Kickin2Shape:
Project Evaluation Report

"When I am in the session, it's a distraction for my thoughts. It does motivate me a little bit, I think well I have done that, I may as well do something else. So coming here helped get out of the house and do something different. Then other things aren't as scary, like volunteering and eventually getting into paid work… It has encouraged me to go to a thing that is social. It is making me feel more normal-generally accepted by people- and not so isolated". (Participant quote)

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1. Background

1.1. Physical health and people with complex mental health conditions

People with complex mental health conditions (CMHCs) tend to be less active and have increased health risks compared to the general population, with higher levels of premature mortality and morbidity (Vancampfort et al. 2012).

In Bristol, this group has, on average, a reduced life expectancy of 20 years – a significant health inequality. Between 2015 – 2016, just under 1% of Bristol's population was identified as having CMHCs. People with CMHCs are generally inactive; this population is affected by the physical side effects of long term consumption of antipsychotic medication [which is associated with impaired glucose tolerance and substantial weight gain (Sharpe & Hills, 2003)]; tend to have a poor diet; to smoke and have high levels of obesity (Brown et al., 1999). Unsurprisingly therefore, this population is at high risk of diabetes (Gough 2005), increased incidence of cardiovascular disorders and is faced by greater risks of metabolic abnormalities (Zhang et al., 2004).

Large cohort studies confirm physical inactivity is an important causal factor for a range of conditions such as diabetes, cardiovascular disease and other lifestyle illness (Weiler, Stamatakis & Blair 2010). Physical activity is known to improve physical and mental health and is likely to benefit people with CMHCs (Vancampfort et al., 2012).

However people with CMHCs face multiple barriers to becoming more physically active. Research highlights that such barriers may include low motivation [a negative symptom of many CMHCs] (Vancampfort et al., 2012); financial constraints; problems with transport, social anxiety/withdrawal and low self-confidence (Ussher et al., 2007). The costs are significant to the individual and to the health care system: health costs rise by at least 45% for people with co-morbidity of both a mental health and long term physical health condition. Physical activity and dietary interventions that prevent and delay the onset of common health conditions such as diabetes/heart disease and many more, are cost effective, particularly when programmes are implemented for high risk individuals such as in the case of people with CMHCs (Hermand et al., 2005).

Participation in regular physical activity could also potentially reduce the burden of health costs on the NHS, due to the reduced risk of lifestyle diseases such as cardiovascular disease, diabetes and obesity. Improved mental health could result in reduced resource use and hospital admission in the mental health service.

A literature review highlights the urgent need to overcome barriers and identify effective ways of enabling people with CMHCs to become more active (Gorczynski, and Faulkner, 2011) and to find practical ways to promote physical activity (Roberts and Bailey, 2010). Some interventions designed to address this have already shown success (for example SHAPE, 2017 and MIND Get Set to Go, 2017).

1.2. Bristol Active Life Project

The new walking football and nutrition programme 'Kickin2shape', was included within the structure of the existing Bristol Active Life Project (BALP).

BALP has been delivering physical activity in Bristol for people with CMHCs since 2006. The sessions are led by a trained coach/exercise leader and supported by 'Active Life', staff from Avon and Wiltshire Mental Health Partnership NHS Trust (AWP). BALP provides a positive environment, is socially inclusive, welcoming, unpressurised and accepting - all important factors which support engagement with this population. BALP has not previously delivered any walking sport activities.

Although being previously funded by the Football Foundation to deliver a range of activities for people with CMHCs (Douglas and Carless, 2011), shortage of funding in recent years has meant that BALP could not extend their range of activities or introduce a walking football group for people with CMHCs.

The literature scan suggests that walking activities combined with group games such as walking football are beneficial for various groups including people with mental health difficulties (Friedrich and Mason, 2018). For example, studies show that interventions that implement a sufficient dose of exercise, in supervised or group settings, can be effective for people with schizophrenia (Firth et al. 2015). Furthermore, studies also suggest that group exercise can be effective in lowering the symptoms of depression (Stanton and Reaburn, 2014).

Loadman (2017) suggests that walking football can benefit the development of friendships and overall positive relationships and the creation of community building which in turn support players' mental health and overall health and wellbeing of older people. Similarly, Reddy et al. (2017) has found that walking football for older adults may be a sustainable form of exercise of moderate intensity (see also Blair and Morris, 2009). Studies which specifically explore the experiences of individuals with CMHCs suggest that soccer/football intervention for people with mental health difficulties provides an opportunity for social inclusion, yet is relatively low cost (Friedrich and Mason, 2018).

This pilot project aims to enable people with CMHCs in Bristol to increase their physical activity and to improve their diet and, through the evaluation, to learn about the experiences of the target group, the effectiveness and impact of the project.

2. The Kickin2Shape project

2.1. Background to the project

Bristol City Community Trust (BCCT) has been delivering the Kickin2shape programme locally for populations which are known to be more isolated than average. Between January to March 2018, BCCT in partnership with BALP, successfully delivered the nutritional element (please see appendix 1) of their Kickin2shape programme to an already existing BALP weekly football group.

To build on the success of this collaboration, a new Kickin2shape pilot with walking football was planned. It was thought that this lower level activity might be more appealing to service users who are more sedentary.

Funding was secured from Healthwatch's Community Pot for evaluation of the pilot, and dissemination of the learning.

The project therefore provided an important opportunity to increase local knowledge which would be of value to local practitioners and commissioners in designing and delivering inclusive physical activity and dietary interventions for people with CMHCs.

2.2. The project partners

This project was achieved through collaboration between AWP's Physiotherapy and Exercise Service, Second Step, a Bristol based mental health charity, and Bristol City Community Trust (BCCT), a local charity which strives to make a positive difference for all, through sport and learning.

AWP and Second Step have been collaborating for a number of years to develop inclusive opportunities for engagement in physical activity by people with CMHCs.

Second Step coordinated the project. AWP's Physiotherapy and Exercise Service managed the referrals for Kickin2shape. Active Life staff from AWP attended the weekly sessions, provided mental health support and followed up with any non-attendees with a text or phone call. BCCT delivered the weight management and walking football programme, with funding from the Big Lottery for hire of the sports hall, equipment and for coaches to deliver the sessions.

The Project Advisory Group was attended by the project partners and two expert advisors who contributed their unique insights, experiences and ideas.

2.3. Aims of the pilot

The pilot aimed to engage 6 to 8 participants in a 12 week activity programme which comprised of a 30 minute educational weight management component and one hour of physical activity through walking football.

The aim was to evaluate the effectiveness of this new 12 week programme, which was designed specifically for people in Bristol with CMHCs, with the overarching aim of enabling participants to improve their mental health, physical health and wellbeing.

The evaluation aimed to:

(a) Assess the success of recruitment rates and adherence to the programme;
(b) Qualitatively assess the acceptability of the programme and changes in participants' wellbeing;
(c) Qualitatively assess the barriers faced by these individuals to engage in physical activity;
(d) Qualitatively assess any change in their use of health services.

It was hoped that the evaluation findings would provide a valuable evidence base and learning with which to inform the future design, development and delivery of accessible, inclusive and good quality physical activity provision and interventions in Bristol, and which improves individuals' mental health, physical health and wellbeing.

3. Methodology

This evaluation relies predominantly on qualitative data comprised of 7 interviews with service users, interviews with workers from the partner organisations; meetings, telephone communication and email exchange with stakeholders (including a health professional and coaches); and participant observations (including note taking) during the walking football sessions.

The evaluation also drew on weekly notes from AWP staff attending the sessions, which included their own experiences, and any additional points related to individuals' participation in the activities.

The evaluation also incorporates a record of numbers attending and a literature scan on group physical activity for CMHCs.

Feedback and learning was also gathered from the project delivery partners and other stakeholders, on areas such as recruitment of participants, the project set up and design, and other aspects which could assist in understanding the barriers to engagement faced by participants, and how these can be overcome.

The participants were male and female and a range of ages (from mid 20s to mid 60s).All had complex mental health conditions, including severe depression, bipolar, schizophrenia, obsessive compulsive disorder, and were in receipt of mental health support from local secondary care services.

Ethical approval was obtained via UWE ethics committee. The evaluation follows the GDPR and UWE guidance for working on sensitive issues (UWE Ethics 2018).

All those engaged in the pilot who were approached to participate in the evaluation, agreed and gave their consent. They received full information about the project evaluation, knowing that they could withdraw their participation at any time without it affecting their attendance at the walking football sessions. All data collected was transcribed and analysed by conducting qualitative thematic analysis on the interviews to identify commonalities in the findings and emerging topics which may arise from the entire dataset.

4. Outcomes

4.1. Assessing the recruitment process

The promotion of the walking football project and recruitment of participants began in March 2018 and continued until July 2018. Due to the small number of referrals for the original programme start date (12.4.2018), this was delayed by 2 weeks.

Average attendance was 3-4 people per session. The recruitment process included production of fliers (see appendix 2) about the walking football, and their dissemination to Bristol mental health teams and providers within Bristol Mental Health as well as providing existing service users with information about the sessions.

All project stakeholders contributed to attempts to attract a larger pool of participants. This included revision of the promotional flyer to remove any jargon and make it more user-friendly, and to give greater emphasis to the opportunity for socialising over refreshments both during and after the sessions, and a revised email text circulated to potential referrers, which included a quote from a participant who had a positive experience attending the sessions. The input of the expert advisors into this process had a significant impact on the design and wording of the flier (flier outline can be found in appendix 2). However, the number of participants per session did not grow as a result. An expert advisor attending the project advisory group meeting explains how challenging he found attending previous BALP exercise groups:

> "My past experience is that I would have to be encouraged several times to carry out an activity that may be good for me because my first reaction would be to say no because I am anxious or scared'.

Furthermore, conversations with service users, staff, care coordinators and the coach revealed that the majority of service users found it less beneficial to engage in the nutrition activity when compared with the walking football itself (see below 'Acceptability of programme and change in participants' wellbeing' for further details).

4.2. Acceptability of the programme and changes in participants' wellbeing

Overall, the analysis of the interviews and data generated suggests there were positive responses from participants and a good impact on their physical health and wellbeing. As the pilot was set up to include both a nutritional element as well as the physical activity of the walking football, the interview guide included questions related to both of these two elements. While the findings revealed that the nutrition activities were not directly beneficial for participants, the responses to the walking football were very positive. Below we provide a more detailed evaluation on both of these activities.

Nutrition: The aim of the nutritional element was to provide service users with better insight into their eating habits and ways to develop a balanced diet which would then complement the physical activity sessions and provide study participants with tools and support to enhance their overall wellbeing in a more sustainable way.

The analysis of the findings suggests that participants were reluctant to engage with the nutrition activities either because they had already received specific dietetic advice, or felt that they were already integrating a healthy diet into their day to day life, or felt they had knowledge of ways to do this. When asked if there had been any changes in what they were eating, 6 out of 7 of the participants responded that there hadn't been any changes in their diet/what or how they eat.

However, while most of the participants felt that the nutrition element may not have had a direct impact upon their eating habits, one of the participants' comments illustrates how engagement in physical activity was indirectly bringing about positive changes in their diet: "I was eating ready meals because I didn't have the energy to cook from scratch and now I am moving into a more steady diet – with feeling better I got more energy so I am more likely to eat a diet with less salt or more greens. Just being less depressed makes me eat better."

Another commented: "I would I eat less cereal in the day. I did think about that a little bit when we did the nutrition stuff. The rest was you know – cereal or porridge in the morning, pasta for lunch and something good for dinner so I wasn't too worried about my diet."

As such, although one of the participants found the sessions helpful, the overall response to the nutrition element appeared less effective than the walking football itself, with the coach himself feeling the session not to be interactive and with participants not being fully engaged ("I feel that if the group feel more comfortable with each other and myself then this will enable them to be more open and truly engage with the course"). Furthermore, discussions with support workers also revealed that some participants found it easier to engage with shorter activities, normally ones which are not longer than an hour ("a two hour slot seems too big initially"). Therefore, when funding was obtained to extend the pilot, it was agreed to omit the input on nutrition, and continue only with the walking football activity.

Walking Football: Responses from participants were very positive with many benefits highlighted.

Overall, participants praised the way sessions were run and described the impact they have had on their overall wellbeing.

One participant stated: "I like the game of football in the end… I am coming out a bit more and feeling better within myself doing the activities…".

Another participant explains how the walking football assisted her: "it stopped me from thinking negative things".

A participant recounts the benefits from the activity in more detail:

> "Now I feel I can be more balanced it has an effect on me maybe less needy and …. The group has helped me as well I am being charged up a bit… an hour worth of activity takes me outside of myself and you feel that the cloud has lifted a bit and you feel lighter in mood and also you feel just feeling more settled and more connected and better self esteem and more comfortable…I am glad to be out and there are all the feelings that you are alone and unwell and you are different. I think it helps coordination and I don't walk as fast and it is satisfying if you score a goal and it makes you feel what sport is about…team sport is not something that I have done much at all. It's a different thing for me…"

Another participant recounts:

> "Its helping to be more relaxed around people in groups (even beyond this football setting) again this has been a long gradual thing but this is certainly helping me with that)…well I mean I am gradually getting better at walking I can walk further…I am walking a bit further. I am getting better in doing an activity one day and then getting energy to do another activity the next day…The fact that I am here today (after hardly sleeping the night before) shows improvement."

Likewise, another participant reflects:

> "It has been good – I wasn't doing much before that like going out or anything really… its good for my mental health to be with people and talking to people and things like that 'cos I am meeting new people…I feel in general confident to be around people, the social aspect, and go to the shops, or gym and things like that… Something to do to, to keep busy, to be sociable and to exercise more. It's a big help on mental health, just knowing that I am not on my own being social, walking around town from the bus and knowing that I am going to see people here is a big help…"

Participants also describe how the walking football enables them to be more proactive when it comes to dealing with other general day to day activities. For example, a participant states: "I do feel motivated to do other activities." Similarly another participant comments: "I am doing football again next week Wednesday with another group – normal football not walking football, I am doing that on top of the walking football". Another participant reflects: "I think I probably done more activities. There has been a knock on effect – going to badminton helped going to walking football and vice versa".

Another participant draws on this point in more detail:

> "When I am in the session, it's a distraction for my thoughts. It does motivate me a little bit, I think well I have done that I may as well do something else. So coming here helped get out of the house and do something different. Then other things aren't as scary, like volunteering and eventually getting into paid work… It has encouraged me to go to a thing that is social. It is making me feel more normal - generally accepted by people - and not so isolated."

4.3. Qualitatively assessing the barriers faced by service users to engage in physical activity

With the walking football being a new project, it was important to gain an understanding of the main key enablers and barriers experienced by participants in attempting to attend the sessions.

Participants discussed various barriers in attempting to engage with the activities, with the main barriers being related to concerns about the walking football activity itself. The following few quotes demonstrate these points: "if I see a ball I want to run! How can you walk? But I am sort of used to it now"; "I thought I would be very slow and I thought it wouldn't be exciting or challenging but actually it's very challenging to stop yourself from running and I do feel like I exercise". One participant highlighted her initial concern over the group being mainly male dominated: "I was a bit worried they will be all men and I am the only woman but once I got to know them all, they were good as gold". Another participant expressed concern over the game competition at the end of the sessions "… there is the competition part of it in the second half-I don't like losing. I am much better in tennis. I don't like letting people down especially people I don't know… I have kept coming; I don't have to be the best that's the main point as long as I take part and give it a go."

One specific concern was the number of participants attending the session. Although 13 individuals were referred to the activity, the number of participants per week did not exceed five. A support worker who was involved in both recruitment of participants and who attended and supported the sessions,

recounts: “We have a lot people enrolled for this programme to begin with but it’s hard to keep the representation going and so numbers fluctuate [week by week]”.

A further reflection from other staff who have been involved in the recruitment and referral of participants suggest that referral of individuals to the Kickin2Shape programme was largely dependent on the care co-ordinators/support staff informing those on their case load of the activity available and encouraging them to attend. Despite Kickin2Shape being widely promoted within the mental health service, relatively few referrals were made. Staff involved in the recruitment process highlighted the importance of finding alternative and more effective ways to inform service users of activities available to them. Staff involved in this process also highlighted the importance of raising awareness of the benefits of physical activity amongst mental health staff who work with people with CMHCs, in the hope that this could increase referrals.

In terms of enablers, participants highlighted a number of factors which helped their participation as well as the benefits gained from the walking football activities. One participant viewed the sessions as “a continuous mindfulness, you want to get to the ball but not run either so that is a good workout mentally”. He also argues that participation in the sessions is an opportunity for him to “develop sportsmanship and (to) try to get better personally rather than compare myself to others.”

Other participants’ reflections suggested that the flexible nature of the activities helped them during the sessions when they could have “a chat and a breather in between”. Participants also recognised the benefit of having these sessions free of charge: “It’s at no cost - I can go. If it was 5 pound a session then I would have thought twice if 10 pound is my allowance for the week”.

Participants also highlighted the role of staff members in carrying out the sessions. One participant recounts:

> “I really like the staff because I find that they are very professional and not patronizing or aloof and friendly as well and I feel connect with them. And I am realising more, I am getting something out from the relationship with staff and I felt positive about coming to the group and I felt that without this connection I won’t be getting here. I feel that there is some effort in retention…Feeling like you are a team in a loose sense …I feel that there is a calm presence and there has been high staff ratio to service users and they have worked really well together…I think it kept at a nice size group and I feel quite lucky to have the opportunity to come to the group and to have that ratio to staff.”

Finally, the study participants also highlight the inclusive nature of the session, with one commenting:

> “I feel they are very inclusive, they are welcoming, the people who lead are very good… they are all very welcoming. I like that it is mixed ability everyone can join in you are only allowed to do what you can do.”

Equally, a support worker involves in the activities also recounts: “You still have to be fit for that but one girl needs to sit down and she has a seat and will sit when she needs to and doesn’t feel shy about that, there is another person on our service who really enjoys it”.

4.4. Qualitatively assessing any change in use of other health services

Interestingly, while the participants reported no significant change in use of other health services, their interview accounts suggest that they feel more active as a result of part taking in the walking football sessions. This latter point is particularly important as the participants reported having an overall feeling of being more active and engaged in other day to day activities with some growing independence in their self-care and overall recovery. The following quote from a participant demonstrates this point:

> “….It coincided with better contact with GP I have been able to go myself in the last couple of times (instead of having other family members involved). When I don’t do activities in the community I get very self-conscious and it makes it difficult to make contact with my healthcare team. It is good for me to have a structured group and being friendly with people without having to engage highly….”

Likewise, another participant stated:

> “I spend less time going to the health centre to see my doctor. Because I am recovering from a mental health and physical health crises I am feeling stronger within myself….I think this programme is part of my long term recovery. I think it’s an important part but I cannot say it’s the whole thing.”

5. Conclusions, learning, limitations and recommendations

5.1. Concluding points

Overall, the evaluation reveals positive outcomes from the walking football activities, enabling participants to gain:

- A sense of social inclusion and having an active routine
- Stepping stone into getting fit
- Learning new skills – walking football, kicking a ball, teamwork
- Sense of safety with the support of peers and staff
- Motivation booster to doing other things
- Improved mood
- Increased self-esteem, sense of achievement
- Increased self-care and self-advocacy

5.2. Learning from the project

1. When nutrition and walking football were introduced together and simultaneously, this proved not to be a successful approach for this cohort. However when the nutrition element was introduced to an already existing BALP football group, participants engaged well with the nutrition programme. This suggests that introducing the nutrition element at a later stage may work better, when an activity group has already formed and developed trust between participants and those running it. An expert advisor, sheds further light on the challenges involved:

> "Sometimes doing exercise is one thing but tackling your eating habits or obesity is not something that you can face. I felt like, I was so stuck in my eating habits and I think I was in a little bit in denial. Because I was so obese, my self-image was at rock bottom and I didn't know how to lose the weight. After I finally got my weight down to a certain level, I felt that my eating habits where unhealthy but understanding good healthy food - that took years. It took me years to start eating healthily."

2. Overall, recruitment and engagement of participants was very challenging. One factor that helped was a support worker who attended the sessions themselves, and then encouraged and motivated referrals to come along. Alternative ways of reaching participants more directly were not in place for this project.

3. The project demonstrated the value of partners with different skills and of people with lived experience working together, and the shared learning to be gained. There is a commitment to build on this. At the same time, the project set-up required quite an intensive level of resources, which drew heavily on partners' internal resources.

4. The limited funding for the pilot and short time frame for the evaluation meant that it was not possible to capture changes which may have taken place over a longer period of time. Having said that, the evaluation as it stands provides some useful learning about engaging people with CMHCs in physical activity.

5.3 Recommendations

1. Our findings suggest that future physical activity groups for people with CMHCs which offer opportunities to get active and to eat healthily should

consider a two-stage process; starting with just the activity group and once established adding in the nutritional programme for those who would like to engage in this.

2. Our report demonstrates the benefits gained from having a tailored activity group supported by mental health staff members – one that is designed specifically for this cohort. In order for people with CMHCs to benefit from other fitness activities we therefore recommend staff in gyms/fitness classes be trained in working with people with CMHCs or have specialist mental health and physical exercise staff on site.

3. People with lived experience of mental ill-health played a valuable role as expert advisors on the project, and it is recommended that the planning of any future physical activities for this cohort follows co-production principles, with people with lived experience involved from the outset, and that they receive expenses for their time and travel.

4. Our findings demonstrated that people with CMHCs enjoyed being in a mixed ability group with individuals with similar mental health experiences to theirs and with specialist support staff on site. The findings suggest that for individuals with a CMHC who are not physically active, being in a group like this is a stepping stone into physical activity, and as such is an important part of an inclusive pathway. It is recommended that such stepping stone provision is designed into future pathways.

5. More work needs to be done to establish robust referral routes into physical activity provision for people with CMHCs, which could be included in local health and wellbeing strategies (Horne 2017). There is currently no recognised referral pathway from primary care. There may be potential to develop the Exercise Referral Scheme (ERS) in Bristol to address this gap - this scheme already delivers specialist physical activity sessions for a range of conditions including Cardiac Rehabilitation, Cancer and Parkinson's. It may be possible to develop a similar model within the ERS for those with CMHCs. This could then provide a pathway for GP referral, which would open up opportunities to a wider population as part of a more integrated health care model. It is recommended that this is taken up by primary care and secondary care commissioners, and a pilot introduced to learn how this could work.

6. When introducing a new physical activity for people with CMHCs, a longer lead in time is needed to raise awareness and engage staff who could make referrals, so that they understand it's relevance to the aims and objectives of their service, and how physical activity can improve a range of

outcomes. Attendance at agency team meetings and use of case studies could help to get it into the consciousness of those whose clients stand to gain.

7. It can take some months for participants to take the first steps into physical activity, and people will drop in and out as their mental health/other factors change. This needs to be factored into the planning of any new activity.

8. It is recommended that collaborative work continues across the mental health and sports sectors in Bristol, drawing on the learning from this evaluation. This should explore how a wider and more sustainable range of inclusive physical activity opportunities could be offered to people with CMHCs and integrated into mainstream sports/activity provision, and address how it could be commissioned and funded.

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Appendices

Appendix 1: **the nutritional element brief**

The nutritional element of the course workbook titled: lose weight with thrive tribe (More information can be found on: https://thrivetribe.org.uk/). It aims to give participants knowledge, tips and motivation to help achieve a healthy weight/BMI as well as things that contribute to a healthy lifestyle in a way that is sustainable. There are many interactive group tasks that highlight some of the things that modern day foods contain that may not be so good for our body (such as sugars, fats etc.) and also what alternatives are available. This is achieved by small goal setting and small changes made to everyday habits such as switching from full to law fat products or from white bread to wholemeal food. Overall the programme is all about finding healthier alternatives for everyday foods to make a benefit for one's health.

The books/resources contain food diaries and weekly tasks for participants to stay mindful when at home and keep them motivated to make positive changes. There is also content on being/increasing physical activity time throughout their week and also how the right amount of sleep can contribute to weight loss and wellbeing.

Appendix 2: **walking football flier text**

Free BALP Walking Football

Do you know anyone interested in joining us for some low level football played at a slower pace?
We are running free walking football each week for service users, a great way to get fit, have fun, and meet new people

'It's fun and good exercise without even realising it!'

Thursdays 2.00 – 3.00pm

At: St Pauls Academy, Bristol BS2 9NH
Come along and give it a try-it's free!