life due to it. It has given me a confidence to go to a gym and get healthier.'

Dislikes and challenges

Participants reported a number of dislikes and challenges including that classes were often fully booked so they weren't able to attend when they wanted, that travelling to the venue or finding time to go due to work or family commitments was difficult, that illness or injury (either themselves or a family member) had stopped them taking part in activities and that there was a lack of longer-term support for participants.

'Getting to the venue, finding the time to get here, a busy schedule because of new working hours (now working full time), family ties and problems.'

'Due to commence fitness in the New Year after daughter's illness and husband's operation over Christmas, which set me back in terms of physical activity.'

'Challenge: getting into the classes I wanted to try because they were full.'

'Programme excellent, ongoing support lacking co-ordination and drive to see it through with participants.'

Improvements

Participants suggested that they would have liked the Mentor sessions to continue for a longer period of time and commented that the transition to being active without the Mentor would be difficult, they would also like to have tried some other activities as part of the programme and more information was requested as to what activities they could continue to do beyond the programme.

'I don't think 6 weeks is long enough, it'd be better if it was 8-10 weeks.'

'I would prefer to be able to use the gym for more than 6 months and maybe have more sessions with my mentor.'

'I was lucky as I had a very good mentor, I enjoyed working with her. Maybe you could extend the length of the programme so that people have more time with their mentor. It is great for people with lack of confidence and health/mental illnesses as it encourages them to do more and feel better in themselves.'

'Enjoyed working with the mentor. Wish there was enough funding so that the GHGIS programme could be extended. Any relapses have the opportunity to work with mentor again for extra support.'

'I enjoyed going to the gym but some of the classes I could not do. It would be nice to have a few classes that were different like Zumba and keep fit too.'

'I would have liked to participate in a wider range of activities.'

'More information about what I can continue to do after the programme.'

4.2 Activities undertaken after Mentor sessions

At the six and twelve month follow-up assessments, participants were asked which activities they had taken part since the last follow-up assessment (Table 4.6). Going to the gym was still the most popular activity (3 month follow-up: 48.9%; 6 month follow-up: 30.0%) followed by swimming (3 month follow-up: 26.1%; 6 month follow-up: 22.0%) and exercise classes (3 month follow-up: 15.2%; 6 month follow-up: 18.0%). Participation in other sports e.g., badminton, football, squash, yoga and tai chi were also reported.

Table 4.6 Participation in activities during follow-up period (FU survey data)

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Activities participants reported doing during 3-6 month follow-up period						
Gym - weights/cardio	45	48.9	26	47.3	19	51.4
Exercise classes	14	15.2	7	12.7	7	18.9
Swimming	24	26.1	12	21.8	12	32.4
Cycling group	3	3.3	2	3.6	1	2.7
Running group	3	3.3	2	3.6	1	2.7
Multi-sport group	7	7.6	5	9.1	2	5.4
Walking	7	7.6	1	1.8	6	16.2
Other sport/activity *	11	12.0	3	5.5	8	21.6
Activities participants reported doing during 6-12 month follow-up period						
Gym - weights/cardio	15	30.0	8	24.2	7	41.2
Exercise classes	9	18.0	6	18.2	3	17.6
Swimming	11	22.0	7	21.2	4	23.5
Cycling group	1	2.0	0	0.0	1	5.9
Running group	1	2.0	1	3.0	0	0.0
Multi-sport group	1	2.0	1	3.0	0	0.0
Walking	5	10.0	3	9.1	2	11.8
Other sport/activity *	4	8.0	1	3.0	3	17.6

*e.g. badminton, football, squash, yoga, tai chi

Overall, 31.3% (n=21) of participants reported trying new activities between the 3 and 6 month follow-up assessments (New Parks: 27.0% (n=10); Greenhill: 36.7% (n=11)) and 22.2% (10) reported trying new activities between 6 and 12 month follow up (New Parks: 17.2% (n=5); Greenhill: 31.3% (n=5)). New activities reported during the follow-up period included: new gym classes, sports e.g. squash, football, walking football; running, exercise classes (e.g. boxercit and circuit training), AthleFIT and swimming.

4.3 Use of leisure centres and community-based activities

Recruitment

Usage data is based on those participants who received a 6 month leisure pass, and were recorded by the leisure centres as having received and/or used that pass (n=539). At the conclusion of the project delivery phase (31st March 2016), 135 participants were still within this 6 month period. As would be expected, recorded usage of leisure centres and activity attendance increased overall over the course of the programme as the number of participants recruited onto GHGIS increased, fluctuating due to peaks in recruitment and time of year. As such, leisure centre usage data should be interpreted with this in mind. Figure 4.1 shows recruitment rates across the course of the project. Recruitment rates fluctuated greatly from month to month, with the lowest recruitment rates occurring in the first few months of programme delivery, and again dropping to one in Greenhill (November 2014) and two in New Parks (December 2014). Peak recruitment rates occurred in January 2015 in New Parks (n=25), and January 2016 in Greenhill (n=26).

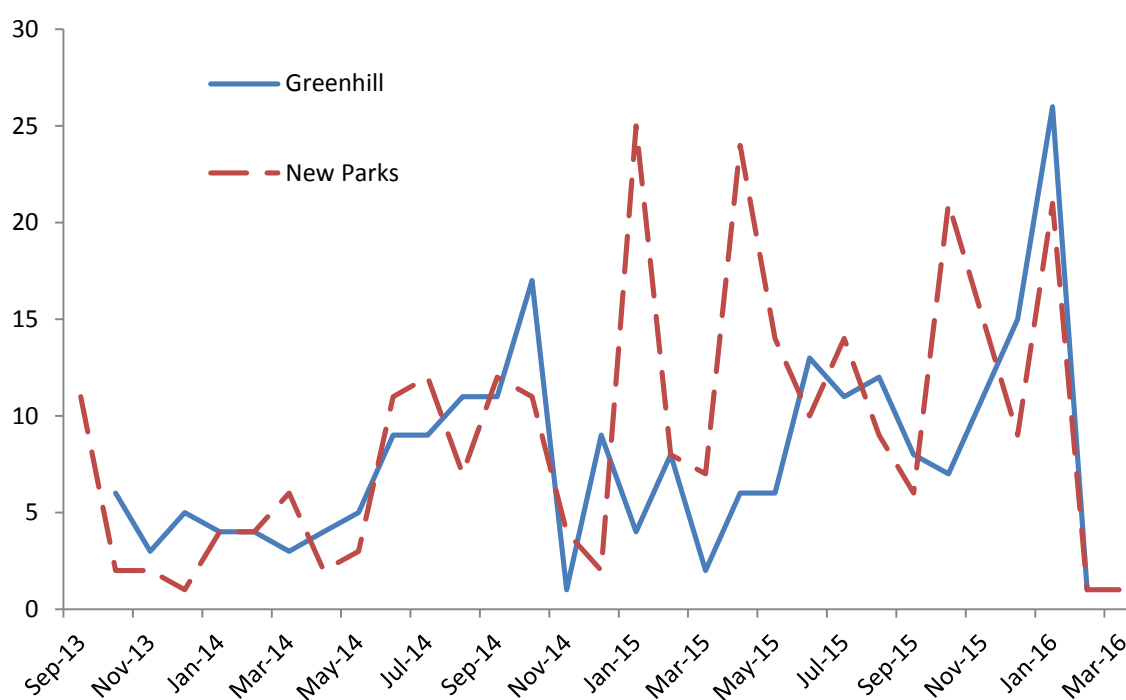


Figure 4.1 Number of new participants recruited in each area, by month

Attendance

Attendance of GHGIS participants to leisure centres fluctuated across the course of the project due to participant numbers and the time of year (Figure 4.2). Typically, there were decreases in leisure centre usage in December of each year of the project, followed by increases in January, and, with the exception of Greenhill in 2015, both leisure centres saw increases in usage during the school summer holidays (July & August).

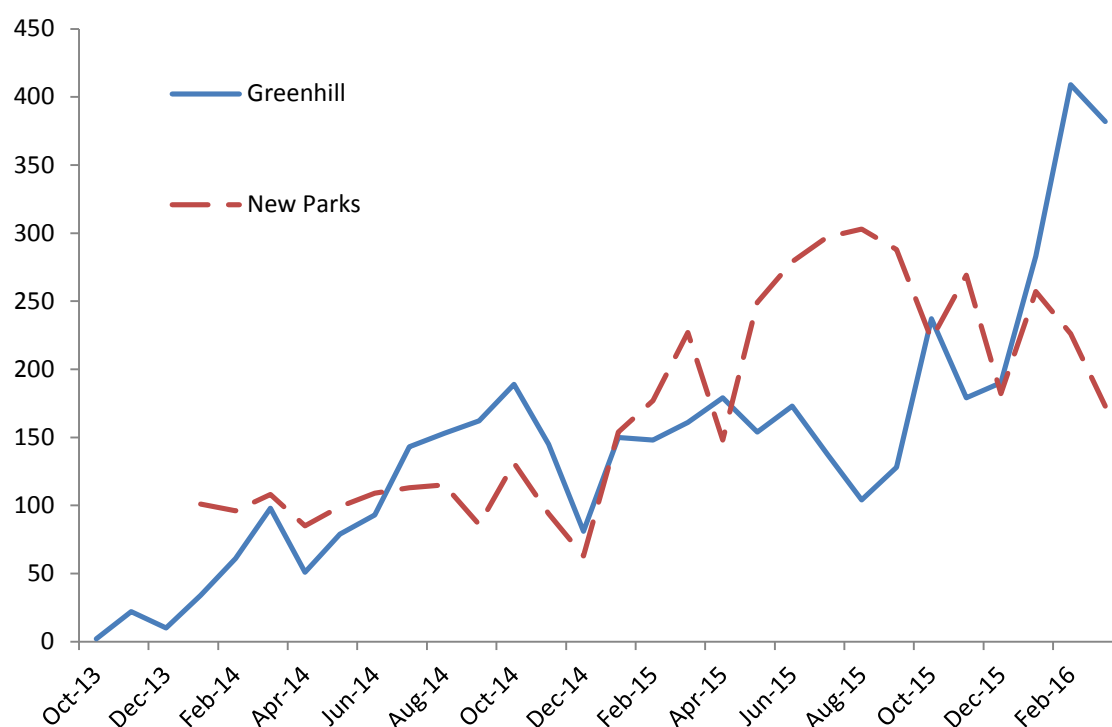


Figure 4.2 Number of visits to leisure centres between September 2013 & March 2016

Greenhill

Participants from Greenhill visited Hermitage leisure centre on average 20.27 (± 40.09) times between October 2013 and the end of March 2016. Twenty-six participants issued with a leisure centre card registered no visits. The leisure centre was visited 4338 times by GHGIS participants during this period with an average of 144.60 (± 1.36) visits per month. Table 4.7 provides the number of visits each month to Hermitage leisure centre by GHGIS participants.

Table 4.7 Hermitage Leisure Centre Usage (Greenhill)

	Total visits by GHGIS participants	Maximum visits by one GHGIS participant
Total number of visits	4338	439
October 2013	2	2
November 2013	22	8
December 2013	10	4
January 2014	34	11
February 2014	61	14
March 2014	98	14
April 2014	51	6
May 2014	79	12
June 2014	93	15
July 2014	143	41
August 2014	153	43
September 2014	162	41
October 2014	189	26
November 2014	145	13
December 2014	81	7
January 2015	150	13
February 2015	148	17
March 2015	161	15
April 2015	179	24
May 2015	154	20
June 2015	173	25
July 2015	138	11
August 2015	104	14
September 2015	128	16
October 2015	237	19
November 2015	179	14
December 2015	190	22
January 2016	283	24
February 2016	409	25
March 2016	382	29

As illustrated in Table 4.7, the number of visits steadily increased and peaked during February 2016. Throughout the project, recruitment was more difficult in Greenhill and this area benefitted from a sole focus on recruitment in the final three months of the project. In particularly hard to reach communities such as this, it takes time for projects to begin to gain ground and embed into the community. It appears that just as this was beginning to happen in Greenhill, the project was due to end. As such, it may be that typical three year funding

cycles are insufficient for continuity and capitalising on the progress made in these communities.

During the visits, gym sessions were the most frequently registered activities by participants with 2784 visits in total (64.1% of all registered activities). Only 35.9% of recorded activities during this period were for alternative activities such as walking, running, activity classes and swimming (Table 4.8).

Table 4.8 Number of visits by activity (Greenhill)

	Total visits by GHGIS participants
Gym	2784
Activity class	552
Water Sport	768
Racquet Sport	36
Walking Group	119
Multisport (CardioTone, Walking Football, Tai Chi)	77
AthleFIT	2
All activities	4338

Retention

Table 4.9 illustrates the proportion of participants registering attendance beyond 3, 6 and 12 months¹⁰. 63.9% of participants recorded attendance for at least 3 months. However, only 30.2% of participants continued using the leisure centre beyond six months. Further, only 21.1% of participants registered leisure centre usage over a period of 12 months or more.

Table 4.9 Retention of participants at 3, 6 and 12 months (Greenhill)

Months in Programme	Number of Participants	% Attendance at 3,6 & 12 months	% Non-attendance at 3,6,& 12 months
3+	213	63.9	36.1
6+	162	30.2	69.8
12+	113	21.1	78.8

New Parks

Participants from New Parks visited the leisure centre on average 18.17 (± 33.72) times between January 2014 and end of March 2016. The leisure centre was visited 4651 times by GHGIS participants during this period with an average of 172.26 (± 1.25) visits per month. Forty-three participants issued with a leisure centre card registered no visits. Table 4.10 provides the number of visits each month to New Parks leisure centre by GHGIS participants.

¹⁰ Only Participants registered onto GHGIS for 3, 6 and 12 months or longer were included in these analyses.

Table 4.10 New Parks Leisure Centre Usage

	Total visits by GHGIS participants	Maximum visits by one GHGIS participant
Total number of visits	4651	298
January 2014	101	21
February 2014	96	25
March 2014	108	25
April 2014	85	16
May 2014	99	14
June 2014	109	14
July 2014	113	18
August 2014	115	20
September 2014	86	11
October 2014	131	16
November 2014	94	14
December 2014	63	14
January 2015	154	17
February 2015	177	15
March 2015	227	16
April 2015	148	10
May 2015	249	26
June 2015	279	31
July 2015	297	29
August 2015	303	29
September 2015	288	27
October 2015	222	21
November 2015	269	16
December 2015	182	13
January 2016	257	22
February 2016	226	21
March 2016	173	16

As illustrated in Table 4.10, activity peaked during August 2015. This may be associated with the large peak in recruitment during May of 2015. Although visits appear to have reduced toward the end of the project, active recruitment of new participants onto the programme in this area stopped in January 2016 as the target number of participants for this area had already been exceeded. At this time recruitment shifted to focus on the Greenhill area.

During the visits, gym sessions were the most frequently registered activities by participants with 2810 visits in total (60.4% of all registered activities). Only 39.6% of recorded activities during this period were for alternative activities such as walking, running, activity classes and swimming (Table 4.11).

Table 4.11 Number of visits by activity (New Parks)

	Total number of visits
Gym	2810
Activity class	128
Water Sport	1169
Racquet Sport	36
Running Group	208
AthleFIT	300
All activities	4651

Retention

Table 4.12 illustrates the proportion of participants registering attendance beyond 3, 6 and 12 months¹¹. 53.7% of participants recorded attendance for at least 3 months. However, only 28.6% of participants continued using the leisure centre beyond six months. Further, only 10.6% of participants registered leisure centre usage over a period of 12 months or more.

Table 4.12 Retention of participants at 3, 6 and 12 months (New Parks)

Months in Programme	Number of Participants	% Attendance at 3,6 & 12 months	% Non-attendance at 3,6,& 12 months
3+	255	53.7	46.3
6+	217	28.6	71.4
12+	151	10.6	89.4

Overall, total number of visits to each leisure centre was similar, with gym use recording the highest number of visits at both centres. Activity classes that are part of the centres' normal provision were more frequently attended by participants in Greenhill, however, this is likely impacted by the fact that Hermitage Leisure Centre is larger and provides a greater number and range of classes than New Parks Leisure Centre. At both centres, racquet sports were the least utilised facility by GHGIS participants. It is also worth noting that AthleFIT and the Running Group, which were both activities that were provided as part of GHGIS, over and above the regular provision of the leisure centre, were especially popular with GHGIS participants, compared to usual activity class provision. However, this may be due to these activities being more heavily promoted to GHGIS participants.

Overall, retention across both centres was 58.3% at 3 months, 29.3% at 6 months, and just 15.1% by 12 months. Retention figures are higher at Hermitage compared to New Parks. In particular, there was a 10.2% greater drop-off of participants within the critical first three months of being involved in the programme at New Parks Leisure centre compared to Hermitage. By 6 months retention rates were similar between the two centres. By 12 months, New Parks saw a further 10.5% reduction in participant numbers attending the centre compared to Hermitage.

¹¹ Only Participants registered onto GHGIS for 3, 6 and 12 months or longer were included in these analyses.

4.4 Champions

Overall, 60 participants were referred to be GHGIS Champions (26 from Greenhill and 34 from New Parks). Twenty-seven of these completed their training and were considered to be 'active champions'. The rest either started training but did not finish or were referred to be a champion but did not book onto a training course. Through GHGIS, nine participants completed the basketball level one course, nine completed the community sports leader award, fifteen trained as AthleFIT leaders, six in motivational interviewing, five in first aid and four in safeguarding. Eleven participants had volunteered in their community, for a total of 163.5 hours.

4.5 Participation by wider community

Tracking participation by the wider community was difficult as many friends and family members subsequently became GHGIS participants themselves. Participants reported their family and friends attendance at sessions with them during the follow-up period (Table 4.13). At the 6 month assessment, one third (33.8%) of participants reported their family attended 'often' or 'very often' with attendance by their friends slightly lower (28.7%). This had dropped by the time of the 12 month assessment with family and friends attending 'often' or 'very often' only 17.4% and 8.7% respectively.

Table 4.13 Family and friends' attendance at sessions

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
6 month follow-up						
Family						
Never/rarely	39	48.8	22	46.8	17	51.5
Sometimes	14	17.5	8	17.0	6	18.2
Often/very often	27	33.8	17	36.2	10	30.3
Friends						
Never/rarely	38	47.5	25	53.2	13	39.4
Sometimes	19	23.8	10	21.3	9	27.3
Often/very often	23	28.7	12	25.5	11	33.3
12 month follow-up						
Family						
Never/rarely	26	56.5	17	56.7	9	56.3
Sometimes	12	26.1	8	26.7	4	25.0
Often/very often	8	17.4	5	16.7	3	18.8
Friends						
Never/rarely	29	63.0	17	56.7	12	75.0
Sometimes	13	28.3	11	36.7	2	12.5
Often/very often	4	8.7	2	6.7	2	12.5

5. Project impact

5.1 Survey response rates

Table 5.1 shows the response rates to follow-up surveys, overall and by area. Response rates to follow-up surveys were low (particularly at 6 and 12 months) therefore the results reported in this chapter should be interpreted with caution. Only participants with baseline data and the appropriate follow-up data are included in the analysis.

Table 5.1 Survey response rates

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Baseline	533	-	292	-	241	-
3 months	188	35.3	103	35.3	85	35.3
6 months	92	17.3	55	18.8	37	15.4
12 months	50	9.4	33	11.3	17	7.1

5.2 Participation in sport

Participation in 1 session of 30 minutes of sport per week

The proportion of participants taking part in at least 1 x 30 minutes of sport per week is shown in Table 5.2. After 3 and 6 months, a significant increase was observed in the proportion of participants meeting this indicator overall and in each local area. At 12 months, although the proportion of participants meeting this indicator remained higher than at baseline overall and in New Parks, no statistically significant changes in participation were observed compared to baseline.

Table 5.2 Participation in sport (achieving 1 x 30 minutes per week)

		Overall	New Parks	Greenhill
3 months				
	Baseline (%)	7.8	12.2	2.6
	Follow up (%)	41.3	43.3	39.0
	p	<0.001	<0.001	<0.001
	n	167	90	77
6 months				
	Baseline (%)	6.8	7.3	6.1
	Follow up (%)	39.2	39.0	39.4
	p	<0.001	<0.05	<0.05
	n	74	41	33
12 months				
	Baseline (%)	9.4	4.5	20.0
	Follow up (%)	28.1	31.8	20.0
	p	NS	NS	NS
	n	32	22	10

NS=non-significant

Total minutes of sport per week

Time spent doing sport was low at baseline, particularly in participants from Greenhill (Table 5.3). Significant increases in the mean total minutes of sport per week were observed overall and in each local area at 3 and 6 months, and overall and in New Parks at the 12 month follow-up. Mean time spent participating in sport decreased at each follow-up time point but remained higher than baseline levels.

Table 5.3 Mean total minutes of sport per week

	Overall	New Parks	Greenhill
3 months			
Baseline (Mean minutes \pm SD)	9.8 \pm 59.4	16.6 \pm 79.4	1.7 \pm 11.1
Follow up (Mean minutes \pm SD)	71.2 \pm 140.9	77.9 \pm 158.6	63.25 \pm 117.2
p	<0.001	<0.001	<0.001
n	168	91	77
6 months			
Baseline (Mean minutes \pm SD)	3.1 \pm 12.8	2.9 \pm 10.6	3.2 \pm 15.5
Follow up (Mean minutes \pm SD)	57.4 \pm 134.5	39.3 \pm 125.7	63.3 \pm 124.1
p	<0.001	<0.05	<0.05
n	74	41	33
12 months			
Baseline (Mean minutes \pm SD)	3.8 \pm 15.8	1.4 \pm 8.0	8.2 \pm 24.3
Follow up (Mean minutes \pm SD)	32.0 \pm 65.3	39.4 \pm 74.7	15.0 \pm 32.4
p	<0.05	<0.05	NS
n	33	23	10

NS=non-significant

5.3 Participation in physical activity

Physical activity recommendations

The proportion of participants meeting the current recommendation to participate in at least 150 minutes per week of moderate intensity physical activity is shown in Table 5.4. After 3 and 6 months, a significant increase was observed in the proportion of participants meeting this indicator overall and in each local area. At 12 months, although the proportion of participants meeting this indicator remained higher than at baseline, no statistically significant changes in participation were observed compared to baseline.

Table 5.4 Participation in physical activity (achieving 150 minutes per week guideline)

		Overall	New Parks	Greenhill
3 months				
	Baseline (%)	52.5	56.8	47.6
	Follow up (%)	75.7	77.9	73.2
	p	<0.001	<0.05	<0.05
	n	177	95	82
6 months				
	Baseline (%)	50.0	54.0	44.1
	Follow up (%)	73.8	70.0	79.4
	p	<0.05	NS	<0.05
	n	84	50	34
12 months				
	Baseline (%)	56.8	58.6	53.3
	Follow up (%)	70.5	75.9	60.0
	p	NS	NS	NS
	n	44	29	15

NS=non-significant

Total minutes of physical activity per week

Total minutes per week spent participating in physical activity significantly increased between baseline and 3 months overall and in each local area, and between baseline and 6 months overall and in Greenhill (Table 5.5). At 12 months, time spent in physical activity decreased overall and in both areas but this change was not statistically significant.

Table 5.5 Mean total minutes of physical activity per week

		Overall	New Parks	Greenhill
3 months				
	Baseline (Mean minutes \pm SD)	440.0 \pm 594.4	524.5 \pm 679.2	337.3 \pm 454.7
	Follow up (Mean minutes \pm SD)	637.4 \pm 662.2	670.4 \pm 635.4	597.6 \pm 694.9
	p	<0.001	<0.05	<0.001
	n	186	102	84
6 months				
	Baseline (Mean minutes \pm SD)	363.7 \pm 522.0	459.8 \pm 616.2	212.6 \pm 267.7
	Follow up (Mean minutes \pm SD)	525.9 \pm 563.8	510.2 \pm 572.9	549.2 \pm 557.0
	p	<0.05	NS	<0.001
	n	90	55	35
12 months				
	Baseline (Mean minutes \pm SD)	493.7 \pm 566.1	506.2 \pm 582.3	469.4 \pm 549.9
	Follow up (Mean minutes \pm SD)	404.3 \pm 467.7	443.8 \pm 500.2	327.8 \pm 400.0
	p	NS	NS	NS
	n	50	33	17

NS=non-significant

Table 5.6 Mean total minutes of physical activity per week by domain

	Overall	New Parks	Greenhill
Vigorous Physical Activity			
3 months			
Baseline (Mean minutes \pm SD)	79.8 \pm 231.4	93.1 \pm 238.9	63.7 \pm 222.3
Follow up (Mean minutes \pm SD)	154.4 \pm 242.7	162.4 \pm 235.8	144.7 \pm 251.9
p	<0.001	<0.05	<0.001
n	188	103	85
6 months			
Baseline (Mean minutes \pm SD)	70.3 \pm 244.6	108.0 \pm 309.4	14.3 \pm 46.6
Follow up (Mean minutes \pm SD)	125.4 \pm 222.7	116.4 \pm 231.1	138.8 \pm 212.0
p	<0.05	NS	<0.001
n	92	55	37
12 months			
Baseline (Mean minutes \pm SD)	54.3 \pm 188.6	82.3 \pm 228.23	0.0 \pm 0.0
Follow up (Mean minutes \pm SD)	102.2 \pm 254.4	103.0 \pm 229.3	100.6 \pm 305.0
p	NS	NS	NS
n	50	33	17
Moderate Physical Activity			
3 months			
Baseline (Mean minutes \pm SD)	122.9 \pm 273.2	154.9 \pm 308.7	84.2 \pm 218.3
Follow up (Mean minutes \pm SD)	206.7 \pm 330.1	197.1 \pm 321.8	218.4 \pm 341.4
p	<0.001	NS	<0.05
n	188	103	85
6 months			
Baseline (Mean minutes \pm SD)	64.6 \pm 174.9	60.2 \pm 157.8	71.2 \pm 199.8
Follow up (Mean minutes \pm SD)	157.6 \pm 304.3	161.1 \pm 321.7	152.4 \pm 280.6
p	<0.05	<0.05	<0.05
n	92	55	37
12 months			
Baseline (Mean minutes \pm SD)	146.3 \pm 335.4	147.3 \pm 327.3	144.4 \pm 360.9
Follow up (Mean minutes \pm SD)	102.6 \pm 238.9	130.0 \pm 277.0	49.4 \pm 129.4
p	NS	NS	NS
n	50	33	17
Walking			
3 months			
Baseline (Mean minutes \pm SD)	232.6 \pm 336.8	271.5 \pm 377.5	185.5 \pm 274.5
Follow up (Mean minutes \pm SD)	276.8 \pm 336.0	311.5 \pm 353.8	234.7 \pm 310.1
p	NS	NS	NS
n	188	103	85
6 months			
Baseline (Mean minutes \pm SD)	220.8 \pm 343.3	291.6 \pm 396.1	115.5 \pm 208.4
Follow up (Mean minutes \pm SD)	243.5 \pm 281.7	233.6 \pm 254.8	258.2 \pm 320.7
p	NS	NS	<0.05
n	92	55	37
12 months			
Baseline (Mean minutes \pm SD)	293.1 \pm 388.9	276.7 \pm 380.6	325.0 \pm 414.6
Follow up (Mean minutes \pm SD)	200.6 \pm 264.4	211.8 \pm 278.5	178.8 \pm 241.1
p	NS	NS	NS
n	50	33	17

NS=non-significant

Table 5.6 shows mean total minutes of physical activity per week by domain of activity. Significant increases in vigorous physical activity and moderate physical activity were observed at 3 and 6 months compared to baseline, however no significant changes in walking levels were observed with the exception of New Parks at the 6 month follow-up.

5.4 Perceived benefits of taking part in GHGIS

At each follow-up, participants were asked to state whether any changes to their lifestyle behaviours and health had taken place since participating in GHGIS (Table 5.7). The most frequently reported changes included increased physical activity, improved diet, feeling less stressed and feeling healthier with a particularly high proportion reporting these changes at 3 and 6 months.

Table 5.7 Perceived improvements to health and well-being

	Overall		New Parks		Greenhill	
	n	% agreed	n	% agreed	n	% agreed
3 months						
Increased physical activity	156	87.6	86	88.7	70	86.4
Tried to stop smoking	31	17.8	18	18.9	13	16.5
Improved diet	137	79.2	82	86.3	55	70.5
Reduced alcohol consumption	54	31.2	25	26.6	29	36.7
Felt less stressed	131	75.3	77	81.1	54	68.4
Felt healthier	155	90.1	84	90.3	71	89.9
6 months						
Increased physical activity	64	72.7	41	78.8	23	63.9
Tried to stop smoking	14	15.9	7	13.7	7	18.9
Improved diet	69	77.5	42	80.8	27	73.0
Reduced alcohol consumption	33	37.9	16	31.4	17	47.2
Felt less stressed	60	68.2	37	71.2	23	63.9
Felt healthier	71	79.8	44	84.6	27	73.0
12 months						
Increased physical activity	20	43.5	13	43.3	7	43.8
Tried to stop smoking	6	13.6	4	14.3	2	12.5
Improved diet	38	84.4	25	86.2	13	81.3
Reduced alcohol consumption	13	28.3	10	33.3	3	18.8
Felt less stressed	29	63.0	19	63.3	10	62.5
Felt healthier	29	63.0	16	53.3	13	81.3

5.5 Support from friends and family

Table 5.8 shows the support participants felt they had from family and friends for participating in sport. At baseline, almost half of participants reported that their friends and family 'never' or 'rarely' gave them support for participating in sport. In contrast, at the 6 month follow-up, almost half of participants reported that their family gave them support for sports participation 'often' or 'very often', whilst around one third of participants reported the same for their friends.

Table 5.8 Support for participation in sport

	Overall		New Parks		Greenhill	
	n	%	n	%	n	%
Baseline						
Family						
Never/rarely	237	45.1	127	44.3	110	46.0
Sometimes	113	21.5	59	20.6	54	22.6
Often/very often	176	33.5	101	35.2	75	31.4
Friends						
Never/rarely	250	47.6	125	43.7	125	52.3
Sometimes	110	21.0	60	21.0	50	20.9
Often/very often	165	31.4	101	35.3	64	26.8
6 month follow-up						
Family						
Never/rarely	21	26.3	11	23.4	10	30.3
Sometimes	22	27.5	15	31.9	7	21.2
Often/very often	37	46.3	21	44.7	16	48.5
Friends						
Never/rarely	26	32.5	15	31.9	11	33.3
Sometimes	24	30.0	13	27.7	11	33.3
Often/very often	30	37.5	19	40.4	11	33.3
12 month follow-up						
Family						
Never/rarely	20	43.5	12	40.0	8	50.0
Sometimes	13	28.3	10	33.3	3	18.8
Often/very often	13	28.3	8	26.7	5	31.3
Friends						
Never/rarely	29	63.0	17	56.7	12	75.0
Sometimes	11	23.9	9	30.0	2	12.5
Often/very often	6	13.0	4	13.3	2	12.5

6. Perspectives from participants and champions

The following chapter reports on interviews conducted with participants and champions. The purpose of the interviews was to provide a better understanding of the delivery of GHGIS.

6.1 Participants' and champions' perspectives

Over the course of the programme, forty-three participants took part in short interviews to provide insight into the factors contributing towards the inactivity of participants, reasons for joining GHGIS, experiences of the GROW sessions and impact of GHGIS on the lives of participants. In addition, more in-depth individual interviews were conducted with 12 participants.

Factors relating to inactivity

Participants commonly reported lack of confidence, lack of knowledge, lack of support, cost, transport, or physical and mental health problems as primary reasons for inactivity.

Transport and location

Some participants, particularly those who were older, had more health problems, or who did not have access to easy transportation, found it difficult or were put off by the effort necessary to get to the leisure centre. It should be noted that this concern was more prevalent in Greenhill, where the leisure centre (Hermitage) is not in a central location, and is thus more difficult to access for some participants.

'In bad weather I did not want to leave the house on my mobility scooter.'

'The taxi picked me up, took me there 'cos I can't drive, and then the taxi took me home ... if it wouldn't have been for that I wouldn't have done that either.'

'Mind you, it is a difficult place to get to from here, isn't it? You've either got to catch that Leicester bus and go straight to Whitwick, get off at the marketplace and walk back, or go from here to Coalville, then Coalville to Whitwick, so it is awkward to get to.'

'I just want somewhere I can get to without having to drive or go on a bus. I'd like somewhere local... people need to have a kind of community and get to know the local people, their neighbours and things, that's what I'm interested in, that kind of thing, not commuting vast distances to do things.'

Physical and mental health concerns

Potential participants may be put off before even joining the programme, as they believe that they will automatically be ineligible if they have physical health problems. A number of participants reported that they had setbacks during their time in the programme due to physical and or mental health problems. These setbacks resulted in participants not returning to the leisure centre, or not being able to make the most of their 6 month free access pass.

'Because when you go on this course you have to put down if you've got anything wrong with you that the course might play up, and I thought, well, if I put too much down they'll say, 'no.' I want to do this course, and if I don't like it I'll just stop, but I thought, I don't want

to put them off and say, 'well ok, you've got this wrong, you've got that wrong, you can't come on it.' So I didn't tell them about my knee, I just thought, well I'll see how it goes.'

'I've not been too good just lately so I've got neck problems and everything but we'll get that sorted and then I'll go back to the gym again, but mine has been low impact training, that's all I do now, I used to do high impact training when I was younger, but I can't do that no more so I do low impact.'

For those that relied on participating alongside a friend, poor health of one would often result in the other not attending also, as illustrated in this exchange between friends:

'Health as much as anything... I can't remember what happened ... why I didn't go'.

'you fell ... there was ice and [participant] didn't see it and of course she just ... and then a couple of weeks later I fell. I hurt my hip. My head bounced, I went with such a bang ... And then, did you get flu? ... Something like that and then I wasn't very well.'

'I didn't want to stop going, but it were just the fact that I just couldn't go ... I didn't want to go on my own. When [participant] didn't go, I didn't want to bother going on my own.'

Cost

The communities of Greenhill and New Parks were selected for the GHGIS programme due to high levels of deprivation and physical inactivity. Several participants mentioned that in the early stages of attempting behaviour change cost is a significant barrier, particularly because individuals may not be sure about whether they will enjoy physical activity, have little or no support and lack confidence in their ability. As such, they are dissuaded in the first instance by having to commit to a high monthly cost.

'Plus they're trying to do it on their own, plus they've got no confidence anyway, plus they know their bank account is going to go down a little bit.'

'When you like doing something, you don't mind paying, but when you're beginning you think, well do I really want to pay all this out? I might not even like the thing'

The opportunity GHGIS presented by providing mentor and financial support to begin to be physically active was highly attractive to individuals in these communities. For some participants, the benefits and impact of being part of the GHGIS programme are such that they will make continued efforts to be physically active, will search for alternative ways to be active, or will continue to utilise leisure facilities with a paid membership. However, for many, the end of the programme and withdrawal of free activities or the end of their six month free leisure pass, will inevitably result in participants returning to inactivity. The cost of gym memberships and access to activities remains a significant and insurmountable barrier even for those who are in employment. This is a crucial factor considering that across both areas only 48.4% of participants reported being in any form of paid employment.

'I think that's what puts a lot of people off with the gym really, it's because it can be expensive, see at the time I've got it for £18 a month 'cos I introduced a friend ... but after

six months it goes up to £34, well I'll be cancelling it 'cos I won't be doing it. I'll keep watching what I'm eating, do the walking and just do other things to fill that time 'cos I'm not paying £34 a month.'

'It's a lot of money, we all work don't we, my wife works, I work, the daughter works, we're all workers ... what I'm saying to you is even when people work it's still a lot of money ... when you've got other bills coming in the house as well, keeping this house warm.'

Reasons for joining GHGIS

Many participants had wanted to become more active for a period of time but had not done so for a number of reasons such as lack of motivation, knowledge, confidence, poor health or financial limitations. The most frequently reported reasons for wanting to join were to improve health, lose weight and build confidence.

Motivation and Confidence

Motivation to change behaviour and lack of confidence to do so are important barriers for this population. Many participants reported that they had considered or wanted to increase their levels of physical activity, and thus display some motivation toward behaviour change. However, without the GHGIS programme, they admit that they would not have taken action under their own volition due to fear, lack of confidence, knowledge, opportunity and/or support.

'I think it's just a confidence thing 'cos as you get older you do lack confidence, you've not got as much as when you're younger ... But now when you join anything like that [GHGIS programme] and you see 20 other people in the same situation as you it picks you up.'

'I wouldn't have done it, I don't think I ever would, I think probably ten years down the line I'd have still thought, oh I'd love to learn how to swim, I think because somebody was there to motivate me to do it ... it's a confidence thing, I wouldn't have dreamt of thinking, right, I can't swim, but I'm going to go there today on my own and go and do it, ... I'd have been petrified of that ... definitely wouldn't have done it on my own, no.'

Family & Friends - Social Support

Several participants reported that a friend, family member or health worker had introduced them to GHGIS and encouraged them to join. Word of mouth appeared to be a particularly successful method of recruitment during the project. This may be in part due to the social support that comes with joining a programme with a friend or family member.

'Also my friend was doing this so we could support and encourage each other as a result as well.'

'A friend at work, she were telling me, 'you get so many months free and you can do whatever you want, whatever suits you,' and I were telling my husband about it and he joined first, and then he says, 'Well why don't you give it a go?''

'Somebody said, 'well why don't you do this Get Healthy Get Into Sport?' And I said, 'I don't know anything about it,' he said, 'Oh, it's really good, you get six months free at the Leisure Centre''

Experiences of GROW sessions

Many participants were very nervous at first as they did not know what to expect and were not used to the gym environment. It is clear that in this group there are tremendous barriers of fear, anxiety and low confidence that must be overcome for an individual to commit to starting physical activity. These barriers are such that participants report not even wanting, or being able to, enter the leisure centre alone. When targeting interventions at this group, these barriers should not be underestimated. It is likely insufficient to provide facilities and activities and expect spontaneous attendance from these individuals without intense additional support.

'I was keen to get fit, but lacking self-confidence. I was not happy to even enter the leisure centre on my own.'

'Krishana used to text me and say, 'Right, we're meeting at that time and that's where I'll meet you,' and then I'd just wait there for her and I'd walk in with her, I wouldn't go in on my own to start off with.'

'She was meeting me at the gym ... because the minute I walked in there ... I forgot which equipment I've got to go on first, even though it was written down I didn't know which one it was.'

In addition, one of the delivery partners reported a particular experience with a participant that highlighted the extreme barriers that these individuals may face, further emphasising that these barriers are not insignificant and should not be overlooked.

*'It really opened my eyes as to how difficult it is for some people. I mean, we all know the barriers of coming along by yourself and financial and child minding but I had one guy who, it took him **45 minutes to pluck up the courage to walk into the leisure centre** and by the time he came to me, he was physically shaking, sweating, he was hyperventilating, he couldn't talk, and that was all the nerves. Just anxiety of just even coming in the building... and you sort of think ... I've never gone through that and ... how much effort it took for him to just leave his house, come to the leisure centre and then the anxiety to get through the door. So those sort of things, I didn't expect.'*

Impact of GHGIS

As a result of engaging with GHGIS participants have experienced increased confidence and energy, have lost weight and feel fitter. Feelings of achievement and positive feedback from others have increased motivation to make further changes to their lives such as improving their diet. In addition, the mentors and activity providers were highly praised by participants for the level of personal support and attention they gave to participants.

‘Me and her are a lot fitter than what we were, you know, than what we used to be like, you know, I can walk up the street down to the shops and I was tired, by the time I got there, but now I can.’

‘I started out walking half a mile, I challenged myself to do a mile, then I challenged myself to one and a half miles, and that’s the maximum I can do when I take for the dog for a walk is two, because he can’t manage it.’

‘I’ll say I can’t believe how a project like that can change people’s lives as much as it can do, and I think the money that’s been put into it and the funding that’s been done has been spent well with people like Krishana doing what they do, I think everything that was put in, a lot more’s been given out in confidence, knowledge and everything. So in my eyes the money’s not been wasted, what they’ve done with it has been fantastic.’

6.2 Participant case studies

One-to-one in-depth Interviews with participants provided the opportunity to learn more about individuals’ journeys and experiences of the programme. The following provides three examples of participant journeys. In addition, LRS invited a number of participants to take part in a film to showcase their stories and experiences. This film can be accessed via the following web address: <http://www.lrsport.org/ghgis>

Phil - started GHGIS 2 and a half years ago

Before GHGIS Phil was engaging in no physical activity apart from when he occasionally ran the line for his son's football team. He felt lethargic and wanted his son to see him doing something. He was excited to get one-on-one sessions for free but found it daunting as he didn't know how he wanted to be physically active and for this reason he needed the guidance of his Mentor. When his Mentor sessions ended, Phil found it tough as there were a lot of things to remember in the gym and it was difficult being alone.

When his six mentor sessions finished, Phil found the running and AthleFIT classes which were still free. For the first few months he really struggled and often thought he couldn't continue being physically active but he persisted. In the beginning Phil was running for 1 minute and then walking, now he can run for the full one hour session.

Phil finds it really hard interacting with people and describes himself as a 'hermit'. GHGIS has provided Phil with positive social interaction. He ensures new people attending classes feel comfortable and welcomed within the group. A number of individuals have even joined GHGIS and improved their own lives as a result of encouragement from Phil. Phil signed up for the Champion programme because he thought it would be interesting and wanted to try something new. He found having to plan and lead sessions stressful and sometimes overwhelming at first but is now level 2 qualified and has led during AthleFIT classes and run group sessions. He now feels he could continue the running group with the support of others who attend.

Since beginning GHGIS, Phil applied for his first job in several years which he says he would never have done prior to GHGIS and he will now apply for other jobs. He has started volunteering in the community saying "I was thinking if something does come up, what position do I need to be in, I've got to show something. I wasn't sure if that'd be in the plan or not but I thought at least you open the possibility up". When running the Santa Run, Phil was initially intimidated by the watching crowd but soon got a 'buzz' from overtaking others.

In addition to regularly attending both AthleFIT and running classes for over two years, Phil has ventured outside of the GHGIS programme by taking part in his local parkrun, a weekly, free, 5km group run. He has now completed almost 30 runs and averages a time of 25minutes per run. He has even signed up his 15 year old son and enjoys being able to set a good example to him and run together. Further, through encouragement and support of the GHGIS programme, has signed up and is in training for his first half marathon which takes place in October 2016.

Cost of activities is still a big barrier for Phil and he says 'things don't come very cheap do they, I was born poor and I'm going to die poor, live in a poor area, not likely to get out of it. It's not very often things come along as good as that ... it's one of the few things that you can get in a deprived area, this is amazing isn't it, so what a wonderful initiative ... it's a wonderful thing'.

Although Phil still sometimes struggles with anxiety, low energy and negative thoughts he says that physical activity is a positive thing he holds on to, and states is a 'better way of living' and that he 'can't imagine life without physical activity now'. He says 'You've got to start somewhere and I've started. You want to feel alive, you don't want to feel dead.'

Alison - started GHGIS 1 year ago

Before GHGIS Alison was doing almost no physical activity, and was cautious of activity due to arthritis in her lower back. She describes herself as 'not a gym person', but after encouragement from her husband and a friend at work who had both already joined, she decided to 'give it a go'. At the beginning, Alison was nervous even of entering the leisure centre alone. After completing her six sessions in the gym with her mentor, she felt a little more confident in entering the leisure centre, but found it difficult to remember what to do in the gym. Consequently, Alison decided the gym definitely wasn't for her and told her mentor that she would 'love to learn to swim'. One week later, after receiving information from her mentor, she signed up for swimming lessons.

Alison expresses still with surprise and delight that she 'didn't even know there were adult swimming lessons, I'd have never have thought anything like that were about for anybody'. She adds that 'if Krishana weren't there I'd have quit the gym and I wouldn't have done the swimming 'cos I wouldn't have known, I wouldn't have motivated myself to do it.'

Lack of confidence and a fear of swimming have been huge barriers for Alison. She describes how she 'couldn't even get in the water ... my first lesson I just stood there' to now, where she has 'just a tiny float as a comfort blanket'. Just a few weeks into the lessons, her confidence has already grown and she is determined to reach her goal. She says 'hopefully by the end of it I'll be swimming, ... I know I can do it, it's just the confidence thing, once I've got that and built that up I think I'll be fine'.

Alison now attends swimming lessons once a week and tries to go swimming with a friend on at least one other occasion per week to practice what she has learnt. Her excitement at being able to accomplish something she has wanted to do since childhood shines through and she says 'every week is a learning curve, it's brilliant. I love it.'

Being part of the GHGIS programme has impacted other areas of Alison's life too. In addition to the swimming Alison tries to walk further and more often. She describes how she and her husband now take much more care over their diet, and they now plan and 'think about what we're going to have for dinner that's healthy' and that physical activity is 'an everyday thing now'.

Alison has encouraged friends and colleagues to join the programme, and although not all were able to due to living outside the catchment area, she has successfully recruited a friend to join her at her swimming lessons. Aside from the swimming, Alison and her husband have taken part in a number of group walks, charity walks and runs, and The Colour Run.

Alison says that taking part in a programme like GHGIS 'changes everything, even though your membership runs out after so long, it motivates you afterwards 'cos you think well I wouldn't want to go back to how I were'.

Alison finishes saying 'I think everybody should have a skill, whether it's that one [swimming] or not, they should learn something or get out of their comfort zone at some stage and do something that they've always wanted to do.

Nigel - Started GHGIS 2 years ago

Prior to joining GHGIS Nigel was doing no physical activity apart from a short daily cycle to work. He says that he spent 17 years in a sedentary desk job, watching his weight go up and the health of himself and his colleagues decline. About to retire, Nigel knew he had to do something, as he didn't want to be 'sitting around watching old movies'. He wanted to be 'up and doing something', to get to know people in his local area and to find something to occupy himself. He attended a local racquetball taster session and was encouraged to join GHGIS by two other attendees who were already taking part.

Nigel wasn't sure what to expect, but says that his mentor was very friendly and encouraging and put him at ease. He completed 5 of his six mentor sessions, and tried some different activities, the gym, swimming and squash. After his sessions, he settled on the gym as he enjoyed working on the cardiovascular machines, jogging, cycling and rowing. At the same time, his mentor introduced him to AthleFIT, he went along and really enjoyed it, he says, 'it was easy, at first!' Taking part in AthleFIT led him to join the running group taken by the same instructor (Nicki). He wasn't sure about the running group at first, but was reassured by the fact that other GHGIS participants from the AthleFIT group were attending. Once he got going, he says 'it was beautiful, lovely, going out in the fresh air and the trees'.

Soon enough, Nigel began to notice he was losing weight, and eventually lost a stone and a half which he describes as 'amazing'. Feeling excited and motivated, Nigel was fit enough to walk up Scafell Pike with his son, and credits the activity he had been doing through GHGIS in getting him ready to do that.

Eventually, Nigel got a bit bored of the gym and preferred running outside and being with the group who became close friends. He describes it as 'fantastic' and says that GHGIS 'really kick started my life into having some fun'.

Nigel says that before he became involved in GHGIS he was very isolated, didn't know his neighbours, and didn't feel like there was much community spirit, but didn't know how to go about getting to know people. He says he would recommend programmes like GHGIS to try to combat this isolation.

When asked to describe his experience of the programme, Nigel said:

'Well it helped my life from being empty in the day times, to have something to hang your coat on. I could build one or two days a week with some activity to look forward to, and I did look forward to it, really looked forward to Tuesdays and Fridays. It gives you something to do in the week that you knew that not every day was going to be the same of doing nothing, and it was just different from being at home, cutting the lawn or being in the room or the house. It just gives you a way of getting out of your environment, meeting a few different people, and it just gave me a bit more variety and motivation to do something and meet friendly people, likeminded people.'

7. Perspectives from delivery partners

The following section reports on interviews conducted with Mentors and project partners. The purpose of the interviews was to provide a better understanding of the management and delivery of GHGIS. It is important to note that the Leicestershire Partnership NHS Trust (LPT) experienced a particularly high turnover of staff during the project. Over the course of the project, six Mentors (three at any one time), and four different administrators worked on the project and experienced three changes in direct line management at LPT. This is likely to have impacted on mentors perspectives of management and organisation of the project, as well as clarity of roles and handover of information.

7.1 Mentors' perspectives

Three project Mentors (two male and one female) were interviewed individually to give feedback on project delivery.

Experience and training

All Mentors were previously trained fitness professionals already working with LPT leading group activity classes. Two of the Mentors had delivered one-to-one mentoring with the LPT team during previous projects. Only one Mentor had been involved from the beginning of GHGIS, the other two had joined the team in February 2014 and August 2014 respectively.

Prior to the start of GHGIS, Mentors attended an induction meeting which was conducted in collaboration between LPT and the BHFNC on evaluation and project protocols. Two of the Mentors have also received training on motivational interviewing. At the time of the interview one Mentor had completed Deaf Action Awareness and was planning on undertaking Exercise Referral Level 3 and another Mentor was undertaking training related to diabetes and obesity.

Relationship with and expectations of participants

The Mentors still saw their role as an encouraging buddy to participants; however, they also expected participants to show a degree of commitment to the programme so as to ensure that individuals who really wanted to make positive behavioural change could access GHGIS.

'...we try and ask the participants to work around our availability which is quite good because they do, it shows their commitment.'

As reported previously, a proportion of participants chose not to engage in any mentor sessions at all, limiting the ability of the mentors and thus the project to successfully impact and change physical activity behaviour.

'I think it's essential that they do actually carry out these six mentoring sessions, because these are the people that we are trying to target and these are the people that are genuinely wanting this membership to better themselves and to get active. I mean, the people that are ignoring the mentoring sessions and probably don't want to attend them, to me, I think it needs to be a bit more strict with how we deliver it, to put these in place so that we're making sure that we're getting the right people through on the one-to-one membership, definitely.'

Mentors see goal setting as hugely important to the development of participants. They set goals every session and tried to ensure the goal was specific and achievable to encourage participants to continue.

‘...something for them to achieve so that it’s a feel good factor for them at the end of the day.’

Offering activity opportunities

The Mentors tried to introduce variety to sessions but it was not possible for all participants as there might not have been any classes on at the time of the session and when classes were available they were often fully booked. Participants with health conditions were also reluctant to try unfamiliar activities and believe they are more likely to gain health benefits by attending the gym.

‘I’m currently working with a lady and we’re doing something different for all six sessions, I’m really looking forward to it, she wants to do a lot of Pilates, yoga, they like the walks, so I’m trying to push for more variety.’

Mentors were aware that many participants saw GHGIS as just a ‘free gym programme’ and few participants took up the opportunities to be active outside of the gym or leisure centre that were provided by GHGIS. They encouraged participants to try mentored sessions outside of the gym but this was unappealing to the majority.

‘...they’re not interested, ‘Well, actually, no, I only want to do the gym, I know it’s going to have the effect, I know it’s going to help me’.’

Challenges and successes

Non-attendance of participants to sessions and insufficient contact time with participants emerged as key challenges to the Mentors. Whilst non-attendance was still a frustrating and time-consuming concern the Mentors stated that they had become more systematic in removing serial non-attenders in order to ‘free up’ places for others on the waiting list.

‘In Coalville, it was harder to get participants, getting let down quite a lot, driving over there, nobody’d show up, then you’d drive all the way back, so it wasn’t best use of time.’

‘I was chasing and chasing and chasing and chasing him and he suffers from severe anxiety so there was nothing I could do, you know, it was a boundary and you’ve got to realise that’s the boundary, let it go.’

The Mentors enjoyed working with participants because it gave them a great sense of achievement and feeling that they were making a real difference to people’s lives.

‘I worked with lots of people ... for me the best thing is seeing someone in the gym that I’ve worked with or seeing someone out walking ... a couple of months later or even a few weeks

later and I walk over, have a quick chat, they're all the positives to me, knowing I'm making a difference.'

'one lady I've worked with ... her ambition was to walk just up the path to the café you know, up by the park, she had to get from the gate to the café walking, and she rang me all excited when she'd actually done that you know, but she found it a struggle with confidence just to be able to walk a short distance ... when she phoned me up and "whay!", it gives you such a buzz, you want to keep going.'

However, mentors often found it difficult to spend as much time with participants as they would have liked. Despite the fact that LPT received co-ordination funding to support elements such as community engagement, marketing, promotion and recruitment as part of the Mentors role, Mentors did not seem aware of this and did not feel that this was, or should be, their role. They felt that the mentor role was not clearly defined, burdened by the added expectancy for them to market the project and that there was a lack of a clear marketing strategy. This perceived lack of clarity may have been a result of loss of information during staff handovers and by multiple changes in line management of mentors.

'I am a mentor, I am there to do, provide an equal opportunity to an individual and make sure they stay in that. I've done the promotion because, you know, it's Catch 22.'

'My impression was, because we're like a mentor, as a project, we're just mentoring them and that's it, I was under the impression that it would be their responsibility to get people in. If they want numbers, then they've got to understand that all our hours have to be taken up mentoring people'

'I didn't really consider it my role to recruit although I have done you know ... I'd sooner be out there working with participants'

'It's been hard to manage it all, to be honest, because there was no clear remit, what our roles and responsibilities were, I've been doing the one-to-one mentoring, but I've also been doing a lot of marketing as well, which I feel may be other partners, I think LRS, because they've brought the project in, I think they could have done a lot more to help market the project for us, because I spent time and effort doing that, as well, trying to, as well as balance my other duties with the mentoring'

Mentors felt that 6 weeks/6 mentoring sessions was too short. They expressed concerns that participants were abandoned after the six mentoring sessions and six sessions was not enough to establish a foundation for long-term change.

'...six weeks it's not enough. People are gutted when you leave them, and people do need longer...'

'they'll work with the mentor ... they might turn up once or twice at the gym or whatever and then they just stop going, I don't think for 6 sessions or some people might have 4 and they might say, "oh, I'm ready to go on my own now", you know, I don't think it's long enough for that behaviour change to take place.'

Mentors believe the project has been a success as they saw participants who were still interested in being involved in the programme and continuing to engage in physical activity, and the Mentors themselves had been able to learn something every day. Mentors also praised other partners for their hard work and strategies that they felt had been successful, such as mass participation and celebration events.

‘...I’ve given back to people, I’m giving that opportunity, I’m helping other people learn as well as learning myself...’

‘Definitely the few people that have made those important lifestyle changes, because they were there for the success stories and the celebratory event, and you’ve been liaising with people, and if everybody did that who we’d worked with, can you imagine what a change would happen?’

‘I’m so happy that the word of mouth has been our biggest tool for the Greenhills area, I’ve predominantly been in that area, so that, hopefully, is a reflection of the work that I’ve done, and the experience they’ve had with staff there, and instructors there.’

‘It’s been quite good when mass participation events, I think that’s been quite good, which LRS have sorted and tried to organise, and we’ve had the Santa Fun Run and Walk on the Wild Side, I think that’s been positive. It gives them something to aim for, and again, like, when you’re doing that exit strategy, ‘Oh, we’ve got this event coming,’ and train up for that, that’s been good, and the yearly celebration events, that’s been quite good, as well.’

Mentors talked about identifying a key person in a community, an influencer who can help to recruit more participants and in particular, bring in existing groups. However, this strategy of working with and within existing groups was far more successful in New Parks, likely due to the smaller community, higher number of existing groups and central location of the leisure centre.

‘It’s more been word of mouth, speaking to people out in the community or a few friends in the New Parks area, I’ve had them put it through their social network, like Facebook ... it’s fine if you get the mouthy people on the estate, the ones that everyone knows and everyone hears, get them involved then everyone hears about it and everyone wants to join in.’

‘With New Parks, what’s worked really well was the group aspect, which was good, at the beginning, before Matthew started his role, I did give him a lot of contacts to get on with, and the group thing unfolded because of the lady who I worked with, and I did have to push, ‘Contact this lady, contact this lady, she can, you know, get the groups and stuff started,’ so just that one person being in the community, in the library, snowballed into so many groups, and then that obviously must have inspired him to get other groups and do his own, kind of, ‘Who else can I talk to? Who else can I market with?’ That was one thing which I think was lacking in Greenhill, because they’re two different communities, the twain don’t seem to meet.’

7.2 Partners' perspectives

Interviews with GHGIS operational and executive partners were completed during each year of the project. These interviews were used to explore the wider impact of the project, partnership working, and delivery in the two project areas. Data were collected from 38 interviews over the course of the project on behalf of both organisational and delivery partners. The main themes to emerge from the discussions were barriers to effective delivery, engaging the community, GHGIS as a good fit for partners and participants, periods of instability, partnership and ownership, and sustainability of GHGIS.

Barriers

Throughout the interviews project partners mentioned a number of barriers which impinged upon more effective delivery of GHGIS. One recurring issue was how to get the message out about the project to the community. On some occasions materials had been out of date or missing important information and partners had failed to distribute materials. When materials were available, partners still felt that there was no real strategy for marketing GHGIS. Partners also struggled to promote certain activities because there was not a common timetable and so they did not know when classes were being run.

'I don't think we've ever had a clear plan or strategy about how we're going to target this. If we had that then I think maybe that would have helped, but we haven't. Everything that we've done, we've met weekly as a team. 'We tried that, okay, that worked, that didn't, what else can we do?' so really sitting and scratching your heads and thinking of new ideas of how you can, that's quite tough.'

Partners also reported that some leisure centre staff were unaware of the project, were unapproachable and unhelpful to partners and participants alike.

'He doesn't even look at you, you go, so you go into the desk and say, 'I'm from Get Healthy,' and he'll literally, he's the front of house so he's the first thing you see ... even the duty officer there, she didn't even know anything about it.'

'She rang the office this week and her lady's (a participant) got charged so she's told them to keep the receipts, so yeah they got charged as well.'

Another barrier was that participants often lacked basic resources needed to engage in physical activity. For instance, adults wanting to cycle lacked bikes and more generally, participants lacked appropriate footwear and clothing.

'...to then turn round to somebody and say 'well you've only been doing sport for about three weeks but really you need to go and buy yourself a new pair of trainers', for somebody who hasn't got much money that's a bit of a problem.'

Collecting follow-up data has also proved to be a major challenge. While partners recognised that response rates were higher when interviews were conducted by Mentors, capacity issues restricted Mentors from conducting interviews regularly. It was later decided to offer face-to-face, online, postal and telephone follow-up options in order to try to maximise response

rates. During the final 8 months of the project the project administrator tried different strategies such as texting the participant before calling, and calling using a mobile number, in order to increase response rates.

‘...there was two hours to get it done but there’s not really any other kind of protected time to get on with it...’

‘Just phoning people when they’re not really interested. I mean, everyone’s always up for a free service aren’t they, but they don’t want to return the favour and give you help with the feedback of the project ... it’s quite difficult ... it helps if you’ve got a rapport with the participants, if they know of you, then you’re not so random when you’re calling them ... I’ve got quite a good method of it going ... using the mobile phone to text them first ... I often find people answer more when I’m using the work mobile, because when I ring the other one [office phone], it’s not coming through as a number, so they’re less likely to answer it.’

Community engagement

When GHGIS began, few partners were familiar with the Greenhill area and found it challenging to engage the community. Partners have used a number of strategies to connect with the community such as attending community groups and fairs, going into the local library and leaflet deliveries. The project partners did make inroads into these communities and increased recruitment, however, it was a slow process, and a several partners felt that the project had suffered from a lack of strategic planning, marketing and promotion, community engagement, consultation, insight and understanding prior to the start of delivery. Restricted timelines for funding applications and requirements to begin project delivery in a short timescale resulted in limited time to conduct consumer insight activities or needs assessments prior to the start of delivery. Funding bodies must recognise that to conduct in-depth insight activities to formulate strategic planning, begin promotion and marketing, and test processes and protocols requires a lead-in time of at least six months. Application timelines and funding requirements should be adjusted to allow time for this essential work to take place.

‘The strategic plan of the project was the delivery planning and all of that but the consumer insight was a missing part of that plan.’

‘The main thing we identified was consumer insights in terms of the activities we put on ... it was decided that cycling and athletics or beginners running would be the two sports that we would focus on and partner with. But to me there was no real research into why those two sports and why not other sports ... what those communities really enjoyed doing ... key people within those communities who you connect with weren’t really identified from the first phase. Ideally you’d have six months looking at all of that before you even started the programme and I think that’s had a knock on effect on the programme.’

'It's more talking, going out and talking to community members, gym members, like the people at say New Parks, so example, who go to the gym, what activities do they like?

Actually connecting with ... Community Centres, the Churches around the area or any existing groups, the libraries and looking for those community members ... going out into the public, doing smaller focus groups, looking at stuff that's already going on and see if we can connect with those people. Investing that time before the project starts because when the project starts you have limited time to do all of that stuff so I think that's really important because otherwise we're just plucking activities out of nowhere really, like how do we know people want to cycle and is that actually sustainable? ... We've had success with a lot of things like walking football, for example, it's understanding the community so how you would go about it, you would need to sit down and properly map it out ... connecting with the community, focus groups, all those different elements would have to be done I'd say five or six months of work needs to go into that before you start the project.'

'Unless you've already got those systems up and in place that you can just sort of piggy-back onto but if you're actually starting from a much lower base you can't physically generate the most meaningful engagement in the turnaround time they give you.'

'When they set this project up they should have went and done a consultation within the Greenhills area and found out exactly what people wanted. ... I think Leicester (referring to New Parks) we've recruited better because we're known a lot more in the community in Leicester.'

'Somebody must have known, you know, "hold on, let's just go out and get all these people active", "where are they going to come from?", "they'll just come", you know.'

Mentors and the LRS delivery staff split themselves so there was one 'mini-team' working focused on New Parks and one 'mini-team' working in Greenhill. Partners believed that this approach had improved operations in both areas. However, some partners believed that the project needed a permanent community officer for both areas.

'There's got to be regular faces who build up the trust and confidence in the community because often, again huge stereotype but often these communities can be suspicious and they've got to build up trust in people, they want to know that it's someone who's like them.'

'If you were doing the project again, you wouldn't do it this way, ... really tough time, being located in Loughborough trying to deliver something on a very time-limited basis ... it really does need somebody in both of the locations too, in the community.'

'Trying to find the community... for whatever deep-rooted social reasons, whether there's suspicion, or I don't know. I don't profess to understand it, but actually finding that target audience has been the hardest probably.'

Champions

GHGIS aimed to have community champions promoting the project and engaging the community. While a number of participants were trained as champions and the target of training 24 champions was met. Partners report that for a multitude of reasons, the champions element of the programme has not worked out as intended as six weeks was insufficient time for participants to commit to making such large behavioural change i.e., inactive to active to helping others in the community be active. It was felt that a pool of existing community role models was needed to provide support to GHGIS participants and 'pull them in' to becoming leaders within their community.

'So the original idea was to come through the project but for someone to come through the project it can take six months from mentoring and then people who I've met are just looking for a continuation of how they can exercise for free or cheaper and not necessarily wanting to be a champion.'

'I'd got one person in mind who I thought would be brilliant but he turned round and said 'no, it's just not me, I don't want to do it' and I thought he'd be so good at it because he is so good at looking after new people when they come to group, but no it just wasn't for him.'

'...they're hitting hard to reach people and them hard to reach people are not necessarily the same people that want to access courses...'

GHGIS as a good fit

The majority of partners clearly feel that the services they are geared up to deliver are well matched to the demands of GHGIS and its intended participants. On the other hand, some others felt that they had to significantly change how they worked or what they offered in order to try and fit the project.

'Well it changed, so initially the original scope was that we would provide supported sessions for participants that wanted to go on bike rides, and that would be people that either were new and returning cyclists or hesitant cyclists, that was initially what we submitted.'

'What soon became apparent was that what we needed to look at was actually delivering cycle training so there's a big difference...'

Many partners also felt that the inherent focus of the project on sport rather than physical activity was not suited to them or to the infrastructure of the communities. In addition, a lack of understanding of the target group and the communities resulted in unrealistic expectations and criteria for success. Throughout the project, on-going learning and feedback from participants and partners was utilised to inform, develop and adjust the offer and provision.

'...it would benefit from not being sport driven, because then it would integrate better...'

'I guess my criteria for success are a lot lower than other people's because this is the area that we work in all the time. So actually to get one or two people cycling that don't cycle from a hard to reach group, I just think is massively rewarding.'

Instability

Partners have had to adapt to a high staff turnover, long absences of staff members, changes in funding streams and organisational restructurings.

'We have had a lot of admin people that have come and gone within the project ... it has been hard to maintain that continuity. I think it helped when there was an actual contact that was brought in for the admin.'

'Sorting out the storage filing system like a lot of it there was a lot of kind of inaccuracies and even up until now I'm still kind of trying to solve some problems that have been from before I started, like paperwork problems and filing and things missing or bits that don't add up.'

'Our funding streams have changed significantly so we have to be more careful what we're doing.'

Systems to deal with unforeseen challenges could not be established from the outset of the project and so partners have had to experiment with different ways of working to address certain issues such as participant non-attendance.

'People that don't turn up for three sessions in a row call in months later wanting to be on the programme. You have to know how to deal with that.'

'I do receive a few requests from participants to freeze their membership ... to put it on hold, and many reasons do seem to be down to health reasons, whether it be their personal health or whether it be health in the family, and then they've had that as a barrier. ... have asked to, freeze their membership, then reintroduce it in three months' time when their partner's health picks up or when they're ready.'

Partnership and ownership

Some partners felt that partnership working had improved over the course of the project. All partners reported they had made concerted efforts to improve partnerships and work together. However, some reported that they had simply learnt to manage and that problems such as poor communication, additional workload and lack of support had not been resolved. The regular operational group and board meetings were judged to have been limited in effectiveness as actions agreed were often not followed up.

'I think communication has got a lot better between partners working together ... connecting with mentors, we don't line manage the mentors, so that's not our responsibility, so it's quite hard to get that balance in terms of not having the time to be there all the time for them but then to be, to communicate with all partners and make sure everything is running smoothly but then the partners are delivering on their own and they have responsibilities to

meet as well. So I think that if we were to do it again, we'd probably have the mentors in-house so that we do have responsibility because it doesn't always work as well if you've got someone external line managing them because there's again another route of communication back into it, so that would probably be one of the learnings, would be to have it potentially in-house.'

'I think what's worked well is I've liaised pretty well with the manager of Hermitage, I think they've put in a lot of work prior to the project coming out, they did the footwork for it, that's probably why we were so good with the numbers earlier on, and I've maintained regular contact with them, and they've maintained, we've tried ideas and we've come back, 'That's worked, no, that's not worked,' so I think, out of all the partners, they've definitely been proactive.'

'I think regular communication and more support, like, posters for example. Why has it taken a month and a half to give to us when we say we've got no more posters? Surely it doesn't take that long to sort things like that out, because they obviously want the numbers, but if you're trying to do the best you can to get the numbers and there's not that correspondence from them, yes, it's just, I don't know, I feel disappointed. I think there should be specific roles and responsibilities and what exactly their roles are, and what our roles are, and even, the operational meetings, we're coming towards the end, where are they? You know, we used to have regular monthly, and it seems like, 'Well the project's finishing now, forget about it,' kind of.'

'When I say something to people I'd like to deliver, it shouldn't be empty promises.'

'I think regular contact would be good, maintaining regular contact, and I think sometimes when we have these operational meetings, so much is discussed, but what's actually actioned? You do your meeting, you want your points to be actioned. I guess a lot more discussion, at the beginning, whose responsibilities are what, to do what? What is expected?'

Partners became more cognisant of each other's needs and tried to work as a team towards the project goals. However, no overarching plan of delivery across all partners had been developed and some partners felt that they had to 'fill the space that was left'.

'If ever I'm going to set up a new group like we're doing, we're going to set up a running group at Hermitage I check that we're not clashing with anything else that's going on.'

'We started on a Wednesday dinner with our sessions which didn't work, we moved to a Friday morning and the first thing I get told in an operational meeting is 'I don't know why you're doing it on Friday morning 'cos we're doing it on Friday morning and we're going after the same people.' Well, OK that's a very valid point but there's no overall mapping or planning.'

The dialogue around partnerships revolved mostly around recruiting participants into the mentored sessions and often neglected aspects such as retaining participants after their

Mentor sessions or training participants to be champions. This was emphasised by statements from some partners that they saw themselves as peripheral to the main aim of the project and felt they received less support to deliver their aspect. As highlighted previously, these perspectives may have been influenced by relatively high staff turnover and changes in roles and responsibilities leading to a perceived lack of clarity and support.

'I thought it was all about mentoring and how we can drive that forward, you know, people were going to events but not taking my things and it was just like 'no we want to get them on the project so then we can feed them to you' but then I was left out the loop and didn't know what I was doing.'

As the GHGIS progressed partners generally felt that some roles had become less clearly defined. Partners had acted flexibly to respond to the need of the project and take on tasks.

'We're confused about the role of the Development Officers because I think the mentor's time, you know, if they want, if we need to meet these targets then they should, their hours should be focussed on delivering those sessions and not on promotion.'

Sustainability

Partners expressed serious concern about the sustainability of the project. Improving the potential impact of GHGIS on long-term behaviour change was routinely mentioned as a priority area. There is real concern that participants see GHGIS as a 'free gym pass' programme and will no longer engage in physical activity once the free period elapses. Physical activities outside of the gym were considered important for embedding behavioural change and partners felt more needed to be done to encourage participants towards these types of activities.

'If you raise the numbers say to 500 but you don't invest time to have that behaviour change then those 500 probably are going to go back and be inactive again, probably a lot of them, to be fair, unless you have the right plan in place but it's not even the plan, I think it is the behaviour change, it's not even the signposting at the end, it's the behaviour change from the start to the end of their programme.'

'I would give it for three months and then after three months you need to be doing something else in order to qualify for your next three months, and that could be AthleFIT or, but something outside of the gym, so I think that to encourage people to see what else is happening.'

'The suggestion was that you've got a free gym pass for six months, after three months you need to evidence that you've tried one of the other activities, that never went anywhere yet it was repeatedly requested.'

'They'll go back to their old lifestyles yeah, because there's nothing to keep them going ... we do promote whatever's happening in the area, we try, but everything's just disappearing.'

Training champions has benefitted a number of participants in terms of enabling them to develop new skills and life experiences but may not contribute significantly to sustaining the project within the community.

'If someone's never exercised before and you go gym with them for six weeks, you know, what's the chances they're going to carry on? And if they do carry on there's a long way to go before they'll think 'hang on a minute, I wouldn't mind doing this for someone else'. It don't happen after six weeks or six months and this project is literally get them through that and then this is their sustainable pathway, let's get them qualified and volunteering, but they're still adapting their life to the change that they're making to begin with so to push them then on to do qualifications and training is a big ask.'

Partners have been focussed on meeting the target of recruiting 500 participants and this may have come at a cost to retention. In summary of partners' perceptions of sustainability, a better balance is needed between recruitment and retention focus.

'They can't just see them as six month people, we need to think of them as being long-term and repeat visits. Do you change the fact that you can get more people in here or do you change the fact that you actually make the facilities better for when they get here...'

A number of community based activities that were introduced as part of the GHGIS programme, were planned to continue after the end of the formal project. Specifically:

- Running & Athletfit sessions will continue in New Parks
- CardioTone will continue at Greenhill (Agar Nook) whilst it is self-sustaining
- Walking group will continue in Greenhill
- An initial 'This Girl Can' event and block of taster sessions at a primary school in New Parks generated sufficient interest that an ongoing session will be delivered (taken on by the school)
- Swimfit will continue to be offered
- Walking football will continue in Greenhill.

This is encouraging and offers continued opportunities for those participants who attend these activities. It also supports the target to reach the wider community by retaining some of the increased provision in these areas. However, without funding to employ mentors or subsidise leisure passes, the full GHGIS programme in its current format will not be able to continue. Given the importance of the role of the mentor support and subsidised gym membership in these communities, the impact of the removal of these elements for future uptake of physical activity provision and long-term behaviour change will need to be considered.

Shared learning

Formal shared learning events were held in September 2014, May 2015 and March 2016. During these events each partner was asked to give a small presentation on their key learnings from delivering GHGIS. Further, at the end of every Operational Group meeting (held every other month and usually attended by all partners involved with project delivery and the evaluation team), each attendee was asked to provide their key learnings from the previous month. This proved to be useful for continuously fine-tuning delivery of the programme and aiding communication between partners. Over-arching key learnings were identified which we believe will help improve other physical activity interventions being delivered in the community now and in the future.

- 1) It is crucial to protect time for planning at the start of a project. Programmes such as this are often in a rush to 'get off the ground' due to limited time frames, but delivery and evaluation suffers due to a lack of understanding of the target group, area, or community. Lack of prior planning, community engagement, promotion, and marketing results in slow recruitment, lack of organised processes and contingencies, and poor readiness for delivery.
- 2) Partners worked very quickly to initiate GHGIS in September 2013. As a result, no piloting had been possible and some processes had been developed through a process of trial and error. Most partners felt that more time should have been taken at the start to understand the wants and needs of the two communities before 'parachuting in'.
- 3) The importance of word of mouth and connecting with the community was reiterated. Hiring a person to work within the community and interact with people on a daily basis should be a priority. The experience has to be as positive as possible for participants so they spread the word through their community.
- 4) Retention should be as important as recruitment. It was noted that a great deal of effort had been spent getting people into the programme but relatively less spent on keeping them engaged once the programme ceased. While Champions were being trained, concern was expressed that this was an insufficient exit strategy and failure to re-engage drop-outs would undermine the success of the programme. Regular contact points with participants throughout the intervention were suggested as a strategy of reducing attrition and instilling more sustainable change.
- 5) Partners felt that the programme did not sufficiently promote long-term behaviour change, with many participants seeing the programme as a 'free gym membership', and not engaging in the programme fully. Ideas such as subsidised but not free memberships, or participants 'earning' extensions to free access through continued use and engagement were suggested.
- 6) Partners felt the champion element of the programme was unrealistic as proposed and did not work as planned. Most partners felt that 6 months is insufficient time to take an inactive adult through a journey of behaviour change to training and becoming a role model for activity in their community. Further, participants from this target group may be particularly unsuitable or uninterested in pursuing this element.
- 7) Partners felt that there was insufficient planning and action to support sustainability after the conclusion of the project. Sport delivery partners were unclear on exit strategies for

participants and felt that many would simply return to inactivity at the conclusion of GHGIS and removal of provision. However, it is encouraging and positive that it has been confirmed that a number of activities introduced as part of the GHGIS programme are planned to continue after the conclusion of the project. Sport delivery partners and mentors worked hard to signpost participants to alternative free or low cost activities or other physical activity programmes where possible.

8) It is important to consider the wider context of the programme within local provision and restrictions, particularly in light of the current financial climate where local authorities are experiencing significant public health funding cuts and on-going service reviews, as well as the release of the new Government sports strategy and Sport England's sport strategy which may impact on planning, continuity, targets and sustainability.

8. Summary of key findings and recommendations

Leicester-Shire Get Healthy Get into Sport was delivered through a partnership between Leicester-Shire & Rutland Sport (project lead), Public Health (Leicester City Council and Leicestershire County Council), Local authority leisure centres (New Parks Leisure Centre, Leicester City Council and Hermitage Leisure Centre, North West Leicestershire District Council), Leicestershire Partnership NHS Trust (Health Improvement), National Governing Bodies (NGBs) (Leicestershire Athletics Network and British Cycling) and British Heart Foundation National Centre for Physical Activity and Health (BHFNC) (Research and Evaluation team). It aimed to develop and test a community model for engaging inactive individuals in sport and physical activity.

The specific objectives of the project were to:

- increase the number of inactive people engaging in sport in the two project areas
- improve the sports offers for communities in the two project areas
- increase the number of trained volunteers in sport
- develop ‘community champions’ who will provide a sustainable sports offer in the two project areas
- ensure that inactive individuals are introduced into and supported within more formal sports settings, e.g., local sports centres
- develop a feasible and scale-able community engagement model for promoting sport amongst the most inactive.

The following evaluation objectives were assessed as part of the project:

- assess whether one-to-one mentoring influences experiences of and adherence to participation in sport and physical activity
- explore whether the engagement of family members or friends facilitates adherence to sports participation
- determine whether engagement in the project leads to participants achieving at least 1 x 30 minutes of sport per week
- determine whether engagement in the project leads to an increase in total physical activity in the short and longer term
- determine whether engagement in the project has wider benefits for participants including improved physical and mental wellbeing and changes in other lifestyle behaviours such as diet and smoking
- explore the wider impact of the project in engaging volunteers (‘community champions’) in the delivery of community sport
- appraise the relative success of different aspects of the project to inform future delivery.

The evaluation objectives were assessed using quantitative and qualitative methods. Quantitative approaches included surveys with participants at baseline, 3, 6 and 12 months and completion of Mentor session records. The findings from the participant surveys should be interpreted with caution due to the low response rates. Qualitative evaluation included

interviews with key stakeholders (including project partners, Mentors, participants and Champions). The methods are reported in full in Chapter 2.

In this chapter the results from previous chapters are brought together to provide an overall understanding of the GHGIS project. Key learning and recommendations are presented as well as a review of the strengths and limitations of the evaluation methods.

8.1 Key findings

Recruitment and participant characteristics

- A total of 533 participants were recruited to the GHGIS project and provided baseline data (292 from New Parks and 241 from Greenhill).
- Overall, word of mouth was the most common way in which participants were recruited to the project (56.8%) followed by leisure centre referrals (11.6%). Using leaflets, posters and promotion through local facilities (e.g. libraries and community centres) was much less successful.
- A higher proportion of GHGIS participants were female (69.5%) than male (30.5%) but there were differences between the two areas (75.4% female in New Parks and 62.3% female in Greenhill).
- The mean age of GHGIS participants was 37.7 \pm 13.6 years (New Parks: 36.7 \pm 13.2 years; Greenhill: 38.8 \pm 14.0 years) with 68.7% of all participants aged over 30.
- Participants from Greenhill were more likely to be from a white ethnic group (97.9%) compared to New Parks where there was more ethnic diversity with 76.0% of participants being of white ethnic origin.
- Across both areas 48.4% of participants reported being in any form of paid employment and 20.4% of participants held no formal educational qualifications. For those in employment, 69.7% were employed in non-sedentary occupations.
- Over half of participants rated themselves as being in fair or poor health (57.3% in New Parks and 58.5% in Greenhill), with some reporting disabilities or long-term illness (16.7% New Parks and 18.1% Greenhill).
- Based on the BMI of participants (calculated using self-reported height and weight), less than one third of participants fell within the normal weight category (27.6% New Parks and 25.8% Greenhill) and just under half of participants were classified as obese (47.4% New Parks and 43.3% Greenhill).
- At baseline, 11.5% of participants in New Parks and 2.1% of participants in Greenhill were participating in at least 1 x 30 minute session of sport per week. Time spent participating in sport each week was extremely low (13 minutes per week on average).
- Just over half of participants (56.7% in New Parks and 51.5% in Greenhill) met the current recommendations for participating in at least 150 minutes of moderate intensity physical

activity per week. Participants reported undertaking an average of 531 minutes (New Parks) and 382 minutes (Greenhill) of total physical activity per week at baseline.

- The high levels of overall physical activity observed when physical activity is assessed using IPAQ short compared to the Single Item Measure for Physical Activity may be explained by the high proportion of participants who are in physically active employment. Short IPAQ includes work-related activity whereas the Single Item Measure for Physical Activity specifically excludes work-related activity.
- Just over a quarter of participants reported being current smokers (28.6% New Parks and 26.6% Greenhill).
- The proportion of participants meeting the recommended guideline of five portions of fruit and vegetables per day was much lower in Greenhill (35.8%) compared to New Parks (51.1%).
- Overall, 34.7% of participants reported drinking alcohol frequently or very frequently in the last 12 months though this was much lower in New Parks (26.4%) compared to Greenhill (44.6%). Almost a third (29.6%) of those who drank alcohol reported hazardous drinking behaviour (5 or more drinks on a drinking day).

Project participation

Mentor sessions

- Of 533 participants who completed a baseline survey, mentor session records were available for 467 participants (87.6%) (New Parks: n=236, 80.8%; Greenhill: n=231, 95.8%).
- Participants engaged in an average of 2.8 ± 2.0 Mentoring sessions.
- Of the 467 participants, 22 participants did not attend any Mentor sessions (New Parks n=15; Greenhill n=7), around one third of participants (35.5%) only took part in one Mentor session and only 17.3% opted to take part in the maximum six sessions (New Parks: 20.8%; Greenhill: 13.9%).
- Mentor sessions lasted on average 55.1 ± 14.8 minutes (New Parks: 55.6 ± 14.5 ; Greenhill: 54.6 ± 15.1 minutes).
- Taking part in an activity was most commonly reported (73.3%) during a Mentor session. A number of participants chose to complete independent sessions without their Mentor (5.6%). In addition, Mentors also reported that participants cancelled their session (10.0%) or did not attend without informing them (4.2%).
- A high proportion of participants rated their Mentor sessions as being 'excellent' or 'good' (89.8%) and indicated that they had enjoyed their Mentor sessions (88.3%).
- Just over half of participants (52.2%) agreed they would not have started to engage in sport or physical activity without the Mentor sessions. Encouragingly, 83.5% stated that they had attended other sports or physical activity sessions without their Mentor and 69.8% believed that they had met their goals whilst participating in the programme.

- During the first three months of the project for each participant, the most popular activity during and outside of Mentor sessions was going to the gym. A small number of participants indicated they went swimming, or took part in a cycling or running group during this time. Participants tended to engage in the same activities they experienced with their Mentor, after their Mentor sessions had finished.
- At the six and twelve month follow-up assessments, going to the gym was still the most popular activity (3 month follow-up: 48.9%; 6 month follow-up: 30.0%) followed by swimming (3 month follow-up: 26.1%; 6 month follow-up: 22.0%) and exercise classes (3 month follow-up: 15.2%; 6 month follow-up: 18.0%). Participation in other sports e.g., badminton, football, squash, yoga and tai chi were also reported.
- Overall, 31.3% (n=21) of participants reported trying new activities between the 3 and 6 month follow-up assessments (New Parks: 27.0% (n=10); Greenhill: 36.7% (n=11)) and 22.2% (10) reported trying new activities between 6 and 12 month follow up (New Parks: 17.2% (n=5); Greenhill: 31.3% (n=5)).

Use of leisure centres and community based activities

- Participants from Greenhill visited Hermitage leisure centre on average 20.3 (± 40.1) times between October 2013 and the end of March 2016. Twenty-six participants issued with a leisure centre card registered no visits. The leisure centre was visited 4338 times by GHGIS participants during this period with an average of 144.6 (± 1.4) visits per month.
- Participants from New Parks visited the leisure centre on average 18.2 (± 33.7) times between January 2014 and end of March 2016. Forty-three participants issued with a leisure centre card registered no visits. The leisure centre was visited 4651 times by GHGIS participants during this period with an average of 172.3 (± 1.3) visits per month.
- Overall, the leisure centres were visited a total of 8989 times (Hermitage: 4338; New Parks: 4651) by GHGIS participants. Gym sessions were the most frequently registered activities by participants at both Hermitage (2784 visits, 64.1%) and New Parks (2810 visits, 60.4%). Only 35.9% (Hermitage) and 39.6% (New Parks) of recorded activities during this period were for alternative activities such as walking, running, activity classes and swimming.
- In Greenhill (Hermitage), 63.9% of participants recorded attendance for at least 3 months. Only 30.2% of participants continued using the leisure centre beyond six months, and 21.1% of participants registered leisure centre usage over a period of 12 months or more.
- In New Parks, 53.7% of participants recorded attendance for at least 3 months. Only 28.6% of participants continued using the leisure centre beyond six months, and 10.6% of participants registered leisure centre usage over a period of 12 months or more.

Recruitment of Champions

- Sixty participants were referred to be GHGIS Champions (26 from Greenhill and 34 from New Parks). Twenty-seven completed their training and were considered to be 'active champions'. The rest either started training but did not finish or were referred but did not

book onto a training course. Through GHGIS, nine participants completed the basketball level one course, nine completed the community sports leader award, fifteen trained as AthleFIT leaders, six in motivational interviewing, five in first aid and four in safeguarding. Eleven participants volunteered in their community, for a total of 163.5 hours.

Project impact

- Response rates to follow-up surveys were low (3 months: 35.3%; 6 months: 17.3%; 12 months: 9.4%) therefore findings should be interpreted with some caution.
- The proportion of participants taking part in at least 1 x 30 minutes of sport per week significantly increased at 3 month follow-up (baseline: 7.8%, follow-up: 41.3%; $p < 0.001$) and 6 month follow-up (baseline: 6.8%, follow-up: 39.2%; $p < 0.001$).
- Significant increases in the mean total minutes of sport per week were observed overall at 3 months (baseline: 9.8 ± 59.4 minutes per week \pm standard deviation (SD); follow-up: 71.2 ± 140.9 minutes per week \pm SD; $p < 0.001$) and 6 months (baseline: 3.1 ± 12.8 minutes per week \pm SD; follow-up: 57.4 ± 134.5 minutes per week \pm SD; $p < 0.001$).
- The proportion of participants meeting the current recommendation to participate in at least 150 minutes per week of moderate intensity physical activity significantly increased overall at 3 month follow-up (baseline: 52.5%, follow-up: 75.7%; $p < 0.001$) and 6 month follow-up (baseline: 50.0%, follow-up: 73.8%; $p < 0.05$).
- Total minutes per week spent participating in physical activity significantly increased between baseline and 3 months (baseline: 440.0 ± 594.4 minutes per week \pm SD; follow-up: 637.4 ± 662.2 minutes per week \pm SD; $p < 0.001$) and between baseline and 6 months (baseline: 363.7 ± 552.0 minutes per week \pm SD; follow-up: 525.9 ± 563.8 minutes per week \pm SD; $p < 0.05$).
- Significant increases in vigorous physical activity and moderate physical activity were observed at 3 and 6 months compared to baseline, however no significant changes in walking levels were observed at the overall level at any time point.
- Participants were asked to state whether any changes to their lifestyle behaviours and health had taken place since participating in GHGIS. The most frequently reported changes included increased physical activity (3 months: 87.6%; 6 months: 72.7%), improved diet (3 months: 79.2%; 6 months: 77.5%), feeling less stressed (3 months: 75.3%; 6 months: 68.2%) and feeling healthier (3 months: 90.1%; 6 months: 79.8%).
- At baseline, almost half of participants reported that their friends and family 'never' or 'rarely' gave the support for participating in sport. In contrast, at the 6 month follow-up, almost half of participants reported that their family gave them support for sports participation 'often' or 'very often', whilst around one third of participants reported the same for their friends.

Stakeholder perspectives

Participants

- The majority of participants who were interviewed reported that they were very happy with the GHGIS programme, had enjoyed being part of it, had increased their physical activity and improved their health. However, it should be noted that those participants who took part in the interviews were largely those who had continued to engage in the programme and so do not necessarily represent those who dropped out or were unhappy with the programme, or were unsuccessful in making lifestyle changes.

Champions

- Although the target number of champions was reached, a lack of understanding of the purpose of this element and a lack of volunteering opportunities resulted in this element not working as envisaged. Those participants who had taken part in training reported that they enjoyed it and wanted to do more. However, they were primarily concerned with furthering their own knowledge, interest and behaviour change. Champions may have been able to further their skills had more volunteering opportunities been available. There were also limitations regarding using volunteer champions e.g., insufficient insurance for volunteers to lead activities, or restrictions imposed by volunteering partners.

Mentors

- Mentors enjoyed working with participants, and found this very rewarding. They felt that for a small proportion of participants, the project had been successful in fostering long-term behaviour change, but that the majority of participants still face significant barriers to participation. Operationally, mentors were sometimes frustrated with the burden of recruitment, marketing and promoting as they felt this was not their role and detracted from time they were able to spend with participants. Mentors felt that project planning, clarity of roles, community engagement, communication and leadership support were lacking, resulting in poor marketing and promotion, slow recruitment and additional barriers to participants and delivery partners alike.
- Mentors noted that towards the end of the project, recruitment, participation and community awareness of the project and engagement was increasing, and felt disappointed that just as the project was gaining ground in these hard to reach communities, it was due to end.

Project partners

- Overall, despite challenges, partners felt the project had been successful and had impacted significantly on the lives of those participants who fully engaged with the programme and took advantage of the opportunity offered. Like mentors, project partners also felt that the lack of a protected planning and community engagement/insight phase, and a lack of clear marketing and promotion strategy and contingency planning, resulted in a slow start to recruitment and impacted on delivery throughout. However, it is important to recognise that these challenges come hand in hand with projects such as GHGIS. Short timescales for project applications and a need to begin delivery of the

project shortly after funding was awarded meant that there was limited time to obtain consumer insight or undertake needs assessments, or to test project protocols. Further, projects of this nature are continually changing to adapt to the learning of the project, as was the case here.

- All partners expressed concerns about the sustainability of the programme. In particular, the difficulty of effecting behaviour change in the target group, the impact of withdrawing free or subsidised provision and one-to-one support, the financial sustainability for leisure centres and activity providers and the lack of suitable exit strategies. Mentors and delivery partners worked hard to signpost participants to other activities and programmes wherever possible. Ensuring sustainability of GHGIS is further challenged by the current economic climate which has seen a number of cuts and savings targets imposed on local authority funding (for example public health have had cuts to funding this year and next year). In addition, there have been and are ongoing service reviews. This has meant that developing a sustainability plan for the project has been a challenge as timelines for the outcomes of reviews and funding did not match with the timelines for the project's conclusion.
- In addition to funding cuts and services reviews, partners are awaiting on further guidance on programmes linked to the new Government Sports Strategy and Sport England Strategy. This presents a challenge for developing a sustainable plan for the project as partners want to ensure that work aligns to these strategies.

8.2 Lessons learnt

Objective 1: Assess whether one-to-one mentoring influences experiences of and adherence to participation in sport and physical activity

Participants reported a large number of barriers to taking part in sport and physical activity and in particular to visiting facilities such as leisure centres with many reporting fear, anxiety and low confidence. They overwhelmingly stated that one-to-one mentoring was pivotal in supporting their efforts to participate in sport and physical activity and over half of participants indicated they would not have started doing physical activity or sport without their mentor's support.

However, around one third of participants only took part in one Mentor session and less than 20% opted to take part in the maximum six sessions suggesting there are a wide range of support needs for moving inactive people into activity. Although it is likely that attendance and engagement with one-to-one mentor sessions supported initial take-up of physical activity, and for some this early ongoing support was critical, it is not possible to determine the optimal number of mentor sessions that would lead to long-term behaviour change, or the strength of the association between mentor sessions and adherence.

Objective 2: Explore whether the engagement of family members or friends facilitates adherence to sports participation

During the project, many family members or friends who had been nominated to receive a reduced price leisure pass became participants in the project themselves. Increases in

perceived support for sports participation from family and friends were observed in the project and often after an individual had signed up, their partner, children or friends also signed up and they would attend activities together. Some participants reported that having a friend or family member to engage in physical activity with encouraged their own participation. Some participants also reported making new friends as part of the project which supported them in continuing to take part.

In contrast, a number of participants reported isolation and a lack of family or friends. As such, these participants reported that they had only made friends or widened their social circle through the programme itself. The impact of such isolation in this population should be considered carefully, as these potential participants are those that are likely in greatest need, but may be especially hard to reach.

Objective 3: Determine whether engagement in the project leads to participants achieving at least 1 x 30 minutes of sport per week

Findings from the evaluation showed that a significantly higher proportion of participants were meeting the indicator of 1 x 30 minutes of sport per week at the 3 and 6 month follow-up compared to baseline suggesting that engagement with the project may have led to increased participation in sport.

Objective 4: Determine whether engagement in the project leads to an increase in total physical activity in the short and longer term

Total time spent in physical activity was significantly higher at 3 and 6 months compared to baseline, particularly for moderate and vigorous physical activity. However, after 12 months, time spent in physical activity overall was lower compared to baseline, though this was not statistically significant.

Findings from the evaluation showed that a higher proportion of participants were meeting physical activity recommendations of 150 minutes of moderate intensity activity at the 3 and 6 month follow-up compared to baseline. After 12 months, although the proportion of participations meeting recommendations was higher than at baseline, there were no statistically significant changes.

These findings suggest that engagement with the project may have led to increased participation in physical activity in the short-term, particularly for moderate and vigorous physical activity, but not walking. More may need to be done to maintain this increase in the longer-term.

Objective 5: Determine whether engagement in the project has wider benefits for participants including improved physical and mental wellbeing and changes in other lifestyle behaviours such a diet and smoking

A high proportion of participants reported that they had made changes to their lifestyle behaviours and that their health had improved since participating in GHGIS. In particular, participants' reported changes included increased physical activity, improved diet, feeling less stressed and feeling healthier. These findings suggest that engagement in the project

may have led to wider lifestyle changes and improved health and wellbeing at 3 and 6 months, though more may need to be done to sustain both physical activity and wider lifestyle behaviour changes in the longer term.

Objective 6: Explore the wider impact of the project in engaging volunteers ('community champions') in the delivery of community sport

GHGIS aimed to recruit and train a number of volunteers to support the delivery of community sport from participants recruited into the project. It became clear in the initial stages of the project that many participants were too early in their sport and physical activity journey to take on the responsibilities expected of the champions. Recruitment for champions was therefore broadened to include individuals from the wider local communities who were already confident in taking part in sport and physical activity. Members of the wider community were recruited via adverts and promotion at local events and schools. Although many champions attended training courses, few went on to volunteer and support community-based activities as part of the programme therefore it is difficult to assess the true impact of the engaging volunteers in the delivery of community sport as part of this project.

Objective 7: Appraise the relative success of different aspects of the project to inform future delivery

Screening

The project utilised the Single Item Measure for Physical Activity to determine level of physical activity and eligibility for the programme. Only those who reported not having participated in any physical activity in the last week were eligible. Partners raised concerns that this time frame was too narrow, did not allow for sufficient understanding of a potential participants physical activity habits, and that some participants may have been dishonest or only temporarily inactive in order to access the free leisure pass. The recruitment of more active participants may have been reflected in the number of participants who only attended one Mentor session and then requested to continue independently. As such, this may have limited the programme in that it did not reach those who were most in need of the support offered. However, some participants were informed that they were not eligible for the project after completing the baseline assessment when it became clear they were already active.

Community engagement

Partners made inroads into both communities, though this was much harder in Greenhill as the project team were less familiar with the area at the start. Creative solutions were found for recruiting participants to the project, which successfully reached its target to deliver a tailored intervention to 500 inactive individuals. A wide variety of strategies were used to market the GHGIS project but the most successful was found to be word of mouth. It was therefore suggested that finding a key influential person in the local community may be the best way to promote the project in future. The least successful strategies were leaflets and posters.

Mentor sessions

Mentors were trained fitness professionals and had a range of qualifications related to delivering physical activity. Mentor support was critical in supporting people to become active though there was a range in the number of mentor sessions participants wished to have. Mentors enjoyed working with participants, helping them to set and achieve goals for physical activity, and found developing relationships with participants to be very rewarding. Similarly, participants reported that they enjoyed and valued the support provided by mentors during, between and after sessions. However, mentors sometimes struggled with participants not turning up or cancelling sessions, and felt that it was crucial for participants to engage in at least six mentor sessions in order to promote behaviour change. Further, mentors believed 6 weeks/sessions were insufficient for a participant to be ready to 'go it alone' and sustain behaviour change. Finally, mentors felt they were not able to spend as much time 'on the ground' with participants as they would have liked due to balancing other duties. Mentors wanted their sole focus to be on conducting sessions and engaging with participants.

Leisure pass

Offering a free leisure pass received mixed appraisals by partners. Partners were aware that as word of mouth about the project spread, participants increasingly saw the project as a 'free gym membership', and did not fully utilise all the support and opportunity offered by the programme. This was perceived as a waste of resources as many participants only completed one mentor session and received a leisure pass, but only used it for a limited time, or not at all. Retention rates indicated that overall, just over half of participants registered attendance for longer than 3 months, just under one third attended for more than 6 months, and only 15% registered attendance over a period of 12 months or more.

Partners also raised concerns that this approach does not facilitate sustained behaviour change, particularly if participants have not engaged with mentors. They suggested that this model of provision be revised in future projects, such that participants who engage with the programme may 'earn' additional free or subsidised access through proven repeated use, and that those who do not use the pass will have it terminated in order to release resources for others. In addition, recruitment and screening processes may need to be adapted to ensure that the intended people are recruited onto the programme in the first instance.

Leisure centre leads also suggested that there be greater flexibility in the leisure pass, as some participants requested that their access be frozen for a period of time before being reactivated. This was most frequently due to their own, or a family members' poor health.

In addition, those participants who did take advantage of the support of the free leisure pass may inevitably return to inactivity once free provision is removed, as ultimately, financial limitations in these communities remain a significant and insurmountable barrier.

Community-based provision

Community based provision over and above that of regular provision of the leisure centres, did attract participation by GHGIS participants and members of the wider community. Additional provision was not the same in both areas owing to differing availability of facilities. AthleFIT, running group and swimfit were popular in New Parks; walking football, 'walk and cuppa' group and CardioTone were popular in Greenhill. Cycling and Tai Chi were less well attended. Participants requested volleyball following a taster session at a celebration event,

however, it was not possible to provide this as part of the main programme as it was not possible to find a coach to facilitate sessions.

Champions

The project successfully reached its target to recruit 24 'champions'. Some of these champions were recruited outside of the participant pool to act as role models for participants. For most GHGIS participants, the length of time spent in the programme (i.e. 6 months) was found to be insufficient to complete the journey from inactive adult to active adult to physical activity champion, rendering this an unsuitable exit strategy for the target group. Volunteering opportunities for champions were somewhat restricted by availability of sessions in which to gain experience and lack of insurance to allow them to lead or coach at a session. The potential limitations of using volunteer champions e.g., insufficient insurance for volunteers to lead activities, or restrictions imposed by volunteering partners, should be identified early in the project. A clear plan and schedule of volunteering opportunities should be developed and shared with all partners.

Sustainability

Sustainability of the programme was a major concern for the partners. However, a number of community based activities that were introduced as part of the GHGIS programme, were planned to continue after the end of the formal project. Specifically:

- Running & Athletfit sessions will continue in New Parks
- CardioTone will continue at Greenhill (Agar Nook) whilst it is self-sustaining
- Walking group will continue in Greenhill
- An initial 'This Girl Can' event and block of taster sessions at a primary school in New Parks generated sufficient interest that an ongoing session will be delivered (taken on by the school)
- Swimfit will continue to be offered
- Walking football will continue in Greenhill.

This is encouraging and offers continued opportunities for those participants who attend these activities. It also supports the objective to reach the wider community by retaining some of the increased provision in these areas. However, without funding to employ mentors or subsidise leisure passes, the full GHGIS project in its current format will not be able to continue. Given the importance of the role of the mentor support and subsidised gym membership in these communities, the impact of the removal of these elements for future uptake of physical activity provision and long-term behaviour change will need to be considered.

8.3 Recommendations for future projects

Project management

1. Projects such as these require a minimum of 6 months lead in time before commencement of delivery in order to build relationships between project partners, establish a delivery and communication plan, familiarise the project team with target areas, establish relationships with local organisations and groups, identify key local

influencers, conduct community engagement and insight activities, develop promotional and marketing materials and test project delivery protocols and processes.

2. Organisational and individual roles and responsibilities should be established with each partner prior to the commencement of delivery and these should be revisited as necessary throughout. It is important to ensure all partners have sufficient capacity to undertake their roles and responsibilities. In particular, the time needed for overall project leadership and management should not be underestimated.
3. In order to facilitate marketing and recruitment to the project and to co-ordinate local project delivery, it may be useful to recruit a community-based project officer for each target area to ensure there is someone 'on the ground' to take a lead and facilitate project activities.
4. In preparation for potential staff turnover, it is vital that future projects ensure processes and procedures for recording of information (including staff roles, recruitment, delivery and evaluation processes and procedures etc.) are put in place early in the project. This will help with smooth and comprehensive staff handovers and mitigate the potential loss of information.

Marketing and communication

5. Catchment areas should be as broad as is reasonably possible in order to maximise recruitment and engagement. The location of activity provision and access/transport to facilities should be considered carefully as this can be a major barrier to participants taking part. Delivering the project in adjacent areas may facilitate community engagement and foster connected social groups and relationships which may also support sustainability.
6. A clear marketing and communication strategy for establishing and maintaining engagement with project participants should be developed and duties delegated systematically to appropriate organisations and staff.
7. All marketing materials should be up-to-date, contain all of the required information (e.g. a contact telephone number and how to register for the activity) and should be distributed to all partners.
8. A strategy should be developed to maintain the involvement of participants who have completed the initial phase of the project. The use of a monthly newsletter to participants outlining upcoming activities and events, along with regular 'celebration events' can be useful approaches to help to maintain engagement.
9. Opportunities should be sought for information about programmes to be spread via word of mouth in communities. Key influential persons in a community should be identified who can help with recruitment and identify existing groups from where participants could be recruited.

Project delivery

10. The screening process for assessing eligibility for the project should be tested to ensure it correctly identifies the target population to be recruited.
11. Participant's barriers should be taken into consideration in project planning. These include fear, anxiety and low confidence. Do not underestimate the extent of the barriers to participating in sport and physical activity in this population group. Even entering a leisure centre can be a major challenge for some participants. Participants may also lack suitable equipment, footwear and clothing and may need to be supported to obtain these in order to facilitate their participation.
12. Work closely with mentors to mitigate problems and provide support with work load. Ensure mentors have right set of attributes (i.e., they are friendly, approachable, supportive) and training (e.g. appropriate fitness qualifications) to work closely with the target population.
13. Ensure staff based in local leisure centres are aware of the project, are approachable and helpful to participants and partners, and are kept up to date about the project as necessary.
14. Monitor participation and use of the free leisure pass and consider introducing some check points at which the free pass may be extended or terminated (taking into consideration the participants' circumstances). Encourage participants to extend the free (or subsidised) membership by trying different activities or through continued use. Allow flexibility in memberships (i.e., the ability to 'pause' their membership due to their own or family ill-health).
15. When working with a project partner who is offering a service, try to ensure the additional provision for the project matches their existing services. If normal services require adaptation for the purposes of the project, this can be challenging.
16. Monitor attendance at activities and respond quickly to those which are less well-attended. This may include supporting partners to develop an offer which is more appealing to the target group whilst recognising the challenges of changing normal service delivery.
17. A timetable of all of the activities should be available to participants and to all members of staff involved. The timetable should be kept up-to-date throughout the project. Where possible, the timetable should be planned in consultation with all partners to ensure everyone knows which activities are being delivered when and to try and avoid two activities being offered at the same time.
18. In consultation with participants, consider broadening the activities on offer, especially for team-based sports such as football, basketball, netball etc. that can foster positive social relationships and support sustained behaviour change. Provide participants with the opportunity to try a new activity before having to commit to it but try to ensure the activity can then be offered (and coaches are available) on a more regular basis if there is sufficient interest from participants.

19. Make it clear to the community that the programme can offer support to those with limitations and disabilities and ensure the activities are open to all. Offer opportunities to try things for free and with support, and consider reduced rates for those who are unemployed.
20. Develop a strategy for re-engaging drop-outs when they first disengage with the programme and explore strategies for maintaining contact with participants throughout. (e.g., monthly newsletter/timetable of activities).
21. Ensure there are suitable opportunities for newly recruited volunteer champions to obtain the experience they need to develop their skills and confidence. A clear pathway may need to be established to support champions and ensure they are then able to contribute to delivery of sports and other activities in their local communities.

Exit strategy to support continued participation

22. Clear sustainability and exit strategies should be developed during initial project planning and these strategies should be revised and adjusted as appropriate throughout delivery.
23. A clear pathway for signposting participants to further activities or programmes after their participation has ended should be developed. Additional opportunities for adults to be active in their communities should be identified and these should be communicated widely.

Project evaluation

24. Evaluation and data collection protocols should be established, tested and embedded from the start of the project (pre-delivery). Guidance and training should be provided to partners as necessary (and on an ongoing basis) and regular checks undertaken on the quality of the data being collected. Steps which need to be taken to ensure evaluation follow up data is collected in a timely fashion should be identified and implemented.

8.4 Strengths and limitations of the evaluation

The evaluation of the GHGIS project was challenging and some changes were made during the project to 1) improve response rates to follow-up surveys: the surveys were shortened to only ask key questions in relation to the primary objectives of the project and additional methods of collecting data were used including paper versions of surveys, online surveys and face to face data collection (initially follow-up data was only collected by telephone); and 2) facilitate collection of participant's experiences of the project as it proved difficult to attract participants to attend focus groups: the evaluation team attended celebration events and project activities to obtain additional feedback and individual interviews were conducted with participants. In addition, regular staff changes in the LPT administration team who were responsible for collecting survey data created a challenge for consistent approaches to data collection during the project.

Strengths

A pragmatic evaluation of the GHGIS was undertaken using a mixed methods approach and following the Standard Evaluation Framework for Physical Activity Interventions. The project was successful in recruiting the target number of participants for whom baseline data was provided. We were able to match baseline data with data provided in follow-up surveys strengthening the findings of the evaluation.

We sought the perspectives of a number of different stakeholders in the programme and feedback was provided to the project board on an annual basis. This enabled the programme to be adapted and developed based on feedback and needs throughout its duration.

Limitations

Due to financial and practical constraints, the evaluation did not include any comparison or control participants or communities. Therefore it is not possible to solely attribute the changes observed in sports participation and physical activity to this project. Response rates to follow-up surveys were very low, particularly at the 6 and 12 month time points, therefore findings should be interpreted with caution.

The single item measure for physical activity was used as a screening tool to identify inactive participants however when physical activity was assessed in participants using the International Physical Activity Questionnaire (IPAQ), high levels of activity were reported in some participants at baseline. Although these measures cannot be directly compared due to differences in the duration and domains of activities assessed in the questions, it appears that some seemingly 'inactive' participants may not have been truly inactive and further work may be needed to identify and engage the target audience.

The GHGIS is not a standardised intervention where all participants take part in the same activities over the same period of time e.g. it was not compulsory to attend all six Mentor sessions and many participants only took part in 1 or 2 sessions, therefore each participant may have received a different 'dose' of intervention. This, combined with low response rates to follow-up surveys, makes it difficult to make any assessment of 'how much' intervention is needed to influence changes in sport and physical activity participation.

8.5 Conclusions

The inactive population face a large number of barriers to participating in sport and physical activity and may require intensive support to move from being inactive to starting activity. GHGIS offered a tailored intervention which included support from a mentor, a free 6 month leisure pass and ongoing opportunities to take part in activities in the local community. Overall, GHGIS met its target of recruiting 500 inactive adults across the two project areas and demonstrated increases in sports provision which may have led to increases in participation in sport and physical activity.

This was a complex project with multiple partners and an especially hard to reach target group. Despite challenges in planning, strategy and delivery, all partners worked to contribute to the overall success of the programme. A number of crucial learnings from the first and second years of delivery allowed partners to reassess and adjust their practice to overcome challenges in communication, marketing, recruitment and delivery. Although it was

not possible to overcome all challenges, the learning gathered throughout this project via delivery partners and evaluation will be invaluable in informing future programmes.

Challenges such as restricted timelines for the funding application and commencement of delivery of the project, government funding cuts and ongoing service reviews, new Government sport strategies, staff turnover, and the need to continually change and adapt project plans as a result of ongoing learning, all affected the ability of project partners to maximise the success, impact and sustainability of the project. These factors should be taken into consideration when evaluating the success of GHGIS and should not be overlooked when planning future projects.

Undoubtedly, the GHGIS programme has made a significant impact on the lives of some participants, as evidenced in their stories and feedback. Future programmes should ensure there are strong strategic plans for marketing, promotion, delivery, evaluation and sustainability, along with sufficient resource and capacity to effectively undertake all components of the programme. This will help to maximise the impact felt within the communities targeted, and to ensure long term impacts on health and physical activity levels in these communities. In order to achieve this, community engagement and insight activities must be conducted during both planning and delivery phases.

Future programmes should focus their targets and outcomes towards long term behaviour change, ensuring that retention of participants is as high a priority as recruitment and that suitable exit strategies exist for participants. Working within a local areas' existing activity provision will support delivery partners to ensure sustainability in the provision of activities.

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