SPIRIT OF 2012

LEGACY 2014 PHYSICAL ACTIVITY FUND PROGRAMME EVALUATION

FINAL REPORT

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Acknowledgments

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The Legacy 2014 Physical Activity Fund (the Fund) was created by Scottish Government and managed by Spirit of 2012 to deliver a 12 month programme with the aim to help get people currently inactive in Scotland to become more physically active, and to learn how to achieve this through support for 11 existing projects that were already successfully helping to reach this goal.

Funding was provided to assist projects in developing further evidence how successful interventions were reaching out to inactive people and helping them to reach the recommended levels of physical activity that bring about significant health and wellbeing benefits. Currently, about 21% of the Scottish population is viewed as inactive, and while some success has been seen in increasing physical activity levels among those who are already active to some degree; the proportion of the population reportedly taking *no* activity persists. The programme, in part, sought to assess the feasibility of scaling up activities that might over time address this.

Adult Physical Activity Levels – Scotland, 2012-13
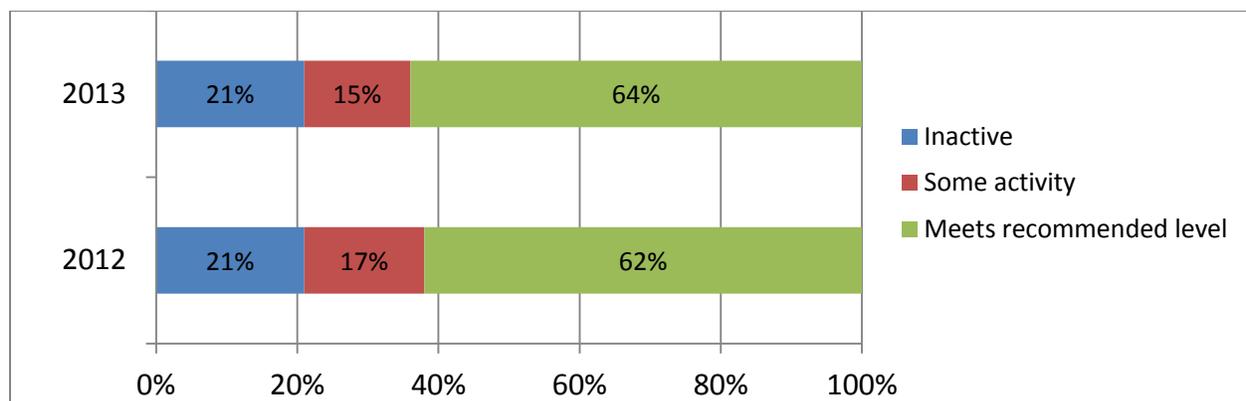
Projects delivering the programme were encouraged to undertake additional dimensions to what was already working, to work with the evaluation team from the University of Strathclyde to generate evidence of the impact, and to reflect on what lessons were learnt as they adapted the projects.

This report summarises and evaluates the effectiveness and impact of the projects, and on the learning that has been accumulated through the 11 projects to create a perspective of the programme funded by the Scottish Government.

Its primary goals have been to:

- assess the impact of the interventions delivered by the projects on the overall levels of physical activity amongst the participants, reflecting on the absolute and relative change which has occurred

- examine the extent to which the projects were successful in raising the levels of physical activity of those who are inactive and consider how the projects might be scaled up to extend this impact
- combine the learning from the projects on the adaptations made under the programme to identify good practice that will help create sustainable and scalable ways of extending these projects into other areas of Scotland (and beyond).

The University of Strathclyde research team worked with the 11 project teams to identify the impact of the interventions on individual participants. Each project team assisted in inviting those who engaged with the project to complete questionnaire surveys at the start and end of three months with the projects. Using this data, this report advocates a more refined definition of inactive, from that currently used by the Scottish Government. At present, anyone who does not meet the recommended levels of physical activity is deemed 'inactive'. In this report, a four step typology is used to differentiate levels of physical activity: limited, some, moderate and active.

	ADULTS		YOUNG PEOPLE
Group	Number of days of 30 mins moderate activity	Total of 150 mins per week of moderate activity	No of days of 60mins moderate activity
Limited	No days	Less than	Fewer than 4 days per week
Some	*either* No days plus *or* 1-4 days plus	Greater than Less than	4 days per week
Moderate	1-4 days	Greater than	5 or 6 days per week
Active **(above threshold)**	>4 days	Greater than	7 days per week

The term 'active' is thus defined as meeting the recommended minimum levels of physical activity set by the Scottish Government, with the other three terms re-classifying 'inactive'. In this report, we restrict the use of the term 'inactive' to refer to those designated as such by Scottish Government and the programme managed by Spirt of 2012; our categories of inactivity are thus 'limited', 'some' and 'moderate'.

ACHIEVEMENTS 1 - OUTCOMES

The 11 projects each sought to reach out to engage with inactive people from a range of target groups – including those identified by Scottish Government research as most at risk of being inactive. They included older adults especially in care homes, young people especially young girls, adults with mental health issues, and communities suffering from multiple deprivations.

22% of the participants involved with the programme had limited activity levels at the start. Through engagement with the projects, nearly two thirds (63%) of those in this category increased their levels of physical activity, with 17% reaching the recommended levels.

Amongst those already active (some, moderate or active levels), nearly 50% increased their levels of activity through engagement with the projects and their own activity outside of the projects.

32% of those involved in the projects reached the recommended level of physical activity set by the Scottish Government by the end of the programme, with a further 56% undertaking some or moderate activity.

There was an increase in the number of people undertaking more regular activity at the end of the project interventions. Just under half (49%) of those whose main type of activity at the start was associated with daily activity (incidental) rather than specifically focussed on physical activity itself, now undertook more routine physical activity. 32% undertaking regular activity for fitness or exercise.

ACHIEVEMENTS 2 – REFLECTIVE PRACTICE

What has been achieved by the programme in assisting getting people currently engaged in limited levels of activity to be more active?

1. The focus on individuals and their outcomes in terms of physical activity was a key element of the projects, all of whom had previously evaluated outcomes in terms of the number of participants and their own sense of satisfaction. Measuring these outcomes, both in terms of raising levels of activity and achieving the Scottish Government's recommended levels has increased awareness of the methods required obtaining robust evidence and the value of assessing change/impact at the individual scale
2. An appreciation that measurable outcomes can be assessed beyond those directly related to physical activity (including life satisfaction, confidence, mental wellbeing), and that these can add value to the merit of interventions, especially where these assist people to increase their levels of activity
3. Greater understanding of the needs of participants prior to their involvement in the interventions can assist in the delivery of the activity and in achieving outcomes
4. Identifying, reaching out and encouraging people with limited levels of activity to participate is challenging, and required regular adaptations and monitoring as to whether recruitment pathways are successfully reaching the right people
5. Careful attention is required to ensure that less active people (and other participants) are offered the appropriate 'induction' to encourage them to be involved in the interventions.
6. There is a need to support individuals to ensure that there is an alignment of their expectations with the aims and projected outcomes of the activities – working towards a shared sense of achievement and a platform for future increases in levels of physical activity.

Adopting these practices and learning from them as the projects were put into practice, across the programme has meant that constructive changes and adaptations were made to the interventions, a process of learning and change strongly encouraged by the Fund.

ACHIEVEMENTS 3 - LEARNING, ADAPTING, CHANGING

The Fund actively encouraged projects to reflect on their delivery practices and their impact during the life of the programme and based on evidence gathered make amendments to what was being planned or delivered in order to increase effectiveness. Evidence and reflections of the significance of the adaptations were captured in change records constructed for this purpose by Evaluation Support Scotland.

The changes focused on an appreciation of the need to adapt ways of recruiting inactive people and from the target group populations. New methods of promoting the projects, of working with referrers and other professionals who already were connected with groups, and being more flexible about the time and location for making contact with potential participants were also adopted within the programme.

Process changes were adopted to provide more resources, including staff time and volunteer assistance, to get a better understanding of people within target groups, and their needs which helped to enhance the value of engagement in the activities, and the reach into target groups.

Different ways to support the gathering of evidence and data to assist in evaluation were tested and used by the projects, offering incentives to encourage survey completion, allocating additional staff resource to support participants, and changes in the data management processes to streamline reporting were all adopted, helping to increase the evidence based available to individual projects and to the programme evaluation.

ACHIEVEMENTS 4 - TOWARDS GOOD PRACTICE

Both the reflective practices and the willingness to adapt processes have helped to generate a sense of good practice, and an overview of what worked to achieve the higher levels of physical activity recorded in the programme.

Projects which were community or placed-based (ie drawing on participants from defined geographical areas such as community or care home) and those which were condition-based (drawn on basis of shared characteristics such as mental health) were more likely to recruit inactive people than those who used a combination.

But this success was as dependent on the nature of the relationships between the project teams with communities or condition-based groups in communicating what the activity was about to referrers or individuals.

The diversity of projects indicated that some activities are more successful in increasing levels of physical activity for some groups, but have less impact on others:

- Socialising exercise, with a focus on meeting people and introducing low levels of activity, may be attractive in some circumstances - for example in care homes with elderly people – to achieve some activity but they are unlikely to raise activity to the recommended levels

- Gentle exercises may attract more people undertaking limited physical activity than socialising activities, but they do not greatly increase levels of activity
- Walking or equivalent is unlikely to attract people with limited activity levels - most walkers are already engaged in some or moderate activity - but walking can be a platform to encourage people to undertaken more activity towards the recommended levels
- More vigorous activity is likely to attract a mixed set of participants ranging from those already active at the recommended levels to those who are inactive. Through such exercise, many participants will increase their overall activity.

CHALLENGES AND GAPS

However, the programme has also highlighted challenges and revealed areas where evidence is insufficient or absent.

Most of the participants involved in the projects had already been undertaking some physical activity, although for most this was below the recommended level. Reaching out and including people defined as 'inactive' was challenging for all of the projects, and for some projects, the proportions of those so defined were very low.

RECOMMENDATIONS

The evidence from the projects here suggests that within public policy a stronger focus needs to be given on progression towards the recommended levels, recognising the positive impact of undertaking some activity.

Recommendation 1: There is a need to define intermediate steps in reaching the ultimate objective of getting everyone in Scotland to achieve the recommended levels of physical activity.

Recommendation 2: The current dichotomy of 'active' and 'inactive' is unhelpful in encouraging those to undertake limited activity to get started to become active AND to those already engaged in some, moderate activity.

However, whilst small steps may be of importance and should be acknowledged as such, they are only significant if followed by another small step.

Recommendation 3: Develop a progressive model that nudges and supports inactive individuals toward more activity, and more independent activity – whatever their starting point.

There remains a significant gap between the practices adopted by project teams and the requirement sought by funders for robust evidence of change across participants.

Recommendation 4: more planning of resource requirements and methods to support evaluation is required prior to the start of projects to enable the generation of robust evidence.

Physically inactive people are 'hard to reach'. They are more likely to be socially isolated. They are unlikely to have connections with existing networks based on physical activity, or to have links with locations where such activity takes place. Knowing their needs and aspirations is important.

Recommendation 5: Identify and work with individuals at their individually appropriate activity level, responding to the activities that interest and motivate them

Understanding the barriers to and motivations for undertaking physical activity also needs to shift away from group analysis towards a more individual basis if it is to provide the insights required now and in the future to help support projects, funders and policy makers to made inroads into this stubbornly large group in Scotland.

Recommendation 6: more research needs to be undertaken amongst those least active to identify the initial ways in which they might engage with projects and activities that are based on physical activity.

INTRODUCTION AND CONTENTS

The Legacy 2014 Physical Activity Fund programme seeks to address one of the challenges identified in the evaluation of legacies from previous major sporting events – encouraging people who have low levels of physical activity to become more active. Whilst there is strong evidence that those already active can be inspired by such events - including the recent 2012 Summer Olympics in London or the 2014 Commonwealth Games in Glasgow - those who are physically inactive or engaged in limited physical activity are considered less likely to be inspired and become active.

For the Scottish Government and other partners involved with the 2014 Commonwealth Games, increasing the proportion of the population meeting recommended physical activity levels was viewed as a key legacy aspiration for the Games. Under the long term planning for generating a lasting legacy, Scottish Government identified one of the four legacy themes as 'Active' recognising that "the Games offered the potential to inspire the people of Scotland to be more physically active and take part in sport, helping us have an Active Scotland."

One component of this plan has been the creation of legacy projects that look to extend the impact of the Games through directed support for communities and projects across the country. One of these legacy projects was the funding of a Physical Activity Fund in 2015 with the aim of learning what is working in local areas in getting people currently inactive to become more active in order to scale up these successes.

This report examines the evidence of the impact of the programme in meeting its aims: to increase levels of physical activity amongst targeted groups; to provide robust evidence to support the scaling up of project interventions; and to take forward learning within the projects to help shape future action and policy in this area. It is written by an evaluation team from the University of Strathclyde, commissioned by Spirit of 2012 on behalf of Scottish Government, supported by Evaluation Support Scotland.

The report starts by setting the policy context and expectations associated with the Fund before turning to examine the evidence. Section 2 looks at the overall programme outcomes, primarily in terms of the levels of physical activity achieved by participants as they completed their time within each project intervention. The remainder of the report considers this evidence in terms of the individual projects – outlining the key features of each project (Section 3), assessing what types of intervention made the most difference (Section 4) and the key learning points for projects (Section 5). The final three sections set out what remains unknown following this programme (Section 6), and what impact the programme design and implementation had on the outcomes (Section 7) before turning to present four key sets of recommendations – for policy, for future funding, for project engagement with inactive people, and for research.

Each section concludes with an assessment and analysis of impact on that aspect, and where pertinent more minor recommendations.

SECTION 1: PHYSICAL ACTIVITY OUTCOMES AND THE LEGACY 2014 PHYSICAL ACTIVITY FUND

1.1 THE PHYSICAL ACTIVITY CONTEXT

Globally, there is evidence that regular physical activity provides strong health benefits, offsetting some of the negative impacts of sedentary lifestyles. Physical activity can, for example, protect against coronary heart disease, type 2 diabetes, some cancers, hypertension, obesity, and clinical depression. There is also emerging evidence that physical activity delivers better outcomes for mild depression than prescribed medication. Further, improved levels of physical activity enhance the overall quality of life and wellbeing, and have been associated with improved life satisfaction and happiness.

The significant health and wellbeing benefits derived from of improved rates of physical activity for individuals, and for the population as a whole, have meant that national governments have sought not only to provide advice on desirable levels of activity but to actively support ways in which people can be encouraged to become more active.

In the UK, guidelines on recommended minimum levels of physical activity were updated in 2011 (see Figure 1).

Figure 1: Guidelines for physical activity - adults and young people

Guidelines for children and young people

1. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.

2. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.

3. All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

Guidelines for Adults 19-64

1. Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.

2. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.

3. Adults should also undertake physical activity to improve muscle strength on at least two days a week.

4. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

With physical inactivity contributing to nearly 2,500 deaths per year in Scotland and calculated in 2012 as costing the NHS £94m a year, the Scottish Government has identified physical activity as a national indicator. It has set out an over-arching policy objective to make Scots active for life and invested more than £3 million per annum to support this. This ambition is set out in the Active Scotland Outcome Framework (Figure 2), coordinated by the Active Scotland division of Scottish Government in conjunction with local government and agencies.

More than a decade since the introduction of a national physical activity strategy in Scotland, there remains a minority of people who continue to have activity levels below the minimum recommended level and this proportion has changed little over this time. In 2014, it is estimated that 22% of Scotland's adults were 'inactive', taking less than 30 minutes moderate to vigorous physical activity per week, with a further 15% engaging in some activity but still failing to meet the recommended threshold (see Figure 3 below).

Although there has been a concerted focus by government and health and sports agencies on increasing general levels of physical activity across Scotland, there has been a stubborn proportion of the population who continue to be classified as inactive. This programme seeks to address this challenge, and identify ways in which small scale, local projects that are successfully getting those who are inactive to be more active could be extended to reduce the national levels of inactivity.

Figure 2: Active Scotland outcomes framework, Scottish Government

Vision: A More Active Scotland

Physical activity is about getting people moving. Daily walking, playing in a park, going to a gym, training with a team or aspiring to win a gold medal - it really doesn't matter how people get active, it just matters that we do.

Being physically active contributes to our personal, community and national wellbeing.

Our vision is of a Scotland where more people are more active, more often.

National Outcomes

Business	Employment	Research and Innovation	Young People	Early Years	Healthier	Inequalities Tackled	Life Chances
Safe from Crime	Sustainable Places	Resilient Communities	Environment Valued	National Identity	Impact on Environment	Older People Supported	Public Services

Active Scotland Outcomes

We encourage and enable the inactive to be more active	We encourage and enable the active to stay active throughout life	We develop physical confidence and competence from the earliest age
We improve our active infrastructure – people and places	We support wellbeing and resilience in communities through physical activity and sport	We improve opportunities to participate, progress and achieve in sport

Equality: Our commitment to equality underpins everything we do

Figure 3: Adults meeting moderate to vigorous physical activity levels in Scotland, 2012-13
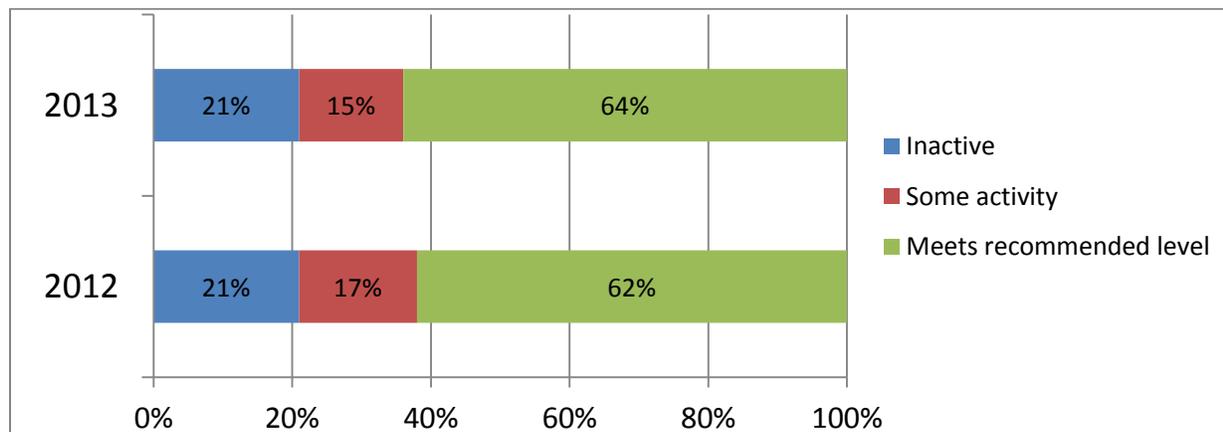
In 2015 the Scottish Government created the Legacy 2014 Physical Activity Fund, announcing this in July one year after the opening ceremony of the 2014 Glasgow Commonwealth Games, forming one part of the national legacy plan. The timing was recognised as of critical importance to building on the momentum generated by the Games. The Fund's primary objective was to support existing successful projects to scale up activities that deliver outcomes related to the Scottish Government's Active Scotland Outcomes Framework, specifically Outcomes 1 and 2:

➢ we encourage and enable the inactive to be more active
➢ we encourage and enable the active to stay active throughout life.

The £800,000 investment was managed by Spirit of 2012, a charitable trust established by an endowment from the Big Lottery Fund. This Trust seeks to promote wellbeing and social cohesion by investing in events as 'catalysts for change' and is involved with investing almost £4.5m in a Spirit of Glasgow programme inspired by the Commonwealth Games. It has promoted wellbeing and social cohesion through programmes radiating from the London 2012 Olympic and Paralympic Games.

Table 1: Funding awarded by Spirit of 2012

Organisation	CPP	£ Applied for	Adjustments to funding	Total Project Costs
Active Stirling	Stirling	£24,885	+£5,000 to fund evaluation costs	£105,518
Cairngorm National Park Authority	Multiple	£67,325	+£2,500 to fund evaluation costs	£79,200
Changes Community Health Project	East Lothian	£16,574	+£5,000 to fund evaluation costs	**£46,977**
Drumchapel Sports	Glasgow	£69,848		£69,848
Dumfries & Galloway Council	Dumfries & Galloway	£58,150		£129,193
Edinburgh Leisure	Edinburgh	£70,000		£158,808
Fife Sports & Leisure Trust	Fife	£69,774		£86,774
KA Leisure Ltd	North Ayrshire	£70,000		£85,812
Leisure & Culture Dundee	Dundee	£51,908	+£5,000 to fund evaluation costs	£66,408
Midlothian Council	Midlothian	£66,453	+£3,000 to fund evaluation costs	£149,107
NHS Highlands	Highland	£70,000		£70,000

Following the launch of the Legacy 2014 Physical Activity Fund, applications were invited by 20 August 2015, with decisions on awards being made by 17 September. Projects were expected to start on 1 October 2015.

In the information provided to potential applicants, it was made clear that the Fund was seeking to:

➢ have up to 10 projects sustainable and scaled up or mainstreamed within Community Planning Partnerships (CPPs)
➢ to share learning and evidence to enable other areas to deliver similar initiatives, and
➢ to secure a body of evidence for what works best in helping the inactive to become active, which pinpoints the success factors, and also indicates how good initiatives can be scaled up quickly.

After a process of internal assessment by Spirit of 2012 and Scottish Government, awards were announced in September to support 11 projects in total (Table 1) - seven projects at or near the maximum threshold of £70,000 and a further four at amounts ranging from £17 to 58,000. Some projects brought additional funding to their project, so total project budgets ranged from £47,000 to £159,000.

These projects sought to engage with different groups of people and undertake different activities. Further details are discussed in subsequent chapters, but Table 2 summarises the projects' aims and those who they sought to engage in the activities.

Table 2: Project Aims and Target Populations identified in project applications

Organisation	Project Aims and Target Populations
Active Stirling	To engage people who are most at risk of inactivity by establishing physical activities such as buggy walks and strength and balance classes in two areas of multiple deprivation.
Cairngorm National Park Authority	To support people in the Highlands, Aberdeenshire and Moray areas of the Cairngorms to become more active through health walks. It will target people with long term conditions, women and older people.
Changes Community Health Project	To support more adults with mental health conditions in East Lothian to take part in walking, cycling and other healthy living activities.
Drumchapel Sports	To encourage active, healthy lifestyles and to develop individuals living in Drumchapel by making it easier for more people - and a wider range of people - to participate in sport and other physical activity.
Dumfries & Galloway Council	To train staff/volunteers in physical activity and movement appropriate for older adults and vulnerable adults in care home and community settings.
Edinburgh Leisure	To support people in Edinburgh aged over the aged of 45 and living in two areas of multiple deprivation to become more active.

Fife Sports & Leisure Trust	To support people with mental health issues and dementia, many of whom are old, to become more active, improve mental health and wellbeing.
KA Leisure Ltd	To support people with mental health issues through condition specific classes such as relaxation, yoga, Pilates and tai chi, to become more active and to stay active.
Leisure & Culture Dundee	To support antenatal women and their families living in poverty in Dundee to become more active through using local swimming facilities.
Midlothian Council	To support staff to introduce appropriate physical activities for care home residents and support young volunteers to deliver physical activities in sheltered housing settings.
NHS Highland	To increase opportunities for non-sport physical activity in the Highlands by extending health walks for older adults and by training young leaders of movement and dance to offer local physical activity opportunities to teenage girls.

1.3 THE KEY FEATURES OF THE PROGRAMME

The premise of the Fund was that there are already successful, locally based projects, working with Community Planning Partnerships (CPPs), that had a clear idea of the need and demand for physical activity projects working with inactive groups and that such projects could contribute to extending knowledge about what works through scaling up.

The programme thus focusses on three main dimensions:

- a specific focus on groups within the population which are more likely to include inactive people, and who consequently could contribute most significantly to changing the national levels of activity;
- organised activities, or interventions, that locally have a proved track record of getting people active; and
- Sharing the approaches being taken and learning how they may be scaled up through extending the existing interventions.

Together these create a new approach to tackling inactivity.

1.3.1 TARGET GROUPS

Across the programme, projects targeted their interventions toward diverse groups of inactive people. The evidence cited in support of the Active Scotland Outcomes Framework points to lower levels of people meeting the recommended levels of physical activity in teenage years and especially in young girls, and in older adults (aged 55+ but more markedly 75+). Related research, as part of the Equalities Analysis, highlights that "key at-risk groups include the elderly, those with limiting conditions or

disabilities, those with lower socio-economic status (particularly re sports participation and environmental factors), teenage girls, and women of Asian origin".

However, the Scottish Government note, "the evidence base on what works to increase activity in the specifically identified inactive groups above is less well developed".

The projects have all sought to recruit participants by targeting groups who have been recognised as containing significant numbers who are inactive, from young children to care home residents. There are substantial differences in the groups targeted by projects and the ways in which they are specified. Some projects have single, tightly defined target groups such Changes Community Health Project (Changes CHP) that sought to work with individuals with mental health issues, specifically depression and anxiety. Others, such as NHS Highland project, comprise several distinct activities targeting multiple groups delivering, for example, health walks for older adults and engaging teenage girls in leading dance sessions.

There is broad alignment with groups identified earlier as being most likely to be inactive (those with a disability or long-term health problems; older age groups, women and teenage girls, low socio-economic status). Targeting was directed toward areas of multiple deprivation in Stirling, Drumchapel and Edinburgh.

Projects are mapped against a key inactive group as defined by the projects in Table 3.

Table 3: Key Inactive Groups Targeted by Projects

Teenage girls	Older adults	Disability, or long term physical or mental health problems	Low socio-economic status
NHS Highland	Dumfries & Galloway Council	Cairngorm National Park Authority	Active Stirling
	Edinburgh Leisure	Changes Community Health Project	Drumchapel Sports
	Midlothian Council	Fife Sports & Leisure Trust	Leisure & Culture Dundee
	NHS Highland	KA Leisure Ltd	

1.3.2 INTERVENTIONS

As indicated above, a pre-requisite for funding was that the projects were using existing activities and approaches (we have called these interventions) which had clear evidence that these were working effectively to get inactive people could be extended.

Although the initial application information and form (and the associated assessment process) were designed to focus on <u>additional elements</u> that would allow further progress in getting (known) inactive groups active, in practice the projects ranged in the extent to which they sought to adapt existing interventions.

Some, like Dumfries and Galloway Council, sought to extend the geographical reach of their existing project, enabling the successful training of care home staff to be rolled out to all care homes in the region. Similarly, Cairngorm National Park Authority sought to extend the delivery of health walking groups into additional communities. Other projects chose to add new dimensions to their existing project, reflecting on the experiences and needs which they had identified. In Dundee for example, the project sought to refine the referral process to focus on the least active families and to increase contact with families during the project to encourage higher levels of continuing participation. More ambitiously, a couple of projects – in Midlothian and Stirling – sought to revise their projects, bringing together strands which had worked separately in order to increase their effectiveness and reach. The Active Stirling project, for example, intended to draw on the experience of three strands – buggy walking, jogging and physical activity classes – to reach into two more deprived communities in the city who had struggled to engage in the existing project.

Importantly, in adding to the existing projects, each project team was expected to reflect on what had worked previously, and to learn through the programme funding what worked differently and how it might be further extended in the future.

This learning formed part of each project evaluation – captured in terms of Change Records– and shared with other projects as part of the programme. In addition, each project reported to their own CPP on lessons learnt from the additionality provided by the Fund. (These are considered later in Section 4).

Figure 4: Planned adaptation to project interventions

Extend the same intervention	Modify intervention	Add new dimensions	Alter significantly intervention	Experiment with new intervention
Dumfries & Galloway Council Changes CHP Drumchapel Sports	Cairngorm NPA Leisure & Culture Dundee	NHS Highland Fife SLT Edinburgh Leisure KA Leisure Ltd	Midlothian Council	Active Stirling
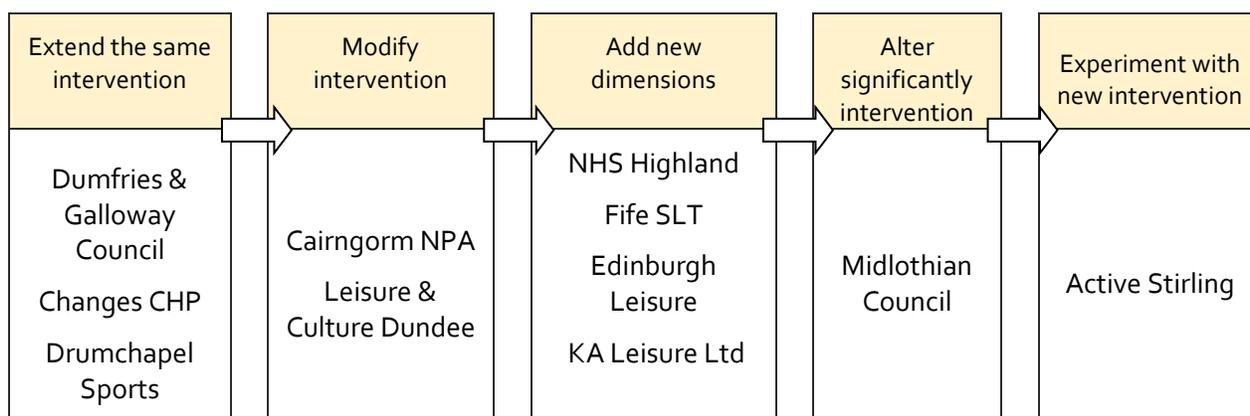
It is thus possible to describe the changes to the interventions proposed by the project teams as located on a spectrum defined in terms of the degree of adaptation that was PLANNED to the existing

interventions. At one end lies 'more of the same' but extending this to other groups or areas, whilst the other end is marked by radical change and experimentation.

Across the programme, there was a good range of projects learning through different parts of this spectrum.

1.3.3. SCALING UP

A key ambition of programme was to gain insights on how successful initiatives getting people active could be scaled up quickly and effectively. This included not only reaching more of the inactive population but also revealing some of the barriers and constraints which might inhibit successful interventions from delivering more success in terms of activity level outcomes.

There was an expectation that by the end of the programme the 11 funded projects will be more sustainable, that is able to secure future funding or be mainstreamed within their CPP.

In making their application, each project was not explicitly asked to describe these components but to outline "what further progress" would be achieved by meeting the outcomes (ie getting the least active people more active and staying active throughout life) through the Fund.

An assessment therefore of the extent to which each project can be scaled up has to be based on more than the degree to which the planned changes to the interventions were directly successful in getting more people active. Instead, mindful that some of the interventions sought to be more experimental, issues of scalability also reflect

- Reach to target populations and the size of that population
- The effectiveness of the intervention in terms of physical activity outcomes
- The resources (input) required to achieve outcomes, and
- The overall efficiency of the intervention over a set time period

With a fixed timescale of up to 12 months for each project during this programme, the assessment of its ability to be scaled up elsewhere needs to reflect the changes made to the interventions (and the associated learning) alongside the measurable outcomes of more people being active. This is considered further in Chapter 4.

1.4 PROGRAMME EVALUATION

The generation of a strong evidence base to demonstrate success at the project level and in scaling up across the programme has been a key component of the Fund. Individual projects were required to designate a budget to enable them to monitor and evaluate the outcomes from their interventions, and to assess the process learning during the life of their projects.

To assist this, Spirit and Scottish Government identified part of the overall funding to appoint an independent research partner to conduct both process and formative evaluations of the programme and along with a synthesis of the findings make recommendations about changes to the programme

and their impact on the outcomes. The aim was for an appointment to be made by the beginning of September 2015 ahead of the start of the projects and application assessment.

In addition to the overall final evaluation, it was anticipated that the research partner would conduct interim assessments and then work with the project leads to 'refine and adjust their practice in light of the emerging findings'.

The team from the University of Strathclyde were appointed in October 2015 as the research partner.

Following the assessment stage of project applications, adjustments were made to the role of the research partner. Additional support was sought to assist project leads in conducting their project-led evaluation and the role of the University of Strathclyde team was extended. The University appointed Evaluation Support Scotland to provide education and support for project evaluations. The revised contract and revised timescale led to scheduling quarterly sessions with all the projects collectively. These sessions aimed to assist projects to better express outcomes, to identify a process of programme wide data collection across all the 11 projects, to share progress and discuss process issues in preparation for dialogue with community planning partners and others. In addition, ESS provided tailored support to assist individual project leads to conduct their own evaluation of outcomes and processes and continued support thereafter as requested.

The programme of support and evaluation was thus:

Quarterly Learning Meetings:

Inception Meeting October 2015

Q1 December 2015   Learning Event with ESS focused on evaluation planning and capacity building

Q2 March 2016   Learning Event focused on project outcomes and activities

Q3 September 2016   Learning Event focused on project progress and views of success

Q4 December 2016   Learning Event focused on initial findings and evaluation review

At the outset, the working assumption was that each project would have already set its own outcomes and identified mechanisms to enable these to be measured. The plan was that these would be augmented if required by the programme evaluation partner to ensure consistency across the projects. It was anticipated that a standardised form of data collection would have been devised and used across all the projects. In reality, it was evident in the first few weeks after the inception meeting that the majority of projects teams were struggling to identify measurable outcomes for their individual projects, and where outcomes had been identified there remained a lack of clarity how these were to be assessed.

Table 4: ESS support to 2014 Physical Activity Fund programme

ESS support to Spirit projects	very short Evaluating Outcomes training session 15/12/15 [no. of delegates]	Tailored Support	Case Study support	Reporting training [no. of delegates]	
				26/9/16 (Edinburgh)	27/9/16 (Perth)
Active Stirling	-	17/2/16	-	-	-
Cairngorm National Park Authority	1	21/4/16	-	-	1
Changes Community Health Project	1	1/3/16 & 18/4/16	✓	2	-
Drumchapel Sports	1	-	✓	1	-
Dumfries & Galloway Council	1	5/9/16	-	1	-
Edinburgh Leisure	-	3/3/16	✓	2	-
Fife Sport & Leisure Trust	1	24/2/16	✓	-	2
KA Leisure Ltd	1	17/3/16	✓	1	-
Leisure & Culture Dundee	1	-	✓	-	2
Midlothian Council	1	8/3/16 & 31/3/16	(no support requested, good case study written)	1	-
NHS Highland	1	17/8/16	✓	2	-

ESS and University of Strathclyde held a workshop in December assisting the teams to:

- Identify a few key and specific measurable outcomes for their project that would be agreed with the Fund
- Input to and adopt the standard entry and exit questionnaire devised by the University of Strathclyde team, and to add to this as appropriate other measures which would assist meeting their project aims
- Agree on means of recording entry and exit data, enabling each project team to identify individual participants and thus to have data which would assist them in measuring impact

- Identify key members of the team to administer this element of the evaluation, including making arrangements for the anonymization of the data for sharing with the programme evaluation team

Whilst providing valuable learning for the project teams, this had the advantage of encouraging more dialogue between the programme evaluation team and the projects teams and compromises to ensure that the data collection could be managed locally and efficiently. For example, it was agreed that the project team in Dumfries and Galloway working with care home staff would attempt to measure only a sample of participants whilst KA Leisure Ltd in North Ayrshire and Fife Sport & Leisure Trust (Fife SLT) were able to extend the standard survey to incorporate more project specific data on individuals. However, the need to build capacity among projects on outcome evaluation allowed less time to build a more strategic approach to process evaluation by the projects.

Table 5: Participant numbers: projected and achieved

Organisation	Beneficiary target number	Beneficiary number reported	Beneficiary Responses to Entry Survey	Matched Beneficiary Responses (Entry AND Exit Surveys)
Active Stirling	164*	74	31	5
Cairngorm National Park Authority	386	364	25	24
Changes Community Health Project	150	192	73	51
Drumchapel Sports	996	1121	358	279
Dumfries & Galloway Council	600*	1135	92	67
Edinburgh Leisure	1,400	1492	284	154
Fife Sport & Leisure Trust	185	207	110	56
Leisure & Culture Dundee	360	1133**	148	32
Midlothian Council	560	418	98	80
NHS Highland	419	2031	177	68
KA Leisure Ltd	180	240	154	99
Totals	6754	8332	1550	915

* Targets revised at mid-year stage –Active Stirling (initial target was 1,094 beneficiaries); Dumfries & Galloway Council revised target at mid-year stage (initial target was 1024beneficiaries)

** stated as 129 families

The programme evaluation goals focus on identifying 'what works' and the elements that impact on success. The programme evaluation used before and after surveys deployed by participating projects, supplemented by meetings at individual project sites and at the project teams together collectively. In addition, quarterly meetings, end of grant reports and individual project evaluation reports, inform the programme evaluation.

Particular challenges in extending the evidence base through the programme evaluation were the diversity of projects, target groups and approaches. The Fund responded to these challenges by:

i) investing in additional funding to build evaluation capability and capacity (see Table 1); and
ii) frequent engagement with projects in the form of feedback and learning events.

A key achievement for the programme has been to identify a set of questions that could be used across diverse projects in order to promote shared learning from the projects collectively. A number of these questions were a condition of funding and while some projects sought to integrate these into already established data gathering processes, others had to set up new processes. Specific challenges included designing processes that would both retain anonymity and still enable tracking of unique participants so that before and after data could be gathered and potential outcome benefits measured. The diversity of participants also presented challenges to projects as the programme sought to collect data on participants from secondary school age to elderly dementia sufferers. Not all challenges were overcome, but projects were nonetheless able to collect data from over 1,500 respondents entering the programme.

1.5 ASSESSMENT AND IMPACT

The desire for the Fund to *reinforce* successful interventions and to build longer-term legacies from such success is a marked departure from most other project funding in this area. The project teams were more used to needing to focus on innovation and seeking to identify new ways to work. Under this programme, all of the projects have been able to demonstrate that there is an *existing* intervention which has delivered an impact on participants' activity levels; outcomes which their local Community Planning Partnership (CPP) was willing to endorse. Equally, there is a clear alignment of the projects with the Active Scotland Outcomes Framework, with strong alignment of activity targeted to those groups which Scottish Government have identified as having a high risk of being inactive.

And, unusually in the experience of most of the project teams, the opportunity - and the associated encouragement – to adapt the delivery of the project during its life was a welcome component.

This approach has been beneficial, enabling the projects to appreciate the need to evaluate during the life of the project, to reflect on what this evidence suggests is working (and is not), learn from this and then adapt their practices to seek more effective ways of working.

Evidence of this is considered later in the report, especially around what worked (section 3) and learning and adaptation by projects (section 4).

Enabling this different approach to be adopted by the Fund has however not been without issues, and the creation of the need for some flexibility in the development of the programme, from its initiation through its formal announcement to its start in October 2015. Together these impacted on the different stages of the programme. Indeed the Fund had to accommodate a range of start dates across projects, reflected in the schedule below and consequently different reporting and completion dates. The schedule was that adapted with projects ending by January 2017 rather than September 2016 as envisaged.

Table 6: Programme Schedule

July 2015	Programme launched
August 2015	Applications received
September2015	Funding decisions announced
October 2015	Initial projects operational; some projects still to commence
	Programme evaluation team commissioned
December 2015	Evaluation meeting (projects, funders and programme evaluation team)
	Programme of evaluation support with ESS agreed
January 2016	Final project starts; all projects now operational
	Participant Entry questionnaire available for project use
March 2016	Participant Exit questions available for project use
	All project outcomes revised and presented to Evaluation meeting
April 2016	Initial projects complete mid-year reviews
	Projects start to deliver data to programme evaluation team
August 2016	All projects completed mid-year reviews
	9/11 projects present data to programme evaluation team
September 2016	Interim programme evaluation
	Project evaluation assistance provided by ESS
October 2016 – January 2017	Completion of individual projects
	Submission of project evaluation reports
December 2016 – February 2017	Submission of project evaluation data to research partner
February – March 2017	Analysis of project data and evaluation of programme by research partner
March 2017	Learning event and publication of final report

The issues have also resulted in the need for more time and effort by all partners (project teams, the Fund and the evaluation team at the University of Strathclyde and ESS) to ensure there was an alignment of activities with the other programme objectives.

Four key issues had an impact.

First, the short time frames operating from the planning of the programme to the initial announcement of the Fund and the very short timeframe for application, assessment and start has had a direct impact on the nature of the programme.

Whilst arguably capturing some of the energy and engagement with the notion of Legacy, this has shaped not only the nature of the submissions but also the early stages of the delivery of the

programme. The language used in the application form designed by Spirit for example in providing clear guidance to applicants about the Fund's overall aims and objectives and the information being sought from project teams. The absence of specific mention of 'scaling up' for example in the form meant that not all applicants laid out clearly what was been extended. The Fund's expectation for robust baseline data and evidence to pre-exist was arguably not explicitly requested – applicants only being asked to include information about "any baseline and progress data" alongside the impact and success of the project to date.

Second, although there was an explicit expectation that all projects would be ready to start the project activity within a fortnight of receiving confirmation of the award, this was not always feasible.

Where the aim of the project was to work with existing staff resources, and with established partners and networks, this might have been realistic. However, with the need for many of the projects to add new staff resources, to create new relationships with key partners and to identify how to adjust interventions to meet the needs of different or extended participants, this timescale proved unrealistic. In practice few of the projects were ready to deliver a start as promised in their application and required by the funder.

Third, the delayed start to projects had implications not only for the projects but also for the management and support of the programme as a whole.

The planned idea of a shared sense of learning across projects as their delivered interventions reviewed them with the support of the research partner and made adjustments, proved less feasible. Instead, the differentials in the stages at which each project advanced meant such sharing were more limited, deadlines for submission of mid project monitoring reports (required by Spirit) had to be relaxed, and the opportunity to make changes in the light of evaluation evidence was diminished.

Fourth, there was variable experience across the projects in terms of their identification of measurable outcomes and their existing capacity to conduct an evaluation.

It was evident to Spirit at the application stage that across the project teams there was considerably less than anticipated initial evidence of (i) robust data that could provide benchmarks for each project, (ii) clear project outcomes that could be used to measure success in terms of increasing physical activity, and (iii) adoption of widely recognised measures of impact. As noted above, this resulted in the revised terms of reference for the University of Strathclyde research team and additional funding being provided to some projects to assist them to build their capacity to evaluate outcomes.

1.6 RECOMMENDATIONS

For the funder

1. Allowing more time to prepare for the programme, to review the advice and guidance being provided to applicants, and for liaison with applicants is likely to enhance the quality of application

2. Greater clarity about the KEY objectives set by the Funder would have assisted project teams to provide pertinent information and would have enabled higher quality and more robust assessment of applications

For the project teams and their partners

3. The collection and assessment of robust evidence are vital if the outcomes from projects are to have a positive impact on policy making and practice. Ensuring that resources are available (or are sought as part of the application) for this is essential
4. Improvements in the levels of physical activity for groups are only achievable and measurable at the individual level. Creating baseline data for individual participants and evaluating the impact of the project interventions against this baseline information is crucial to demonstrate the added value of the project.

SECTION 2: OUTCOMES

The Fund set out to support projects which were able to get more people currently inactive to become active, to demonstrate how they can become more active, and to use such examples of measurable success to help shape future interventions and policy making.

Three elements are crucial to achieving these objectives:

1. there is the need to recruit currently inactive participants;
2. their engagement throughout the intervention has to be secured in order for the interventions to have an impact. These are considered in more detail in Section 4; and
3. there need to be mechanisms to track and measure the impact of participation on each participant's level of physical activity.

Using the information collected on participants, this section focusses on the outcomes for all the participants involved in the 11 projects, assessing the changes in physical activity for individuals and for groups in the population. It draws primarily on questionnaire surveys asking participants to report on their levels of activity at the start and after three months of the intervention as well as their motivations for engagement and benefits anticipated and achieved. They also provided information about their wellbeing and key diagnostic information about themselves.

In total 1552 participants recruited by the projects completed an initial questionnaire. Of these 1 participants, 915 completed a further questionnaire at the end of the intervention and their responses were aligned with data provided at the start of their participation.

Copies of the questionnaires used at the start and end of the interventions can be found in Annex 1, with an explanation of the methods used in this research in Annex 2 including with a description of the process of implementation ensuring that the identity of all respondents was withheld from the research team. The analysis here is thus fully anonymised, with all of the data collection and recording being undertaken by the project teams and only anonymised records being passed to the evaluation partners.

2.1 ENGAGING LEAST ACTIVE PEOPLE

Based on these surveys, across the programme 21% of the participants were previously engaged in limited physical activity (see Tables 7 and 8 below for an explanation of this term). 31% were already active at or above the recommended levels of physical activity with the remainder involved with some or moderate levels of activity.

By the end of the programme and using the matched results from both surveys, the proportion undertaking limited activity had dropped to 13%. 31% met the recommended levels at this stage.

The impact of engagement with the project interventions on those who were inactive was positive. 65% increased their levels of activity and 16% increased this to the recommended level. Further details of the change in this cohort are given in 2.2.2.
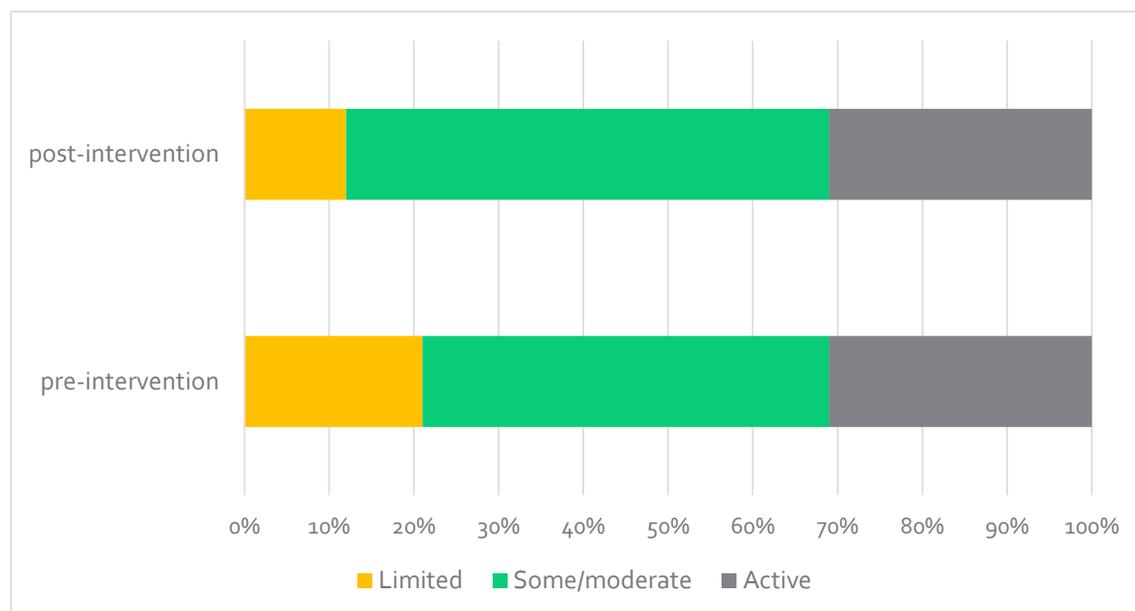
2.2 MEASURING OUTCOMES - ACTIVITY LEVELS

Physical activity need not be strenuous to be effective at providing health and wellbeing benefits. The recommended levels of activity to gain health and wellbeing benefits suggest that adults should have at least 30 minutes of moderate activity most days of the week, and children and young adults at least 1 hour of moderate activity most days of the week. Moderate activity is the equivalent of brisk walking.

Different ways of measuring physical activity exist but, reflecting the Scottish Government's outcomes, for this study across all 11 projects a standard set of indicators were used to measure levels of the physical activity. These reflected:

- the frequency of physical activity: the number of days in the week when 30 minutes or more of activity was undertaken; and if less than 4 days if the total exceeded more than 150 minutes for adults, and for young people at least 60 minutes per day for each day of the week;
- the intensity of the activity: whether it was viewed as vigorous or not by the participant
- the nature of most of the activity: whether it was undertaken incidentally, or as part of regular and recreation, or within organised sport.

Using these indicators, the participants in the programme have categorised into 4 groups for adults and young people based on their daily activity (Table 7). The categories are LIMITED where the person is inactive, SOME where there is a low level of activity, MODERATE where levels of activity occur for more than 150mins per week for adults and over 5 or 6 days for young people and ACTIVE which is at or above the recommended minimum level for adults or young people.

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Table 7: Categories of Adult Activity

Group	Number of days of 30 mins moderate activity		Total of 150 mins per week of moderate activity
Limited	No days		Less than
Some	*either* No days	plus	Greater than
	or 1-4 days	plus	Less than
Moderate	1-4 days		Greater than
Active (above threshold)	>4 days		Greater than

Note 1 – where respondent only indicated the number of days and no indication for 150 mins, they are allocated to the lower group. Similarly, if indicating more than 150 mins without specifying a number of days, participant allocated to lower group. It is assumed that the guidelines apply to all adults, but it is debatable whether they should apply equally to older adults.

Table 8: Categories of Young Peoples Activity

Group	No of days of 60mins moderate activity
Limited	Fewer than 4 days per week
Some	4 days per week
Moderate	5 or 6 days per week
Active (above threshold)	7 days per week

Using these categories, what were the outcomes across the programme for those who were involved with the 11 projects?

The main conclusions emerging are

- 31% (265 people) were now engaged in physical activity levels which met or exceeded the recommended minimum threshold.
    - This group was composed of 218 adults and 47 young people (representing 22% of the young people who completed the surveys).38% of the adults were involved with 30 minutes of activity on *each* day of the week.

- 26% (227 people) had moderate levels of physical activity, falling below the recommended levels but exceeding 150 minutes per week (adults) or 60 minutes of moderate activity on 5 or 6 days in the week (young people).

- o   31% (66) of the young people who completed the surveys were included in this group. Amongst the 161 adults, there was considerable variation in the number of days in which they undertook 30 mins or more activity.

- 30% (258 people, including 33 young people) undertook some activity but at levels well below the recommended thresholds.
   - o   On average adults in the group undertook 2.4 days where their activity lasted more than 30 minutes although 1 in 6 reached this level on 4 days.

- A minority of people (113, 12.3%) indicated that they were engaged in limited activity. This group was composed of 47 adults and 66 young people.
   - o   Although 54 (48%) signalled that they would be intending to do more activity over the next 6 months, 185 (21 people) suggested that they were going to do less activity.

As a key objective of this programme was to encourage people to become active, we have given more attention to this last group of 113 people who engaged in only limited activity.

- amongst this group, 26% (24) indicated that their activity was an incidental part of everyday life and not undertaken either regularly or recreationally.
- 39 people (41%) were involved with organised sport, all of them young people, but this did not amount to more than 3 days per week where the activity was longer than 60 mins.
- All but 7 of the 66 young people were involved with recreational activities or organised sport.
- Of the 47 adults, 26 were aged 75 years or older and they all were involved with incidental activity and on no day reached 30 mins or more activity. With 3 exceptions, this older group indicated that they intended to maintain their level of activity or reduce it
- Amongst the younger adults (aged 23-74) only 3 were involved with regular activity; the activity of the rest being incidental.

2.2.1 TYPE OF ACTIVITY

Headlines:

- Most (67%) young people's activity is through organised sport
- Only 9% of adults engaged in organised sport as their main activity
- 38% of adults engaged in physical activity as part of other everyday life activities
- 40% of adults undertook regular exercise such as walking, running or cycling

Although physical activity is often compartmentalised as a separate part of people's lives, such as time spent in organised sport or PE classes in the school curriculum, physical activity can equally be incidental to everyday activity. Each project participant completing the surveys was asked to identify the main type of activity they undertook, enabling the relationship between the main type of activity and the overall level of activity to be explored.

Across the 211 young people who provided information, the majority (67%, 142) identified their main type of activity as being organised sport, although a small proportion (10%) were only active through

incidental activities. There were no significant differences between the proportions of young people who were undertaking non-sporting activities and their overall level of activity.

In contrast, there was a much stronger relationship amongst adults in the type of activity and their overall levels of activity. We have highlighted above that more than half of those who engaged in limited activity at the end of the projects reported that physical activity was incidental to their everyday life, rather than an activity they undertook more purposefully such as recreation, exercise or sport. This incidental type of activity was important too for those who undertook some or moderate activity (forming 41% and 33% respectively. For those who reached the recommended levels, they were more likely to be involved in organised sport or undertake regular exercise.

2.2.2 INTENTIONS TO CONTINUE AS AN OUTCOME

Headlines:

- 97% of those above the recommended levels intend to maintain or increase their overall activity levels
- 61% of those who do some activity at the moment intend to do more physical activity
- 64% doing moderate levels also intend to do more
- However, 51% of those who currently do limited activity at the moment intend to reduce or maintain this level

Did the engagement with the project inspire the participants to continue to engage in physical activity and to undertake higher levels than achieved during the project interventions? Of the 879 people who responded, 56% (491) indicated that their intention over the next month was to do MORE physical activity, and 38% (336) suggested they would wish to maintain their current level of physical activity.

The remaining 52 people (6%) who felt that they would be happy doing less, were split between young people (15) and adults (37). The vast majority of the adults were amongst the oldest participants, with all but 4 of the group being over 75 years of age.

2.3 CHANGING LEVELS OF PHYSICAL ACTIVITY

Digging below these headline figures, it is clear that a more complex pattern of change in levels of physical activity was taking place. Some of this reflects the different contexts of each project, and some the nature of the participants.

Although 31% reached the Scottish Government recommended levels of physical activity at the end of the programme, the participants started their engagement already involved in different ways with physical activity. As we noted above (1.2) although the aim of the programme was to target those who were inactive or have low levels of physical activity, across the 11 projects some participants were more actively physically than others.

This section considers the evidence of CHANGE in physical activity experienced by participants, drawing on the survey results for the 917 people who completed an entry and exit survey.

2.3.1 ABSOLUTE CHANGE – MEETING THE RECOMMENDED LEVELS

The primary objective of the programme was to strengthen and deepen legacy to help Scotland become more active through helping those how are inactive to become more active. So what changes in levels of physical activity were achieved through the programme?

As Table 9 illustrates, 169 completers started with limited physical activity levels whilst 207 were already active, above the minimum threshold levels recommended by Scottish Government.

33% of participants increased their level of activity

47% remained the same

20% reduced their levels of activity

One measure of success, therefore, is to move participants from one level of activity to a higher (ie more frequent) level or in the case of those already active to maintain this. Of the 806 respondents who gave information at the start and end of their involvement with the projects, 33% (263 – coloured tan in the table below) increased their level of activity. In contrast, 163 people (20% - coloured blue) reduced their levels over this period, with the remaining 47% (380 – coloured grey) maintaining their previous level of activity, including 124 (15%) who continued to be active above the recommended level by Scottish Government. They were joined by 128 (16%) who increased their activity to this level.

Table 9: Changes in Activity Levels Pre and Post Project Activity

Post Project Activity

Pre-Project Activity	Limited Activity	Some Activity	Moderate Activity	Recommended Activity	Grand Total
Limited Activity	**63**	43	34	29	169
Some Activity	24	**112**	58	51	245
Moderate Activity	11	45	**81**	48	185
Recommended Activity	8	31	44	**124**	207
Grand Total	106	231	217	252	806

The projects were more successful at increasing the levels of physical activity amongst those who were inactive or initially engaged in some activity (Table 9). In contrast, they were less successful at maintaining the level of physical activity for those at the recommended level or undertaking moderate

activity. In part, this may reflect the fact that none of the projects directly delivered physical activity opportunities that would be classified as moderate or recommended.

Our focus in this report, however, is on those who when they started the projects were considered inactive, having very limited levels of activity.

2.3.2 RELATIVE CHANGE – FROM A LOW BASE

For this group the main headlines are:

- 21% of the survey respondents were deemed in limited activity at the start – comparable with the national picture for Scotland
- 65% of this group increased their level of activity during the programme
- 16% of this group moved to above the recommended level of physical activity
- 63 people did continue to undertake limited activity and 43 other people dropped to this level – representing 13% of all respondents.

At the outset of the programme, 179 people (21% of those completing both surveys) indicated that their levels of activity were limited – ie did not include at least one day a week when they were involved with 30 minutes of activity (adults) or for young people at least 4 days when they were active for 60 mins of more. This proportion reflects the national statistics where a similar proportion has been identified in surveys as inactive.

As the data above illustrates, by the end of their involvement with their particular project, the proportion at this limited level of activity had been reduced by more than 60% - with only 63 people now engaged in limited physical activity.

However, this cohort was joined by 43 other people (5%) whose level of activity dropped from the start of the programme. Most of these – 24 of the 43 – started at a level of some activity, but 8 (1%) dropped to this limited level having indicated that they were at the start of the project at the recommended level

There were other signs of positive change. More than 2 in 5 (44%) of those who initially managed only occasionally (1 to 4 days week) to undertake 30 minutes of physical activity but less than 150 minutes overall raised this, with 51 people moving to above the recommended level. 26% of those who started with moderate levels increased the number of days of activity to become active, about the recommended level.

What has changed for those who initially were engaged with *limited levels* of activity?

For the 179 people whose initial level of physical activity was limited, there were some significant changes in physical activity as a result of engagement with the programme. The surveys of this group revealed that some conclusions can be drawn about those who increased their activity and those who did not.

Of the 63% of who **increased their levels of physical activity,**

- 25% moved to some activity, 20% to moderate levels and 17% to active, the recommended levels. This can be represented as 'steps' towards this recommended level

Figure 6: Increased levels of physical activity among those with initially limited activity
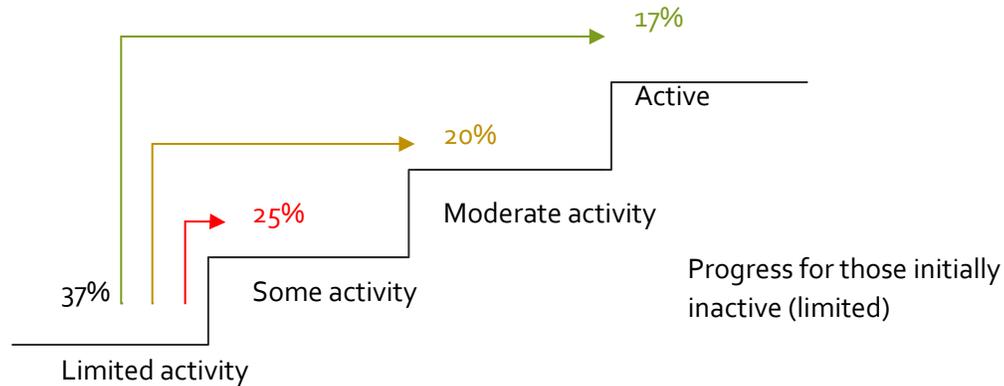
- People moved from incidental activity to more regular purposeful physical activity – the number of those involved in walking, cycling, running and similar exercise increased from 4% to 19% while the level of incidental activity almost halved
- The proportion of adults who indicated they now undertook vigorous activity increased, from 1% at the start to 20% post intervention.

Of the 37% who **continued to engage with only limited physical activity,**

- All of the adults undertook only incidental activity at the start, but 4 (of the 10) indicated they now undertook regular or recreational activity
- Amongst the 18 young people, there was no significant change in the nature of their activity; 10 of the 11 continued to participate in organised sport and the remainder undertook regular or recreational activity
- Only one adult and two young people indicated that their activity was vigorous.

2.3.3 MAINTAINING ACTIVITY LEVELS

Did those who engaged in some or moderate physical activity at the start increase their levels of activity?

417 people who participated in the projects and completed the surveys indicated that at the start they were involved with some or moderate physical activity. Most (71%) set out with the intention of increasing their amount of physical activity, whilst 25% indicated they would like to maintain their current level.

Figure 7: Activity levels achieved by those previously undertaking some and moderate activity

Final level of activity of the 238 who started with some activity

10%
21%
24%
45%

- Limited
- Some
- Moderate
- Active

Final level of activity of the 179 who started with moderate activity

6%
26%
24%
44%

- Limited
- Some
- Moderate
- Active
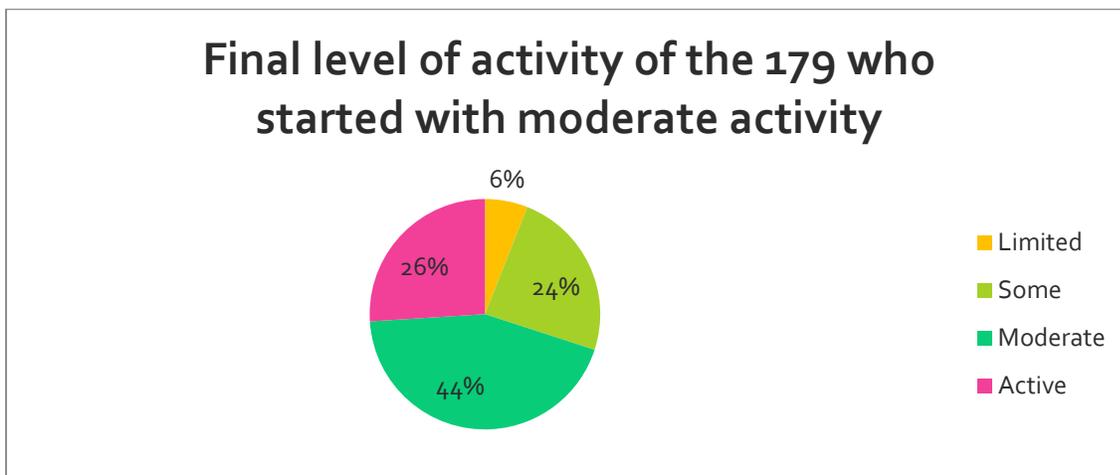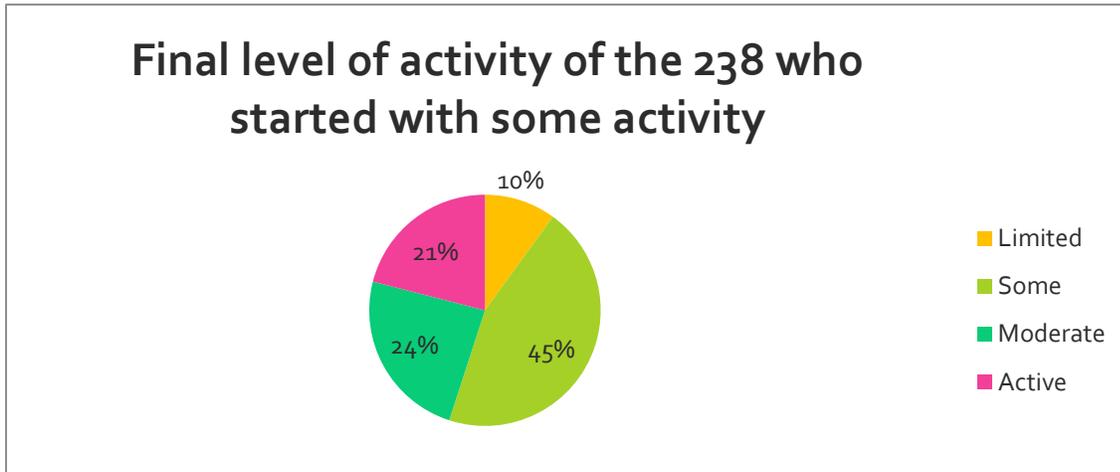
By the end of the programme, 155 of the 417 participants (37%) indicated that they had increased their level of physical activity, with nearly 2 in 3 of them reaching the recommended level of activity. Interestingly, of those who increased their activity, 47 (30%) intended at the outset to maintain their level rather than increase, and 4 (3%) intended to reduce their activity. In contrast, of the 297 who had intended to do more physical activity, only 38% managed to achieve this, and 18% reduced their activity levels.

Did those whose level of physical activity exceeded the minimum recommended levels (the active group) continue to undertake this level of activity?

Across the projects, 200 people who responded to both surveys indicated that at the start they were at this level of activity. Drawing on the surveys, the main conclusions for this cohort are:

- Nearly 3 in 5 people (59%, 118) continued at this active level with this cohort being predominantly adults, with only 12 young people maintaining this level of activity.

- 82 people (41%) dropped below the recommended threshold.
- All but one of the young people whose activity level dropped from active continued to undertake 60 mins of activity for 5 or 6 days a week (moderate level). 23 of the 55 adults whose activity levels dropped were engaged in moderate activity.
- Adults who maintained this level of activity were 5 times more likely to involve with organised sport than those whose activity levels dropped, but this formed the main activity for only 15% of the adult group.
- 8 people (4%) reduced their activity to limited, split evenly between young people and adults. The 4 adults indicated that there were medical reasons for this or did not manage to take part in the project activity. Two of the young people suggested that in a typical week their levels of activity would be higher although only one would be at the recommended level.

2.2.4 CHANGING THE NATURE OF PHYSICAL ACTIVITY

Given the importance of regular physical activity in maintaining health, there has been an increasing focus on measuring the total amount, intensity, duration and frequency of activity performed each day. The rising use of activity monitors or accelerometers reflects this for example. For some of the projects – particularly those targeting older adults - there was an intention of connecting physical activity with normal activity, what is termed 'incidental' here. Others, the majority, sought to engage participants in forms of regular activity, with some engaged in fitness and exercise (eg walking groups), some in recreational activities (eg dance and swimming) and a few offering opportunities to engage with organised sport (eg through the use of Leisure cards in Edinburgh). In each case, the aim was to encourage participants to extend their activity beyond that which occurred incidentally as part of their everyday lives.

Amongst those who completed surveys, more than one quarter (259, 28%) engaged in physical activity as part of their lives rather than as a separate activity.

Two key findings emerge here:

a) With the exception of 8% (19) this type of activity does not mean that they do not do more than 30 minutes activity at least one day a week. Indeed, nearly 1 in 3 (31%, 71) complete 5 or more days of activity, and a further 28% (65) that they do 3 or 4 days of such level of activity each week.
b) The proportion of people involved in at least 5 days of physical activity for 30 mins per week varies little by the type of activity except for those involved in organised sport

The surveys also provide an opportunity to explore how respondents' main type of activity had changed. A total of 814 people provided this information allowing an assessment of whether through engagement in the projects there was a shift towards more regular and organised activity.

The key conclusions in this respect are:

- Just under half (49%) of those whose main type of activity was incidental at the start now undertook more routine activity, with 32% undertaking regular activity for fitness or exercise.

- More than three quarters (79%) of those who started by engaging with organised sport continued to do so; the majority (72%) of these were young people
- 69% of those who were already involved in regular or recreational activity continued to be so involved; only 13% now undertook organised sport
- Of the 47 adults who were involved with organised sport at the start, all but 9 (20%) continued with this type of activity. For the 123 young people a similar proportion (22%) no longer had sport as their main activity by the end of the project.

Figure 8: Activity levels achieved by those previously undertaking some and moderate activity.
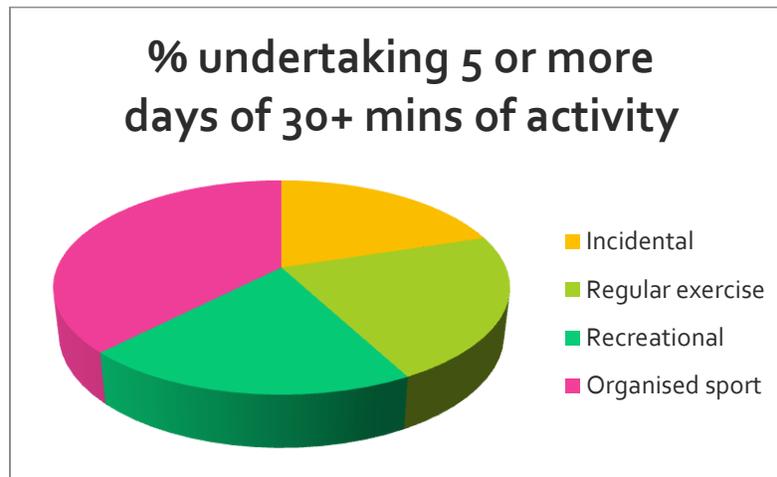
2.2.5 OTHER CHANGES IN ACTIVITY

Beyond these main outcomes, a number of other conclusions can be drawn from the programme surveys.

- Across the 411 adults who responded, the proportion who now undertook vigorous activity more than doubled – from 13% to 29% - although still forming a minority (young people were not asked this question)
- There was a reduction of 16% in the proportion of people who indicated they intended to do more physical activity, with a corresponding rise in those intending to maintain their current level. As the overall level of physical activity had on average increased, this may be unsurprising.
- Those whose activity was incidental were on average likely to undertake 2.6 days of 30 mins or more of activity (or 60mins if young person) but this increased to 3.4 days by the end of the programme
- Similarly, those who undertook organised sport increased their average number of days of 30 mins (or 60mins) activity from 4.4 days to 4.9 days.

2.4 GENERATING OTHER BENEFITS

Increasing physical activity levels was the primary objective of the programme. However, almost all of the projects also stated that their project mission included other, non-physical activity benefits. As Table 10 demonstrates, some of these related to participants' sense of health and wellbeing and to the quality of their lives, but others related to growth and sustainability of the project and its activities.

Table 10: Project outcomes summary

Equality target groups	Physical Activity	Wellbeing	Relationships	Growth/Sustainability
'targeted families' Antenatal women	Increase in time active	Improve wellbeing	Improving family relationships	Expand community volunteer pool
People with disabilities	Increase/sustain participation rate	Improve mental health/wellbeing	Improve partnership working	Increase volunteering opportunities
Over 45s	Increase physical activity levels	Improve resilience	Reduce social isolation	Develop physical activity pathway for health walks
Residents in areas of multiple deprivation	Inactive become more active	Improve health	Improve community connections	Evaluate
Inactive	Previously inactive stay active	Reduce barriers to healthy living	Social media	Celebrate volunteers
People affected by dementia or mental health	Increase the range of gentle exercise options		Build relationships with (health) referrers	Train volunteers and build their knowledge/confidence
Older adults and teenage girls	Increase access to free physical activity		Improve social inclusion	Sustain programmes/delivery
	Develop activity tracker programme			Increase range of 'non-traditional sport'
	Reduce time spent sedentary			Increase community capacity to support more active lifestyles
	Improved balance and mobility			
	People find it easier to manage everyday activities of daily living			

These benefits were measured primarily through standard questions set by Spirit of 2012 and each project was required to evaluate these components. The questions were incorporated into the standard programme surveys.

2.4.1 IMPROVING LIFE SATISFACTION

Despite remarkably limited research on the relationship between physical activity and overall life satisfaction, studies have suggested a positive relationship especially with older people. Those who do participate regularly in activity report higher levels of life satisfaction, alongside other health benefits. Across the projects, participants were asked at the start and end of each of the interventions to rate their own overall life satisfaction/sense of worthwhile using a 10 point Likert scale.

At the start of the projects, 1417 respondents offered information on their overall life satisfaction, with 14% completely satisfied and a further 23% satisfied (scores of 8 or 9). 3% were not at all satisfied (scoring 0) and 5% very unsatisfied (scores 1 or 2).

By the end of the projects, based on 843 people, the proportion completely satisfied had risen to 19% and those not at all satisfied to less than 1%.

Across this cohort as a whole, 26% indicated that their overall life satisfaction had not changed during the period of the project, including 8% who remained completely satisfied. However, significantly for nearly half (49%) there was an improvement in their life satisfaction with 20% of this group suggesting that on the scale, their satisfaction had increased by more than 3 places. In contrast, only 6% considered their satisfaction had dropped by the same amounts.

This pattern of change was reinforced by questions asking participants to indicate the extent to which things they do in life are worthwhile. 17% at the start indicated they felt things were completely worthwhile and a further 27% mainly so (scored 8 or 9) – by the end of the projects, this had increased to 19% and 35% respectively.

2.4.2 REDUCING ANXIETY, RAISING PHYSICAL ACTIVITY

Studies have indicated that anxiety and depression are strongly associated with physical inactivity, but that engaging in physical activity and exercise can assist in reducing these conditions. Amongst the target groups prioritised by the projects were a number of cohorts which were likely to have higher levels of anxiety. The surveys asked all adult respondents to indicate how anxious they felt yesterday on a scale of 0 (not at all anxious) to 10 (completely anxious).

Across the programme, 4% were completely anxious and a further 13% very anxious (score 8 or 9) whilst 20% were not at all anxious. There was a tendency for higher proportions of adults to feel anxious amongst those projects who included participants with mental health issues, but with the exception of KA Leisure Ltd (1 in 3) the anxious group formed only 1 in 5 of the respondents.

By the end of the projects, the proportion feeling anxious (scores 8, 9 or 10) had dropped to 7% (from 17%) and those not at anxious (score 0) had risen to 26%. Significantly amongst those projects including

participants with mental health there was an important decline in anxiety with proportions halving to 10%.

Figure 9: Changing levels of anxiety – positive benefits.
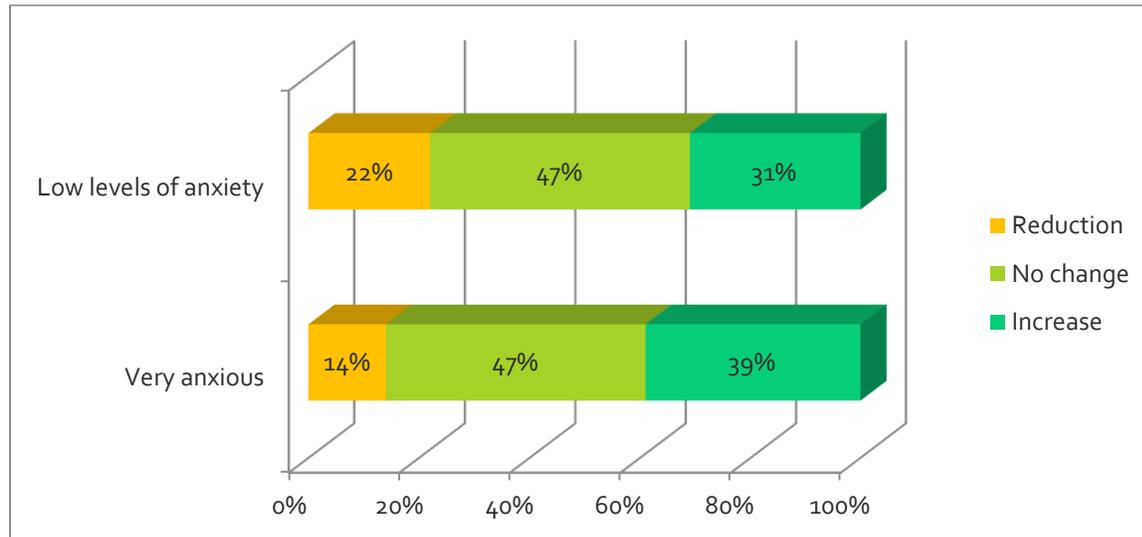
However, despite this impact, there was no significant change in the levels of physical activity associated with the reducing levels of anxiety. Whilst some 43% (21 people) increased the number of days with 30 minutes physical activity in the most anxious group, a similar increase was found across all those with moderate, limited or no levels of anxiety.

Similarly in terms of changes in our classification of physical activity – limited, some, moderate, high – there is little difference between the 44 people who were most anxious (scores of 9 and 10) and those (424) who rated this as low (6 or less), although those initially most anxious did increase their activity levels more.

2.4.3 OVERALL LIFE IMPROVEMENTS

Overall there were significant improvements in feelings about life directly through engagement in the projects. Asked whether being involved with the project or event had changed positively their thoughts and feelings about life and future, there was a large majority who indicated positively. Indeed, almost half of those took part pointed to their participating as impacting a lot on their positive outlook. Only 7% felt that the project activities had no impact on their outlook on life

Beyond these, individuals were asked to identify their more personal expectations of benefits to be gained by being part of projects and activities. These related to physical activity benefits (specifically on fitness, activity level and flexibility), on health benefits (weight, reduce health risks) or more social aspects (meet people, have fun).
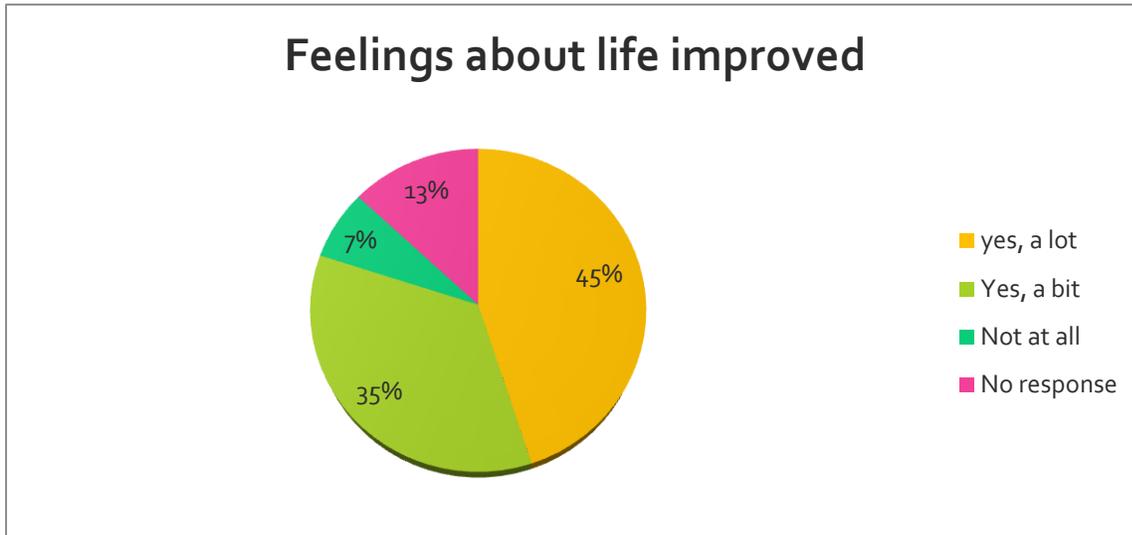
For more than half the participants, fitness and fun featured strongly in their anticipated benefits as they started the project activities, whilst more than 1 in 3 felt they would benefit in terms of their levels of activity, weight, and health risks as well as have the opportunity to benefit from meeting people.

Figure 11: Expectations of participants: anticipated benefits
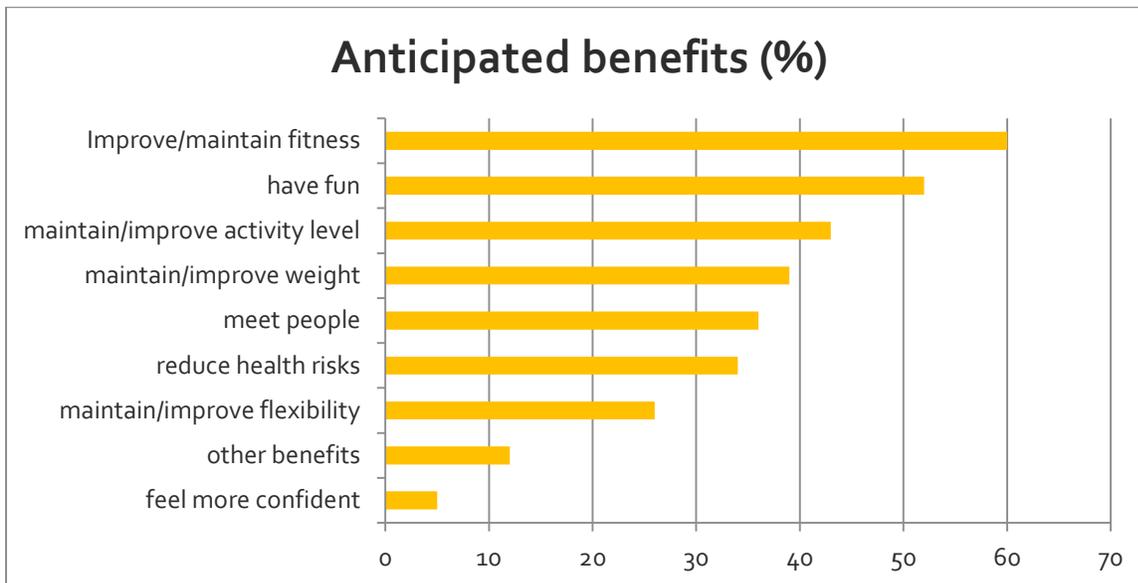
Within the participants, there were some variations in the relative importance of these factors based on their existing levels of physical activity, but none are significant. Those who had limited levels of activity – less than 30 minutes a day –rated improving this level more highly than other groups. In contrast,

those already at or above the recommended levels of physical activity (the active group) tended to rate most of the elements slightly less beneficial.

More significant is the fact that few of the participants had a single reason for participating in the projects.

As with the programme as a whole, the main anticipated benefits were in relation having fun or maintaining/improving fitness. Excluding those respondents who gave another reason for taking part – and almost all of them were connected with families participating rather than individuals - people who indicated that they had a SINGLE reason for participating formed only 23% of the survey. In this group, 24% suggested they wanted to have fun and 30% for fitness benefits were the only reasons provided by more than 10% of the respondents. A similar pattern was evident in those who suggested there were 2 anticipated benefits – usually, have fun (53%) or fitness benefits (44%).

For those signalling more anticipated benefits, a range of other responses beyond these two factors was evident suggesting that for the majority of these taking part getting fit or active were ONLY contributory factors, and social (meeting people, having fun) and health reasons were as likely to important.

Figure 12: Anticipated benefits by existing level of physical activity
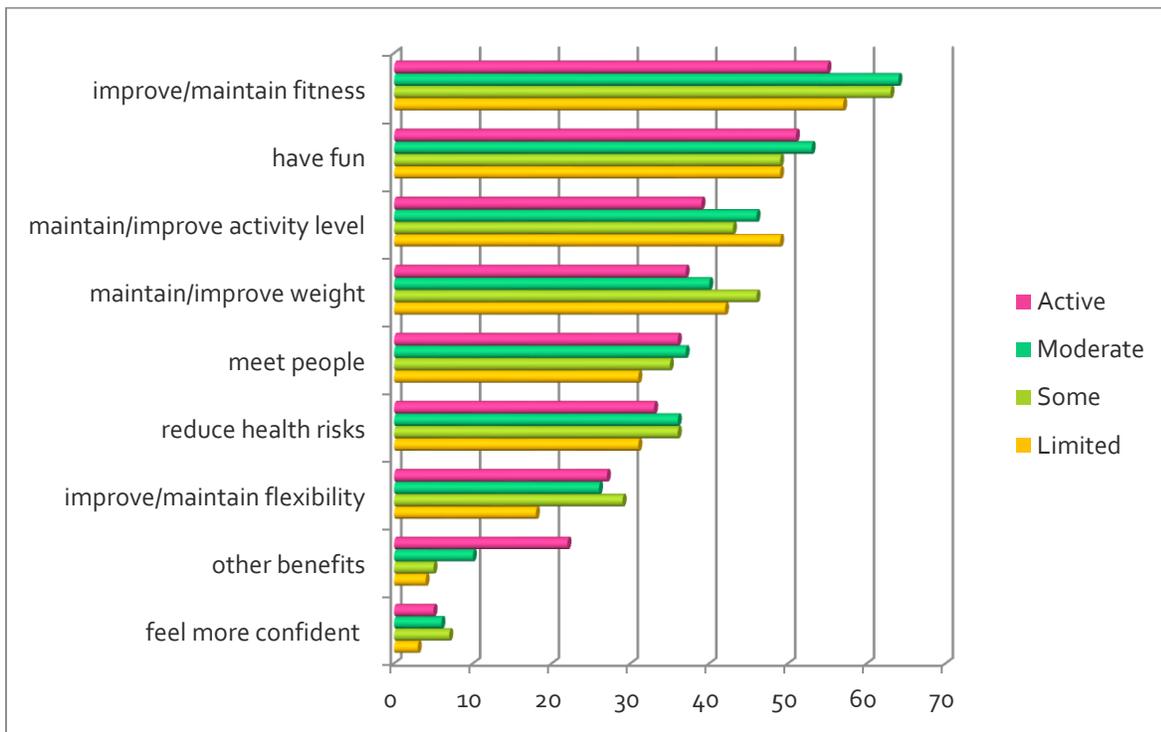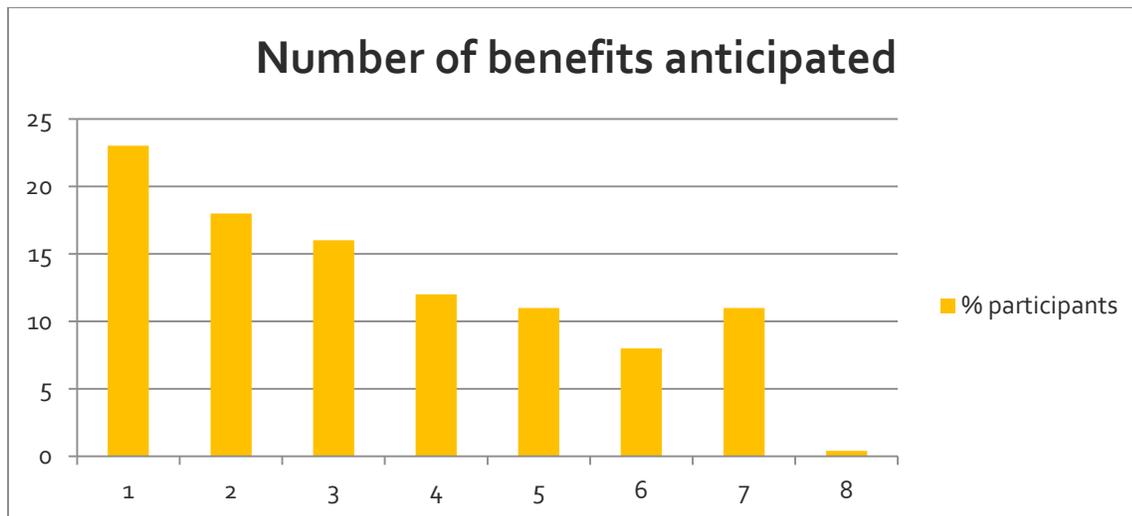
Why does this matter? First, it suggests that for participants a measure of success as an outcome is unlikely to be just being physically active. Indeed, this is not viewed by the majority of people as a benefit, and for the minority who do see it as a benefit; it is only one of the benefits. And second, it underlines the value of OTHER non-physical activity components being emphasised in the recruitment of people into the projects. Promoting the activity benefits may not be the best way to match up with people's own personal goals.

But the evidence from the programme does suggest that amongst those who were least active at the start of the projects, there was a slightly greater propensity for them to emphasise fitness and physical activity as benefits – but again other social factors were also important to this group.

Did the project have an impact in meeting and changing these anticipations? Using the matched results from the entry and exit surveys, a picture emerges of how participant's views of benefits changed as a result of the project activity (Figure 14 below):

- there was a marked increase who saw the benefits in terms of physical activity – increased by a quarter to be noted by 52%;
- a significant increase in the proportion who saw benefits in terms of meeting people, from 34% to 49%; and
- a reduction of one-quarter in those who gained benefits in terms of maintaining or improving their weight – mentioned by 33% on exit.

Figure 14: Anticipated vs realised benefits
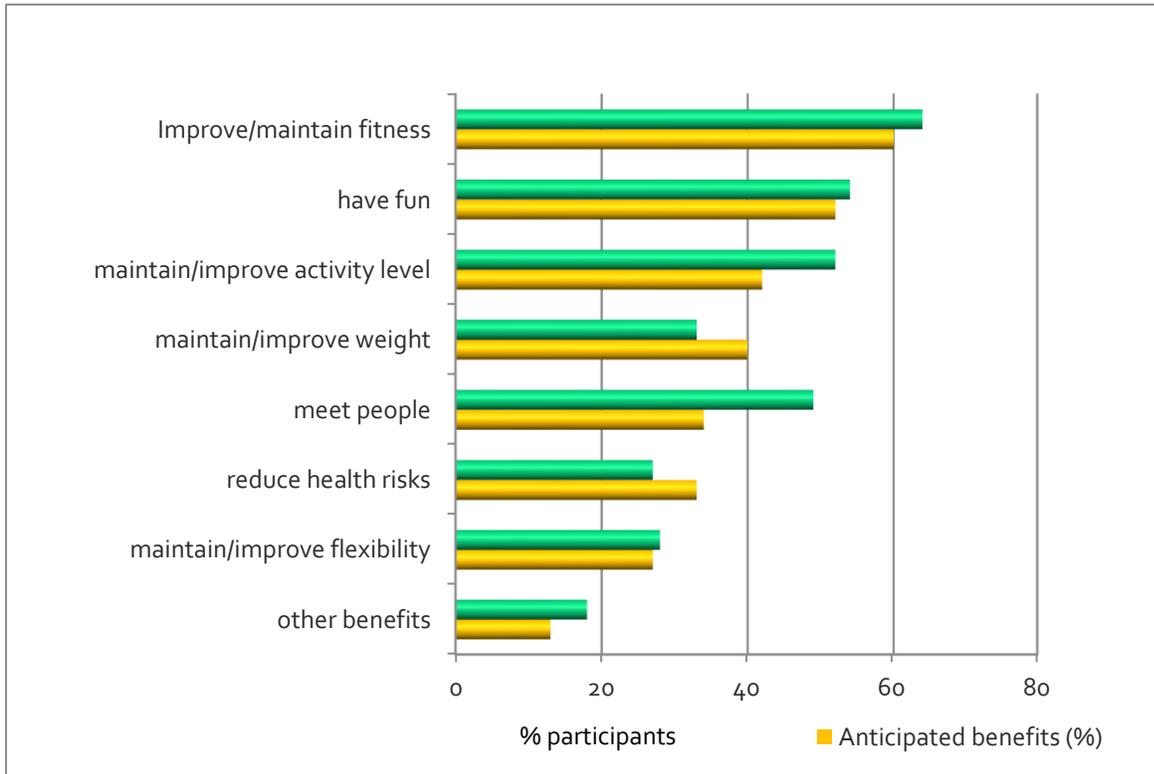
2.5 ASSESSMENT AND IMPACT

As noted at the start of this section, the primary aim of the Fund was to support projects to reach out to those who were inactive, targeting a variety of groups within the Scottish population who have been shown to be more at risk of not being sufficiently active to gain the most health benefits.

For the inactive participants

The evidence from across the 11 projects that form this programme suggests that they engaged the same proportion of inactive people (defined here as limited activity levels) as is found across Scotland as a whole, 21%. However, given that such people are hard to reach and are generally disengaged from physical activity this represents a measure of success in terms of recruitment. However, it remains disappointing that the deliberately targeted approach required by the Fund did not reach a larger proportion of inactive people.

The remaining 79% of participants were already active, but although not inactive in the terms of reference used here, the majority (61%) could benefit from higher levels of physical activity as they engaged in less than the recommended levels each week. This was true both for projects targeting adults and for those involving young people.

There was considerable success across the programme in getting those who were initially engaged in limited activity to become more active. 63% indicated that they were now engaged in regular activity, with 17% reaching the recommended levels.

For those already active

As a whole, 1 in 3 of the participants in the projects increased their overall level of physical activity during their time engaged in the activities. However, whilst significant, during the same period many participants who were already active decreased their overall levels of activity, 1 in 4 of this group. And for those who had already been active, their involvement with the projects did little to change their overall levels of physical activity. 59% remained at the same level.

By the end of the programme, the profile of levels of physical activity undertaken the participants have changed, with a general rise in the overall levels. Using the matched data, the picture for each category is:

Figure 15: Change in physical activity levels before and after project interventions
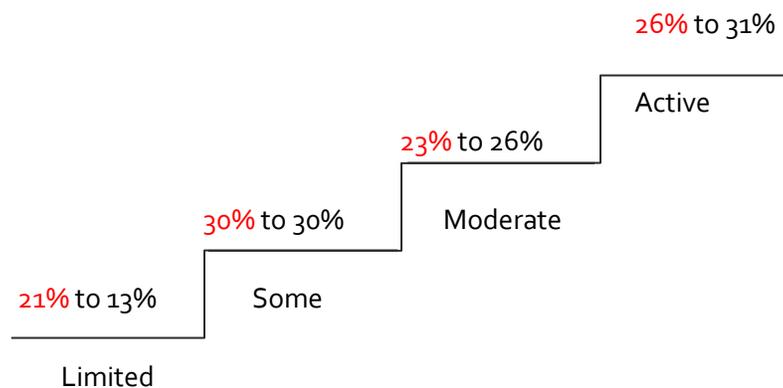
Becoming more regularly active

More regular activity has been important in getting adults active. In particular, a shift from activity which is 'incidental', a part of the routines of life into a period of activity directed for this purpose is influential. Walking, cycling and similar exercise – and not just fitness exercises or sport – can make a difference, helping to prolong activity and to increase the vigour of that undertaken.

For young people, all of whom engaged in some physical activity, this shift was less significant as those who continued to be inactive (less than 30 minutes of activity any day) were involved with regular or recreational activity or organised sport, but this continued to less intense or vigorous than required to meet recommended levels.

Other benefits

Alongside the physical activity benefits, participants also gained other benefits – in terms of their wellbeing and their life satisfaction, and in relation to health, and through social benefits.

In section 1 we outlined the aims and objectives of the programme from the perspective of the funding and management partners, the Scottish Government and Spirit of 2012. As noted the Fund sought to support to extend interventions which had already increased levels of activity amongst those inactive and to learn from this process so that these and other projects could be developed to scale up their impacts.

Delivery of this programme was however through the 11 selected project and project teams. Each of these had their own objectives and outcomes. All had to signal at the application stage how these project outcomes were aligned with the Scottish Government Active Outcomes Framework, but beyond that each project was encouraged to:

a) expand on current success in getting people active
b) adapt the project through the programme
c) measure the outcomes both in terms of the project teams (and their CPP partners) and those of the fund

The Fund sought to provide financial support to build on current success in line with project applications, and projects were further supported where Spirit assessed a requirement, to invest additional funds, particularly in measurement and evaluation.

In this section, we outline the outcomes set out by the projects, the interventions used to achieve those outcomes and how they measured success.

3.1   PROJECT OUTCOMES

Following the ESS activity on setting outcomes, most projects clearly expressed their target populations, the changes they wanted to see and the direction of that change. Most project outcomes centred on increasing physical activity, although there are subtle but important differences across projects, with those working with elderly and young families seeking to reduce time sedentary, while others focused more on sustaining physical activity gains, or maintaining mobility.

Other outcomes sought by projects included gains for individuals in terms of wellbeing and social relationships and for the project or parent organisation in terms of learning, growth or sustaining operations.

Overall the project outcomes align broadly with the Scottish Government and Spirit of 2012 outcomes set out in the application information, albeit focused on reaching target populations most likely to be inactive rather than reaching directly to inactive individuals.

Table 11: Project outcomes Summary

Activity	Relationships	Equality target groups	Wellbeing	Growth/Sustainability
Increase in time active	Improving family relationships	'targeted families' Antenatal women	Improve wellbeing	Expand community volunteer pool
Increase/sustain participation rate	Improve partnership working	People with disabilities	Improve mental health/wellbeing	Increase volunteering opportunities
Increase physical activity levels	Reduce social isolation	Over 45s	Improve resilience	Develop physical activity pathway for health walks
Inactive become more active	Improve community connections	Residents in areas of multiple deprivation	Improve health	Evaluate
Previously inactive stay active	Social media	Inactive	Reduce barriers to healthy living	Celebrate volunteers
Increase the range of gentle exercise options	Build relationships with (health) referrers	People affected by dementia/mental health		Train volunteers and build their knowledge/confidence
Increase access to free physical activity	Improve social inclusion	Older adults and teenage girls		Sustain programmes/delivery
Develop activity tracker programme				Increase range of 'non-traditional sport'
Reduce time spent sedentary				Increase community capacity to support more active lifestyles
Improved balance and mobility				
People find it easier to manage everyday activities of daily living				

Of course, each project has concentrated on delivering its own project in its own way and the sections below consider three elements central to identifying their contributions to the programme, finding participants, delivering interventions and understanding outcomes, see Figure 16 below.

Figure 16: Project contributions to the programme

Finding Participants:

Identifying and recruiting the inactive

Delivering Interventions:

Welcoming participants

Understanding participant needs

Supporting participants

Assessing benefits

Understanding Outcomes:

Measuring change
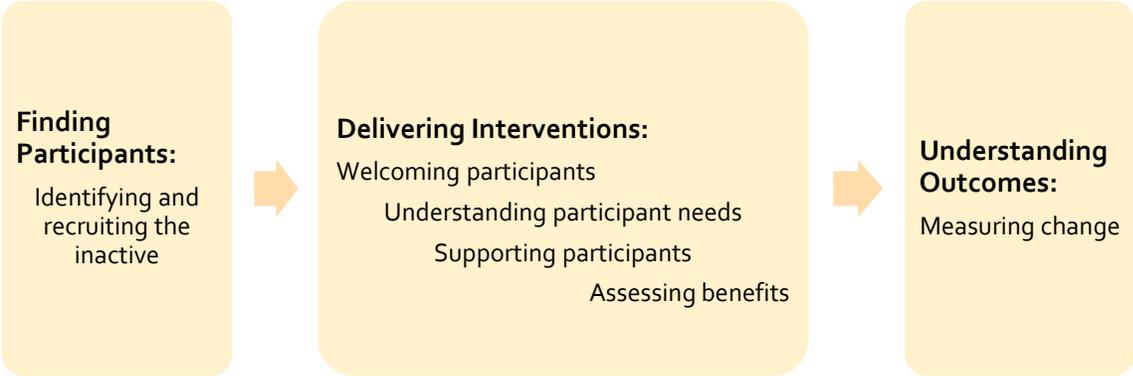
3.2 FINDING PARTICIPANTS

Although projects were already engaging with participants, as expected by the Fund, they were encouraged through the application process to reflect on potential changes to participant recruitment. Changes might include extending opportunities to more of the same target groups, reaching out to new groups of people, or altering the promotion and recruitment process.

Most of the projects indicated that they were looking to adapt the approach to attracting participants in some way, and Table 12 below indicates for each project the approaches adopted.

Table 12: Different approaches to recruiting participants

	Target group(s)	Promotional activity	Recruitment partners	New elements to recruitment pathway
Active Stirling	Parents/families, older adults – particularly Individuals in local community not involved with groups	Leaflets to partners Personal contact with partners	Community organisations	New pathway
Cairngorm NPA	People with health issues, older adults	Personal contact with partners	Targeted GP surgeries Health professionals Community organisations	New pathway + extension to existing pathway

Changes CHP	People with anxiety or depression	Leaflets to GP surgeries	GP & self- referrals to Changes CHP	Existing pathway
Drumchapel Sports	Residents in Drumchapel	Leaflets Personal contact with partners Personal contact with individuals	Active Schools Community organisations (mental health, disability, recovery)	New pathway + extension to existing pathway
Dumfries & Galloway	Older adults in care homes	Personal contact with partners	Care Home Managers Food Train	Extension to existing pathway
Edinburgh Leisure	Older (45+) residents in deprived communities	Leaflets	Health professionals Community organisations	New pathway + extension to existing pathway
Fife Sport & Leisure Trust	People with mental health issues or dementia	Leaflets Personal contact with partners	GPs Keep Well Link Nurses Support workers, OTs, CPNs, Physiotherapists Community mental health organisations	Extension to existing pathway
KA Leisure Ltd	People with mental health issues	Personal contact with partners	Health & Social Care Partners	Extension to existing pathway
Leisure & Culture Dundee	Ante natal women, families		Health and community professionals	Refined existing pathways
Midlothian Council	Older people in care homes or sheltered housing + young volunteers	Personal contact with partners	Facility managers Activity Coordinators Network Volunteer Midlothian	Extension to existing pathway
NHS Highland	Teenage girls + , older people with long term conditions	Personal contact with partners	Active Schools	Existing pathways

3.3.1 PROJECT INTERVENTIONS

At the heart of each project was a set of activity during which people undertook physical activity. The nature of such activity varied across the projects with some such as Drumchapel Sports and Edinburgh Leisure offering a wider range of activities whilst other including Active Stirling, Leisure & Culture Dundee and NHS Highland involved a smaller range of activities.

Table 13: Project activities offered

Organisations/ Activities	walking	recreation/play	dance	football	cycling	swimming	leisure centre activity	strength & balance	other	volunteering
Active Stirling	✓							✓		buggy walk leaders
Cairngorm NPA	✓									walk leaders
Changes CHP	✓				✓					walking/ cycling leaders
Drumchapel Sports		✓	✓	✓	✓					cycle mainte-nance
Dumfries & Galloway Council		✓						✓		activity training
Edinburgh Leisure	✓			✓			✓			
Fife Sports & Leisure Trust	✓						✓	✓		
KA Leisure	✓						✓	✓		
Leisure & Culture Dundee						✓	✓			
Midlothian Council	✓	✓							✓	activity training
NHS Highlands	✓		✓							activity & leader training

Table 13 summarises the types of activity, but the intensity and nature of these varied across the projects and in some cases as in Edinburgh Leisure, participants could select their choice of activity.

All of the activities were designed in some way to meet the needs of target groups and all were undertaken in environments where participants were mainly involved with this activity as part of a group or within a supportive setting. However, crucially none of the activities themselves meant that participants would reach the recommended levels of physical activity – thus, for participants to meet these levels they had to undertake additional activity outside of the context of the projects.

3.3.2 WELCOMING PARTICIPANTS

The process of induction, the ways in which participants were welcomed and introduced into the activity has been highlighted throughout the discussions with the project teams (see Golden Nuggets from Spirit of 2012, Annex D). A range of approaches have been used by the projects and undertaken by different staff.

Amongst those identified by the project teams as most effective were:

- introduction meeting with volunteers and activity leaders
- opportunity to observe activity in progress
- one to one consultation with project staff
- a social gathering over a 'cup of tea'
- induction held outside of 'activity' location

Less effective, and amended during the programme, were

- First contact at activity session
- First meeting at leisure/sports centre
- Request to complete entry survey

3.3.3 UNDERSTANDING NEEDS

Studies have suggested that a range of 'barriers' exist that can inhibit participation in physical activity, some related to the location and nature of the activity itself, some of the costs and access to these locations or activities, and some more personal and inter-personal.. Understanding these, and especially the personal inhibitors, require insights at an individual level and ideally need to be incorporated in the design of the recruitment and the activity. Across the projects, different ways have been adopted to find out the needs of the target groups and/or individuals as the start the project activity but most of these undertaken associated with the creation of the earlier project.

Changes made to these or during the programme included responses to need. Examples included:

- The introduction of more gentle exercise group and other forms of activity, often suggested by previous group members
- Adding one to one support as suggestions from referrers
- Amending the time and location of activity to respond to local contacts and participants

3.3.4 SUPPORTING PARTICIPANTS

Participants have they own aspirations and expectations connected with their engagement in physical activity and as indicated above (see section on perceived benefits) these were expressed in the programme survey in terms of the anticipated benefits being sought at the start of the project. Providing support during the project/activity to enable them to realise at least some of these benefits – or other benefits unanticipated – as well as the physical activity outcomes expected by the projects is thus important.

This assists in encouraging continuing engagement with activity over the weeks, helps to generate a sense of wellbeing and satisfaction for individual participants, and ultimately is important in the creation of a platform for future physical activity.

The projects adopted different ways to identify participant desires, some using the programme entry survey but also their own mechanisms of getting insights. These had been identified and created primarily from the experiences of the activities prior to involvement with the Fund.

3.4 MEASURING OUTCOMES

3.4.1 PHYSICAL ACTIVITY OUTCOMES

Beyond the use of the programme survey, projects also devised their own approach to evaluating this outcome. In the absence of existing baseline data for each project, encouraged by the Fund and supported by ESS and University of Strathclyde, the project teams developed more robust ways of measuring physical activity through the programme. These included:

- External evaluators conducting interviews and surveys with participants, project staff and other partners (including referrers)
- Adoption of pedometers to measure step counts
- Project specific surveys

3.4.2 NON-PHYSICAL ACTIVITY BENEFITS

Although all of the projects shared a common objective of enhancing the levels of physical activity achieved by participants, most had other outcomes which they felt were desirable. Some of these were viewed as supporting physical activity outcomes, but others were more complementary – including in some cases being viewed as more significant than activity levels.

Some of the above methods were also used to capture this data, but for the most part the projects relied on more anecdotal feedback from participants and the volunteer/staff leaders.

3.5 ASSESSMENT AND IMPACT

Bringing together individual projects under one programme inevitably creates challenges for the Funder to ensure that their overarching objectives are met whilst at the same supporting local projects to meet local needs and their own objectives. It also brings potential difficulties for project teams as they seek to balance delivery of their own interventions whilst appreciating the wider scope and requirements in this case at the national scale.

The diversity of projects funded was deliberate as these offered differing insights into how a range of target population could be engaged and influenced. And throughout the programme, there has been a desire by projects and especially Spirit of 2012 to adapt existing processes to support and enable learning from this diversity.

Importantly, project teams learnt from each other as they shared experiences during the programme meetings and more informally through the Fund partners.

On the other hand, there are issues which have impacted on the programme and its objectives, and on the projects themselves:

1. The absence of clear measures of physical activity and a culture within the project teams on collecting data which measured outcomes at the individual level has limited the evaluation at programme level as well as for the projects.

In particular, the absence of baseline data and insights from the existing projects has meant that it is not possible to assess what difference changes made to the projects during the programme has had on activity levels

2. The lack of experience in setting measurable outcome and the creation of mechanisms by which such data can be gathered and the difficulties of getting participants to complete surveys meant that the proportion of participants included in the programme evaluation was reduced.

For some of the target groups (and those identified nationally as having a higher proportion of inactive people) being able to measure impacts and benefits in terms of physical health may require an alternative, non-standard assessment. For example, asking about weight, wellbeing, life satisfaction can and did cause distress for some participants.

How can success in making a difference to the participants be measured? For the Fund, the primary target was to reach out to those who formed part of the inactive 21% of the Scottish population and increase their levels of physical activity through engagement with the projects. As we have noted above, each project sought to target specific group or groups which have been shown to be less inclined to be active, and each project chose interventions which had been shown to work in getting people more active.

However, as was evident from the absence of clear baseline data, few if any of the projects knew and could evidence ahead of this programme that they were working with inactive people or that their interventions were having an impact.

This section of the report uses the evaluation evidence gathered by the projects to assess 'what works' – in terms of impacting on those who were inactive, in helping to maintain levels of activity amongst groups most likely to be inactive, and where appropriate to meet their other objectives. In each case, good practice is illustrated by case studies of projects. Further details about what each project achieved in their own assessment can be found in the individual project evaluation reports which were submitted to the Fund.

Figure 17: Physical activity levels on entry to projects
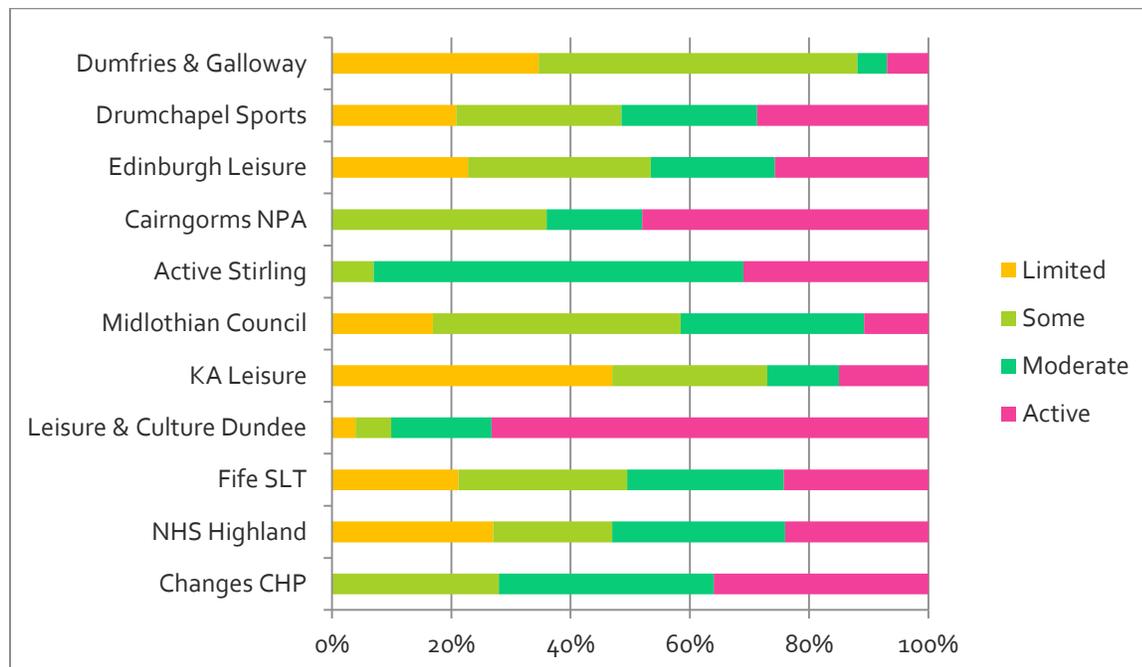
Across the 11 projects which formed this programme, 21% of the participants were undertaking limited activity when they joined and as noted in Section 2, 65% of those who completed evaluation surveys became active by the end of their engagement with the projects.

The proportion of those who were inactive varied by project, with some projects recruiting no or very few people engaged in limited physical activity (based on the survey evidence) whilst others recruited proportions which were more typical of the national population – Fife Sport and Leisure Trust, Edinburgh Leisure and Drumchapel Sports had c21% engaged in limited activity. Only KA Leisure Ltd and Dumfries and Galloway Council recruited significantly above this proportion, with 47% and 35% respectively involved in limited activity.

Figure 18: Targeting populations using recruitment pathways
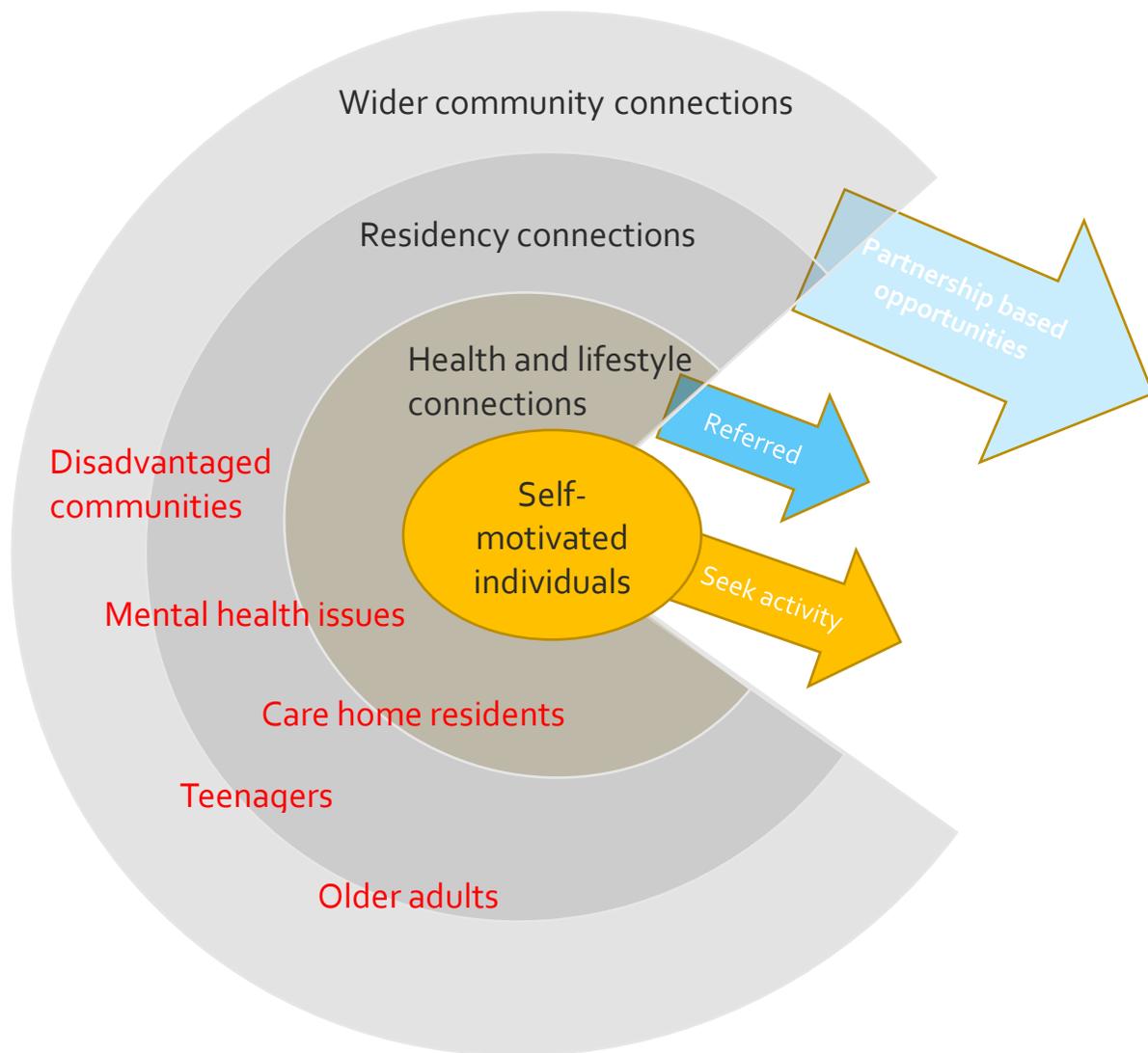
4.1.1 RECRUITMENT PATHWAYS

Attracting people with limited activity into projects can be characterised as following four main pathways (Figure 18). These range from individuals choosing themselves to be involved (self - motivated) to being encouraged by others to take part – for example through a formal referral system by professionals or through recommendations from friends and family. In addition, they could be recruited from a number of different target groups where the evidence points to higher than average numbers of less active people, based on demographics (such as the elderly or teenage girls), or conditions (eg mental health issues) or locations (eg deprived communities or care homes). And they could be participants drawn from the wider general population.

Across the programme, the project teams focussed on recruiting people primarily amongst those referred or within target groups, but some projects also attracted participants through the other two pathways as well. We have used a classification of pathways based on the individual's conditions (is their own needs) as condition-based, those which draw from a geographical or community area as community-based, and those which combine these as mixed pathways (see 4.1.3 for further explanations).

Based on the survey evidence collected by each of the 11 projects, there was no significant variation in the success in the differing referral pathways and self-motivating pathway in attracting people engaged in limited activity into the programme. Each pathway included about 1 in 5 people who were in the category (Table 14).

Using an analysis of the ways by which participants became aware of the project (column 1) and the data provided by those who completed an entry and exit survey, it was clear however that there is a difference in the proportion that remains inactive at the end of the project. Amongst those who were self-motivated, becoming aware of the projects through leaflets distributed by the projects or through social media, there was a stronger probability that they would remain engaged with limited activity. As the table illustrates, the proportion undertaking limited activity remained at approximately 1 in 5.

Table 14: Physical activity levels on entry to projects

Awareness source		Number of participants at entry[1]	% limited activity at start	Number of participants at entry[2]	% limited activity at end
Leaflets or internet	Self-motivated	277	21	191	18
Health professionals/others	Referral	629	20	334	12
Contact with project	Referral	142	20	137	7
Family or friends	Referral	184	20	94	13

1 – participants who completed a survey on entry to project interventions

2 – based on participants who completed entry and exit surveys

In contrast amongst these referred – by professionals, through contact with the project teams, or by family and friends – there was a significant reduction in the proportions who were inactive at the end of the project.

Recruitment pathways have the greatest impact on the reach of projects. However, looking at their association with success in terms of increasing the level of activity of participants reveals an interesting picture. Those recruited through condition-based pathways are more likely to increase their activity levels and less likely to reduce their activity levels at the end of 3 months than participants on other pathways, suggesting that there may be elements of this condition pathway that enable recruitment of participants who are 'ready to change'.

Table 15: Percentage of pathway recruits changing level of activity

	% decrease	% no change	% increase	Total
Community pathway	21	53	27	451
Mixed pathway	27	39	34	154
Condition pathway	14	39	47	226

MAKING RECRUITMENT PATHWAYS WORK

Most of the projects already had established pathways to recruit participants and these were used in this programme. These had taken time to develop and as noted above had varying degrees of success in attracting inactive people into the projects. However, existing pathways are not always working successfully to reach those undertaking limited activity, and as part of this programme, one project Active Stirling took the bold step to revise their recruitment pathways

The project sought to reach out to communities that traditionally had not engaged with their projects. The initial plan was to reallocate existing resources – a Walking Coordinator – to set up and deliver the same activities in two deprived communities, Raploch and Cowie. Through an initial community engagement following funding, the project team quickly realised however that their proposed recruitment pathway was unlikely to have an impact. As the team reported "we understood very quickly that the appetite for physical activity was low and simply advertising a programme would have had little to no impact. Knowing this we held back on mass advertising a pre-planned buggy walk".

Instead, the project team adjusted their approach to recruitment. Resources were reallocated to allow consultations in the two communities, visiting relevant partners, community baby and toddler groups, and local businesses to get a 'feel' for when, where and how buggy walks should be delivered. This resulted in more personal referrals through partner agencies being made, with closer relationships with the coordinator.

Learning from this and the other projects suggest that recruitment pathways are likely to be most effective if they:

- Are designed with insights from local people or groups, ideally including those who engage in limited activity and appreciate that this takes time and resources to make connections
- Use expertise from partners working with target groups and communities, helping to design the recruitment approaches – and the design and implementation of the activity - collaboratively
- Use more personal methods of communication (compared with general leaflets or social media) reinforced by personal invitations to take part.

4.1.2 REFERRAL SCHEMES

The use of referral schemes is recognised internationally as one effective way to promote physical activity with professionals, usually health practitioners, recommending to individuals that they engage in physical activity and directing them towards suitable supportive environments.

All of the six projects who used condition based or mixed pathways adopted referral systems, although the specific mechanisms varied considerably involving a range of health professionals and third sector organisations. Each had a well-established system of referring already constructed through the existing projects and these formed the basis of the applications.

Table 16: Referral processes

Condition-Based Pathway

Cairngorm National Park Authority	New signposting process developed with local GP surgeries
Changes Community Health Project	Existing health service referral process augmented by additional information to GPs
Fife Sport & Leisure Trust	New mental health strand added to existing referral process
KA Leisure Ltd	New mental health strand added to existing referral process

Mixed Pathway

Edinburgh Leisure	Existing process reviewed during the project when key referral agency closed
Leisure & Culture Dundee	Existing referral scheme refined at application

However, some expected to adapt these as part of the programme with for example Leisure & Culture Dundee indicating that they would aim to have "a more focussed approach to working with referrers who are essential in ensuring that the right families engage, through engaging in a close way, we anticipate that more of the least active families in the city will engage". In Fife SLT the existing schemes were adapted to allow extensions to the population with mental health issues whilst others have substantially altered their referral practices during the course of the funding.

Signposting Case Study Cairngorms National Park

This form of recruitment was adopted for his project by the team to help engage with older adults who would form part of their 12-week Activity Tracker programme using wearable bracelets to record activity during and beyond the 1 hour weekly walks.

The approach adopted was very 'light touch', meeting with GPs to explain the programme and providing flyers to hand out and request them to 'signpost' the activity to less active older adults.

Recruitment: almost all of the 13 individuals heard by word of mouth through friends and family or others already involved with a walking group

Reaching the inactive: no data provided

Lessons: forming effective relationships with GPs required time, face to face engagement and local knowledge. Important to distinguish between signposting and prescribing in publicity.

Co-design Case Study Fife Sport & Leisure Trust

This project targeting people with mental health and wellbeing issues or dementia utilised an established referral network, including health professionals and other support services to refer potential participants.

Lesson: understanding of the purpose of the project and its potential benefits were enhanced when the referrers were involved with the design of the project. This enabled referrers to be more able to promote the benefits to those referred and thus increase initial contact/attendance

Recruitment: 1 in 4 of those participating was inactive at the start with a similar proportion 'active'.

Anticipated benefits: 87% fitness, 60% health risk benefits, 81% weight

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Referral Case Study Leisure & Culture, Dundee

The team planned to engage as regularly with regular referrers as with those referred so that they could be updated with the progress of individuals and the project as a whole. This was designed to maintain the engagement of the referrers

Lessons: being proactive in generating regular feedback was not always welcomed; instead a reactive approach was adopted with a general mail-chimp newsletter and follow up details if requested by referrers. This enabled continued but not intrusive contact.

Recruiting inactive people – as table 17 above illustrates - some of the referral pathways were amongst the most successful in getting larger numbers of people undertaking limited activity into the projects. KA Leisure Ltd, Edinburgh Leisure and Fife SLT all recruited significant numbers through this approach. On the other hand, referral pathways in Cairngorm National Park Authority and Changes Community Health Project failed to attract any people involved in limited activity as measured in the surveys. So what makes referral systems more effective at reaching out to less active people?

The key elements emerging from the projects here were:

1. a strong relationship with the referral partners, including ideally early discussions about the design of the activity. This enhances an understanding of the project (KA Leisure Ltd) and offers expert advice on the relevance of the activities (which helps in promotion and marketing). It can also assist the project teams to ensure that connections with national and local health (and other) strategies are made and reinforced.
2. regular feedback to the referrers about the project and change (Leisure & Culture Dundee) including about progress of those referred
3. provide tailored and relevant information to referrers so that they can provide this to potential participants, with a named person to contact
4. help to overcome the significant hurdle of getting the potential participant to make contact with project team by having the same person keeping contact with referee
5. Ideally having the (opportunity for) referrer to attend the initial meeting with the project team and making the timing of this contact meeting as flexible as possible (overcoming the tendency for that referrer not to make themselves available).

Other good practice

KA Leisure Ltd commissioned an independent evaluation team to conduct interviews with a range of referrers to get their feedback on what was working and what improvements could be made. Dundee offered feedback on the progress of participants to referrers – both helped to maintain an ongoing relationship between partners.

### 4.1.3 TARGETED GROUPS

Referral systems were used by some projects to reach out to targeted groups in the Scottish population. These were primarily based on the existing evidence which indicated that amongst these groups there was a higher propensity for people to be inactive. However, referrals were only one way to connect with people in these groups, and other approaches were used in the programme.

In this section we examine the different ways in which the groups were identified and approached, and consider what worked on getting inactive people to engage with the projects. This complements the about discussion on referrals.

Using data from the Scottish Health Survey, the Scottish Government's Active Scotland Outcomes: indicator Equality Analysis in 2015 highlighted that the groups most at risk of being inactive were:

- Elderly – 3 in 4 adults over 75 years of age do not meet the minimum recommended levels of physical activity and more than half of this age group are inactive doing less than 30 minutes moderate activity per week.
- Those with limiting conditions or disabilities which have the effect of more than doubling (from 14% to 35%) the likelihood of being inactive, and the analysis suggests that of the total adult population who are inactive, 62% reported a disability
- Those with lower socio-economic status are less likely to meet guideline levels of activity, dropping from 77% in the higher income levels to 52%
- Teenage girls – those meeting the recommended levels drop from 73% to 53% between 11-12 and 13-15 year olds.
- Women of Asian origin

Figure 19: Ethnicity of participants to programme (%)
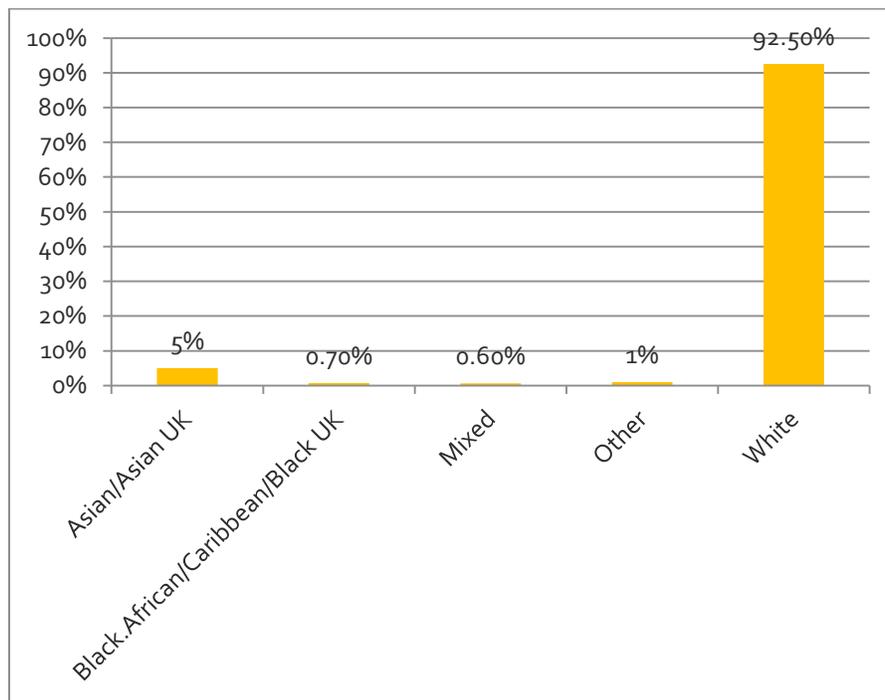

 (Note in designing the surveys organised by University of Strathclyde it was assumed that most participants would be asked to complete an entry and an exit survey and some data were designed to be gathered on completion of the project; ethnicity was one of these indicators. As project teams struggled to get participants to complete exit surveys, this data is partial).

Across the projects, each of these groups was targeted, with the exception of women of Asian origin. Indeed, non-white groups formed only a small proportion of the participants (7.5%) recruited as part of other target groups.

It is also noteworthy that NONE of the projects in the programmes sought as a target group inactive people. These were recruited as part of other targets – resulting in inactive participants forming only 21% of the total number across the programme. (Note the significance of this approach, creating groups and activities where those who were inactive were participating along with more active people has not been able to be assessed here as no control groups were formed. This merits future investigation – see Section 5).

Reflecting these differences, projects have had to find recruitment pathways that help them direct their efforts firstly toward the target groups likely to include a high proportion of inactive participants, and secondly toward the least active members of their target groups.

Figure 20: Reaching inactive individuals through recruitment pathways
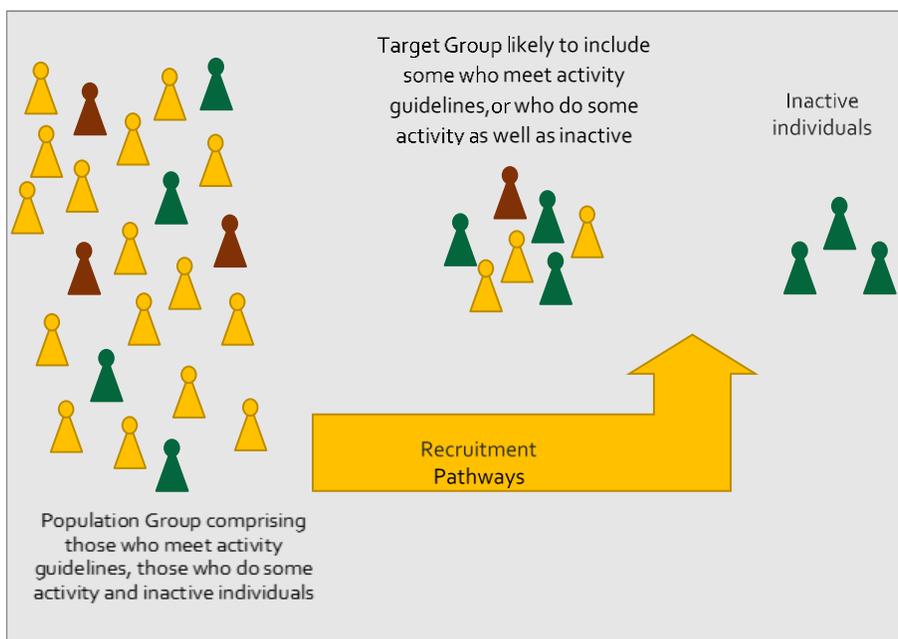
Two main pathways were used separately or in combination. These could be classified as 'condition-based' and 'community-based' pathways, or mixed.

Typically they use referral systems engaging partners such as GPs or other professionals in identifying individuals whose inactivity is related to their condition and would benefit from increased physical activity. Projects using condition-based pathways include Cairngorms NPA, Fife SLT and KA Leisure Ltd. As well as referrals (see above), participants in these groups were also recruited through other support networks and partners (such as SAMH in Fife)

Community-based pathways were used by projects in Dumfries and Galloway and Midlothian that work directly with care homes and sheltered housing to recruit participants. Drumchapel Sports, Edinburgh Leisure, Active Stirling and Leisure & Culture Dundee focused recruitment on areas (community-based) which are characterised by deprivation (condition-based). The Active Stirling and Drumchapel Sports projects emphasised reaching participants through community and place-based networks. NHS Highland focussed on schools with local, communities to reach teenage girls and created place-based walking groups for older adults. Edinburgh Leisure and the Leisure and Culture Dundee projects exhibit a mix of referral processes more common to condition-based pathways and engaging community outreach and networks.

Table 17: Recruitment pathways

	Community-based Pathway	Mixed Pathways	Condition-based Pathway	Total Participants
	Active Stirling	Edinburgh Leisure	Cairngorm National Park Authority	
	Drumchapel Sports	Leisure & Culture Dundee	Changes Community Health Project	
	Dumfries & Galloway		Fife Sport & Leisure Trust	
	Midlothian Council		KA Leisure Ltd	
	NHS Highland			
Participant numbers recruited	**4,779**	**2,593**	**960**	**8,332**

Figure 21: Age groups recruited within each pathway
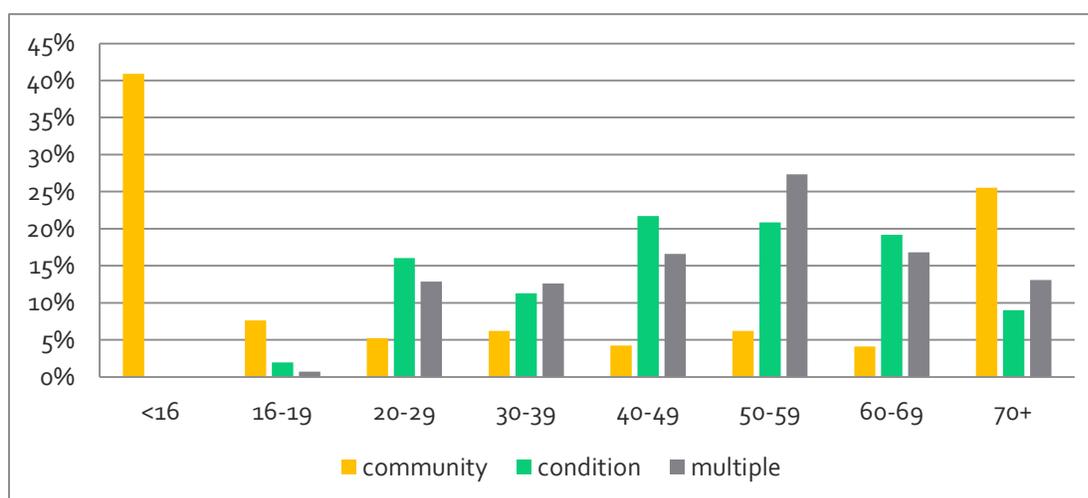
Community and mixed pathways enabled recruitment of relatively high numbers of participants compared to projects adopting condition based pathways. They were particularly good at reaching the youngest and oldest participants, making the most of institutional contacts such as schools and care homes.

As might be expected, condition-based pathways were relatively more effective at recruiting participants with disabilities, with 72% of participants recruited through condition-based pathways reporting that they had a long-term condition or disability (Table 18). Anecdotally among the projects, respondents found this a difficult question and were likely to under-report. This appears to be borne out by the numbers in the community-based pathways devising alternative responses or giving no response to the question, in contrast to the more confident responses given by those in pathways associated with medical referrals.

Table 18: Disability by pathway

	Community-based Pathway	Condition-based Pathway	Mixed Pathways	Total
Disabled	238	261	203	702
Non-disabled	318	91	211	620
Not say	22	3	5	30
No Response	178	7	13	198
Total	**756**	**362**	**432**	**1550**

But how effective are the different pathways at recruiting limited activity participants? Using the responses given when respondents joined projects, the condition-based pathway is the most successful at recruiting inactive participants, recruiting more than 1 in 4 inactive, whereas the two projects which adopted mixed pathways achieved half this level. These mixed pathways also recruited the highest proportions of people who were already 'active' in the classification used here, meeting the recommended levels of physical activity.

Table 19: Participant Physical Activity Prior to Joining Project

Physical activity at Entry	Community-based pathways %	Condition-based pathways %	Mixed pathways %
Limited activity	21	27	15
Some activity	29	28	22
Moderate activity	23	21	20
Active	27	24	43

As Table 19 illustrates, the projects who adopted a community-based pathway had even divisions between those who engaged in limited activity, had some or moderate level of activity and those already active.

However, the much higher numbers recruited through the mixed and community pathways mean that the total number of limited activity participants recruited may not be much different in actual numbers, from those recruited through condition-based pathways.

Table 20: Inactive participants recruited by pathway

	Community-based Pathway	Mixed Pathways	Condition-based Pathway	Total Participants
Participant numbers recruited	4,779	2,593	960	8,332
Number of participants completing entry survey	756	432	362	1,160
Limited activity participant numbers	169	173	95	437

MAKING TARGETED GROUPS PATHWAYS WORK EFFECTIVELY

Reaching out to target groups requires either that project teams have knowledge of these groups – eg their nature, location – or to work with partners that have such knowledge. Some projects – such as Drumchapel Sports and Active Stirling – set 'target' numbers of different groups and then struggled to meet these. This reflecting in part the openness required when seeking to engage people into activities (you might know and contact them, but that does not mean they want to participate) and also a lack of certainty about how to contact some groups, especially when extending activity into new communities, as in the Active Stirling project. More usefully, was an approach where target recruitment was left more fluid and open.

Given the variable success in recruiting inactive people by the projects, it is difficult to draw out definitive conclusions about what pathway does or does not work in particular ways, but there is evidence to suggest that:

- Targeting condition-based pathways increase the likelihood of in reaching those with limited activity levels;
- Less targeted recruitment in communities increases both the numbers reached and the chances that participants are already active;
- mixed pathways offer a compromise between reach and numbers.

4.1.4 VOLUNTEERS AS PARTICIPANTS

In many projects volunteers were seen as an important element. Volunteers had a number of different roles, with them being viewed by several of the projects as inputs, resources to assist in the delivery of

the activities, and in a few cases as outputs, enabling the volunteers themselves to become or remain physically active.

For this latter group, some of the volunteers were recruited from the inactive groups. NHS Highland for example put on dance leaders courses to allow teenage to be qualified to undertake these groups with other teenagers. A key element of this has been the use of dance to promote mental wellbeing and social inclusion with the physical activity being a secondary element. Being volunteers thus increased confidence, gave purpose and a focus for activity alongside physical activity. This focus on volunteering meant that recruiting inactive young people was not the primary selection criteria. For the 131 participants on the dance leaders' courses who completed the entry survey, only 29% were inactive – although the majority (82%) had activity levels below that recommended for young people. Being involved in the leadership course reduced the proportion inactive to 16% and increased those active (meeting recommended level) to 24% from 18%.

> Case study: volunteer as participant
>
> "I don't think I would be here today if it wasn't for CHANGES. Definitely walking was the thing that helped me so much mental health wise. I wanted to volunteer as I just enjoyed the walking so much and I had made so many good friends… CHANGES have done so much to help me it was sort of paying back for what they have done…" an experience which is helping to encourage new participants to see the benefits of the project.

In other cases, the volunteers are leaders – Highland support older adults to form and lead walking groups for other older people, recruiting largely from within existing walking groups or through local community networks and in turn assisting these leaders to maintain their physical activity levels.

In the projects where volunteers had key roles, there was an appreciation of the contribution they made, as gatekeepers for projects and key partners in the success of project delivery and several projects made special efforts to reward and especially offer public recognition of the value of volunteers. Less frequent was a focus on the volunteers as also benefitting in terms of physical activity. Good practice included:

- recording along with other group participants their physical activity, either through surveys or other measurement techniques
- discussion volunteer needs and aspirations in terms of physical activity and supporting their progress in this respect (alongside other development needs)

4.2 INCREASING ACTIVITY LEVELS

None of the projects designed the intervention to create the levels of physical activity which would be required to meet the recommended levels for adults and young people – what we have called active in

this report. Instead, each of the projects involved a range of different types of activity that varied in the intensity and duration of physical activity. Whilst some projects involved only one level of activity, others included activities which were more varied.

In exploring what impact the nature of the activity had on those who engaged in limited activity – and those with some or moderate levels of activity – we have reclassified the project interventions into 4 groups, working with each of the project teams to ensure they were content with this classification and agreeing on how specific components of their projects should be grouped.

The four groups are:

Socialising for Exercise = introductory activities pre-physical activity/very gentle activity

Gentle Exercise = low-intensity exercise (includes chair-based exercise/short walks)

Walking = moderate to vigorous walking over 30 minutes or more

More vigorous exercise = moderate to vigorous activity over 30 minutes or more

The first two groups were targeted at the inactive and especially those who were unlikely to be able to engage in more vigorous or sustained physical activity. This included the focus on older adults in Midlothian and Dumfries & Galloway Council projects, both of whom were working with adults in care homes. In other projects –including KA Leisure Ltd, Changes CHP and Active Stirling – the gentle exercises were offered as part of a portfolio of groups alongside more vigorous exercise.

Walking groups formed a major component of four projects, primarily linked to referrals (Cairngorm NPA, Changes CHP and Midlothian Council) but was part of the community pathways in Active Stirling. See Annex 3 for a list of the activities within each project.

As Figure 22 illustrates, a higher proportion of those involved with socialising exercise were inactive, but amongst those projects with more vigorous activity, there was a relatively even attraction of limited and active people.

Using the data from those respondents who completed entry and exit surveys, it is possible to assess the degree to which each type of activity has attracted inactive people to engage and the impact it has had on their final levels of activity.

Three aspects stand out:

1. Most of the participants were involved with more intensive and longer exercise, and only a small number (all in care homes) were engaged with low -intensity gentle exercise.
2. Proportionately the socialising exercise had most inactive people, but by far the largest number was in the more vigorous exercises (although they formed only 25% of that group).
3. Most of those involved in walking activities were already undertaking at least some exercise, and this type of activity was least likely to involve the inactive.

Figure 22: Participants by level of activity for each type of exercise (%)
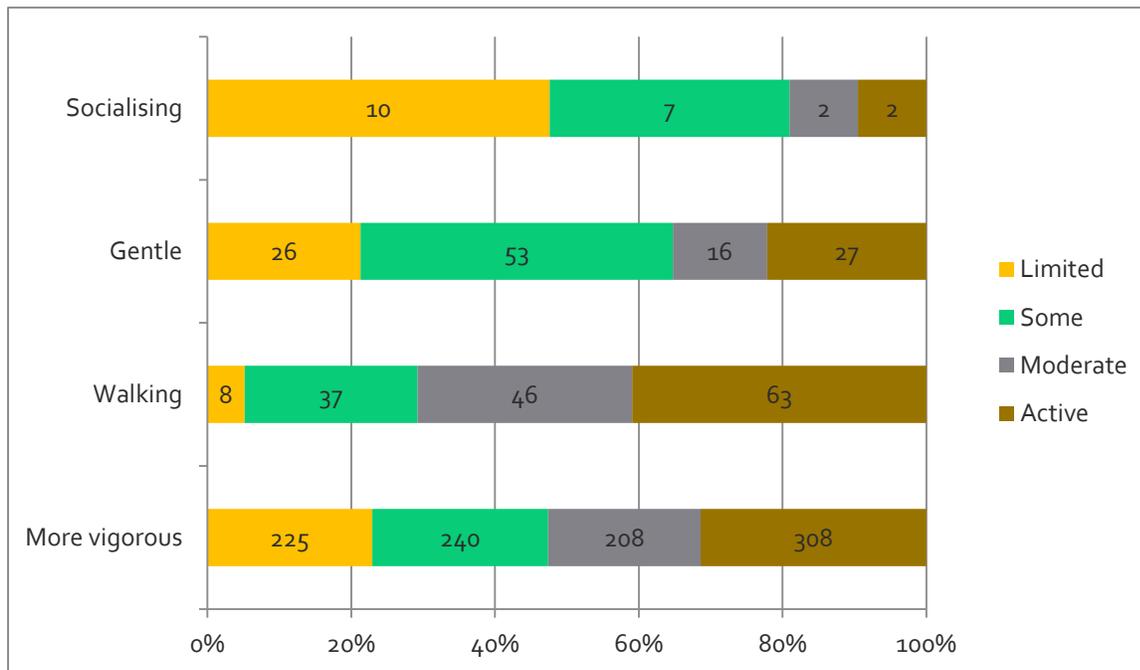
On the other hand, in terms of change in participant's level of physical activity, proportionately those involved with walking activities were more likely to meet the recommended levels at the end of the project. There was a 19% rise in the numbers at this level in the walking groups, compared with a 2% respectively for gentle exercise groups. However, for those who initially were inactive, engaging with programmes that involved more vigorous exercise were much more likely to increase their overall activity levels, but not all of this increase will be to the recommended level.

For those who were *initially* involved only with limited activity, engaging indifferent types of exercise had varied impacts.

- Amongst those undertaking social exercise, 75% remained inactive and no one reached active
- For those undertaking gentle exercise, 65% remained inactive
- Engagement in walking resulted in 33% remaining inactive with 50% increasing to some activity
- And for those in more vigorous exercise, the proportion still inactive was 34% but most (46%) increased their levels to some or moderate.

For those who were involved with *some activity*, each type of activity had a different impact.

- Those with social exercise included 40% unchanged and 60% moving to moderate activity.
- Gentle exercise left the majority (68%) unchanged, and similar proportions increasing (15%) and decreasing (18%) their activity
- In the walking group, the majority increased their activity (75%) with 46% reaching the recommended level

- And those in vigorous exercise, 48% were unchanged and 43% increasing their activity, split evenly to moderate and active levels.

Those starting at a *moderate level* of activity,

- those taking social exercise split evenly between staying the same and lower to some activity
- gentle exercise results in 42% being unchanged and 33% increasing to the recommended level
- walking resulted in 48% increasing their levels to active, with 24% unchanged
- and those undertaking vigorous exercise left 48% unchanged and 28% undertaking less activity, including 7% becoming inactive.

Finally, amongst those who were *already active* with their activity at or above the recommended level, the type of exercise resulted in 100% (socialising), 59% (gentle), 87% (walking) and 52% (more vigorous) remaining at this level.

WHAT ACTIVITY IS MOST LIKELY TO GET PEOPLE ACTIVE?

In interpreting these proportions it has to be remembered, that relatively few undertook socialising exercise (28) compared with more vigorous exercise (1366) but it does suggest that different forms of exercise can help improve levels of physical activity for participants coming with different levels of physical activity:

- socialising exercise aimed at target groups who recognise their limitations in terms of the duration and intensity of activity is unlikely to increase significantly their overall levels of activity, but should target those who are inactive;
- the use of gentle exercise is most effective at maintaining their current levels of activity (whether limited activity or indeed active) ;
- walking exercise is most effective in encouraging those already undertaking some or moderate levels of physical activity to do more and can help those already active to maintain this level;
- providing more vigorous exercise is likely to engage with a wider range of participants beyond those inactive and this environment is more likely to increase the numbers who then add further physical activity to meet the recommended levels but also result in those who initially have low levels of activity to increase these.

4.3 INCREASING (FUTURE) CAPACITY AND SUSTAINABILITY

Staged support

Although many of the projects focussed on discrete sets of activities – for example classes and groups delivered over a fixed time period – most sought to maintain either the activity in future or to encourage individual participants to maintain (or increase) their levels of physical activity. Most of the projects managed this by encouraging local groups and teams to continue but in these cases there

remains the need for support and organisational skills to help them be sustained (and in turn this needs continuing funding).

One project explicitly sought within the programme to develop a more planned approach to retention and sustaining people's engagement with physical activity. Edinburgh Leisure's project had a 3-stage approach, seeking to break down the initial barrier of the cost of access to leisure centres and facilities. Initially (stage 1) they provided free cards, one to one consultation and directed programmes of activity, including the development of more gentle activity options across the leisure centres. Once familiar with the centre and its opportunities, stages 2 and 3 provided access with lower levels of price reduction.

Table 21: Edinburgh Leisure: helping to sustain involvement

	Stage 1	Stage 2	Stage 3
Previous referrals	220		
Referrals	457	369	821
Referral conversion rate	70% = 318	69% used cards 2-3 visits per month	31%
Of whom inactive	23%		
active	26%		
% using cards 2-4 visits per month	69%	31%	20%

Volunteers

Volunteers formed a key resource for many of the projects – and more widely across Scotland – in enabling local projects and groups to be undertaken. One theme of the projects was their inclusion of training and development of volunteers as part of their submission for funding.

Case study – Cairngorm

The creation of support groups has "help develop a team approach, build peer support, allow the sharing of experience and learning and confirm to the volunteer their work is appreciated and making a difference to their communities" This was reinforced through a Volunteer Celebration Event which "allowed us to situate the value of their contribution into the broader context of those involved with social policy delivery".

As well as being a key resource to ensure that activities can be delivered volunteers – and especially those recruited from within the participants – have other key roles in sustaining projects. First, they can form part of the recruitment process, either directly themselves using contacts with target groups or through their own social networks, or indirectly as 'role models'. Second, they can be important

welcoming 'faces' of the projects and activities, as part of the induction process. And third, they can demonstrate nest steps for the generation of new pools of volunteers from within participants.

<u>Local champions</u>

Whilst volunteers as group leaders are also 'champions' for the activities and projects, this role can be extended to include employed staff. This was most evident in relation to care homes where projects sought to train and engage staff to embed physical activity into daily routines.

Case study: Dumfries and Galloway

Training in D&G was provided to 141 staff – attending workshop events – enabling a reach into 39 care homes and community settings (21 being the result of funding under this programme) across the region. This training was assessed in terms of its delivery and 'value' to participants and feedback was given on how participant practice might change in future as a result of the training. Those trained were then anticipated to be champions in their care homes, encouraging adaptation of practice and encouraging other staff to adopt changes which would increase physical activity levels amongst residents.

Challenges include:

- High levels of staff turnover and rota changes making it difficult to ensure trained staff are available to lead sessions or implement activities
- Staff capacity and willingness to engage with the project and the associated expectation that volunteers or other project staff would be responsible for physical activity interventions
- Changing the culture in care homes to locate physical activity more centrally in daily tasks takes time (longer than the programme) in order to embed physical activity into routines.
- A limited number of training staff equipped to deliver courses (and refreshers)

Opportunities include:

- To include relatives in project aims, combining their time with older people with physical activity and providing an encouraging and potentially less stressful visit
- Providing trained volunteers to work alongside care home staff
- Provide resource packs to help shape/support staff to apply training

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SECTION 5: LEARNING AND ADAPTING PROJECTS

A defining feature of this programme – and an objective of the Scottish Government and Spirit of 2012 – has been a desire to encourage innovation, reflection and adaptation as the projects learn more about how to engage with inactive people individually and as groups. Throughout the 12 months, two programme staff from the Fund had been regularly engaging with the project teams, encouraging them to reflect on what was working well and what was not, providing support for them to consider changes, and if appropriate enabling funds to be re-allocated to assist implementing these changes.

This approach was for many of the project team initially difficult. Indeed, most were more used to being under pressure from funders to ensure delivery of what was said at the time of application. The notion of being (i) open to reflection and self-critique during the project and (ii) being actively encouraged to test out new ways of working was somewhat of an anathema. Through the collective programme meetings held quarterly, the sharing of experiences between projects, the encouragement of ESS and the Fund staff, the project teams became more confident in acknowledging what was not as effective as anticipated and enthusiastic to find other ways to address these areas.

This section reflects on this process and its impact on the outcomes of the programme as a whole. It does not attempt to evaluate each change made or the effect such amendments had on the individual projects. These were part of their evaluation reports, encouraged and supported by ESS who invited the 11 projects to submit 'change records' – a summary of what was originally planned, what did not work as planned and why, what was tried instead and a review of the evidence of what impact that change had on the project.

5.1 ADAPTING PREVIOUS INTERVENTIONS

Project applications highlighted their experience of stimulating inactive people to become and remain active. The application process emphasised building on previous experience to scale up the impact on inactive people. Projects responded to this by highlighting changes they proposed to make that would assist them to respond at scale. These were typically changes to extend the geographic spread, add new target group or to broaden the range of physical activities offered.

5.2 SOME MAJOR ADJUSTMENTS DURING THE PROGRAMME

Projects, encouraged by Spirit 2012 and Scottish Government, constantly reviewed what was working and considered where change might be necessary or beneficial. Some of these changes were captured in dialogue or mid-year reports to Spirit, while others were recorded in project evaluations or 'Change Records'.

Midway through the project funding period, projects reported to Spirit 2012 on their progress. In sum, across the programme the numbers of beneficiaries participating appeared to be well on course.

Table 22: New Elements to Earlier Project Interventions

Project	Area	Target Group	Activities
Active Stirling	Extend activities to Cowie and Raploch		
Cairngorm NPA	Extend walking to health groups to 3 new areas	Introduce GP referrals/signposting	
Changes CHP		Encourage more GP referrals	Introduce Short/Gentle walks Introduce Road Skills Cycling course
Dumfries & Galloway Council	Extend reach to all care homes and increase number of community settings Extend reach into homes of older adults through partnership with Foodtrain project		
Drumchapel Sports			Extend range and times of adult activities and Introduce cycling Extend in-school activities and Introduce active play for children
Edinburgh Leisure	Extend participation at Gracemount and Ainslie Park Leisure Centres		Introduce gentler activity options for inactive people/ living with long-term conditions
Fife Sport & Leisure Trust		Introduce referrals for people experiencing mental health issues or dementia	Introduce annual walking initiative
KA Leisure Ltd		Extend exercise on referral to people experiencing mental health issues	
Leisure & Culture Dundee	Extend activity to more local leisure pools	Improve targeting of referrals	
Midlothian Council	Extend reach to more care homes and community settings		Develop new activities for older people with young volunteers;
NHS Highland	Extend reach to all 29 High School clusters Extend walking groups to 3 new communities		

However, there were significant variations in project progress, with some achieving much greater success than anticipated while others struggled to recruit participants at all. Considerable variation was to be expected as some projects had greater preparatory work to do, including staff and volunteer recruitment, or timed delivery of their activities seasonally. Nonetheless, some projects had experienced unanticipated challenges in recruiting their target beneficiaries, leading to Active Stirling and Dumfries and Galloway to reduce their expectations and revise target numbers. Lack of community development experience and knowledge of the targeted communities hampered the Active Stirling initiative, but they responded by dedicating more targeted staff time to building relationships in the community rather than using marketing methods they successfully use elsewhere. Several projects, including both Active Stirling and Dumfries and Galloway Council, found it challenging to recruit participants to the programme evaluation survey. Establishing appropriate data collection methods and motivating staff and volunteers to encourage and support participants to engage in the surveys was problematic. This was a problem echoed by other projects. At mid-year point, Dumfries and Galloway Council's project was still struggling with monitoring systems that would allow them to identify individual participants and felt that their aspiration to reach every care home resident was unrealistic.

Table 23: Recruiting target beneficiaries - Progress at mid-year

Organisations	Target Beneficiary Numbers	Revised Targets	Mid Year	% Target achieved at mid-year
Active Stirling	1094	164	9	1%
Cairngorm NPA	386		339	88
Changes CHP	150		126	84
Drumchapel Sports	996		190	19
Dumfries & Galloway Council	1024	600	286	28
Edinburgh Leisure	1400		1181	84
Fife Sport & Leisure Trust	185		90	49
KA Leisure Ltd	180		115	64
Leisure & Culture Dundee	360		1033	287
Midlothian Council	560		72	13
NHS Highland	419		492	117
Total	6754		3933	58%

Projects adapted throughout the period of grant delivery and many of these changes were captured in reports to Spirit of 2012, in Change Records and in the evaluations conducted by the projects. The changes are broadly classified by three aspects of process that drove change: recruitment of target population; retention of participants in the programme and evaluation.

In contrast to the more fundamental adjustments identified in Table 23 above, in-programme adjustments were generally refinements to the broad strategies set out at the start. An exception to this was a fundamental shift in emphasis by Drumchapel Sports hub away from easier to reach school attenders, to target harder to reach inactive adults.

Some experiences and learning were repeated across a number of projects. Active Stirling and Edinburgh Leisure significantly adapted their approach to working with new communities and both were assisted by a more focused and embedded community approach. A finding echoed in Drumchapel Sports' experience with introducing a more locally branded cycling initiative.

Table 24: Project changes

Aspect of Change	Organisation	What Changed
Participant recruitment	Drumchapel Sports	Shift of emphasis and activities from schools to more targeted groups of adults Support and timing of training delivered to young volunteers Improved community connections including rebranding as Drumchapel Cycle Hub and employing local project lead
	Active Stirling	Buggy Walk Coordinator appointed dedicated to localities Investing more time in building community relationships Change corporate marketing approach Allocation of staff, allowing more flexible and creative working focused on a community A commitment to running activities regardless of slow or sporadic uptake
	Changes CHP	A five week, basic cycling skills programme successfully replaced the planned 10-week course in which very low interest had been shown
	Dumfries & Galloway Council	Increased number of staff trained in fewer care homes to ease absence coverage and ensure ongoing delivery
	Edinburgh Leisure	Introduced group induction to free staff time for those who need it Reallocated project staff responsibilities to focus on community relationships and participant support More low-level activity options demanded Prior membership no longer a bar to joining (membership cards issued but not used) Key referral agency disbanded
	Midlothian Council	Strength and balance training offered in place of Postural Stability training as care home staff did not have required qualifications
	Fife SLT	As the project referrals increased, appointments with the Health & Wellbeing Advisor became less flexible and more staff led. One of the pre activity tests changed to allow assessment to be undertaken in more locations

| | Leisure & Culture Dundee | Special criteria used to make the programme accessible to families with high levels of social work involvement such as looked after and accommodated children and families of prisoners
Introduced family fun at sports centre for those who won't swim |
| | KA Leisure Ltd | Reduced cost to participants from £2.50/session to £1.50/session |

Process changes motivated by participant recruitment touched both on the process of reaching participants and on managing demand. The process changes highlighted above reveal an ongoing need to invest in understanding people within geographic and other communities - how individuals engage with those communities and services; how those communities and services are organised and the implications of that for reaching target populations.

Table 25: Retaining participants

Aspect of Change	Organisation	What Changed
Participant retention	Edinburgh Leisure	Introduction of key customer touchpoints
	Fife SLT	Standard protocols adopted to support clients to keep appointments before handing back to referrer after 3 no-shows
	KA Leisure Ltd	1:1 sessions to support some participants with more severe or enduring mental health conditions have been required over a longer than anticipated period and additional project specific classes programmed rather than transition to other classes
	Leisure & Culture Dundee	Participants encouraged the programme to include the city centre facility as some struggled to access local pools Communication mode (multi) and meeting notice (2 days) Venue and times for initial meeting with family Modes of contact to families– direct lines; mobile phone Supported group based activities enabled informal feedback. Less frequent/formal reviews
	NHS Highland	Tutors on the movers and shakers project found they had to reverse the order of delivery of dance and leadership elements to reflect the needs of urban/rural communities Running two different levels of dance leadership courses at the same time to meet demand challenged available staff

Projects were reliant on a wide range of staff and volunteers to gather data for evaluation, and for most, the programme evaluation survey was implemented in addition to existing evaluation processes. This

focus on communication with potential partners at the participant recruitment stage shifts emphasis on participant communication to support retention. Several projects reported on the benefits of direct, personal contact; timely reminders of meetings/sessions (not necessarily the same for everyone) and the need for flexible programmes that move at the participant's pace rather than a pre-determined institutional pace. This was particularly the case for people with severe or enduring mental health conditions. The benefits of reflection on learning about participants are illustrated by the NHS Highland decision to change the order of elements in their training programme to reflect the different strengths identified in urban/rural communities.

Adaptations included the introduction of incentives for survey respondents; the allocation of additional time and support to staff/volunteers for data gathering and changes in procedures that made gathering survey data part of a wider relationship with participants and data gatherers that expressed an interest in participants and their progress.

Table 26: Changes in evaluation

Aspect of Change	Organisation	What Changed
Evaluation	Edinburgh Leisure	Offered incentive (2 free passes for friend/family) and asked participants to complete surveys at initial 1:1 consultation (less off-putting and more supportive)
	Dumfries & Galloway Council	More frequent joint action planning to bring external and internal interests together
		Introduced new processes to track individual progress Monthly data chasing for evaluation refocused onto feedback and support
		Introduction of See and Hear sheets to supplement deficiencies in the pre-post surveys (would try visual analogue scales with care home residents in future)
	Drumchapel Sports	Increased time and 1:1 support for participants to engage with survey
	Changes CHP	Changes in recording participant data to assist in tracking and follow up

5.3 ASSESSMENT AND IMPACT

Encouraging the project teams and their staff and volunteers to make adjustments has been one defining feature of this programme. It has helped to generate a different culture within the project teams, asking them to engage in much more regular reflection on what is and is not working, to

appreciate the value of evidence and outcome assessments during the project as well as at the end, and to realise that valuable insights can help foster innovation as well as create positive outcomes.

Some of this was instilled from the start by the Fund encouraging applicants to look to adapt existing projects and activities, supported by financial resources to help achieve this. But some of it arose from the overall ethos of the programme, and the creation of regular opportunities to learn from each project, to share reflections on the process as well as outcomes at the quarterly meetings, and in the discussions with Fund partners to show examples of how projects were adapting.

Such constructive aspects are not without issues and impact:

- an over-emphasis on the need to change, especially in the short time available for delivery, can undermine the evidence base for evaluation;
- pressure to change and adapt risks losing sight of the original outcomes and objectives, and gives rise to a focus on continuing adjustment; and
- generating this culture requires good team working and sharing, and this is not always feasible in all the range of locations and venues where activity was being undertaken. In turn, this risks some knowledge and insights and people being potentially excluded from the reviewing process.

This programme was designed to help add knowledge and insight into how people who are currently inactive can be encouraged to become more active and stay active for longer. The selection of projects which had demonstrated success in this respect was deliberate, allowing in theory baseline data to be already in existence for participants, for inactive participants to be recruited quickly and efficiently, and for outcomes to be measurable over a short period of time (up to 12 months).

As the above account indicates, in practice some of these components were not as easily achieved, with interventions lasting for relatively short periods to time, usually 3-6 months, and with many more challenges to recruiting participants than had originally been envisaged when the fund was created.

In addition, although there was funding to support evaluation – both for the projects teams and for the programme – it was only possible to implement certain forms of assessment. In reality, the projects did not have strong baseline data derived from existing engagement with inactive people. The recruitment of control groups, the monitoring of participants longitudinally and the adoption of a wider array of measurement instruments, for example, were not feasible.

Consequently, although the previous sections of the report signal good practice and draw out evidence of what worked, there are inevitably some aspects of the processes and ways of getting inactive people to become active that remain unknown. This section considers the main issues that remain to be researched further and also discusses some of the limitations of the evaluation methods used.

6.1 CAPTURING PARTICIPANT INSIGHTS

Designing an evaluation survey which could be adopted by all of the 11 projects, across the different targeted groups and community settings are challenging, especially as none of the projects was able to draw upon existing survey techniques to assist in the task of programme evaluation.

The University of Strathclyde entry and exit surveys were a compromise. They sought to help provide important diagnostic information about the participants and their current levels of physical activity, their aspirations in terms of personal benefits from their engagement with the projects, and their demographic and health profile. The surveys were also designed to provide insights for the projects teams on recruitment processes and reasons for taking part (entry survey) and provide an assessment on exit of the impact of the project on the individual's overall sense of wellbeing alongside their physical activity. Both surveys required by Spirit to include information on well-being and attitudes to disability.

Reflecting the different recommended levels of physical activity set by the Scottish Government for young people and adults in defining people who are active, the surveys were modified for each group. However, no further modification was made for age groups within the adult cohort – particularly in relation to older adults.

Four main issues arose.

1. Projects had not designed their induction and welcoming sessions to accommodate the completion of a survey, with some groups (eg those walking groups meeting outdoors under a volunteer leader) not easily having the environment to encourage completion of the surveys. Where this occurred strategies had to be identified to help ensure a wide range of participants were included in the analysis. In some case, for example in Dumfries & Galloway, a limited sampling of care homes was used to focus resources and increase responses, whilst in other projects (eg Cairngorm NPA) many aspects of their activity were not included.

2. For others, the complexity of the survey – including the nature of the data being requested – was off-putting and discouraged completion. Asking for a note of people's weight for example although a well-recognised component of BMI and other activity related measures was not always known by participants. And requesting information on well-being and life satisfaction was distressing for some target group participants for example who had mental health issues

3. Connected to this few of the project teams had the expertise and capacity to undertake the data recording and survey matching which had been anticipated. In order to ensure anonymity (in relation to the data provided to the University of Strathclyde) all surveyed participants were allocated a unique identifier by the project teams, enabling matching of entry and exit surveys. This increased administration proved difficult for the teams unfamiliar with this approach and the complexity was reinforced by the disappointing proportion of participants who complete entry surveys and also exit surveys. Some data errors almost inevitably occurred, with some survey responses not matching and having to be discarded; few data entry errors existed however due to the diligence of the project teams.

4. Fourthly, although self-reporting of health and well-being is widely adopted in the evaluation of physical activity, there were limited ways to verify the information provided by individual participants or their understanding of questions and information being sought. Project teams were encouraged to assist participants in completing the surveys (and to note if such assistance was provided) and in some settings (eg care homes) and target groups (eg those with mental health issues and older adults) this was often required. However, no other control group was created to help verify the data provided and the analysis here has assumed the veracity of all the responses.

6.2 MISSING THE INACTIVE?

Across the programme, 21% of the participants form part of the Scottish population defined as inactive, itself forming a similar proportion of the 5.5 million people. Consequently, there are many people beyond the reach of the programme who are inactive and who were not therefore included in the analysis.

Amongst these are several of the target groups already identified as having a high risk of including many inactive people. None of the projects focussed on Asian women for example, or indeed on any ethnic group. There was limited focussed engagement with teenage girls, although some project did

recruit them as part of their young people's cohorts. And there was a focus on only some adult groups with long term conditions, most particularly in relation to mental health and long term care, but other groups such as those with other disabilities remain outside of the targeted approach here.

As discussed in Section 4, the process of identifying and recruiting inactive participants was likely to be more effective if there had been:

- established connections with other partners involved with target groups or communities;
- a shared understanding of who could benefit from participating and agree on appropriate ways to recruit; and
- an understanding within the project team of the (likely) needs of the target group and support which might be required to enable them to engage in the activity

All of the projects in the programme had previously undertaken these components but had relied on accumulating insights and experience themselves. In contrast, there is limited assistance or advice available to help (other) project teams to develop this. Further research – and the possible guidance to help stimulate this – is required.

6.3 ENGAGING PEOPLE UNDERTAKING LIMITED ACTIVITY ALONGSIDE ACTIVES

One consequence of the recruitment by the projects has been that no intervention was conducted exclusively with limited activity people, and arguably none of the activities was designed to be exclusively for this cohort. The significance of this – and the question of whether it is more effective to have mixed groups (ie active and less active) or to focus on those within limited levels of activity – cannot thus be assessed in this research as no control groups were formed.

But there are some pointers here that suggest this is a topic which is worthy of further investigation. In particular, the noted aspirations of participants to have fun and meet people (as important as fitness and activity) and the benefit accrued of being introduced to new people, being involved with people in similar circumstances or communities and the involvement in new activity and more enjoyment indicate that some mixing of people and activities may have had positive impacts.

Project evaluations also point to the greater weight of socialising in groups irrespective of their activity levels or aspirations seems to work well. But in the absence of control groups, the value of mixing or separating participants by their levels of activity remains untested.

6.4 SUSTAINABILITY

In the context of this programme, sustainability can be defined on two levels, each of which it is not yet possible to evaluate.

First, the Fund provided financial support for a period of 12 months, building on existing activity. It sought to strengthen and deepen legacy for physical activity from the 2014 Glasgow Commonwealth

Games with the aim to support "project (which) will be sustainable and scaled up or mainstreamed within their Community Planning Partnership (CPPs)". At this point, three months after the end of the funding, there has been a commitment from each of the CPPs to continue supporting the projects, but it is not yet possible to assess the extent to which either the projects or the learning from the interventions can be termed 'mainstream' although many of the projects are continuing to be supported by CPPs.

Second, there is a question over the sustainability in terms of the levels of physical activity achieved by participants. This too cannot be assessed, and indeed there are few mechanisms in place across the projects to allow them to continue to monitor the longer term impacts of engagement with the activities. As with most other research and evaluation in this area, the absence of longitudinal studies makes it impossible to know that relatively short-term interventions can bring about longer term behaviour change.

There are examples of how projects have sought to sustain engagement, and overcome some of the barriers which inhibit some people becoming active. Recognising that cost is perceived by many as a barrier to participation, some projects have set up activities which continue to be available free of charge (such as Active Stirling, Cairngorm National Park Authority, NHS Highland and Midlothian Council. The concept of a graduated discount, such as that offered by Edinburgh Leisure, with charges brought up to commercial rates over a period of 2 years, is aimed at sustaining participation beyond the immediate activity offered.

In addition, projects acknowledge the importance of social elements in sustaining participant engagement through the immediate period of the activity and beyond and this is already proving to be an area rich in learning for the projects. These social elements include the project-participant relationships as well as participant-participant relationship. Examples of these elements and some of the learning points identified by projects are given in the table below. Further work is taking place to organise and analyse data from project visits, meetings and process evaluations to explore ways in which such the impact of such insights can be better understood.

Table 27: Examples of social elements in sustaining participant engagement

Approach	Purposes	Learning Points/Insights
One to One Inductions	Building trust	Participants with chaotic lifestyles need friendly reminders to attend & may only be able to plan short periods ahead
	Introduce participants to new environment	It may not be enough for participants to be able to find their way around a physical environment – they may need more engagement in early sessions to get started
'Socials' and Intergenerational activities	Build relationships between participants	Participants appear more motivated to attend to support others than for personal benefit

Beyond these specific initiatives, the surveys across the programme provide a picture of intentions amongst participants at the end their engagement with the interventions.

Figure 23: Future intentions

Future physical activity intentions

- No response — 4%
- Do less — 6%
- Mainatian — 37%
- Do more — 53%
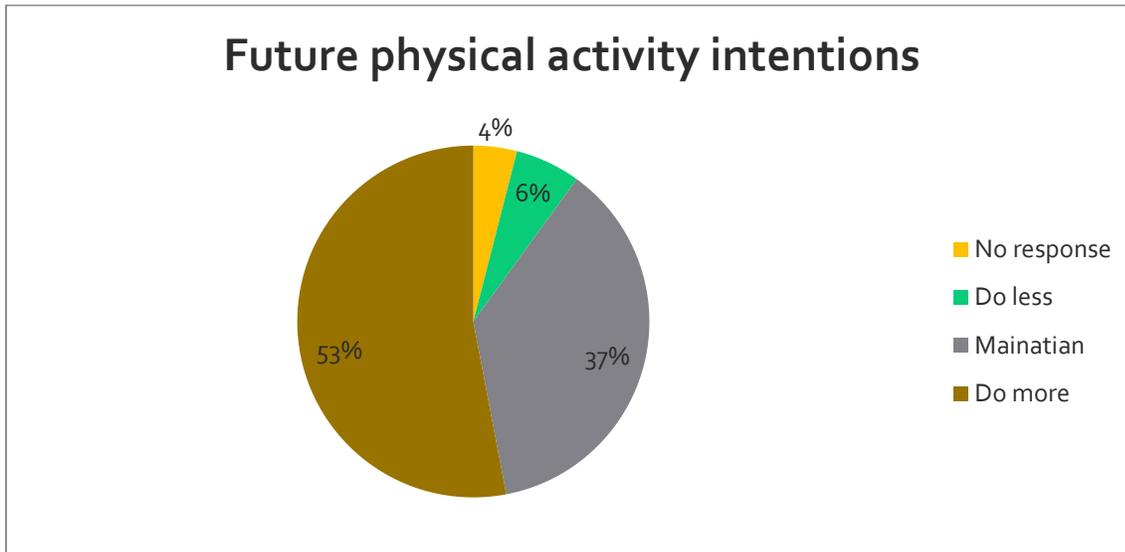
Research evidence suggests however that positive intentions and goals are essential but not necessarily sufficient to stay physically active. It also indicated that those who stay physically active need confidence in their abilities, and satisfaction with the outcomes of that activity. It is thus positive that:

- of those who intended to do more, 53% felt that the project intervention improved their lives 'a lot' and a further 41% 'a bit'; and
- similarly for those who intended to maintain their levels of activity, 49% thought their engagement with the project had improved their lives 'a lot' and 39% 'a bit'.

6.5 SCALING UP

Alongside a desire for sustainability, Scottish Government and Spirit of 2012 both emphasised the desire to gain valuable insights from the projects about how good initiatives can be scaled up. Evidence of this has been provided by projects in the individual evaluation reports and their contribution to the Learning Event held in Edinburgh in March 2017 to accompany the end of the programme.

Further analysis of this evidence is expected to be conducted by individual CPPs as they assess the future of each project.

SECTION 7 - SHAPING IMPACT: PROGRAMME DESIGN AND PROCESS

In this section we draw together some of the evidence from elsewhere in the report to consider issues and learning connected to the design and implementation of the programme and its potential impact on the overall outcomes. It is primarily written to assist funders and policy teams who have roles in shaping the formation of future programmes, funding projects and defining the policy environment within which these are set. Some of the points here have already been flagged up earlier in the report but are included here to give a more comprehensive coverage.

7.1 PROGRAMME DESIGN

The Fund envisaged 18 months for the projects to apply, undertake the one year of interventions and a 3 month period of evaluation. In each aspect this was a very ambitious timescale. Few of the projects were fully prepared during their application process to initiate their activities at the start of October 2015 as planned which meant that interventions extended to the end of December 2016.

The intended appointment of the evaluation partner ahead of the assessment of applications was also delayed, with decisions made in advance by the Fund of the 11 projects and with some projects starting by the time the partners were appointed in October 2015. Although this changed the nature of the relationship with the project teams – in particular in supporting them in securing baseline or benchmark data – a more flexible and co-produced approach to evaluation did emerge which provided greater opportunity to reflect the diversity of experiences across the projects.

With delayed starts to projects, there was also a reduction in the amount of time available at the end for evaluation, and the envisaged collaboration between the University of Strathclyde team and the project teams in the final 3 months was severely curtailed. This was further eroded by the inevitable loss of project team staff as the project (and associated funding) came to an end. However, each of the project teams managed to retain at least one key member of their team to assist in the evaluation process and to be involved in the Learning Event in March 2017.

7.1.1 LEARNING, ADAPTING, CHANGE – A DIFFERENT ETHOS

As noted above, the intention by the Fund that change to the project activities and interventions were desirable components of the programme was unfamiliar with most of the project teams. More used to delivering against pre-agreed processed and outcomes, it took time for the teams to appreciate (i) that evaluation and assessment during the project's life was necessary to assess which elements were or were not being effective and (ii) that adapting approaches in the light of this evidence and learning was actively encouraged, even if this revised (sometimes significantly) the intervention and/or expected outcomes.

This different ethos was strongly encouraged by the Fund staff, with both Alex Johnston from Spirit of 2012 and Emma Broadhurst from Scottish Government, keeping in regular contact with the project teams, including visiting them to encourage learning and change. As several of the project teams

commented it took them time to appreciate that making changes was acceptable during the programme but the personal encouragement from the Funding team helped to reinforce this message.

This was further highlighted through the more formal reporting channels, as each project team was asked to submit as part of their management reports details of what they had learnt was working or not working and the adaptations they had made – and the impact that was expected on the original project outcomes (see section 6).

Whilst this has been an important outcome in itself and formed a key component of the learning event, it also impacted on the overall evaluation of the programme. For some projects this resulted in a reduction in the expected number of participants as target groups were changed or learning about how to reach them was applied. In other cases, revised interventions took place, changing the nature of how target groups were encouraged to become active.

7.1.2 PROJECT READINESS

Preparation and readiness to start on extensions

As noted in 1.2, the Funding partners anticipated that the projects would all be ready to start on 1 October 2015 and each, along with their CPP partners, was asked to signal this when making their application. Spirit expected that this date would mark the start of 12 months of activity. For many of the projects, however, the funding was needed to enable them to be in a position to start the projects, including hiring staff, preparing publicity and recruiting participants. As a result, there was some considerable slippage in time before all the projects were able to commence, which in turn influenced the ability to coordinate evaluation and learning across the programme. It was created the need for Spirit to be more flexible in its own reporting structures (mid-year reports, end of grant reports) and its financial support (including over staff contracts, and end dates for reporting and evaluation).

7.1.3 EXISTING EVIDENCE BASE AND INSIGHTS

The programme assumed that all of the successful applicants for funding had robust evidence of previous success in getting people active. This was one of the assessment criteria used by the Fund. However, although each applicant had to narrate the impact and success of their project to date and include baseline or progress data, this was almost always expressed in terms of the NUMBERS of people engaged in the activity and the NUMBER of activities delivered. None indicated that they had any specific data on physical activity levels of individual participants, and none had identified the impact of the intervention on individual physical activity. Where this data existed it was largely anecdotal and self-reported by only a few participants. Similarly in submitting their application to the Fund, none of the project teams indicated that they had information on progress in terms of physical activity after participants completed their activity.

This absence of baseline data – and more importantly the establishment the mechanisms to record change in levels of physical activity attributable to the project activities – was a major hurdle. It reflected the current focus by CPPs and other funders on the processes of delivery (and the associated measure on throughput) rather than outcomes and output.

The adoption of a standard survey to provide baseline data was thus both a necessary means of enabling evaluation of the programme and a component of learning for the project teams.

7.1.4 EVALUATION EXPERIENCE OR LACK OF IT

Arising from this was the general absence of expertise and experience within the project teams of the processes of conducting evaluations- including insights of key, widely accepted measures to use to record consistently information on physical activity, mechanisms to collect such data and the recording of data. Some of the projects had requested as part of their application external evaluation support –in order to provide such expertise.

Recognising this from the applications, the Funding partners and the University of Strathclyde evaluation partner, agreed to revise their approach to supporting project evaluation and the programme as a whole. More resources were allocated to this component and ESS were contracted to help develop evaluation skills within the project teams and to assist them to develop their own outcomes (see below). In turn, this became a component of the learning within projects and has helped to build longer-term capacity and knowledge within the local teams.

7.2 GAINING INSIGHTS AND KNOWLEDGE OF THE 'INACTIVE'

A key feature of the programme was the expectation that each of the project teams would already have valuable insights about how those engaged in limited activity could be encouraged to become and stay active based on the existing project interventions. Each project was expected to ADD further knowledge based on the extension of their activities and to SHARE this with other project teams and partners through the programme. Reflecting on this starting point, it was evident that the projects benefitted from three strands that impact on the transferability of the project learning to other situations:

Local networks and pre-existing contacts for recruitment

Knowing where to find and thus recruit members of the target groups (and thus more of the least active people) provided significant impetus to the projects. Most of the projects intended to engage groups with whom they already had contact. This enabled them to have a 'feel' for the needs of the group, a sense of what information and pathways to use to recruit them into the project activities, and a structure of activity which was directed towards the known group(s).

For the most part these projects utilised existing networks and pre-existing contacts to recruit participants, with some having been fostered over many months and years – for example in establishing a relationship with referrers and with care home staff.

Building new networks and connecting with new target groups

For those projects who sought as part of the Fund's programme to move beyond the 'known' target groups, there was a need to establish new contacts and pathways, and to find out about the needs of new groups.

Three conclusions emerged from those who already had contacts and pathways:

1. there was a working assumption that a target group equated to being inactive, and little systematic analysis was conducted to identify those participants who were inactive and those who were already engaged in some physical activity;
2. the recruitment pathways, especially referrals, sought to identify people who were within a target group and who would benefit from some activity, but inactive people were not specifically targeted; and
3. the needs and design of the programmes were primarily set around target groups and not inactive people in these groups.

Reaching more of the least active people

Where there was most success in getting people undertaking limited activity to engage – and learning from those projects who did not recruit many if any of such people - there were several key elements which appeared to increase success:

- for adults, the provision of gentle exercise or similar introduction to physical activity, rather than activity which involved higher levels of activity (including walking, gym, fitness) along with opportunities to progress to higher levels of activity;
- for young people, activities for groups and which were based on extra-school curricula areas (eg dance, table tennis); and
- develop the intervention activity in conjunction with local groups or individuals (eg volunteers or professionals), both to endorse and promote the activity and to reach out to inactive.

7.3 ASSESSING OUTCOMES, EVALUATION AND INFORMATION GATHERING

Developing appropriate ways to assess the project outcomes has been for most projects a relatively steep learning curve. As previously noted, there was a general lack of baseline data gathering about physical activity levels amongst participants and a lack of clear and measurable outcomes being set from the outset. Without robust and reliable data assessing the impact a project has on people's levels of physical activity it is difficult to provide compelling evidence of effectiveness.

The approaches adopted for the programme and projects have helped to provide some key evidence of how those engaged in limited physical activity can be encouraged to increase activity levels, but they also provided lessons about possible improvements to this evidence base. It was clear, for example, that having staff and volunteers collect (potentially) sensitive information about participants' lives was in some circumstances difficult – for them and for the participants – and more-co-designing of the surveys (or alternative instruments) mindful of the needs and circumstances of the project participants could have assisted in increasing response rates. More advice explaining the purpose of the surveys might also have helped participants to appreciate why data were being requested and helped to increase the response rates at the end of the project.

Finding the appropriate circumstances to gather information can be significant, not just in ensuring higher response rates but aligning the outcomes measurement with the delivery activity. Midlothian Council, for example, found it challenging to ask participants to gather information which was "quite serious and deep" during sessions which were designed to be fun and light-hearted. And there needs to be a realisation that collecting data can be time-consuming, often with support being needed to assist participants in understanding the information and completing surveys.

Increasing the collection of effective evaluation data is likely to include:

- developing a small number of clear and measurable outcomes at the outset of the project;
- identifying appropriate means of collecting data relevant to the outcomes and how this data are to be recorded and stored, including training staff or volunteers to communicate the purpose of the data and its collection; and
- working with partners (and participants) in designing the data collection, including timing.

7.4 STAFFING – RECRUITMENT, QUALIFICATIONS, QUALITIES

All of the projects involved teams, often a blend of paid staff and volunteers. Recruiting the most appropriate staff and deploying them takes time and care. There is a need for flexibility in roles and opportunities for development for each team member but also an appreciation that different skills are required between for example the delivery of the physical activity and the induction process.

Across the programme, project teams highlighted in their own evaluations the need to balance skills. As Active Stirling noted "staff who have all the skill set and experience to deliver a vibrant and relevant programme for communities are not going to be able to meet the needs of which who need it most unless their role has flexibility built into it and the space to be creative".

The importance of having the right team members as engagers of people –whether paid staff or volunteers, this team are key gatekeepers and often the first point of contact with the project. "Although it is was to key to be promoting the benefits of increased physical activity levels and be well versed in this area, I would suggest it was just as key to have a level of understanding and empathy for the families involved" (Leisure and Culture Dundee).

And there was a recognition that as a team there had to be a shared appreciation of the overall outcomes and objectives, bringing together not only those involved in the delivery of activity, but also those in recruiting participant and, the volunteers and staff administering the project.

7.5 EXTERNAL RELATIONS

Developing, maintaining and utilising relationships with external partners have been important components of each of the projects – and the programme as a whole. Each project is located within a Community Planning Partnership and most of the project teams are either part of, or connected to, the local council. This has enabled them to have additional financial and managerial support beyond that

provided by the Fund, and has emphasised the connection of the project outcomes with both local Outcome Agreements and the Scottish Government Active Outcomes Framework.

But support from the Fund has enabled the projects to consider more innovative and transformative ways of engaging with inactive people, and thus to learn how to make more effective engagement with existing partners or to develop new relationships. "This funded project... has allows us, Active Stirling, to work in a different way. It provided us with the capacity to be more intentional with our approach in engaging with two of our low participating communities...Taking our existing programme and working in a more focused and targeted way for communities and individuals has resulted in significant pieces of learning. This learning has already informed and shaped current working practice and has generated essential learning on how we continue to work in this way to ensure outcomes are achieved for those who need it most".

Working with external partners is not always without challenges, but with collaboration and co-designing there can be a shared sense of interventions being supportive. For example, independent evaluation of the partnership between Fife Sport & Leisure Trust and the external referrers for their Mind and Be Active programme highlighted how co-design through a joint steering group, good information to provide to those referred and continuing dialogue meant that those interviewed for the evaluation "could not suggest any improvements to the programme (project) as they felt that its design and content was already meeting people's needs".

7.6 PARTICIPANT RELATIONS

In focussing on interventions which help to get inactive people starting to be active and continuing to become more active, there is a need to ensure that participants are themselves actively involved in developing their own 'journey'. To make this work effectively, three key stages have to be considered:

1. identifying their needs and motivations for engagement with the intervention
2. an appreciation of the impact and outcomes of their involvement with the activity in terms of their individual physical outcome, and
3. a sense of direction for the future, signalling the next stage in maintaining or increasing levels of physical activity.

In this programme, some good practice and experience were developed to help achieve these three stages.

Typically the projects had established insights to the existing needs of their target groups as part of their recruitment pathways (see above) based on their previous interventions and through their partners. Updating these through engagement with participants was anticipated by most projects as part of their activities, but only some planned to undertake this in a structured way. Good practice included commissioning evaluation surveys by independent assessors providing feedback from participants or by the project teams themselves undertaking feedback sessions with participants. Such feedback can be useful to help keep the interventions relevant. As Leisure & Culture Dundee indicated,

"by working closely with the families and understanding their needs better, we have gathered lots of feedback....that actual feedback from the families influenced a change to the programme".

Alongside measuring outcomes at the project level, opportunities should be created to enable participants to appreciate the impact of their involvement in terms of physical activity. This could for example, as was adopted in Cairngorm NPA, including the use of pedometers to provide information to participants – but there is a need to complement such information with a translation of the step count data into more personalised information on physical activity outcomes. The use of questionnaire surveys, like the one developed for this programme, was designed not only to give the project team's measurements relating to project outcomes, but also to encourage individual participants to appreciate what had been achieved in meeting their own needs in terms of activity.

Most projects offer participants the opportunity to continue to get access to the activities they were engaged with, whether that is within the walking groups, or access to leisure facilities, or because the activity is more embedded in everyday routines in care homes. There also an appreciation those activities might help to change perspectives beyond physical activity. As Active Stirling noted, "through engaging people in our walks we have generate an audience who have a better understanding of their community and paths available. This has caused them to show more concern for these paths and increased their knowledge of available walk routes in their community". Less evident was a clear process by which individual participants (or groups) were assisted to consider how they might increase their levels of physical activity and plan for this next step. Becoming volunteers in projects formed one step for some participants, but that too was viewed as much about sustaining projects and interventions rather than focussing the volunteer 's own activity levels.

SECTION 8 - RECOMMENDATIONS – POLICY AND PRACTICE

In this final section, we turn to highlight a small number of key recommendations. Some analysis and recommendations have been provided at the end of some of the previous sections, pertinent to the topics raised in each section.

The following focusses on the larger context in which this programme was constructed – the policy environment created by Scottish Government, the focus created by the Fund through its management and delivery by Spirit of 2012, and for project teams the ways in which they can work to help support and encourage inactive people to become more active.

8.1 DEFINING 'ACTIVE' – THE POLICY CONTEXT

Recommendation 1: There is a need to define intermediate steps in reaching the ultimate objective of getting everyone in Scotland to achieve the recommended levels of physical activity.

Recommendation 2: The current dichotomy of 'active' and 'inactive' is unhelpful in encouraging those to undertake limited activity to get started to become active AND to those already engaged in some, moderate activity.

The current focus in policy and assessment on reaching the recommended level of physical activity is important to ensure that people are able to get the maximum health and wellbeing benefits from undertaking such activity. It is prominent in the Scottish Government Active Outcomes Framework and in guiding activity within CPPs (as for example in this programme). But this focus may also be a barrier, discouraging those who are furthest away from these levels to engage with any or limited physical activity and act as a deterrent to those already undertaking some activity to strive for more.

The evidence from the projects here suggests that within public policy a stronger focus needs to be given on progression towards the recommended levels, recognising the positive impact of undertaking some activity. There is an important role for small steps and intermediate targets and for policy to acknowledge and celebrate any activity, as well as promoting the [greater] benefits of higher levels of activity.

Encouraging people to take SMALL STEPS may be important and realistic for everyone. Getting inactive people to do some activity is progress. Getting those who are active for a short period of time or a few a days a week to do more, for longer and of greater intensity is progress.

In this research we have labelled these steps as: limited, some, moderate and active.

Across the programme, the interventions resulted in 63% of those who were at the bottom step to increase their levels of activity, 45% one step up to raise their levels and 26% on the third step to reach the top, the recommended levels. Of course, some participants moved in the other direction which is to

be anticipated, but the same message of taking a small step (back) up is likely to encourage them to reverse their movement.

Figure 24: Steps towards reaching recommended levels of physical activity
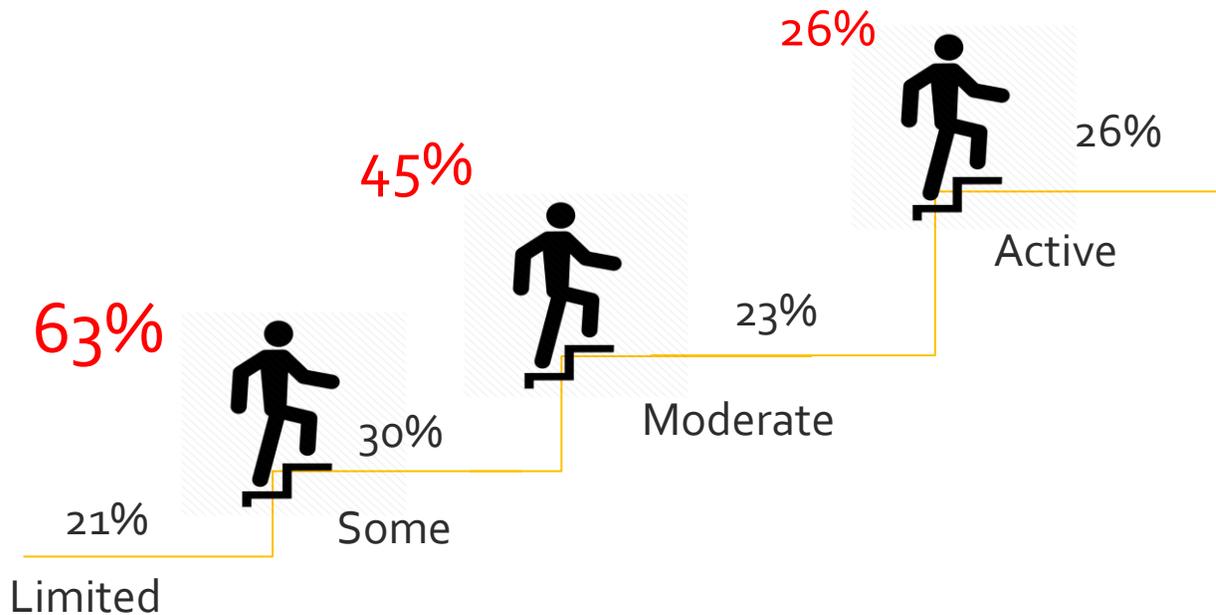
Using this classification, 63% of the participants made progress; 20% of whom increased significantly their levels of activity (from limited to moderate). 17% achieved the desired goal of reaching the recommended levels.

Recommendation 3: Develop a progressive model that nudges and supports inactive individuals toward more activity, and more independent activity – whatever their starting point.

However, whilst small steps may be of importance and should be acknowledged as such, they are only significant if followed by another small step.

The evidence of the projects suggests that different types of activity are likely to be more successful at (i) appealing to groups at different steps and (ii) effective in enabling them to make progress to the next step.

Socialising exercise, with a focus on meeting people and introducing low levels of activity may be attractive in some circumstances, for example in care homes with elderly people, but they are unlikely to raise activity to the recommended levels but could enhance moderate levels of activity

Gentle exercises may attract more inactive people than socialising activities, but they do greatly increase levels of activity.

Walking or equivalent is unlikely to attract inactive people (most people already are engaged in some or moderate activity) but this can be the platform to encourage people to undertake further activity and thus reach the recommended levels.

More vigorous activity is likely to attract a mixed set of participants ranging from those already active at the recommended levels to those who are inactive. Through such exercise, many participants will increase their overall activity.

Support needs to be given across different of projects within local areas and for target groups to ensure that there are NEXT STEPS for them to progress to. This, in turn, means that greater emphasis has to be placed on identifying and working with individuals at their individually appropriate activity level, responding to the activities that interest and motivate them.

8.2 HELPING TO GENERATE EVIDENCE

A key feature of this Fund has been to extend the evidence base to help shape future policy. Learning from the projects and their experiences is an aspect of this – and was the focus of the Learning Event held in Edinburgh in March 2017 organised by Scottish Government and Spirit of 2012 to help share with 200 organisations.

But the focus was also on more robust evidence that future policy design makers could draw upon. It is hoped this report will help to achieve this. There is also key learning for Funders of projects, such as those in this programme and the wider array of projects across Scotland and internationally:

Recommendation 4: more pre-planning of resource requirements and methods to support evaluation is required prior to the start of projects to enable the generation of robust evidence.

There remains a significant gap between the practices adopted by project teams and the requirement sought by funders for robust evidence of change across participants. Too few of the projects had the capacity and expertise to design methods of information gathering for all participants beyond attendance records. Participants too showed reluctance to undertake surveys and to record information that registered change which reinforced the need for co-designing of the information gathering and explanation of the value of the data.

And project teams, their partners and participants also all had additional goals and reporting requirements, both internal (such as sustaining or growing operations) and external (such as improving the quality of life for participants) which need not align with the Funder's needs.

All these outcomes, goals and potential benefits plus the requirement for process evaluation, multiply the amount of information and measurement required and generates a considerable burden for participants and frontline staff responsible for informing participants and collecting data. It is unlikely that all these can be fully aligned, so some compromise is inevitable. It should not always be the funded projects that compromise.

Funders, therefore, are encouraged to consider responses to the following questions which arise from the experiences of this programme:

a) *How closely matched are the organisation's aims/objectives/theory of change and the aims of the proposed funding programme? How can competing interests (or elements of 'disinterest') be handled?*

b) *Determine whether you are evaluating for accountability or learning. If evaluating learning, how will this new knowledge be used or shared?*

c) *Be clear in your information to applicants whether you are funding a research programme, an action research programme, or a programme of action.*

d) *Build time into the planning phase to:*
   i. *research policy and academic work to inform an understanding of the problem and how funding might influence change, identifying benchmarks and relevant contextual factors. Debate the issues with your evaluation partner if you have one.*
   ii. *Identify one or two critical changes to be measured through programme evaluation and ensure this informs your application process (remember that applicants and their partners may want to measure other changes, or to measure change in different ways, so yours is not the only 'ask')*
   iii. *Hold an evaluation dialogue with funders, administrators, projects and evaluation team to build consensus and ownership of the programme evaluation process, clarifying the changes that will be measured across the programme, how they will be measured, how the data gathering and reporting will be implemented and any support requirements BEFORE the projects start. Acknowledge and discuss the ways in which projects are already measuring their success – would these existing approaches provide the necessary data without adding to the data gathering burden? Allow time for piloting data gathering (e.g. surveys/protocols) particularly for potentially vulnerable participants such as children or frail elderly.*

e) *Be realistic about the amount and type of data you are likely to gather and its potential significance. Numbers cannot always generate reliable statistical evidence. Most projects work with individuals who self-select and self-report, building in bias – take advice on statistical significance if you don't have the expertise in-house.*

f) Be prepared to compromise in terms of the amount/variety of data you collect and focus efforts on one or two critical measurements of change

g) Do not underestimate the power you have as a funder to direct project activity. Funded projects may assume they have no alternative but to 'give you what you ask for', rather than debate its practicality. Real dialogue is more likely to lead to shared understanding of how evidence can benefit future practice.

h) Do not be afraid to challenge projects if they are not getting results, but give projects/processes time to succeed and demonstrate which is/is not working.

8.3 REACHING AND WORKING WITH THE LEAST ACTIVE

Physically less active people are 'hard to reach'. They are more likely to be socially isolated. They are unlikely to have connections with existing networks based on physical activity or to have links with locations where such activity takes place. Knowing their needs and aspirations is important.

Recommendation 5: Identify and work with individuals at their individually appropriate activity level, responding to the activities that interest and motivate them.

For this to happen, it will require a shift away from a focus on target numbers, large groups and recruitment from within significantly large population cohorts. It requires a diverse set of pathways. Staff engaged with physical activity may not be best placed to connect with those engaged in limited physical activity. Others, such as health, social work or community professionals may be in a better position to know enough about a person's lifestyle to identify physical inactivity as being a factor. These professionals can provide a relatively quick and direct route to recruiting inactive participants. But not all inactive people will be connected to such services. Community-based pathways that rely more on ad hoc relationships between neighbours, for example, will require more diverse connections and take longer to reach the target population.

Projects involved with inactive people should consider the following:

a) Invest time in building relationships with people who can connect your project to inactive participants whether in the community or through professionals.
And seek to maintain and update these connections to help keep projects relevant and to gain feedback to allow an assessment of what is working and is less effective in reaching target groups*.*

b) *Different content and styles are required for informing potential participants, referrers and community organisations about physical activity projects.*

Referrers may be more interested in the professionalism of your project, the skills and experience of your staff; the activity level offered; and anticipated benefits for participants. They may respond well to professionally designed leaflets and information online. Community organisations may be more interested in how you might welcome participants and even respond negatively to corporate style communications. Potential participants may be more interested in whether the activity will be enjoyable than its health benefits – and prefer to hear about it by word of mouth, than other routes.

c) *Provide feedback to referrers about whether those who have been referred have joined/completed the physical activity programme, as well as those for whom the referral did not seem appropriate.* As well as assisting referrers, it encourages project teams to consider participants as individuals, and support capturing insights on their own progress.

8.4 RESEARCH GAPS

Recommendation 6: more research needs to be undertaken amongst those least active to identify the initial ways in which they might engage with projects and activities that are based on physical activity.

Understanding the barriers to and motivations for undertaking physical activity also needs to shift away from group analysis towards a more individual basis if it is to provide the insights required now and in the future to help support projects, funders and policy makers to made inroads into this stubbornly large group in Scotland.

ADULT ENTRY SURVEY

Before starting one of our activities we ask you to complete this questionnaire. We are working with a team of researchers at the University of Strathclyde as part of a national programme to assess the impact of our activities. You may request a copy of the information we hold about you at any time, or choose not to participate.

The questions we ask you here have all been identified as relevant to the amount of physical activity that we might expect people to take. We will ask you to complete another questionnaire on completion of the activity programme (or in XX weeks) so that we can identify any change. We will record your name and participant number separately, so that the information provided to the evaluation team remains anonymous. The information will be used by the project, its funders and academics to better understand how to help make Scotland's people more physically active.

Taking part

Activity: _____   **Start date: _____**   **Venue: _____**

How did you find out about the project? *(please tick one box only)*
☐ leaflet in my letter box   ☐ leaflet/poster elsewhere   ☐ contact with others involved in the project
☐ health professional   ☐ friend/family   ☐ other - please specify………………………………….

What benefits do you hope to gain from being part of the project? *(tick as many as appropriate)*
☐ maintain/improve my fitness   ☐ maintain/improve my weight   ☐ meet people
☐ have fun   ☐ maintain/improve my flexibility   ☐ maintain/improve my activity level
☐ reduce health risks   ☐ other - please specify ………………………

Why do you want to join this project now?

What is the main type of physical activity you take at present? *(please tick one box only)*
☐ incidental activity such as housework, gardening, walking about the house or shopping
☐ regular walking, running or cycling for fitness/exercise
☐ recreational activities such as yoga/pilates/dance/swimming
☐ organised sport
☐ other (please specify) …………………….

How vigorous is this physical activity, for example, do you find it easy or difficult to hold a conversation while doing this activity?
☐ Not very vigorous, easy to hold a conversation   ☐ Vigorous, difficult to hold a

| conversation | |

Personal Details

There is evidence that levels of physical activity vary with personal characteristics such as age, sex, height, weight, disability, employment, smoking and feelings of wellbeing. By asking people about these, we can better understand how different projects suit people with different characteristics.

Year of birth	– – – –
Gender	
Home Postcode *(please enter your full postcode)*	
Are you in paid employment?	☐Yes No ☐
Do you have a long-standing physical or mental condition or disability that has troubled you for at least 12 months, or that is likely to affect you for at least 12 months?	☐Yes No ☐
Height	___ft ___ inches OR _____cm
Weight	_____Stones ___lbs OR _____ kg
Do you smoke at all?	☐Yes No ☐

About you:

Wellbeing

We have four questions about your feelings on aspects of your life. There are no right or wrong answers. *For each of these questions please indicate your answer by circling a number on a scale of nought to 10, where nought is 'not at all' and 10 is 'completely'.*

1.   Overall, how satisfied are you with your life nowadays?

Not at all satisfied										Completely satisfied
0	1	2	3	4	5	6	7	8	9	10

2.   Overall, to what extent do you feel that the things you do in your life are worthwhile?

Not at all worthwhile										Completely worthwhile
0	1	2	3	4	5	6	7	8	9	10

3.   Overall, how happy did you feel yesterday?

Not at all happy										Completely happy
0	1	2	3	4	5	6	7	8	9	10

4.   On a scale where nought is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?

Not at all anxious										Completely anxious
0	1	2	3	4	5	6	7	8	9	10

Physical Activity

In the past week, on how many days have you been physically active for a total of 30 minutes or more?

Physical activity may include: walking or cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes

0 days	1	2	3	4	5	6	7 days

If four days or less, **have you been physically active for at least two and a half hours (150 minutes) over the course of the**

No	Yes

With respect to physical activity, what are your intentions over the next 6 months?

☐	☐	☐
do more physical activity	maintain my current level of physical activity	I am happy doing less physical activity

Attitudes to Disability – We are interested in attitudes toward disability,

a. Generally speaking, do you think there is a lot of prejudice in Britain against disabled people in general?

☐	☐	☐	☐	☐
A lot	A little	Hardly any	None	Don't know

b. Thinking about disabled people in general, how much of the time, if at all, do you think they can lead as full a life as non-disabled people?

☐	☐	☐	☐	☐
All of the time	Most of the time	Some of the time	Rarely	Never

YOUNG PERSON ENTRY QUESTIONNAIRE

Before starting one of our activities we ask you to complete this survey. We are working with researchers at the University of Strathclyde to learn about what helps different people become more active. You may ask for a copy of the information we hold about you at any time, or choose not to take the survey.

This survey asks some questions about you, the physical activity you take, and how you feel. We shall ask you some more questions later, so that we can identify if anything has changed. We will use this information to identify what works best for different people. You have been given a Participant Number so that the University researchers will not know who you are.

Taking part

Activity: _____   Start date: _____   Venue: _____

How did you find out about the project? *(please tick one box only)*

□ school   □ leaflet/poster   □ contact with someone involved in the project
□ nurse   □ friend/family   □ other - please
specify……………………………………………………..

What do you hope to gain from being part of the project? *(tick as many as appropriate)*
□ keep fit □ feel more confident □ meet people   □ have fun   □
keep active
□ other - please tell us here
……..

Why do you want to join this project now?

What is the main type of physical activity you take at present? *(please tick one box only)*
□ everyday activities such as walking about the house, visiting friends, shopping etc

□ walking or cycling to school

□ physical activities such as playing in the park or skateboarding

□ organised sport or physical activity such as swimming, football or gymnastics

□ other (please specify) …………………….

Personal Details

There is evidence that levels of physical activity vary with age, gender, and disability. By asking people about these, we can better understand how different projects suit different people.	
Year of birth	_ _ _ _
Gender	
Home Postcode *(please enter your full postcode)*	
Do you have a long-standing physical or mental condition or disability that has troubled you for at least 12 months, or that is likely to affect you for at least 12 months?	□Yes No □

About you:

Wellbeing *– There is evidence that people physical activity affects the way we feel.*
We have three questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please indicate your answer by circling a number on a scale of nought to 10, where nought is 'not at all' and 10 is 'completely'.

1. Overall, how satisfied are you with your life nowadays?

Not at all satisfied										Completely satisfied
0	1	2	3	4	5	6	7	8	9	10

2. Overall, to what extent do you feel that the things you do in your life are worthwhile?

Not at all worthwhile										Completely worthwhile
0	1	2	3	4	5	6	7	8	9	10

3. Overall, how happy did you feel yesterday?

Not at all happy										Completely happy
0	1	2	3	4	5	6	7	8	9	10

Physical Activity

Physical activity is any body movement

Moderate physical activity is any activity that makes your heart beat faster and makes you get out of breath some of the time. You may also sweat a little. Physical activity can be done in sports, school activities, playing with friends or walking to school. Some examples of physical activity are running, walking quickly, cycling, dancing, skateboarding, swimming, football, gymnastics.

For the next two questions, add up all the time you spend in moderate physical activity each day.

Question 1. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes (one hour) per day? Please tick the correct number of days.

☐	☐	☐	☐	☐	☐	☐	☐
0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days

Question 2. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes (one hour) per day? Please click on the correct number of days.

☐	☐	☐	☐	☐	☐	☐	☐
0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days

With respect to physical activity, what are your ambitions over the next 6 months?

☐	☐	☐
Do more physical activity	Keep up my current level of physical activity	I am happy doing less physical activity

Before starting one of our activities we ask you to complete this survey. We are working with researchers at the University of Strathclyde to learn about what helps different people become more active. You may ask for a copy of the information we hold about you at any time, or choose not to take the survey.

This survey asks some questions about you, the physical activity you take, and how you feel. We shall ask you some more questions later, so that we can identify if anything has changed. We will use this information to identify what works best for different people. You have been given a Participant Number so that the University researchers will not know who you are.

Taking part

Activity: _____   Start date: _____   Venue: _____

How did you find out about the project? *(please tick one box only)*
☐ school   ☐ leaflet/poster   ☐ contact with someone involved in the project
☐ nurse   ☐ friend/family   ☐ other - please
specify……………………………………………………..

What do you hope to gain from being part of the project? *(tick as many as appropriate)*
☐ keep fit   ☐ feel more confident   ☐ meet people   ☐ have fun   ☐
keep active
☐ other - please tell us here
…….

Why do you want to join this project now?

What is the main type of physical activity you take at present? *(please tick one box only)*
☐ everyday activities such as walking about the house, visiting friends, shopping etc
☐ walking or cycling to school
☐ physical activities such as playing in the park or skateboarding
☐ organised sport or physical activity such as swimming, football or gymnastics
☐ other (please specify) …………………….

Personal Details

There is evidence that levels of physical activity vary with age, gender, and disability. By asking people about these, we can better understand how different projects suit different people.	
Year of birth	_ _ _ _
Gender	
Home Postcode *(please enter your full postcode)*	
Do you have a long-standing physical or mental condition or disability that has troubled you for at least 12 months, or that is likely to affect you for at least 12 months?	☐Yes No ☐

About you:

Wellbeing *– There is evidence that people physical activity affects the way we feel.*
We have three questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please indicate your answer by circling a number on a scale of nought to 10, where nought is 'not at all' and 10 is 'completely'.

   1. **Overall, how satisfied are you with your life nowadays?**

Not at all satisfied										Completely satisfied
0	1	2	3	4	5	6	7	8	9	10

2. **Overall, to what extent do you feel that the things you do in your life are worthwhile?**

Not at all worthwhile										Completely worthwhile
0	1	2	3	4	5	6	7	8	9	10

3. **Overall, how happy did you feel yesterday?**

Not at all happy										Completely happy
0	1	2	3	4	5	6	7	8	9	10

Physical Activity

Physical activity is any body movement

Moderate physical activity is any activity that makes your heart beat faster and makes you get out of breath some of the time. You may also sweat a little. Physical activity can be done in sports, school activities, playing with friends or walking to school. Some examples of physical activity are running, walking quickly, cycling, dancing, skateboarding, swimming, football, gymnastics.

For the next two questions, add up all the time you spend in moderate physical activity each day.

Question 1. Over <u>the past 7 days</u>, on how many days were you physically active for a total of at least 60 minutes (one hour) per day? Please tick the correct number of days.

☐	☐	☐	☐	☐	☐	☐	☐
0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days

Question 2. Over <u>a typical or usual week</u>, on how many days are you physically active for a total of at least 60 minutes (one hour) per day? Please click on the correct number of days.

☐	☐	☐	☐	☐	☐	☐	☐
0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days

With respect to physical activity, what are your ambitions over the next 6 months?

☐	☐	☐
Do more physical activity	Keep up my current level of physical activity	I am happy doing less physical activity

YOUNG PERSON EXIT SURVEY

Before starting one of our activities we ask you to complete this survey. We are working with researchers at the University of Strathclyde to learn about what helps different people become more active. You may ask for a copy of the information we hold about you at any time, or choose not to take the survey.

This survey asks some questions about you, the physical activity you take, and how you feel. We shall ask you some more questions later, so that we can identify if anything has changed. We will use this information to identify what works best for different people. You have been given a Participant Number so that the University researchers will not know who you are.

Taking part

Activity: _____   Start date: _____   Venue: _____

How did you find out about the project? *(please tick one box only)*

☐ school   ☐ leaflet/poster   ☐ contact with someone involved in the project
☐ nurse   ☐ friend/family   ☐ other - please
specify……………………………………………………..

What do you hope to gain from being part of the project? *(tick as many as appropriate)*

☐ keep fit   ☐ feel more confident   ☐ meet people   ☐ have fun   ☐
keep active   ☐ other - please tell us here
……………………………………………………………………………………………………….

Why do you want to join this project now?

What is the main type of physical activity you take at present? *(please tick one box only)*

☐ everyday activities such as walking about the house, visiting friends, shopping etc

☐ walking or cycling to school

☐ physical activities such as playing in the park or skateboarding

☐ organised sport or physical activity such as swimming, football or gymnastics

☐ other (please specify) ……………………..

Personal Details

There is evidence that levels of physical activity vary with age, gender, and disability. By asking people about these, we can better understand how different projects suit different people.

Year of birth	_ _ _ _
Gender	
Home Postcode *(please enter your full postcode)*	
Do you have a long-standing physical or mental condition or disability that has troubled you for at least 12 months, or that is likely to affect you for at least 12 months?	☐Yes No ☐

About you:

Wellbeing – *There is evidence that people physical activity affects the way we feel.*
We have three questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions please indicate your answer by circling a number on a scale of nought to 10, where nought is 'not at all' and 10 is 'completely'.

   1. **Overall, how satisfied are you with your life nowadays?**

Not at all satisfied										Completely satisfied
0	1	2	3	4	5	6	7	8	9	10

2. **Overall, to what extent do you feel that the things you do in your life are worthwhile?**

Not at all worthwhile										Completely worthwhile
0	1	2	3	4	5	6	7	8	9	10

3. **Overall, how happy did you feel yesterday?**

Not at all happy										Completely happy
0	1	2	3	4	5	6	7	8	9	10

Physical Activity

Physical activity is any body movement

Moderate physical activity is any activity that makes your heart beat faster and makes you get out of breath some of the time. You may also sweat a little. Physical activity can be done in sports, school activities, playing with friends or walking to school. Some examples of physical activity are running, walking quickly, cycling, dancing, skateboarding, swimming, football, gymnastics.

For the next two questions, add up all the time you spend in underline moderate physical activity each day.

Question 1. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes (one hour) per day? Please tick the correct number of days.

☐	☐	☐	☐	☐	☐	☐	☐
0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days

Question 2. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes (one hour) per day? Please click on the correct number of days.

☐	☐	☐	☐	☐	☐	☐	☐
0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days

With respect to physical activity, what are your ambitions over the next 6 months?

☐	☐	☐
Do more physical activity	Keep up my current level of physical activity	I am happy doing less physical activity

Accurate assessment is required to evaluate current and changing physical activity levels and thus to evaluate the effectiveness of any intervention. Evaluating the physical activity outcomes in this programme has not been conducted in a clinical environment where control populations are also recruited or where representative populations have been sampled to verify data gathered by participants.

Throughout this study, assessments are based on self-reporting by individuals of their physical activities and their own evaluation of its duration, frequency and intensity. No objective measurement was been made, but where respondents were unclear of their answer to questions, they were able to leave it blank or offer a no response entry. It is not possible within the evaluation here to validate the assessment made by individuals, and it is thus anticipated that the measures used may have been interpreted differently by each respondent. Where appropriate a descriptor was provided to guide the respondents in their interpretation of activity – eg "moderate physical activity is any activity that makes your heart beat faster and makes you get out of breath some of the time. You may also sweat a little". As the focus here is on change in levels the assumption has been made that individuals are likely to use the same reference point for measurement at the start and end of the projects. To assist this where possible identical questions and/or terms were used in the surveys managed by each project tea m for participants as their started and finished the projects.

Anticipated error

For those who have never engaged or have limited experience of physical activity it is likely that they will have found it challenging to assess their own levels of such activity at the start of the programme. Questions asking about weight, height and the nature of activities undertaken were not always easy to answer and blank responses were provided. Equally, not all participants had the necessary level of knowledge or consciousness to provide responses to all questions. The expectation however was that by the end of the projects through engagement with the activities their understanding may have improved and thus more accurate self-assessments are made in the exit survey.

Assisting self-reporting

Appreciating that not all respondents were able to complete the surveys, each project team was encouraged to provide support to assist in this task, with each survey response indicating whether the responses were recorded by the participant or a project team member. Where families or young people were participants, permission to get responses was sought and for families a single respondent was used to complete the surveys.

Anonymity

Surveys were administered by the project teams, with each participant allocated a unique identifier that was added to the survey database. The survey was conducted either on paper or online. Data from those completed on paper were placed into a MS excel database without any details that would identify the individual and passed on to the University of Strathclyde evaluation team. Data from the exit surveys were matched by identified by the Strathclyde team, analyses undertaken and the results for

individual projects made available for the project teams when requested. An interim report was provided after 6 months to allow the projects teams and the programme evaluators to assess the response rates and the process of recording etc.

Project	Category	Activity
Changes CHP	Gentle Exercise	Gentle Exercise
	walking	walking groups
	walking	buddy walks
	Gentle Exercise	short walks
Active Stirling	walking	buggy walks
	Gentle Exercise	strength & balance
Edinburgh Leisure	exercise (other)	Active Lives
Cairngorm National Park Authority	Walking	Walking
Drumchapel Sports	exercise (other)	Boxing
	exercise (other)	Dance
	exercise (other)	Table Tennis
	exercise (other)	Various
	exercise (other)	Tennis
	exercise (other)	Football
	exercise (other)	Junior Development Programme
	exercise (other)	Summer Camp
	exercise (other)	Cycling
KA Leisure Ltd	Gentle Exercise	Weigh to Go
	Gentle Exercise	Chair Yoga
	Gentle Exercise	Hip n Knee
	exercise (other)	Aqua
	exercise (other)	MBA Synergy
	exercise (other)	Gym
	exercise (other)	Pilates
	exercise (other)	Learning Disability Class
	exercise (other)	Keep Fit
	exercise (other)	Classes
	exercise (other)	LD Class
	exercise (other)	Gym
	exercise (other)	Gym Class
	exercise (other)	MBA Aqua
	exercise (other)	Swimming
	exercise (other)	Fitness Classes

Midlothian Council	Gentle Exercise	Befriending group
	Gentle Exercise	Rio Challenge
	Gentle Exercise	Seated Exercise
	Walking	Rio challenge
	exercise (other)	Kurling
Fife Sport & Leisure Trust	exercise (other)	Mind and Be Active
Dumfries & Galloway Council	Socialising for exercise	Lets Motivate - Dominoes
	Socialising for exercise	Lets Motivate - Folding napkins
	Socialising for exercise	Lets Motivate - Sing-a-long
	Socialising for exercise	Lets Motivate - Memory box/albums
	Socialising for exercise	Lets Motivate - Crafts
	Socialising for exercise	Lets Motivate - Chatting
	Socialising for exercise	Lets Motivate - Reminiscing
	Socialising for exercise	Lets Motivate - Knitting
	Socialising for exercise	Lets Motivate - Jigsaw
	Gentle Exercise	Lets Motivate - Chair based keep fit
	Gentle Exercise	Lets Motivate - Music & exercise in chair
	Gentle Exercise	Lets Motivate - House chores
	Gentle Exercise	Lets Motivate - Walking
	Gentle Exercise	Lets Motivate - Seated exercises
	Gentle Exercise	Lets Motivate - Chair activities
	Gentle Exercise	Lets Motivate - Sitting/standing
	Gentle Exercise	Lets Motivate (Parachute)
	Gentle Exercise	Lets Motivate (parachute activity)
	Gentle Exercise	Let's Motivate (parachute activity)
	Gentle Exercise	Lets Motivate (Talking Ball)
	Gentle Exercise	Lets Motivate (Throwing Bean Bags)
	Gentle Exercise	Let's Motivate (throwing bean bags)
	exercise (other)	Lets Motivate - Bowling
	exercise (other)	Lets Motivate - Kurling
NHS Highland	exercise (other)	Dance Leadership
	exercise (other)	dancing
Leisure & Culture Dundee	exercise (other)	swimming
	exercise (other)	Family Active

Spirit of 2012 and the Scottish Government team identified the follow 'golden nuggets' as key learning points.

1. Take a person-centred approach which is flexible and responsive to the needs of the inactive people in your community and their circumstances.

2. Get a real understanding of the people and community where you provide services.

3. Change your recruitment practices if necessary - bring in staff, such as family support workers, who are empathetic and understand the people in your community and their needs.

4. Provide a warm welcome and personal touch when people come to your facilities.

5. Provide social (and fun!) activities that bring people together.

6. Factor in time for people to connect socially and get to know each other.

7. Introduce people to activities gradually and to help them stay active by continually encouraging them.

8. Provide drinks and refreshments as an engagement tool.

9. Adopt a positive attitude. A 'can-do' attitude overcomes barriers and sets an example to others.

10. DON'T FORGET: Spending time with people like you - having a chat and a cup of tea - and forging new friendships is as important to most participants as getting more active.