

# Still On The Go Evaluation Report

Lead evaluator: Rachel Cooke, [Rachel.Cooke@activenorfolk.org](mailto:Rachel.Cooke@activenorfolk.org)

Project Manager: Nicola Galwey-Woolston, [Nicola.Galwey-Woolston@cotmanhousing.co.uk](mailto:Nicola.Galwey-Woolston@cotmanhousing.co.uk)

Project Coordinator: Spencer Ward, [Spencer.Ward@cotmanhousing.co.uk](mailto:Spencer.Ward@cotmanhousing.co.uk)

# Summary of the project

- 'Still On The Go' is a Sport England and National Lottery funded project established in 2018 with the aim of reducing inactivity amongst people who are 55+.
- Eligible participants are aged 55+ and currently inactive (doing less than 30 minutes of physical activity that is at moderate intensity per week).
- The project coordinates free activity opportunities within social housing schemes and leisure centres for eligible residents and members of the local community to attend.
- The project has been independently evaluated by Active Norfolk.

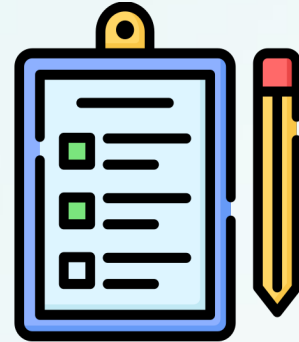


# Setting-up Still On The Go in Housing Schemes



## Liaise with Housing Staff

The Project Coordinator would firstly contact housing management to explain the project. Contact would then be made with the scheme manager and or support staff to arrange a visit to the sites to meet staff and see the scheme.



## Gather Insight

Where possible, staff delivered a questionnaire to tenants asking them what physical activity they've done in the past, what they do and whether they would take part in something on-site or at a leisure centre. These were passed back to the Project Coordinator to inform what activities would be offered.



## Meet and Greet

The Project Coordinator would then arrange an information and taster session and promote it to residents to encourage them to come and meet the instructor, find out more about the project and ask questions



## Coordinate Activities

The Project Coordinator would then work with the Housing Scheme and Leisure Centre staff to coordinate the activities at the scheme/leisure centre, making sure they have a suitable instructor, necessary equipment, storage etc.

Note: Support varies between housing schemes, some have staff who are there daily to check on tenants' welfare, organise repairs, and manage the site; others have floating support available in person or over the phone as and when needed.

# The Participant Journey

## Recruitment

Participants are recruited from housing schemes and the local community through a range of channels such as posters, taster events, online, word of mouth etc.

## 1-1 Support

Participants are asked to complete a health and wellbeing questionnaire, which also forms the basis of a motivational interview with the Project Coordinator.

The Project Coordinator supports participant to make a positive physical activity behaviour change, whether that be taking part in Still On The Go activities or doing something else.

## Attend Activities

Participants attend activities at the housing scheme, leisure centre, in the community or exercise independently.

## Additional Support

The Project Coordinator and Project Ambassadors provide additional support where needed to encourage participants to take part in the project. For example, meeting a new participant at the leisure centre to show them round and introduce them to the group.

# Summary of Evaluation Methods



**Participant baseline, 3, 6 and 12 month follow-up surveys** measuring physical activity, health, wellbeing, and socialising/loneliness outcomes as well as gathering the thoughts and views of participants



**Attendance records** were kept by the provider to monitor participant engagement



**Interviews** with a sample of participants and stakeholders were undertaken to get their detailed thoughts and experiences of the project

# Demographics

387 participants were recruited to the Still On The Go project. The project was very successful at targeting and engaging the desired 55+ age group.

- The average age of participants was 73.
- 80% were female.
- 71% of participants reported having a disability or illness, of which the most common disabilities reported were mobility issues (31%), long-term pain (24%), breathing issues (14%), and chronic health conditions (13%).
- The project also successfully reached a mix of Housing Association renters (42%) Local Authority renters (10%), private renters (6%) and homeowners (40%). Demonstrating a mix of both sheltered housing residents and residents from the surrounding communities.
- 97% of participants engaged in the project were white which is representative for Norfolk.

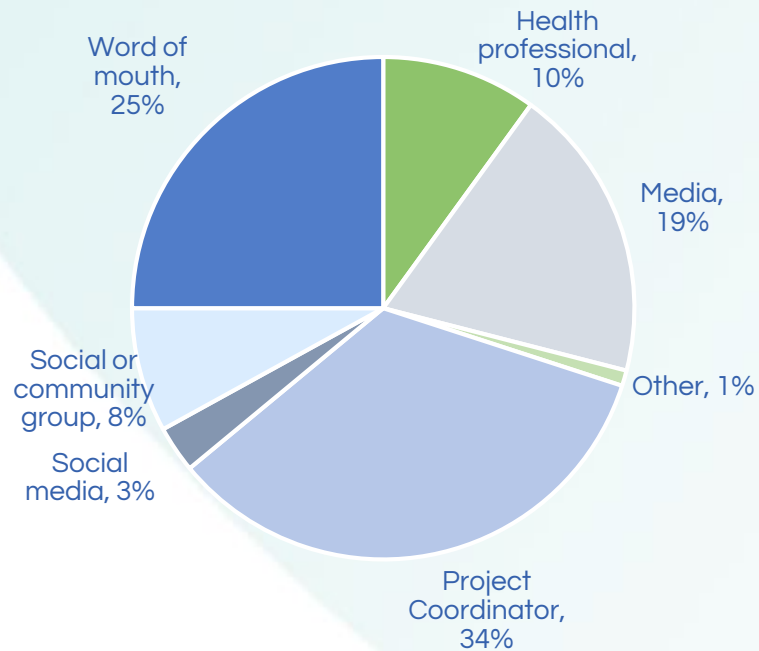


# Recruitment

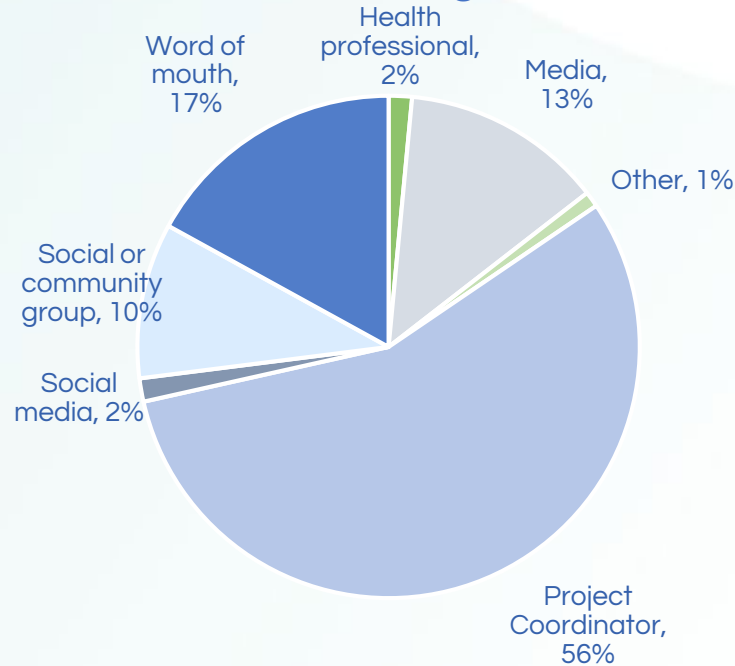
Participants found out about the programme through a range of channels. When separated into housing and community some recruitment methods appeared more prevalent than others.

How did you find out about Still On The Go?

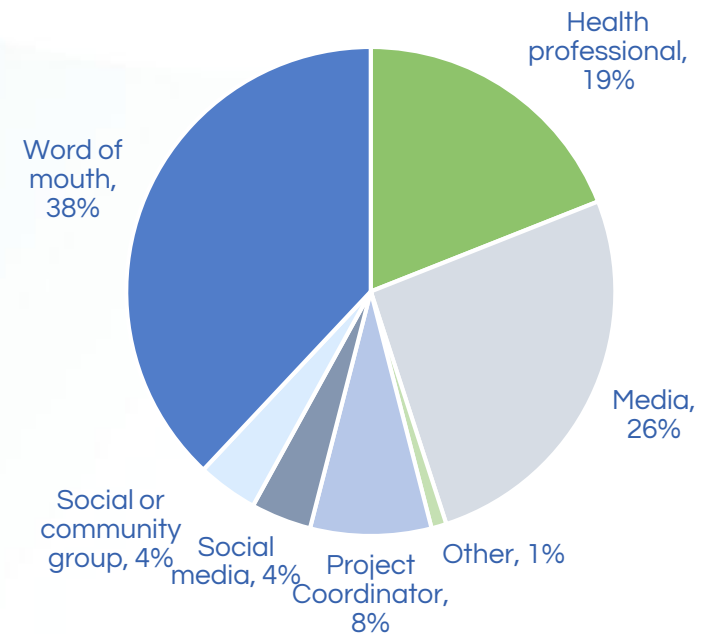
All Participants



Housing



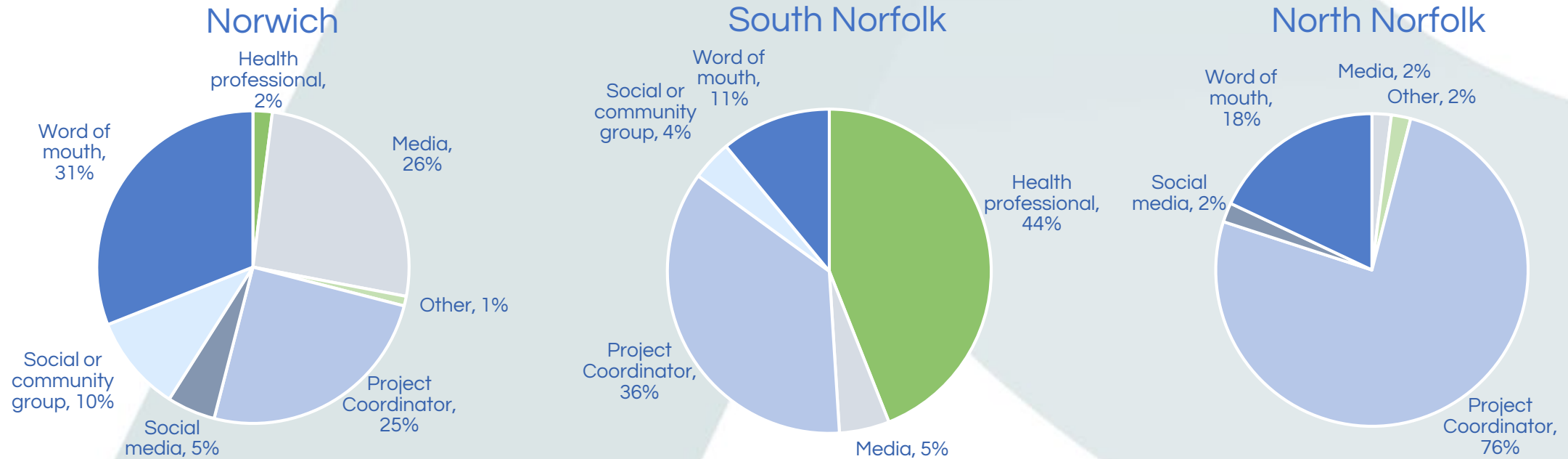
Community



The pie chart showing recruitment for Housing Association or Local Authority tenants (Housing) highlights the key role played by the Project Coordinator for engaging residents from sheltered housing in the intervention and how this differs from forms of recruitment most successful at engaging the local community outside of sheltered housing.

# Recruitment

The project was rolled out across three local authority districts in phases and with each phase different recruitment profiles can be seen.



In Norwich media recruitment was more prevalent (e.g. local news, radio, TV, internet) which is thought to be a result of promotion in a local magazine delivered to Norwich residents. In South Norfolk a large proportion of participants were recruited by Health Professionals as a result of working with local GP surgeries to send out targeted text messages signposting patients to the project as well as through the local social prescribing network. In North Norfolk, the Project Coordinator was the main source of recruitment. **This demonstrates the key role played by the Project Coordinator in recruiting participants to the Still On The Go programme and also highlights the value that health professional and media signposting can add to age-targeted recruitment strategies.**



# Engagement Pyramid

- Of those who signed up to the programme, 95% were eligible
- 82% of those who were eligible attended
- At 3 and 6 month follow-up 84% of those who were eligible and attended were no longer inactive.

These figures indicate that the project was very successful at targeting and engaging eligible participants (aged 55+ and inactive) and supporting them to attend the programme and then to go on to increase their activity.



# Barriers

Health was the main reason participants cited for having reduced or stopped physical activity prior to Still On The Go, as well as being the main thing that prevented attendance in the programme. Declining health associated with ageing therefore represents a significant transition in people's lives where they are at risk of losing a physical activity habit.

*My activity had been good. I had been going to pilates classes and cycling, but then I had a whole heap of problems with my mental health followed by various physical issues which I had so I needed a couple of operations and that threw me completely. So, I had about eight months of no cycling which for me cycling is one of the things that makes me feel good physically and mentally. - Housing activity participant from the community*

After health (36%), family (17%) and other commitments (27%) were the main reasons for being **unable to attend some of the activities**.

Other reasons for **becoming less active** included cost, moving to a new house, family commitments, and lack of motivation.

Main reason they stopped or reduced their physical activity



# Transport

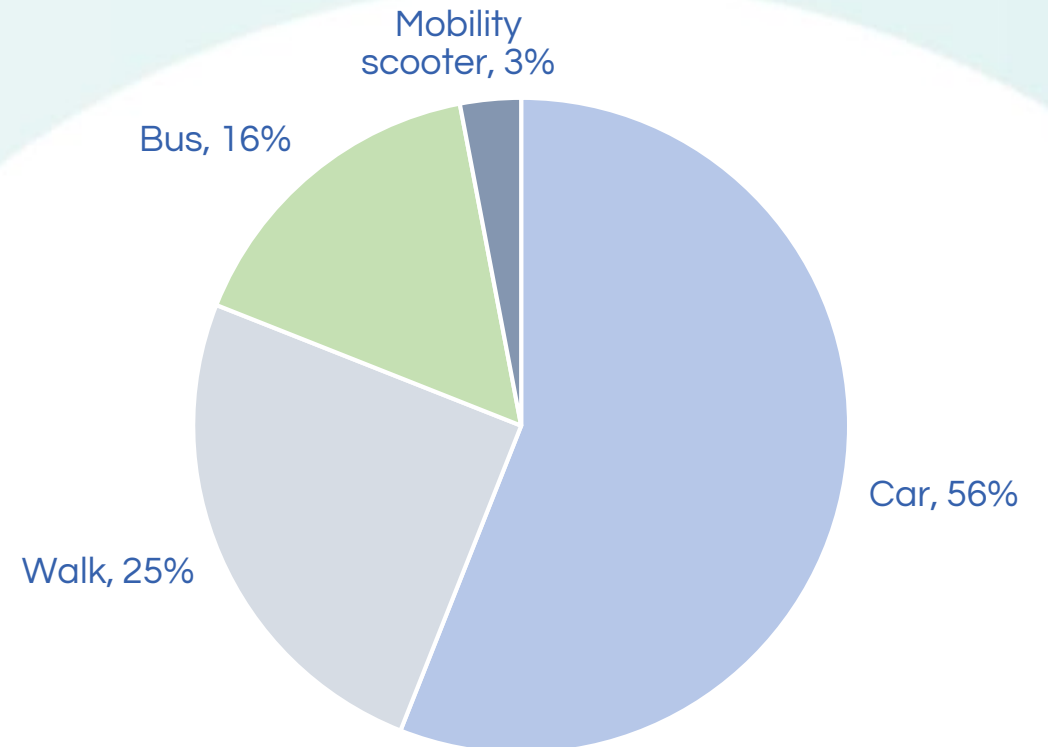
Transport was anticipated to be more of a barrier than it actually was.

*There were some assumptions that people in this group were struggling with certain things. Transport is always one that comes up, but actually we found that it wasn't a problem, if it was nearby, or they knew where to go, they would be willing to go. For the ones who have to travel, it's not really been a huge issue, if someone drives they've been very keen to go. There's not been a problem, buses occasionally, but even then people have taken two buses to get to a leisure centre. - Project Coordinator*

**Only 8% sited distance/transport as the reason they were unable to attend an activity session.**

As the project offered both on-site and off-site opportunities the barrier of distance or transport was considerably reduced. For off-site activities the main modes of transport used were car, walking, or bus.

Participant mode of transport to activities not at the housing scheme

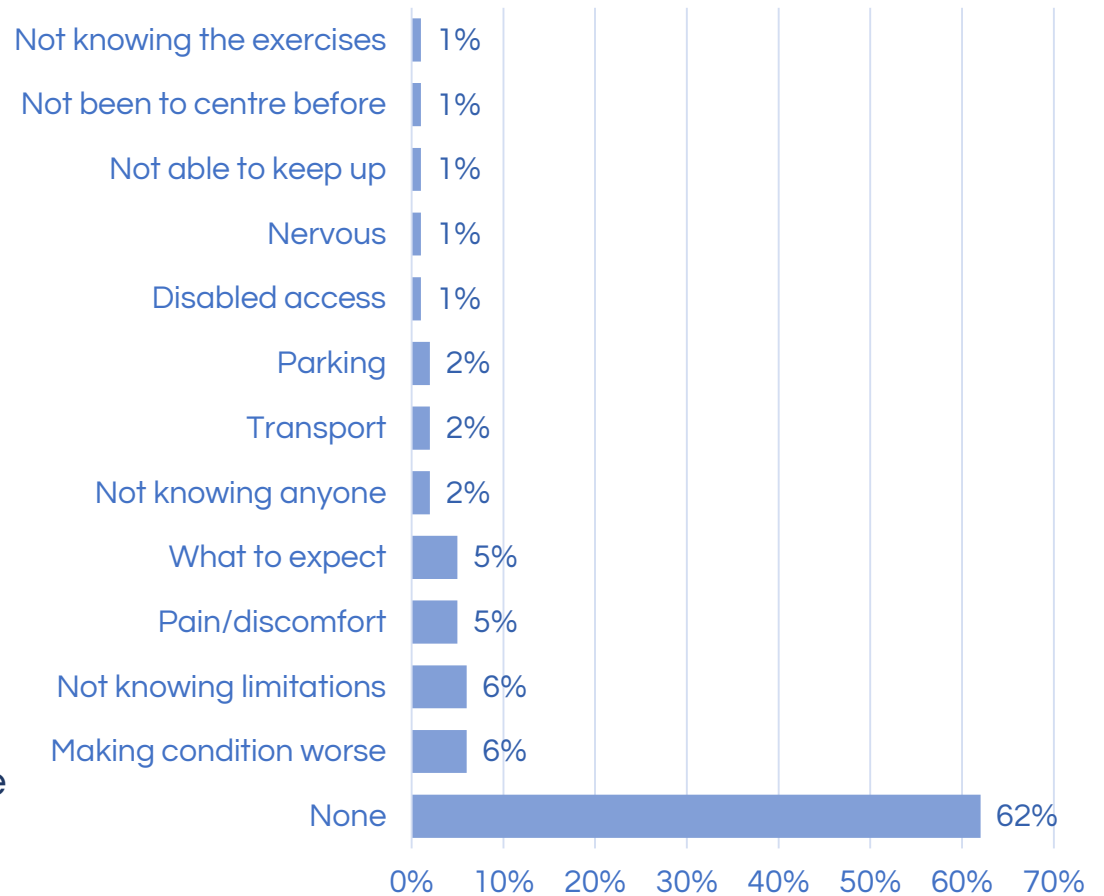


# Participant Concerns

Following their initial conversation with the Project Coordinator most participants (62%) had no concerns about the programme and increasing their physical activity. However, a small proportion of participants expressed concerns about making their condition worse, not knowing their own limitations, being in pain or discomfort and not knowing what to expect. The Project Coordinator would do everything they could to address any remaining concerns by offering further information and explaining the process of joining, size of group, type of clothes to wear for the session etc.

Only 8% sited distance/transport as the reason they were unable to attend an activity session. As the project offered both on-site and off-site opportunities, as well as information on other local opportunities, the barrier of distance or transport was considerably reduced. For off-site activities the main modes of transport used were car, walking, or bus.

Main participant reported concerns



# Nudges

Participants were offered plenty of information and support from the Project Coordinator including:

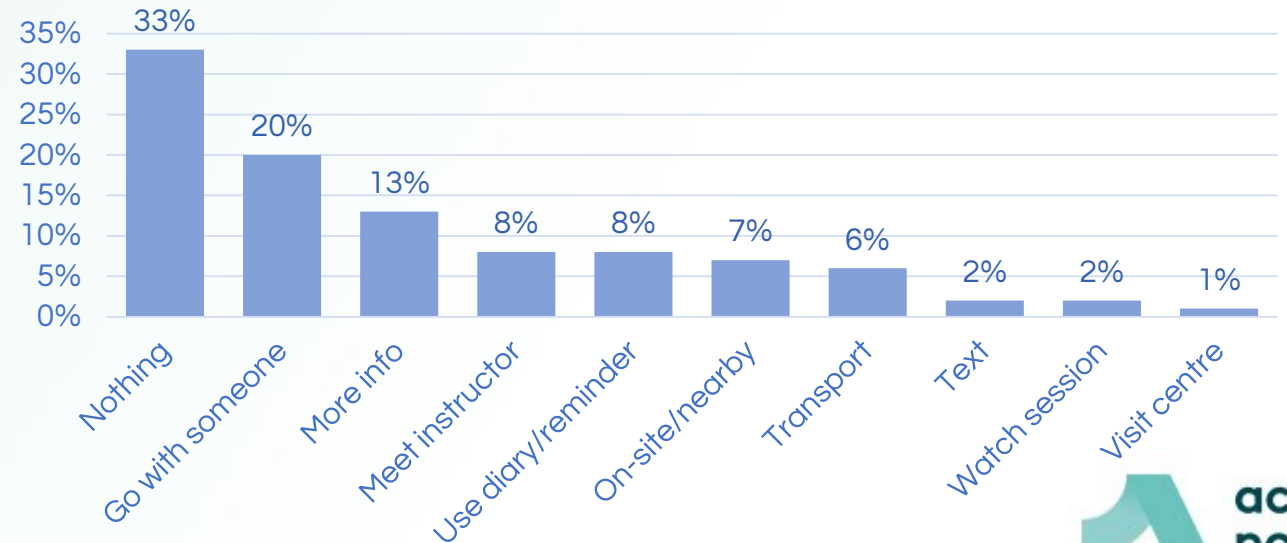
- Information on what to expect
- Reassurance that other people are in the same position, sessions can be adapted so they don't need to be able to keep up or have experience of the activity, the instructors have experience and training working with people with health conditions, they won't make you do anything uncomfortable or painful and you can stop or change things if you need to, doing something is better than doing nothing, you don't have to commit to being there every week
- Offer to arrange for them to look around the centre, see the facilities and the class, and meet the instructor
- Ask if they have any additional concerns and address those

**It is this informative and supportive approach used that is likely to have addressed common fears among participants explaining why additional concerns were only experienced by a small number of participants.**

A third of participants felt confident to go on to try exercise following the advice and support provided by the Still On the Go Project Coordinator.

**1 in 5 participants felt that knowing someone else who was going would also encourage them to attend.**

Top 10 things that participants said would encourage them to attend



# Cost

Whilst Still On The Go offered free opportunities to be active, when asked participants reported that on average they were **willing to pay around £3 a session or a monthly cost of around £10**. This would still be a subsidised price as most group exercise classes start from around £5 a session and demonstrates the need for affordable opportunities to engage this audience but also suggests that these do not need to be free forever.

*In the early days there was an expectation that people wouldn't be prepared to pay anything. To start with the project was fully funded for that period of time, but maybe a low cost could have been implemented earlier to maintain and sustain it. But it's getting that balance of, if we'd put a charge in immediately, we might not have got the uptake that there was because the number of people that got involved was brilliant. I guess it's not assuming what people are prepared to do. Leisure Centre Manager 1*

For some participants cost appeared to be more of a barrier than for others. It was clear, however, that having the sessions available for free was an incentive to attend.

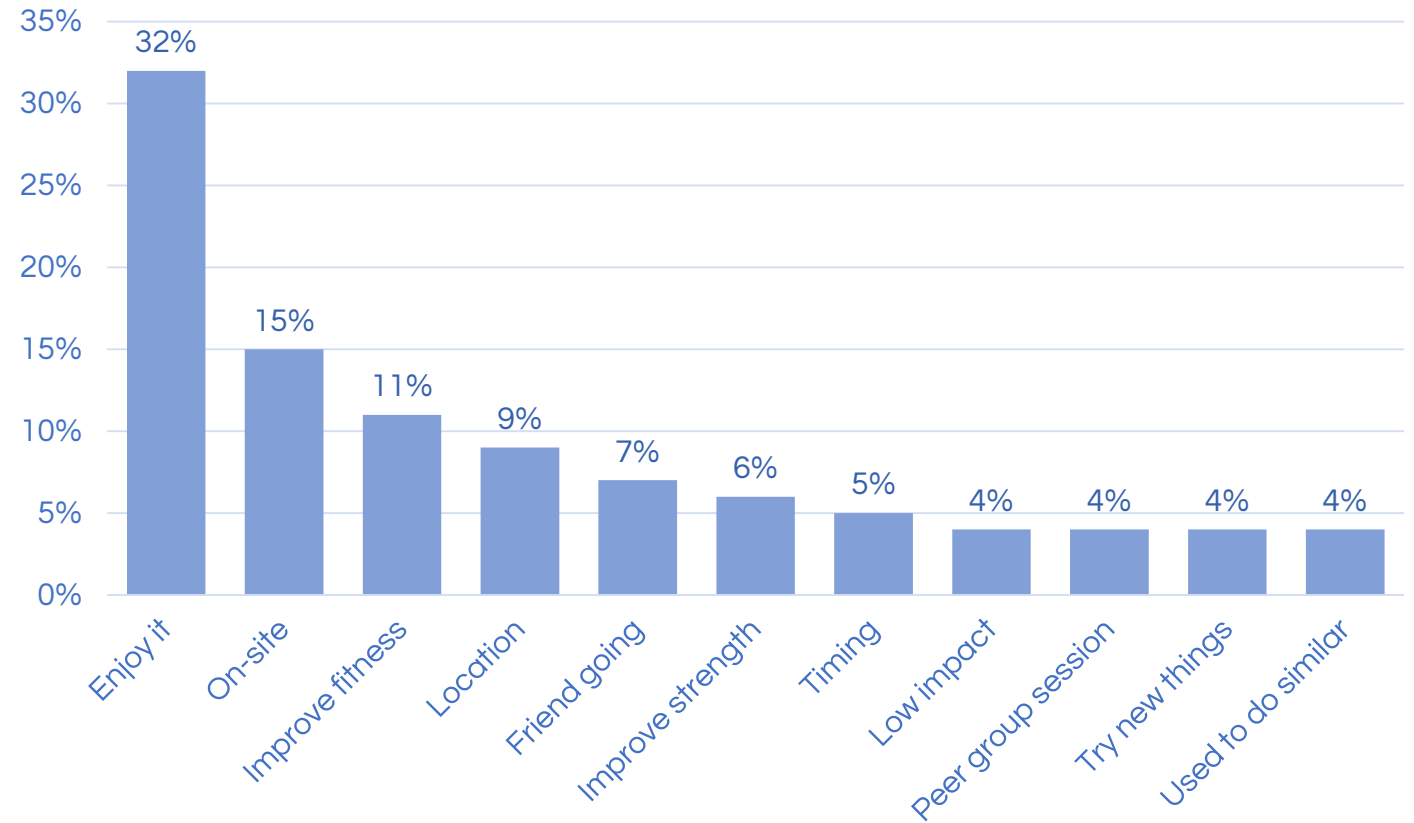
*"I do always find having to pay for exercise and torture, taking the Mickey slightly, but that's just my view. I'm more motivated to go to it, if I don't have to pay, obviously. Because you want to keep these things going, so you're more likely to go because if you don't use them, you lose them, you know fairly basic isn't it." - Leisure Centre participant from the community*

# Facilitators

Whilst health can be a major barrier preventing individuals from being physically active. The results from the pre-intervention consultation highlight that it can also be a strong motivator that encourages people to be active. This can be to prevent their health from declining, or to manage/improve an existing condition.

*One of the reasons for going was, well apart from the fact, I could feel it doing me good and if I missed it my back might start playing up, but it's also when I saw the doctors, the orthopaedic surgeons and what have you, it kept them off my back. I could tell them, well I went swimming once a week and I'm doing this, and I'm doing that. - Leisure Centre participant from the community*

Why have you chosen that particular Still On The Go activity?



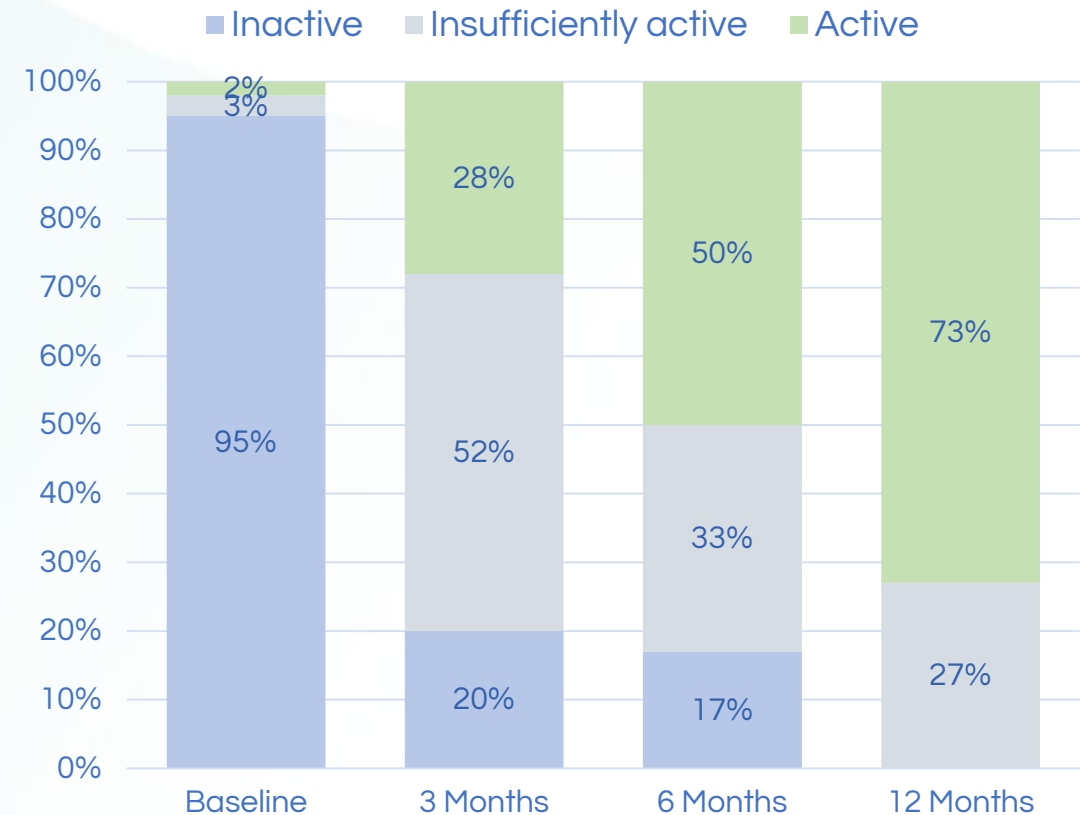
# Changes in Outcomes: Physical Activity

The graph shows the overall activity levels of participants at baseline, 3, 6 and 12 months. It indicates the proportion of participants that are categorised as doing less than 30 minutes of moderate intensity activity in a week, i.e. 'inactive', between 30 and 150 minutes of moderate intensity activity in a week, i.e. 'insufficiently active', and 150 or more minutes of moderate intensity activity in a week, i.e. 'active' at each time point.

Upon joining the programme **95% of participants were categorised as inactive** using the Short Active Lives Survey (SALS). At each follow-up a greater proportion of participants were reporting doing more than 30 minutes of physical activity a week.

Activity banding is calculated using data for each activity (walking, cycling, and sport/fitness) that respondents indicate was enough to raise their breathing rate. The number of days on which each activity was undertaken is multiplied by the usual minutes spent undertaking that activity. Total minutes for walking, cycling and sport/fitness are then summed to give a measure of total minutes of activity over the 7-day period

Physical activity categories of participants at baseline and follow-up





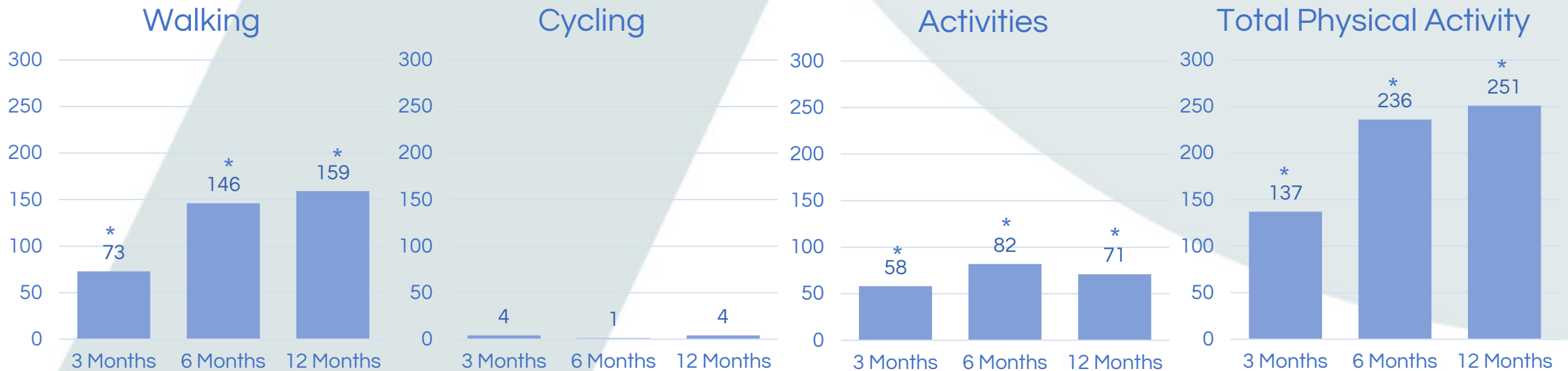
# Changes in Outcomes: Physical Activity

By comparing participants self-reported physical activity at follow-up with baseline, we can see a **significant average increase of 137 moderate minutes per week at 3 months**.

For those completing follow-up at 6 and 12 months an even greater significant increase of 236 and 251 minutes respectively can be seen.

Significant increases in walking at moderate intensity and participation in activities provide the greatest contribution to these increased activity levels across participants.

Average change in physical activity from baseline at follow-up (moderate mins/week)



\* Statistically significant change from baseline

# Changes in Outcomes: Health

At baseline most participants reported their health was excellent, good or fair.

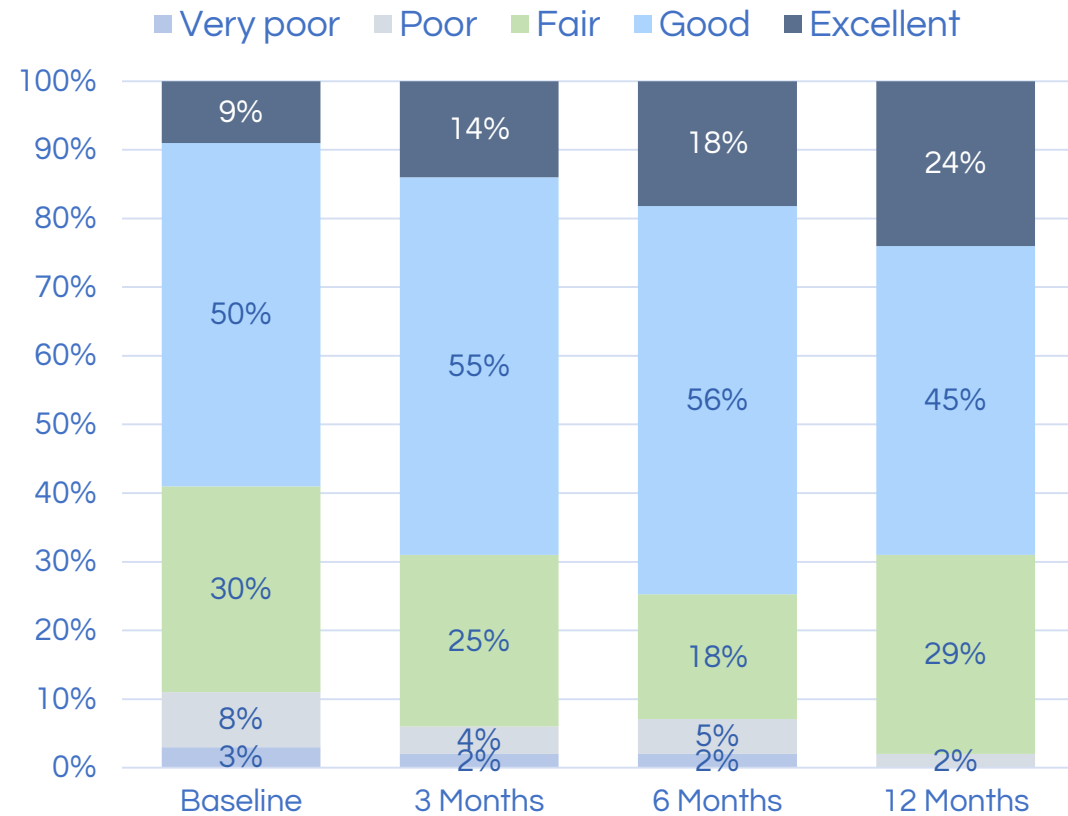
At follow-up a smaller proportion of participant reported poor health, and more participants reported excellent and good health.

When translated into a score from 1 (very poor) to 5 (excellent) those who completed baseline and follow-up showed on average an increase (improvement) in their self-reported health however this was not statistically significant.

## Average change in health score from baseline

3 Months	n	6 Months	n	12 Months	n
0.11	199	0.17	108	0.25	40

Health reported by participants at baseline and follow-up

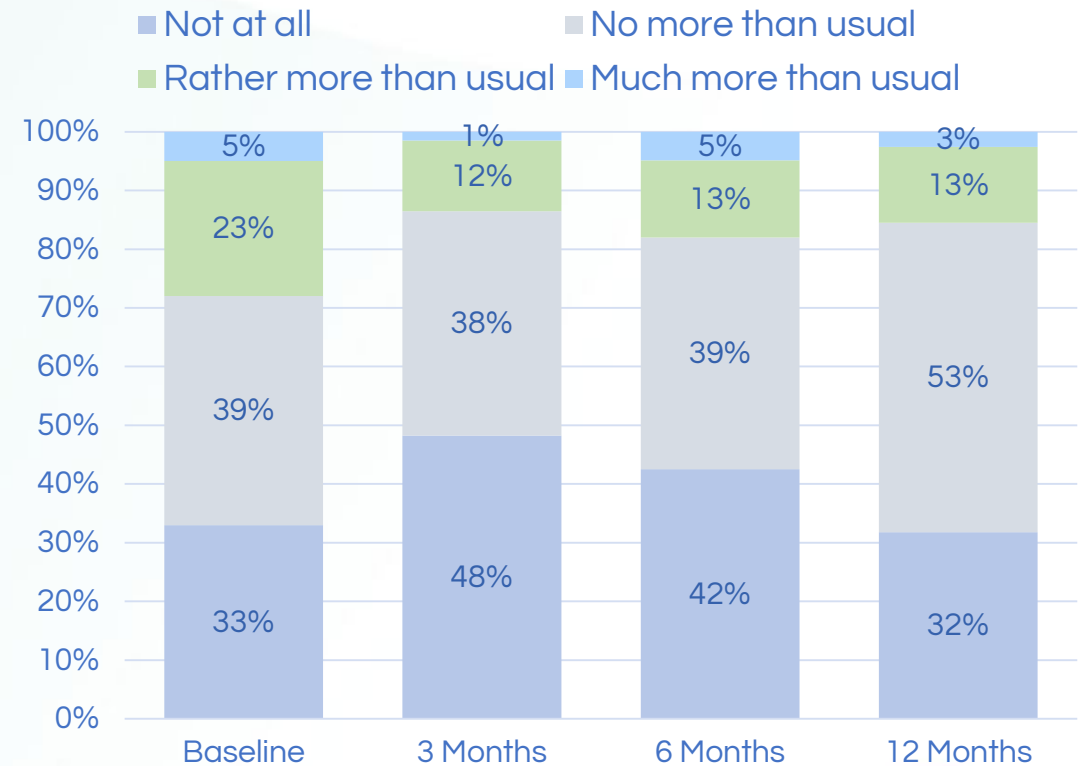


# Changes in Outcomes: Confidence

At follow-up participants were less likely to report losing confidence in themselves 'more than usual' than at baseline.

When translated into a score from 1 (not at all) to 4 (much more than usual) those who completed baseline and follow-up surveys showed on average a reduction (score increase) in how much they were losing confidence in themselves which was statistically significant at the first follow-up but not at the second or third follow-up. However, this may be due to the small sample size of participants with both baseline and later follow-up data.

Extent to which participants were losing confidence reported at baseline and follow-up



Average change in losing confidence score from baseline

3 Months	n	6 Months	n	12 Months	n
0.31	194	0.22	102	-0.11	36

# Changes in Outcomes: Wellbeing

Across each of the wellbeing domains, 0 is the most negative response and 10 is the most positive response. Participants' baseline wellbeing scores out of 10 were slightly lower than the regional average for 2018-19.

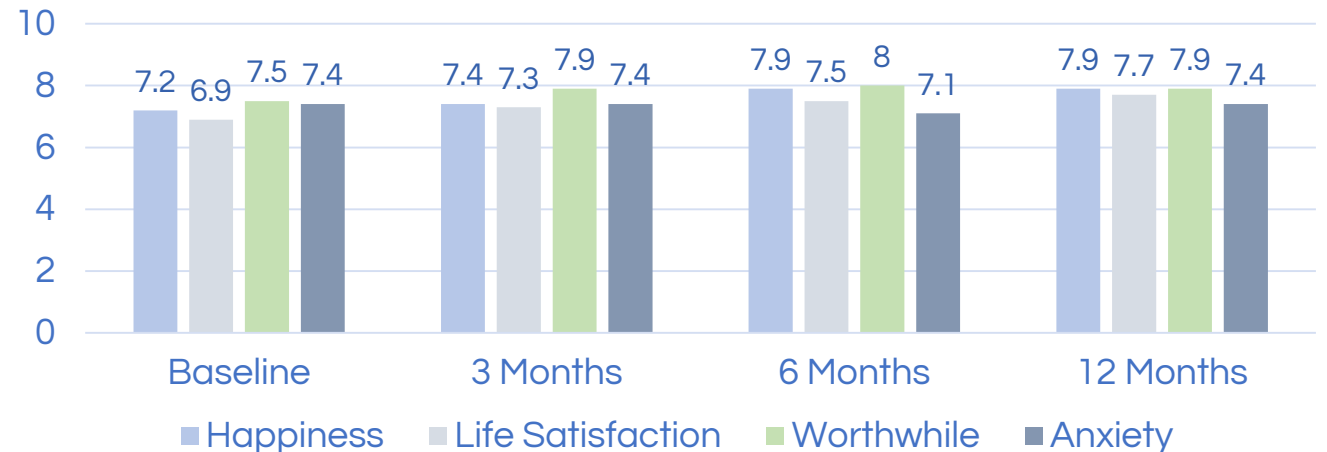
	Life Satisfaction	Happiness	Worthwhile	Anxiety
East Region <sup>1</sup>	7.8	7.6	7.9	7.3
Participants	6.9	7.2	7.5	7.4

<sup>1</sup>Office for National Statistics - Personal and Economic Wellbeing in the UK 2018-2019

This suggests that targeting residents from housing schemes may be a suitable strategy for tackling health inequalities.

At each follow-up the average wellbeing scores reported by participants tended to be greater than at baseline.

Wellbeing reported by participants at baseline and follow-up





# Changes in Outcomes: Wellbeing

When comparing individual's follow-up wellbeing scores with that of baseline we observed **an average increase (improvement) in their wellbeing**. However, this was not statistically significant.

	Average change in wellbeing score from baseline					
	3 Months	n	6 Months	n	12 months	n
Happiness	0.19	196	0.73	104	0.66	38
Life Satisfaction	0.50	194	0.62	101	1.03	38
Worthwhile	0.60	178	0.54	98	0.42	33
Anxiety	0.20	149	-0.15	104		

# Changes in Outcomes: Loneliness

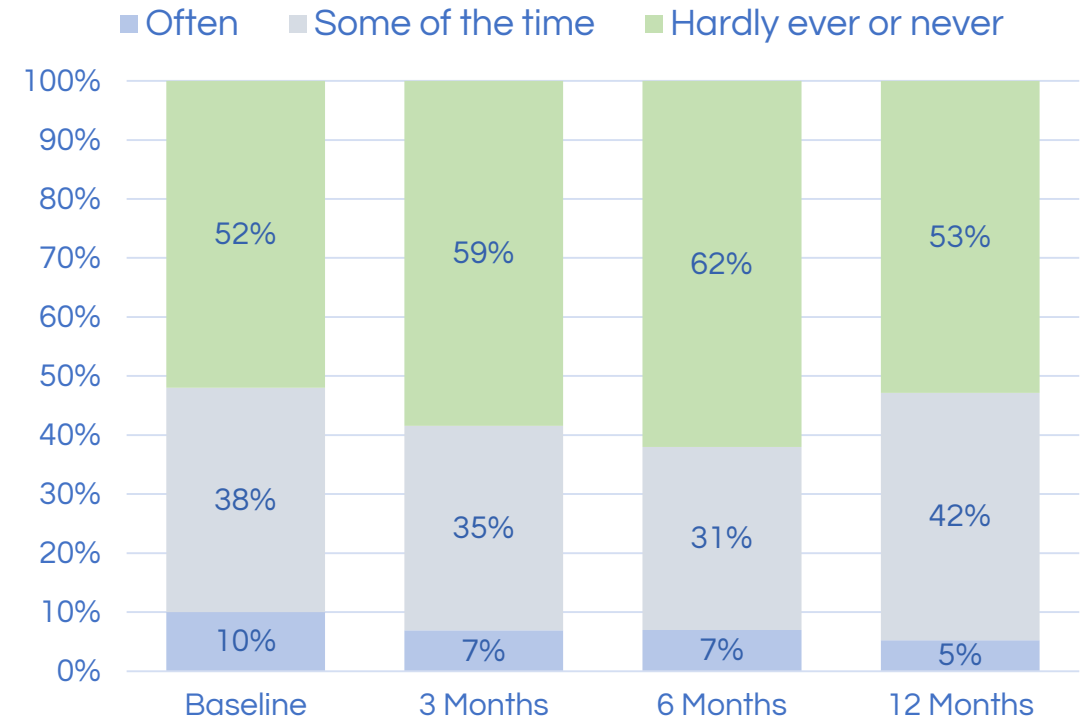
Men were less likely to report that they felt lonely than women (70% of men and 47% of women hardly ever or never felt lonely). This may reflect differences in how men and women reflect on their personal experiences of loneliness or respond to the question. Some research suggests that men may be more reluctant than women to report undesirable feelings such as loneliness.

Reported levels of loneliness did not differ greatly between those living in different housing situations (rent, housing association or owner).

At follow-up participants were less likely to report feeling lonely 'often' than at baseline.

When translated into a score from 1 (often) to 3 (hardly ever or never) those who completed baseline and follow-up surveys showed on average a reduction (score increase) in how often they felt lonely. However, this was not statistically significant.

Loneliness reported by participants at baseline and follow-up

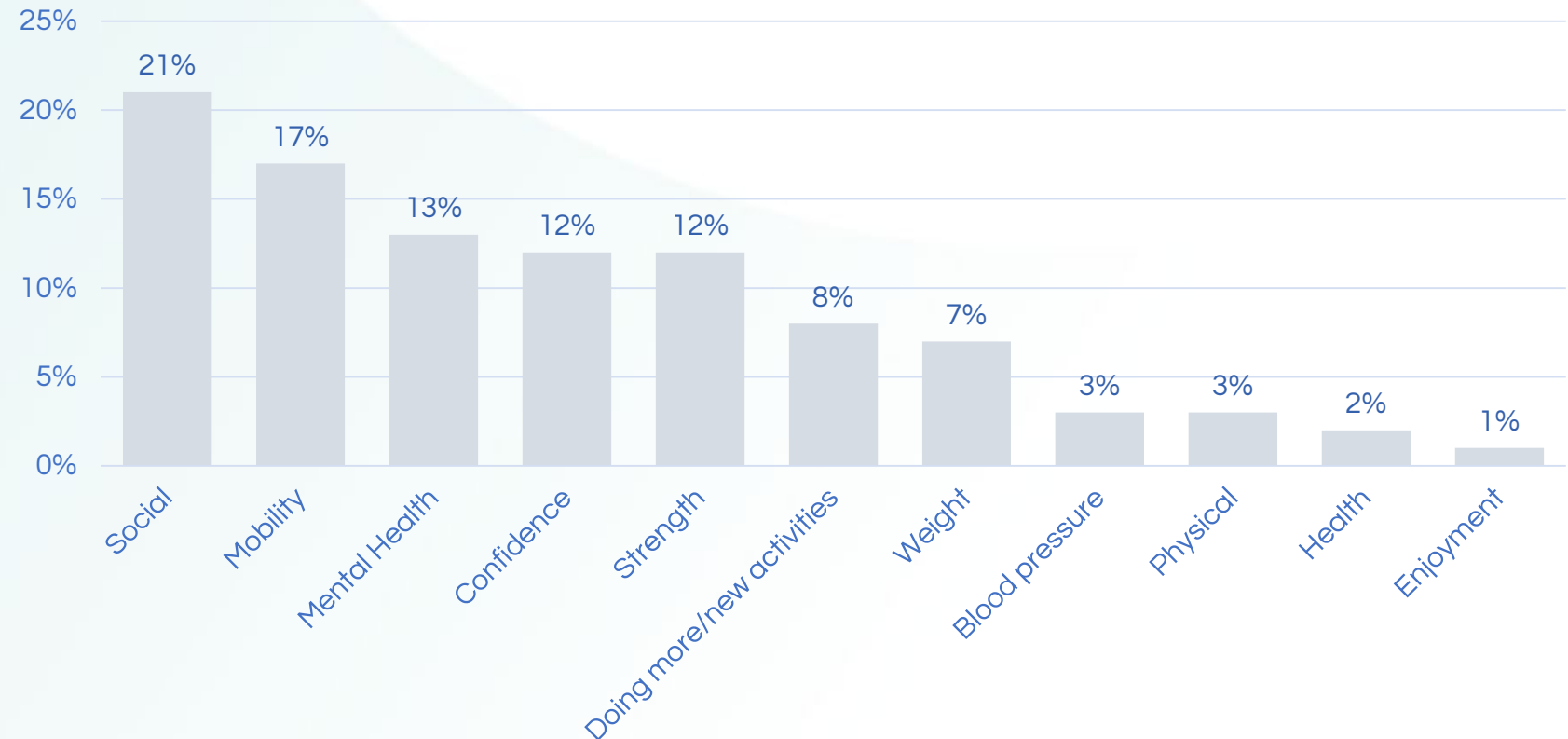


Average change in loneliness score from baseline

3 Months	n	6 Months	n	12 Months	n
0.08	191	0.14	103	0.22	36

# Socialising

Benefits reported by participants at follow-up



Despite a large proportion of participants reporting that they were hardly ever lonely, social benefits were the most commonly reported benefit given by participants at follow-up (21% of participants).

*I just think that being with other people is nice. If they're nice people, and they certainly were at the sheltered housing scheme, you know it was just a nice group to be in. I think that that makes a huge difference. - non-housing resident attending housing activities*

At baseline 70% of participants agreed that they 'regularly talk with people in their neighbourhood.'

Those renting from a housing association were more likely to strongly agree that they 'regularly talk with people in their neighbourhood' (43% compared with 29% overall).

# Social Value

Using the social value calculator developed by HACT estimates of social value contributed by the project have been calculated across 4 domains;

- Health
- Self-confidence
- Socialising
- Exercising

Information on how the social value calculator has been developed can be found at <https://www.hact.org.uk/value-calculator>.

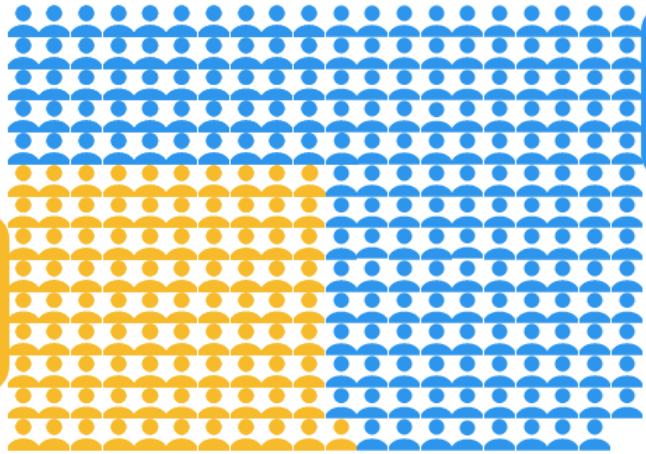
It is important to note that social value calculated is a result of the wellbeing benefit achieved through improved health, confidence, socialising and exercising. The value is the equivalent amount of money needed to increase someone's wellbeing by the same amount and does not represent real money, cashable savings or actual financial return. For each value discounting has been applied to account for normal incidence rates of the change in outcome in the population.





### Self-confidence

Of the Still On The Go participants...



259 were experiencing some loss of confidence at baseline

After 3 months 91 were no longer experiencing some loss of confidence

Improving confidence provides £9,161 in social value per person

### Exercising

50 participants were recorded as undertaking moderate exercise at least once a week every week for 8 consecutive weeks by attending Still On The Go



Exercising regularly provides £5,027 in social value per person

### Health

159 participants were experiencing very poor to fair health at baseline



After 3 months, 71 were in good health. Improved health provides a benefit of £14,736 in social value per person

# Social Value

### Socialising

50 of the Still On The Go participants attended at least once a week every week for 8 consecutive weeks

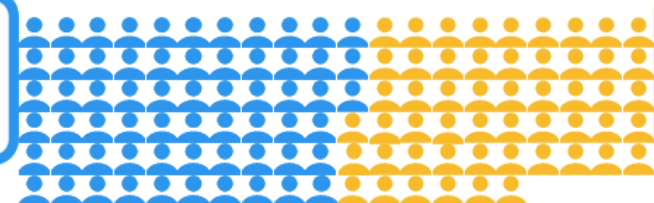


Socialising between tenants and the wider community provides £5,422 in social value per person

### Socialising

Of the Still On The Go participants...

116 were not speaking with their neighbours regularly at baseline



After 3 months 53 were now speaking with their neighbours regularly

Speaking with neighbours more provides £4,111 in social value per person

# Social Value Totals



Health

£1,046,258 of social value through improved health



Self-confidence

£833,651 of social value through improved self-confidence



Socialising

£490,424 of social value through increased socialising



Exercise

£251,395 of social value through increased exercise



**£2,621,327 overall social value added**

For every pound spent on the Still On The Go programmes, £16.53 in social value is returned

# Process Evaluation

## The successes, challenges, impact and sustainability

Key partners in the project were interviewed to gather their thoughts on Still On The Go's successes, challenges, impact and future sustainability.

The roles represented by these interviews are briefly described below.

- Scheme Manager: manages lettings, interviews and sign up of new tenants. Facilitates any support needs that residents have. They don't provide care but instead put residents in touch with agencies that are able to help them with whatever needs they've got, for example contacting social services for care needs.
- Project Coordinator: to manage and coordinate the project, liaise between housing and leisure, undertake initial consultation with participants, provide them with information and support, signpost them to opportunities
- Instructor: to deliver suitable activities adapted to suit every participant's needs, to provide encouragement, advice and support.
- Centre Manager: to manage and support the integration of activities inside the leisure centre and in the local community.
- Local Authority Provider: to manage and support the integration of activities across local authority facilities and other local authority services, such as social prescribing.

# Project Management Successes

The role of the project coordinator for facilitating communication between the housing and leisure sector and overseeing the project.

*Instructor 1: The project coordinator was always on hand, they have always been very good, easy to get hold of if I ever had any problems, any issues. We used to meet most Fridays as well just have a quick catch up.*

*Scheme Manager: The project coordinator was a very good communicator, you know, they kept me up to speed with everything that was going on.*

*Leisure Centre Manager 1: The project coordinator was one of the most important people in the whole of the project, because, although they weren't actually delivering they were the one who was having those conversations and set things up.*

# Recruitment Successes

The role of the project coordinator was key to the successful engagement of housing residents.

*Instructor 1: Without the project coordinator it wouldn't have been as successful as it has. If it had been as simple as we put the classes on and then just advertise it, that wouldn't have worked. We needed someone to go in there and answer their questions. Who is actually happy to make contact with these places and go in and spend time with people and make them feel comfortable from their homes instead of trying to get them here and then try and make them feel comfortable.*

*It's been great to see so many people come here who you would never get here otherwise and I think that's largely down to the project coordinator physically going into these places and saying "this is open to you, this is what you've got available to you."*

*Leisure Centre Manager 1: If we'd have tried to run it as a leisure only provision, we would not have been as successful. The project coordinator's role in engaging housing staff and residents was pretty important. That was a real strength and because of the way they were with people they were the right person or character to have an empathetic approach with people without being a daunting prospect, which it can be initially speaking to someone about fitness.*

*Project Coordinator: Despite living close to Leisure Centres, there is a need for information on what's available to be promoted in a different way to get people involved.*

# Recruitment Successes

Endorsement by housing staff was thought to be a powerful influencer for residents as many consider them a trusted source of information.

*Project Coordinator: In my opinion Housing Staff have a very high level of influence because residents trust them and might not necessarily have family and friends locally having just moved there so they might be the only person in contact with them. Obviously, it's a personal relationship so they don't always get on, but they are a go to person that residents may ask "where do I do this? How do I do that? I don't know what to do about this? Sometimes they have a simple question or they're looking to do something else.*

*Scheme Manager: Residents trust me. They will ask my advice on things and I know my residents very well, I see them more than I do my own family. I think I do have some influence on their behaviours and how they do things. They don't always take my advice.*

Using a locally established social prescribing network and strong existing links with local GP practices proved to be a very strong foundation for recruiting appropriate individuals from the community.

*Local Authority Provider: One of our Social Prescribers has a really good relationship with the practice manager, and they thought it was a really good scheme and they wanted to get more people involved so we composed a text message, which was sent out to all eligible patients that were registered at the practice, and obviously consented to be contacted, saying that we're offering this free scheme providing opportunities to exercise and get more active if you're over 55 and doing less than 30 minutes physical activity a week. And we had lots of responses saying "yes we'd like more information, we want to get involved" and we're actually having to put a second class on in that scheme because we've got so many coming through from that text message. That scheme is leaps and bounds ahead, because we've got that captive audience of people who we wouldn't be able to contact otherwise.*

# Recruitment Successes

Providing the taster session visits in the schemes was viewed as a crucial engagement opportunity that allowed some of the perceived barriers of residents to be addressed by the instructor and project officer.

*Instructor 1: We visited a lot of the housing schemes and put on mini taster sessions, we answered any questions they had, a lot of them had concerns relating to their health conditions that we would address, if they were nervous about whether they can exercise with this and that, so it's just reassuring them first of all.*

*Project Coordinator: Having an instructor with me when we first meet people is absolutely brilliant because I get asked questions I don't know the answers to so having the instructor there who is going to take the class, they explain what they're going to do, they might give a quick demonstration, they might just have a chat to one side for a minute. It's really useful to have them with me at that very first point to get people on board. I think it looks better and gives them all reassurance. It also an opportunity to discuss what's available at the leisure centres, it's facilities, timetable, what happens in the session there, disabled access etc.*

The project was successful at engaging people who were less confident.

*Leisure Centre Manager 1: It was great having new people coming through the door who were having a positive experience who were cautious and nervous before.*

*Instructor 3: There's a lot of people that came and were reluctant at the start, and then only a few weeks in have said "well actually, it's not that bad and I'm getting quite a buzz from doing the exercise."*

# Delivery Successes

The project created an inclusive, supportive and social community for participants to be active in.

*Local Authority Provider: It's creating little communities at the centres, they'll go and do a bit in the gym or they'll go to a class and then they'll sit down and have a coffee, have a chat and they tend to spend a couple of hours there afterwards. It's creating a hub for the participants we've already got, and also being quite welcoming to the new participants that are coming in.*

*Instructor 2: They help each other, some people would take others under their wing and be like, "it's fine. I'll go with them today, if they need any help I'll let you know." They've helped me out so I can go around the whole group.*

*Instructor 1: These classes are a lot more social than the other classes we provide where people tend to come in, do their thing and go. The still on the go sessions, it's not just the hour for the class it is 20 minutes before, they're here after, it's just a big day out for them.*

*Project Coordinator: We get lots of good feedback from all the sessions that we do across Norfolk. The positivity the inclusiveness, particularly from those who haven't done exercise in a long time or who have health concerns. How it's made inclusive, it's adapted, and it's fun. It's a supportive atmosphere that they create, they don't feel intimidated, they feel like if they can't do something the instructor says they can do something different.*

*Scheme Manager: It was very inclusive. Those that weren't as able were catered for and also the ones that were, you know, more able. I don't think anyone was excluded from joining in if that's what they wanted.*



# Delivery Successes

Coordinating and providing the physical activity opportunities for the housing site and not requiring too much housing staff capacity and support was felt to make the project more appealing to staff.

*Project Coordinator: I think housing staff are pleased that, other than promote it, they don't have to get too involved because we do the work getting it set up, write letters, posters etc. They don't have a lot of time anymore to do things like this and are busy managing the schemes themselves so to have an outside organisation do it worked well.*

The project was successful in engaging participants with the leisure centre who wouldn't typically be reached by their current offer or marketing.

*Local Authority Provider: This is a harder to reach audience for us or, it was before the project and to have a defined offer specifically for those people has been really good.*

*Instructor 1: It's brought in a whole load of new people to the centre that we would struggle to go get ourselves.*

Showing participants around the facility was felt to help reduce barriers to taking part.

*Instructor 1: Having someone there, a friendly face, that they can walk around the centre with and answer any questions that they may have and understand where they need to go for the sessions.*

# Delivery Successes

The quality and variety of the delivery they could offer participants by using the leisure facility was thought to be a strength of the project delivery.

*Leisure Centre Manager 1: There was a wide variety of choice. If someone didn't want to do a group class then maybe they can go and do something in the pool or do something, or some gym session. So, I think because we were offering that within the whole club it gave that varied choice.*

It was important that session activities were easily adaptable to meet the varied needs of this age group whilst still being beneficial.

*Instructor 2: The sessions themselves are adaptable for your older demographic because with an older demographic, you're taking on a lot of considerations, things like arthritis. The classes are designed for low impact but also at the same time, they're going to improve their life.*

Having an instructor with the right skills and expertise to respond to the needs and abilities of the group was more important than it would be for a standard exercise class.

*Leisure Centre Manager 1: It was important to have the right instructor, someone who could really gauge the group and work them to their level of fitness, but also be prepared to push them when they were ready and get the best out of them. So I think if we were looking at less targeted classes we were running, we wouldn't be able to do that as much, it would be this is the group this is the class, let's say it was an aerobics class, if it was going to be a tough aerobics class, it was going to be a tough aerobics class for everyone, rather than, rather than being able to accommodate better because of knowing the demographic of the group.*



# Project Management Challenges

Designing a programme that was feasible for both housing and leisure sector partners presented some challenges initially that earlier collaboration would resolve in the future.

*Leisure Centre Manager 1: I think the learning curve was that we'd never really worked together on that sort of scale before, you know, Cotman Housing may come up with ideas but their needed to be that expertise from the Leisure sector to discuss how to really implement some of those, those things at the earliest point.*

*Project Coordinator: The leisure centres could have been more involved early on, we made some assumptions, if I was to start again I'd get their buy-in earlier on and then they could help shape it more.*

There were some initial issues with cross-sector communication with regards to understanding how much flexibility the leisure provider had to be able to offer desired activities, at given times and locations.

*Instructor 1: Initially, the Project Coordinator would see residents and give them a list of classes and things that they might be interested in and they circle what they like, but some of the classes we couldn't provide, we just didn't have any instructor availability to do it or we didn't have anyone on the books that was able to do that activity.*

# Recruitment Challenges

Engaging with GP surgeries and getting their support was challenging and varied with some more receptive than others to the opportunity.

*Local Authority Provider: Some practices are really engaged really switched on, want to get people more involved, and others just aren't.*

Not all schemes have staff present to aid with recruitment of residents.

*Scheme Manager: A lot of sheltered schemes now don't have an onsite manager anymore they have floating support and I think without that manager there in place, it can be difficult to motivate residents to do anything. You need someone geeing them up really, getting the enthusiasm going.*

Common misconceptions or presumptions were a barrier to people wanting to take part in the programme.

*Project Coordinator: Their view of what it's going to be, was often different from what it actually is. "It's not for me, it's not a thing I want to do", "I'm not that sort of person" their view of what it might be like is a barrier. They've already decided that they're not going to like it before they've even tried it. But if they actually see or try it that tends to change their opinion.*

# Delivery Challenges

Lack of buy-in of housing site staff was considered a barrier to the successful delivery of Still On The Go in that scheme.

*Leisure Centre Manager 1: I think you've got to find the right person and if you've got one location where they're absolutely on board, thinking it's great, then it will work. Whereas if you've got someone who's running that location and thinks "No, this won't work" then they'll speak for everybody before we even have that discussion.*

*Project Coordinator: It tends to work best when the support staff or scheme manager are onboard. I don't know whether it is because they're the ones who are relaying the information to residents. How much their own buy-in and understanding of the project might have affected the responses we got, because it depends if they are really keen "come on it'll be great", or is it "there's something going on here, I think they're going to do something free, I don't know, come along" you know, it could have been but then that makes sense for a couple of schemes having worked with some of them, but then for some others it doesn't. Even where there was the buy-in from housing staff this didn't always result in successful engagement with residents.*

*Project Coordinator: Some housing schemes worked really well, some didn't. You might get two schemes near each other with the same scheme support worker or manager that would do the same thing where they go around they deliver a letter that I've written saying "we're coming on this day to talk about this free initiative, find out if you're interested, ask any questions" and then you might get two completely different responses, you might get one where 10 people turn up, the next one you get no one at all, and it's so hard to work out what makes the difference.*

# Delivery Challenges

Housing residents were sometimes wary of external individuals/organisations.

*Instructor 2: I think that the biggest issue is with living in housing they're not always too keen on people who are not from there coming in and that was quite a barrier.*

Housing residents didn't always have a positive relationship with the housing provider.

*Project Coordinator: In some housing schemes they didn't want to be told what to do by the landlord and they were saying it is nice that someone's come in to do something. There were also feelings that "they don't do anything for us anymore we're glad you're doing something." There's a bit of "they used to do stuff here, but they don't anymore". So "they" is a big thing, "they've taken this away from us, they used to do this, and they don't do that anymore."*

Because the project was externally coordinated and delivered it remained largely independent from the work of the housing association, which meant that once the project was no longer in a position to fund physical activity opportunities, they were at risk of being discontinued.

*Project Coordinator: A downside to delivering the project for the housing schemes is that it makes it harder to fully integrate with the housing associations and its schemes, for them to take ownership of it as we look towards sustainability. We did apply to a housing association's community fund to keep activities going but unfortunately we were unsuccessful, which would have been a great way to sustain it and for the association to acknowledge the benefits of physical activity.*

# Delivery Challenges

Where there wasn't full-time on-site support it was difficult to get in touch with the scheme to let them know if a session was cancelled last minute.

*Instructor 1: I had some various contacts at different schemes, but there were some that I didn't have any contacts for at all.*

People were put off becoming Ambassadors for the programme due to concerns about having a formal responsibility but were happy to be encouraging, welcoming and advocate the programme informally.

*Instructor 1: One of the aims of the project was to turn the people who loved Still On The Go and who were coming in regularly into Ambassadors. At the time this seemed like a brilliant idea, you've got someone here who is a familiar face who loves the scheme, who can interact with new people coming in, but they didn't want to be given an official title, they didn't want to have responsibility to do that role and be there every week. It was the commitment they didn't want.*

Without the commitment it was difficult to arrange when the Ambassador and participant would both be free to attend.

*Project Coordinator: It created a bit of a minefield for me trying to get both people to agree they're going to be there, and then it creates more pressure when part of the joy of the programme is that people love the flexibility, they can go and if they can't go for any reason that's okay.*

# Delivery Challenges

Where prospective participants were offered the chance to meet with an Ambassador this sometimes gave participants more cause for concern, and for others seemed unnecessary and excessive.

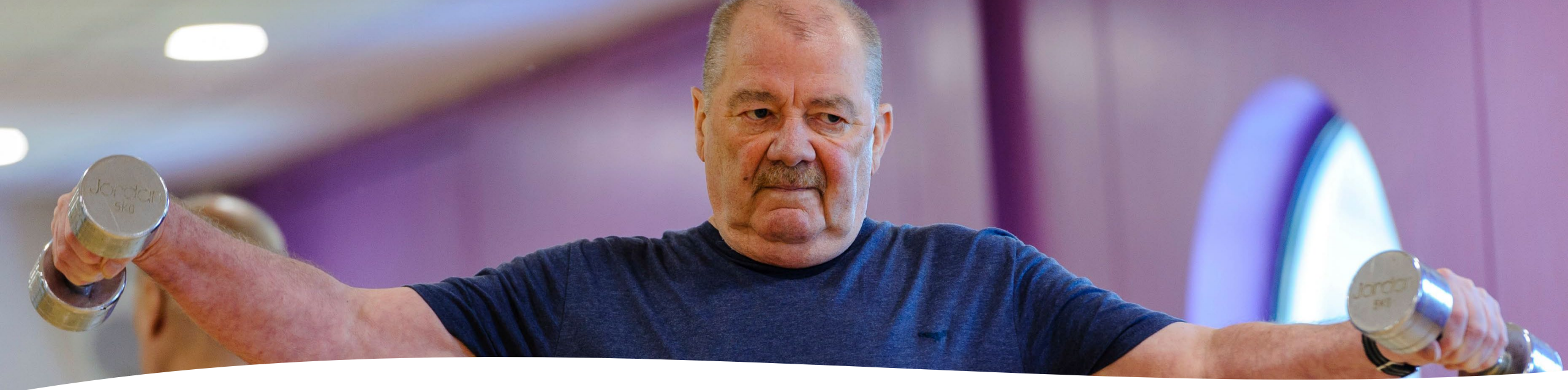
*Project Coordinator: When I was saying "would you like to perhaps meet an ambassador" some people's initial reaction was "why would I want to do that? I'm just going to the leisure centre. Is it that bad? Is it that intimidating? Do I need to meet someone?" Whereas for others they had more gusto and felt "well how complicated is it? You've told me what I need to know, do I need it?" It made it seem more intimidating. Instead I would arrange to meet the participant so they can see the session and meet the group.*

*If someone was interested in meeting an Ambassador I would try to arrange to meet them for the first time when the session was going on so they could meet the group informally with me there, as the group themselves became ambassadors as whole.*

There were some challenges to creating nudges for physical activity within the housing schemes such as space and what they could feasibly do to other Landlords' property.

*Project Coordinator: We talked about, anything we could do in the communal room that would help the residents to be more active but were limited in what we can do with the space, it has to be put away-able or left somewhere in there. You can't do it and leave stuff out. You are competing with books, posters, furniture and other uses for the room, along with the health and safety concerns. But to be fair, landlords have been very flexible and supportive, and suggested where we could leave things.*





# Participant Impact

Participants are more active.

*Scheme Manager: The residents that are taking part are more active, and they are more inclined to go out and find other activities now that they're doing this.*

Their physical wellbeing and mobility has improved.

*Local Authority Provider: The progress we've seen in the people we've had coming along has been really nice. You can see that they're physically a bit stronger and they're holding themselves better and their posture is nicer. I think the physical benefits have been really good and it's been a really nice social thing, and it's breaking a barrier for us at the leisure centres as well as getting more of these clients into the centres and using them a bit more.*

*Instructor 1: People are saying they feel a lot stronger in the legs now. I know from the aqua jog sessions that some lady who was struggling with just walking with sticks. But by the end of the time they were taking part they didn't even use sticks anymore.*

# Participant Impact

**Participants are more confident.**

*Scheme Manager: I have one lady, she's nearly 90, and she goes along, and always was very active, but not so much now, but she is again, going outside walking a lot more, and I think that doing this has given her the confidence to do that.*

**It's good for their wellbeing.**

*Instructor 3: I know for a couple of the people that I help with the scheme, they suffer from mental health issues and they say that actually just doing a little bit of exercise really helps them with that.*

**It's social.**

*Instructor 1: The social aspect has been the biggest thing, it really has. These guys, a lot of them come in, this is the only time they get to socialise when they're out here exercising as a group as they see all their friends together. I think that's the biggest thing that came from it really, more so than probably the exercise.*

*Project Coordinator: I hope it's giving people a chance to meet each other, you know, enjoy something different, and I like to think it's given people who moved in a chance to do something to meet the new tenants.*

**It has created community hubs at both the leisure centres and the housing schemes.**

*Scheme Manager: It brought people together not just from the scheme but from outside the scheme. So that's widening people's social circle, and when the classes finished, they would stay behind and have a get together, and that was very, very nice, because it is quite isolating sometimes for people and I feel that helped them mentally as well as physically. The ones that take part are more inclined to, to come together. They'll sit in the garden now. Whereas residents will only really come together at coffee mornings or anything specific that was going on. But now they seem more inclined to meet up informally without it being a special occasion. It's encouraged them to do that I think.*

# Leisure Centre Impact

The leisure centres involved value this work and were committed to supporting this target audience to be active and found that some participants progressed and became members, and would like to keep targeting this audience.

*Leisure Centre Manager 1: We got involved in it because it's the right thing to do, and it's what we're all about. It was about encouraging people to increase activity levels and being there for everybody.*

*Local Authority Provider: It's been really well received at the centres, they can see the value in it. We've managed to convert a few of the people that joined still on the go to members and they've gone on to do other things in the centres. We found that some of them want to go in the gym, some of them want to attend classes that aren't part of the programme so they're actually joining and paying. So, the leisure centres value it because it's sort of providing a new source of membership for them.*

*I would definitely hope to continue this work, it's tapped into an audience that we probably wouldn't have got before.*

*Instructor 1: There are definitely people taking up a membership. We understand that there is a bit of a jump from what they are paying now to the membership price, and the company has introduced a membership that is something in-between.*

*We are looking into how we keep the work going, we don't want to lose these people, we don't want them to feel like they have to join up as a member now and attend the classes that we have because that's not what they want to do. They want to keep going to the same classes and we don't want to break up their friendships or their friendship circles.*

# Sustainability

Having an introductory period where it is free and then moving participants into pay as you go or membership customers could make the leisure centre opportunities more sustainable.

*Leisure Centre Manager 1: The best way moving forward is not doing it as a project and doing it maybe as an older person, focused activity. So, whether it's a different memberships or package that could encourage people through, maybe it starts as a six- or ten-week taster and then the membership will gradually increase. But there must be that provision of specific classes for them as a group, and I think having that social element tagged on to it is essential for it to work.*

*Instructor 1: They haven't got anything to lose when it's free, so I think to start off with they can do it for free and then once they establish a routine, then we could start gradually introducing a charge because by that point they know whether they like it or not.*

However, there are some concerns about it becoming oversubscribed once anybody can join in.

*Instructor 2: It's a tough one because in theory it would be great if we can have it all included in our membership, but we'd probably have to open up more sessions because what we wouldn't want to do is put it on the membership and then the people who are already members who are over 55 all join in and all the people that were on the project suddenly can't book on.*

Part-funding through housing scheme contributions could help keep the costs down and make it sustainable.

*Local Authority Provider: I'm hoping that, with regards to the housing schemes we're working with, some have already shown an interest in funding some of the sessions themselves.*

# Sustainability

For leisure centre providers their systems aren't necessarily setup to take payment for off-site activities making a formal funding arrangement necessary to pay for delivery by leisure centre staff. Otherwise self-employed instructors who can take payment themselves would need to be used.

*Instructor 1: I would love for us (the leisure centre) to be able to branch out and actually take on these external groups but we just need to find an agreement between the site and the housing about how we get some sort of payment because we can't handle cash we would have to use invoices. That's the only reason why we can't do it at the moment.*

*Project Coordinator: A challenge which I hadn't anticipated, was how to have a system that would allow for individuals to pay for their sessions when not at the leisure centre. Working with the centres instructors has been brilliant, but the downside is that there is no way for payments to be made off-site. Self-employed instructors could do it, as you would if going to an exercise class at a village hall but then you lose the connection with the leisure centre.*

Introducing a small charge to the participant could help fund the delivery in the future and hasn't been a barrier where this has already happened.

*Leisure Centre Manager 2: We run other classes for £3.20. A lot of them have said that they are happy to pay a small fee towards the class.*

*Instructor 2: I think we were worried what would happen when they had to start paying but I had a full class yesterday and it hasn't really made a difference at all really. I'd probably say we've had a bit of an increase and more consistency now they're paying.*

# Key Learning

- Working across sectors can achieve great results particularly for targeting hard to reach audiences
- The project coordinator was key to managing the project and relationships
- Providing lots of information and support can help reduce barriers to attending activity opportunities
- Having a flexible and varied offer can help engage older adults
- Supportive instructors who can adapt activities are vital for this target audience
- Opportunities don't always have to be free but they do need to be low cost
- It's important to consider sustainability throughout

# Impact of the Covid-19 Pandemic 2020-21

## Still On The Go Lockdown Support Offer

In March 2020 the Covid-19 global pandemic meant the UK went into lockdown and people were asked to 'Stay Home' and group activities ceased.

To support housing residents and past Still On The Go participants to remain active the project coordinator provided a range of support options during lockdown including:

- Signposting to virtual activities provided by Still On The Go instructors, including free and paid options
- Creating and promoting a facebook group to provide peer support and keep participants connected
- Providing Active Norfolk Exercise at Home packs which included an exercise booklet, resistance band and exercise DVD
- Sharing information about additional support for mental health and wellbeing, social isolation, and other services
- Responding to additional requests for information relating to exercise equipment, online resources, local services etc

# Impact of the Covid-19 Pandemic 2020-21

## Still On The Go Post-Lockdown Support Offer

Outdoor exercise groups were established where possible once socially distant outdoor group activities were allowed.

They took place between July and October, when restrictions and weather allowed, and were limited to a maximum of 5 participants and the instructor to adhere to the 'rule of six.'

### **45 minute adapted chair or standing exercises with weights.**

Three exercise sessions a week were established with on average 12 people attending across those sessions each week.

The sessions were covid-risk assessed, with guidance sent to all participants beforehand and hand sanitiser and cleaning equipment provided.

An interactive online exercise group was also available with the Project Coordinator offering over the phone support to access it for those not confident using technology.

### **Nordic walking groups**

4 beginners groups and 1 improvers group a week were established with 15 participants joining across those groups in total

### **Additional support offered included**

Still On The Go also purchased hand weights for the outdoor and online group for loan use. Some were happy to use tins but some wanted heavier and more ergonomic weights to help with group but also to help motivate them to take part.

Free 120 minutes use of Beryl Bikes to Norwich participants

Responding to enquires about the project, leisure centres reopening, online resources and exercise equipment



# Case Study: Ann 84

- Ann found us through a community social group when she was 81. She was socially active and had friends nearby. She saw a physio to help with an issue with her leg and balance, and although she walked most days, Ann wasn't as active as she'd like to be.
- Ann hadn't been to her local leisure centre before, having previously considered it a resource for younger people. Meeting the project coordinator to fill out the survey gave Ann the opportunity to find out more about the session itself and ask practical questions such as what was best to wear, and how to get the membership card.
- Ann met the instructor in advance to discuss the session and her specific health conditions. She hadn't done any group exercise before, nor used gym equipment. The exercise class focussed on improving strength and balance through a circuits type session, using exercise bikes and row machines to help posture and core strengthening, whilst incorporating cardiovascular exercise.
- After starting with this weekly group, Ann soon wanted to do more and joined the Sunday Aerobics class. Her progress was noted by the instructors who fed this back to Ann in terms of her improved posture and strength. Ann's physio commented on how much stronger she was, and how much her mobility had improved. Ann was now walking more often, and no longer needed her walking stick.
- Ann swapped phone numbers with some of the group, and they kept in contact during lockdown. In summer 2020 we started an outdoor exercise group in a nearby sheltered housing scheme which Ann was eager to attend. The session moved online if it was too wet. Ann was not confident accessing the class online initially, but we provided support over the phone. This combined with additional support from her group and the instructor meant Ann was able to do 2 online classes a week. This meant she was able to keep up with regular exercise whilst keeping in contact with the group.
- Ann is now 84 and although she has recently moved further away from their outdoor group, she's closer to the leisure centre and has said that she can't wait to get back down to the leisure centre.

# Case Study: Mitch 66

- Mitch initially attended a standing and sitting exercise session at his sheltered housing scheme. In recent years his health had deteriorated, and he felt he had become lethargic. He attended the first taster session and discussed his specific health conditions and what he was hoping to get out of the sessions with the instructor. He was pleased to have something conveniently situated in the communal room of his sheltered housing, as the nearest leisure centre was a 20 minute drive away.
- The session was led by an instructor who worked at the leisure centre, and was focused on strengthening core muscles, improving posture and raising the heart rate. Being part of the leisure centre, the instructor was able to advise on the classes, the swimming sessions, the discounted rates, and the GP referral scheme which would enable people with long-term health conditions to get free one-to-one support at the leisure centre.
- Following this, Mitch decided to speak to his GP for a referral, who then provided him with six free one-to-one sessions in the leisure centre gym. Using a gym was not something he had considered before.
- Following the successful 6 week course he decided to become a paying member which gave him unlimited access to the gym to do the self-directed exercise programme attained via his GP referral. He also used the swimming pool on occasions.
- Mitch's fitness has improved and he has become a regular at the gym whilst still continuing to attend the sessions at the shelter scheme.

# Case Study: David 69

- At the time of finding us, David, 69, was mainly physically active through walking. He lived in a sheltered housing scheme where, despite speaking to other people who lived there, he often felt a bit lonely as he didn't see himself as a part of the rest of the scheme.
- David heard about Still on the Go through the project coordinator at his scheme. We asked all the tenants what exercises they had done previously and what they would like to try. We also asked whether they would prefer the sessions to take place at the scheme or leisure centre. David was eager to try the sessions at the leisure centre to add structure to his week, giving him a reason to get out the house. He had recently been warned by his GP about his blood pressure, and that he was pre-diabetic and he had started to feel concerned about his increasingly sedentary lifestyle.
- David hadn't been to the leisure centre before, but he was confident going on his own. He went to the first session and met the instructor beforehand to discuss some health issues. They used gym equipment in the session, which wasn't something David was familiar with. However, he was able to use all the equipment and said he felt like he had a good workout, leaving him feeling 'invigorated'. The class consisted of two gentlemen and around 15 ladies, who soon became a very supportive group, helping and encouraging each other with different levels of abilities and fitness.
- Despite not being into dancing, David wanted to try the Sunday aerobics session. He said he found it tiring but refreshing. They enjoyed a workout of a dance-based classes supported by incredibly positive instructors. As part of the project, David was able to try the gym for free.
- We started a weekly outdoor session at his sheltered scheme, attended by a mix of tenants and people from the community. David now attends the outdoor session, whereas before he wouldn't take part. He regularly sees other people from his scheme as part of the session. He has bought a set of weights to continue doing exercises at home.
- David drove to the sessions at the leisure centre, taking other participants with him. He soon became an advocate for taking part in the project. He's stayed connected with the other participants and has enquired about membership costs at the leisure centre. Going forward I believe he would pay for classes to keep his fitness up.