service evaluation

# OPAL: Promoting mental health through friendship, socialisation and physical activity

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OPAL

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# Executive summary

On 27 March 2021, the Department of Health and Social Care and the Office for Health Improvement and Disparities (OHID) announced the COVID-19 Mental Health and Wellbeing Recovery Action Plan for 2021 to 2022. The aim of this scheme was to mitigate the impact of the COVID-19 pandemic on mental health.

To operationalise the Wellbeing Recovery Action Plan, the Prevention and Promotion Fund for Better Mental Health was established. The fund was then used by Oldham Council to commission sixteen projects designed to improve the lives of people whose mental health difficulties had been exacerbated by COVID-19.

The Oldham Learning Disability Advocacy Service (OPAL), a registered charity providing independent advocacy services and activities for people living with a learning disability, was one of the services commissioned to provide an 8-week physical activity for mental health project in Oldham. As part of the commissioning process, OHID require Oldham Metropolitan Borough Council to evaluate and assess the impact that the OPAL 8-week physical activity programme has made.

This report employs Contribution Analysis to examine three key outcomes areas of the OPAL 8-week physical activity for mental health project in Oldham. It illustrates how the Prevention and Promotion Fund for Better Mental Health has been used by OPAL to facilitate physical activities for people living with a learning disability in Oldham. The report concludes by providing an overview of the findings, including three recommendations for scaling up future physical training activities and initiatives.

## Key recommendations

1. Evidence that the 8-week physical activity project is able to reduce the effects of loneliness and isolation caused by COVID-19 and enable people to realise their strengths and capabilities and sustain new habits should be measured through pre, mid and post collection methods, allowing for monitoring data to be tested for statistical significance.
2. There is a need to understand why and how and for whom the project worked. Discovering this knowledge would require further in depth interviews with the people who accessed the scheme so that a model for practice can be developed and extended to reverse the experiences of physical exercise exclusion that many people living with a learning disability face.
3. A Social Return on Investment analysis should be commissioned to evaluate the general progress of the 8-week programme, showing both financial and social impact. Here social impact would represent reduced loneliness and isolation, new habits, opportunity and enablement. Advances in these areas could be monetised to demonstrate the value added and social return on initial investment.

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# Chapter 1: Introduction

According to the Oldham Joint Strategic Needs Assessment[1], there are 233,759 residents in Oldham. Levels of deprivation across the borough are ranked among the highest in the country relative to other authorities. According to the Indices of Multiple Deprivation, Oldham's levels of deprivation have maintained a steady downward trend since 2004[2].

Since the COVID-19 pandemic, The Local Government Association[3] explains that many people living with a learning disability (PLLD) in Oldham saw a traumatic loss of routine, activities and contact with family and carers and that this experience was hard to understand and to cope with. In addition, the increased risk of dying from the disease was significant for PLLD in Oldham, compared to the general population.

As well as the risk of increased mortality from COVID-19, lockdown and other service restrictions have had a significant impact on PLLD - on behaviours and routines as well as severely limiting their ability to act independently and autonomously. Occupational activity for PLLD has been severely curtailed, further impacting on their independence and mental health. According to Oldham Council's Covid Recovery Strategy[4]

> *The physical health of our residents has also been impacted both by high COVID-19 mortality and morbidity and by the disruption to the wider health and social care system caused by the pandemic. The NHS has worked at times to capacity to manage increasing COVID-19 hospital and ICU admissions. This has had knock on impacts on the health and social care system including the disruption to non-Covid acute care across Oldham and a backlog of care across acute and primary care.*

To reverse the detrimental effects of lockdowns and service restrictions on PLLD, Oldham's Recovery Strategy aligns with research by Tromans et al[5] and highlights the importance of services retaining and employing specialist staff trained to work with those with PLLD with a specific focus on mental health and physical activity. With regard to mental health, the Recovery Strategy also states that services should aim to reduce the risk of relapse of or further deterioration in challenging behaviours, reduce the risk of misattribution of symptoms and behaviours for PLLD, reduce the potential for over prescription of medication and improve access to mental health services. With regard to physical health, the report calls for additional support to ensure that PLLD access services such as gyms, swimming pools to maintain fitness and reduce the risks associated with social isolation.

Consistent with the recommendations of Oldham Council's Covid Recovery Strategy and Tromans et al research, the Department of Health and Social Care announced the COVID-19

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[1] Health Oldham (2019) Joint Strategic Needs Assessment. Available at: http://www.oldham-council.co.uk/jsna/ [Accessed 4th July 2021]
[2] Ibid.
[3] Health inequalities: Learning disabilities and COVID-19 | Local Government Association
[4] Covid_Recovery_Strategy_October_2020_21AV.pdf
[5] Priority concerns for people with intellectual and developmental disabilities during the COVID-19 pandemic - PubMed (nih.gov)

Mental Health and Wellbeing Recovery Action Plan for 2021 to 2022[6], designed specifically to mitigate and respond to the impact of the COVID-19 pandemic on the lives of PLLD.

## Better Mental Health Fund

To advance the priorities of the COVID-19 Mental Health and Wellbeing Recovery Action Plan for 2021 to 2022, the Office for Health Improvement and Disparities (OHID) set up the Prevention and Promotion Fund for Better Mental Health[7]. The aim of this scheme was to address mental health difficulties which had been exacerbated by the COVID-19 pandemic, such as mental health, loneliness, unemployment, financial insecurity, and racial discrimination.

The Better Mental Health Fund offered 40 local authorities in England additional budgets to commission interventions which could support communities' mental health. The 40 areas taking part in the Prevention and Promotion Fund for Better Mental Health cover areas of the country with the highest levels of deprivation, where mental health is at its poorest. One of these areas is Oldham.

Oldham Council used the Better Mental Health Fund to commission sixteen projects designed to improve the lives of people living with a mental health difficulty and to reduce inequalities exacerbated by COVID-19.

## OPAL

Following the COVID 19 pandemic, PLLD began to experience increased social isolation and decreased physical activity. Many people with a learning disability lost social skills and social contact and are completely isolated which has a great impact on mental health and wellbeing.

In response to the challenges created by the global pandemic, a proposal was made to develop the role of a Physical Health Trainer (PHT), commissioned through OPAL. The role of the PHT was to develop and implement planned work with PLLD who needed support to get out into the community and take mild physical exercise. The project was targeted to support PLLD who had lost confidence to leave their home after numerous lockdowns and group activities were also developed to support people to make new friends and re-establish social contacts.

The project was commissioned on the basis of self-referral and a subsequent needs assessment. Using the information gathered during an initial assessment, the PHT would create a personalised health plan of activities such as walks, gym visits, swimming, cycling and so on, all underpinned by the principal of person-centred support. The PHT would then support the person to engage with the agreed activities listed on a health plan for up to 8 weeks.

Throughout the 8 weeks, the person being supported by the PHT would receive support to achieve goals identified in their health plan such as to go out into the community, become more physically fit, reduce loneliness. Throughout this time, the PHT would also help people to consider ways to reduce distress caused and exacerbated by the pandemic, build

[6] COVID-19 mental health and wellbeing recovery action plan - GOV.UK (www.gov.uk)

[7] Office for Health Improvement and Disparities - GOV.UK (www.gov.uk)

confidence, learn and apply a new health routine, make friends and prevent depression and anxiety.

During the 8-week course, each person was able to access 1 session of 2 hours per week. It was estimated that the PHT would enable 3 people to access the service and physical activities per day. At full capacity the PHT would be able to support 35 PLLD over a 12 month period.

# Chapter 2: An 8-week physical activity for mental health programme in Oldham

To agree the parameters of the evaluation, the evaluation team met with representatives of OPAL in April 2022 to facilitate a Theory of Change (ToC) workshop.

The ToC illustrated the mid-level theory that described how the 8-week training programme worked. The intention of the ToC and mid-level theory was not to describe the intricate workings of the 8-week training programme, instead it was developed in some attempt to generate a fuller view of the service offer.

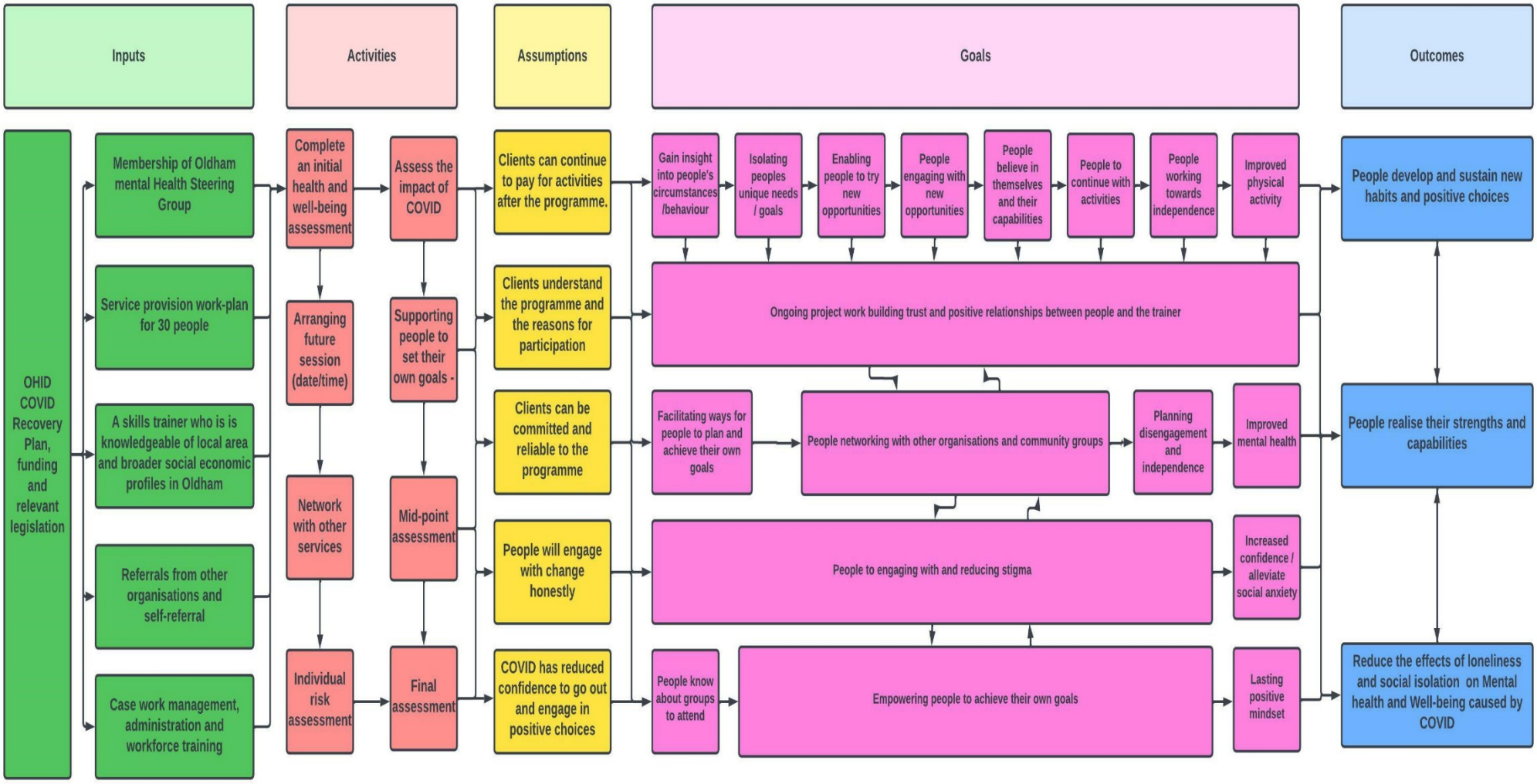
### OPAL Mid-Level Theory

By developing a ToC, the evaluation team were able to generate a more pragmatic and practical understanding of the aims and objectives of the training offer and process for ongoing consultation and support. The evaluation team were able to work with two members of the OPAL team to better articulate what the service was trying to achieve and why. The resultant mid-level theory is shown in Box 1.

*Box 1: OPAL 8-week training programme*

As part of the UK Government's efforts to tackle mental health difficulties associated to and exasperated by the global pandemic, the Office for Health Improvement and Disparities (OHID) has launched the latest Better Health Fund to improve the general public's mental wellbeing. Using funding from this scheme, OPAL, a registered charity providing independent advocacy services and activities for people living with a learning disability in Oldham, has launched a new and innovative 8-week project. The project aims to facilitate opportunities for people living with a learning disability to talk about and reduce the effect that COVID-19 has on their lives. Utilising a strengths-based approach to relationship-based practice and person-centred planning, the new service enables the people who access the service to focus on 'what matters to them'. Taking a holistic approach to people's health and wellbeing and supporting people to overcome the experiences of loneliness and isolation caused by the global pandemic, the project aims to connect people to existing community groups and encouraging people to achieve their own goals through physical exercise. By celebrating success, the scheme also aims to provide a catalyst for lasting change so that people living with a learning disability feel confident and able to take actions that support their own mental health, working collaboratively with all local partners in Oldham.

*Figure 1: Theory of Change for OPAL*



The mid-level theory shown in Box 1 is based on the ToC model (see Figure 1) which hypothesises how the 8-week physical activity course produces the outcomes/impact statements. The ToC includes a set of assumptions about the choices a person might make when travelling along each pathway toward the intended goal, illumining the process of implementation and the resulting consequences. Rather than including all possible connections and feedback loops, the diagram shows only those which are currently theorised to be instrumental in bringing about the changes anticipated by a delegate's attendance on the course.

The ToC developed during the workshop with OPAL identified three specific outcomes/impact statements that were designed to contribute to the training goals. These outcomes/impact statements are reiterated in Table 1 below:

*Table 1: OPAL 8-week physical activity course outcomes*

| **Outcomes/impact statements** |
| --- |
| • People will develop and sustain new habits<br>• People will realise their strengths and capabilities<br>• The programme will reduce the effects of loneliness and isolation caused by COVID-19 |

As will be shown in chapter 3, physical activity aimed at the development of prevention and Early Help are generally under-theorised, lacking explicitly articulated causal pathways[8] and the ToC presented above might reflect this position. A further issue with this ToC is the connectivity between the outcomes expected for people accessing OPAL training, the indicators of progress, and the outcome data collected by the evaluation. There are some minor discrepancies which will be considered in more detail below, as not all outcomes have a clear or obvious indicator and/or measure.

The strength of the ToC diagram includes inputs and their associated outputs (i.e., activities), goals, outcomes/impact statements, mechanisms (activities), contextual information (inputs) and assumptions.

- ***Inputs*** are the activities associated with 8-week physical activity programme. As the ToC is not a detailed description of the operation of the programmes, not all activities are represented. Instead, the ToC includes only those which have been clearly theorised to be associated with the outcome chains identified.
- ***Activities*** are what happen to make the 8-week physical activity programme work.
- ***Goals* and outcomes** are logically consequent to activities. They are the outcomes which are expected to be observed during the operation of 8-week physical activity programme, and which can therefore be measured or understood by the evaluation.

[8] Fabiano, G. A., Chafouleas, S. M., Weist, M. D., Carl Sumi, W., & Humphrey, N. (2014). Methodology Considerations in School Mental Health Research. School Mental Health: A Multidisciplinary Research and Practice Journal, 6(2), pp 68–83.

- **Mechanisms** describe the interaction between delegates and the training course and the impact that this is assumed to have for physical exercise and mental health. As such, the mechanism becomes critical to the success of the OPAL training programme.

Mechanisms are always understood to be present but vary in their degree of activation and consequent effect on outcomes. Mechanisms are also difficult to directly observe, but they help to explain how the implementation of the 8-week physical activity programme might lead to the intended outcomes/impact statements. As such, mechanisms describe the interaction between individuals, the 8-week physical activity programme and the actions needed to achieve change. Interactions that might include individual beliefs, organisational cultures, attitudes and decisions, and the resources and opportunities afforded to the people who participate. The ToC workshop helped the evaluation team identify four mechanisms which may be associated with the training that OPAL offer:

1. People living with a learning disability will refer themselves to the 8-week training programme.
2. People will engage with the programme for 8-weeks.
3. Physical activities will promote mental health and wellbeing.
4. After the 8-weeks, people will access services and engage in physical activities independently.

## Theory Informed Evaluation

The ToC and associated mid-level theory focussed the attention of the evaluation team and enabled the implementation of a service evaluation strategy, underpinned by the tenets of Contribution Analysis[9]. Such an approach enabled a structured methodology that could be applied to understand and evidence whether and to what extent, observed changes in outcomes came about because of the OPAL training programme. The ToC also enabled the evaluation team to design a method that could assess impact of in areas of causal complexity based on existing literature and the identification of any additional evidence needed to evaluate the training programme.

[9] Mayne. J. (2001) Addressing Attribution through Contribution Analysis: Using Performance Measures Sensibly. Canadian Journal of Programme Evaluation 16; 1-24.

# Chapter 3: Existing Evidence

## Existing evidence base

As per the Contribution Analysis framework, the evaluation team undertook a structured literature review, examining empirical literature around the outcomes expected and achieved from programmes or interventions targeted at supporting the physical activity and mental health on people living with a learning disability. This literature provides a view on whether it is plausible that an intervention such OPAL could contribute to positive change in the outcomes listed above.

## Contribution Statement

People living with a learning disability (PLLD) may have reduced ability, starting before adulthood, to understand new or complex information/skills and to cope independently (Department for Health, 2001: 14). Previous research has suggested PLLD often experience mental health problems, more so than the general population; also attributing PLLD's low mental health and wellbeing to their experiences of psychosocial disadvantage and inequalities; for instance, through support and poor living conditions (Cooper et al., 2007; Emerson and Hatton, 2007, 2008; Emerson et al., 2011). Within the general population, regular physical activity and socialisation has often been associated to improved wellbeing, and reduced symptoms of mental health problems (Ekkekakis et al., 2000; Penedo and Dahn, 2005; Kanning and Schlicht, 2010; Asmundson et al., 2013).

This empirical statement will explore how important physical activity and socialisation is for PLLD post-pandemic, indicating how such factors can support the mental health and wellbeing of PLLD in the UK.

## Impact of COVID-19 Pandemic

The COVID-19 pandemic impacted many people's mental health and wellbeing, including PLLD. Research has found COVID-19 has had a more severe impact on PLLD's health and physicality (Henderson et al., 2021). A research study explored the holistic impact of the pandemic on adults living with a learning disability, conducting interviews at three different time periods throughout the year. The study found PLLD experienced reduced engagement with the community (activities, services, day centres), reduced socialising and reported feeling lonely, angry, sad or down at least some of the time during the pandemic (Flynn et al., 2021a; Flynn et al., 2021b). This demonstrates the significant impact the COVID-19 pandemic had on the mental health of PLLD and the need for services and resources promoting PLLD's wellbeing. Self-help resources have been found to be useful in promoting PLLD's (Maguire et al., 2022). However, services connecting people to support each other and reduce loneliness is as important as self-help resources in promoting the mental health and wellbeing of PLLD (Flynn, et al., 2021a; Flynn et al., 2021b).

## Physical Activity, Mental Health and Wellbeing

It is well known that PLLD, young and old, are less active than the general population (Dairo et al., 2016; Robertson et al., 2018). Previous empirical literature has indicated increased physical activity can increase the physical health of PLLD in areas like cardiorespiratory fitness, aerobic capacity balance, muscular strength and endurance (Collins and Staples,

2017; Wu et al., 2017). However, the holistic impact physical activity can have on PLLD has also been evidenced, influencing individuals' mental health and wellbeing. Research has found engagement in physical activity can positively impact the mental health and wellbeing of PLLD. Carraro and Gobbi (2012) found anxiolytic effects of exercise for PLLD. The study explored the effectiveness of a 12-week exercise programme on the levels of anxiety of PLLD. Those who completed the exercise programme reported significantly decreased levels of anxiety, suggesting taking part in physical activity and exercise may reduce feelings of anxiety and promote the mental health and wellbeing of PLLD. In addition, Finlayson et al. (2009) found mental health problems were predictive of low physical activity in PLLD, suggesting an increased level of physical activity would positively correlate with the mental health and wellbeing of PLLD. Hallawell et al. (2012) also suggests physical activity can have positive outcomes for PLLD's mental health and wellbeing through social inclusion and positive role modelling, indicating physical activity would be effective in nurturing PLLD's positive mental health by reducing loneliness.

To implement physical activity programmes and interventions successfully, research has placed the importance in the hands of inclusivity and those supporting PLLD. Martin et al. (2011) conducted a study exploring the impact of carers and support staff on PLLD's engagement with physical activity. They found PLLD's levels of physical activity were largely influenced by the support and encouragement of their care staff. Further, Stanish and Temple (2012) attributed the success of an exercise programme, implemented with adolescents with learning disabilities, to peer support and a peer-guided model. Therefore, physical activity is important to help promote the mental health and wellbeing of PLLD, but care staff and support workers are as important in helping PLLD engage with physical activity and exercise. Dunham et al. (2018) recently conducted a study exploring the relationship between physical ill-health and mental ill-health in PLLD. Comprehensive health assessments, including mental health assessments, were conducted, and analysed. They found mental ill health was associated with multiple different physical diseases in PLLD but the number of diseases an individual was not associated with mental-ill health. They stipulate any mental health interventions are necessary for all PLLD, regardless of individual's overall physical health profiles.

### Socialisation, Mental Health and Wellbeing

Empirical research has also demonstrated the importance of socialisation in protecting PLLD's mental health and wellbeing. Caton et al. (2022) interviewed 571 adults with intellectual disabilities in the UK about their internet use during the COVID-19 pandemic. They found PLLD who reported not feeling lonely during the pandemic were more likely to use the internet to socialise with others. This reveals how important social connections and socialisation is to PLLD, as they reported the best aspect of the internet was that it helped individuals stay connected. However, the study also found that PLLD experienced online harm and threatening behaviour which compromised their wellbeing, suggesting not all online socialisation is good for PLLD's mental health and wellbeing. Nonetheless socialisation is important and impactful on PLLD's mental health and wellbeing, with the internet being a means to achieve socialisation in recent years.

Recent research has demonstrated social networks as central in aiding social inclusion, social functioning, self-esteem and self-identity for PLLD (Beadle-Brown et al., 2016; Bhardwaj et al., 2018). However, Harrison et al. (2021) conducted a systematic review of research and literature exploring the social networks of PLLD. They found social networks to be extremely important to PLLD, contributing to positive wellbeing, yet they also found PLLD experience minimal community acceptance and stigma which "thwarted social network creation" (Harrison et al., 2021: 989). Therefore, socialisation is important for PLLD's mental health and wellbeing but forming important connections and relations is challenging due to societal barriers,

proposing programmes aiming to create and/or improve PLLD's mental health and wellbeing through socialisation should address community acceptance and stigma in order to increase chances of engagement and success.

Research has also shown the importance of friendships in reducing feelings of loneliness for PLLD and increasing PLLD's mental health and wellbeing (Mason et al., 2013). Raghavan and Pawson (2008) highlighted the impact of social networks for PLLD, specifically finding social connections to be extremely important for young people with learning disabilities transitioning out of care. Socialisation acted as a protective factor, demonstrating the positive impact it has on young PLLD's mental health and wellbeing during significant change. Moving away from lockdowns, social restrictions and out of a pandemic is a significant change. Therefore, the importance of instilling protective factors like socialisation into PLLD's everyday lives is extremely important, increasing PLLD's post-pandemic mental health and wellbeing.

## Summary

To summarise this empirical statement, current research and literature proposes that socialisation and physical activity are central in supporting the mental health and wellbeing of PLLD (Raghavan and Pawson, 2008; Finlayson et al., 2009; Carraro and Gobbi, 2012; Caton et al., 2022). By introducing programmes that connect PLLD together, forming social networks whilst keeping individuals active and exercising, it is likely PLLD's mental health and wellbeing will be better supported. However, to implement this successfully, support workers and carers must positively facilitate engagement, encouraging PLLD to take part and actively engage with physical activity and socialisation programmes (Stanish and Temple, 2012). Further, stigma and community acceptance are barriers that also need to be addressed, ensuring positive and meaningful social connections are made and PLLD's mental health and wellbeing are both protected and promoted (Harrison et al., 2021). Overall, it is evident the mental health and wellbeing of PLLD is extremely important to support post-pandemic and that physical activity and socialisation are two significant factors in helping this need become an actuality.

## Statement of Plausibility

The existing evidence suggests that the logic of the ToC is sound and commendable and that there is strong existing evidence to suggest that a formal training program can enable people to develop and sustain new habits and realise their strengths and capabilities. There is weaker evidence to suggest that physical activity training can reduce the effects of loneliness and isolation caused by COVID-19, but it is hoped that the evidence provided within this evaluation will go some way to developing this empirical foundation. A summary of the plausibility, based on existing evidence only, is presented in Table 3.

*Table 2: Outcomes and plausibility assessment*

| OPAL outcomes | Plausibility assessment |
|---|---|
| People develop and sustain new habits | Strong evidence |
| People realise their strengths and capabilities | Strong evidence |
| Reduce the effects of loneliness and isolation caused by COVID-19 | Strong evidence |

To develop strengths and weaknesses of the logic, the plausibility of the various assumptions in the ToC, and the extent to which they are contested, provided a good indication of where further evidence is most needed. Incorporating the existing evidence with the ToC diagram, the inputs and their associated outputs (i.e., activities), goals, outcomes/impact statements, mechanisms (activities), contextual information (inputs), assumptions and mid-level theory,

the evaluation team identified five key questions that would underpin the approach to Contribution Analysis. These questions can be found in Table 4.

*Table 3: Research questions*

| Question Number | Evaluation questions |
|---|---|
| 1 | Does the 8-week training programme enable people to develop and sustain new? |
| 2 | Can the 8-week training programme enable people to realise their strengths and capabilities? |
| 3 | Does the 8-week training programme reduce the effects of loneliness and isolation caused by COVID-19? |

To answer the three questions outlined above, the evaluation used a mixed–method, theory-based examination of process and experience. Data collection methods included one workshop with two OPAL Team Members, interviews with two OPAL Team Members and the secondary analysis of a recorded interview with two people who accessed the 8-week training programme. A project report dated May 2022 was also included in this evaluation.

# Chapter 4: A Contribution Analysis

The outcomes for which contribution is evidenced in the existing literature is also supported by the data gathered for this evaluation. Taking both sets of data together, this chapter will suggest that the training provided by OPAL is able to contribute to all the outcomes/impact statements listed in the TOC.

### Who accessed the scheme?

Data provided for this evaluation indicated that as of September 2022, the 8-week programme had been delivered to 20 beneficiaries. Of the 20 beneficiaries, 9 described their gender as 'Female', and 10 described their gender as 'Male'. Beneficiaries were White British & Irish (n-14), Mixed (n=1), British Asian (n=4), Black Caribbean (n=1). They were all aged between 18 and 64. 18 people stated that they had a disability and 2 people stated that they did not have a disability.

### Reduce the effects of loneliness and isolation caused by COVID-19

Evidence gathered for this evaluation suggest that the imposed restrictions in Oldham prevented many PLLD from accessing to a wide range of exercise facilities including gyms, swimming pools and sports centres. According to one respondent, these imposed restrictions led to social isolation, and depression:

> *'COVID had a massive impact on people in Oldham. I still see the effects like it's still everywhere. People say to me "I can't go out". "I can't do this", so obviously COVID has had a massive impact on people's mental health. It makes them feel less sociable, more and more isolated. COVID has raised anxiety levels and that can definitely impact depression.' (OPAL Team Member)*

The sense of isolation described in the above excerpt, was exacerbated by the uncertainty or fear about the pandemic which also impacted the mental health of PLLD. As each person who took part in this evaluation explained, PLLD found isolation and fear particularly debilitating:

> *'For some of our clients, OPAL is the only place they go to. So, all of a sudden during COVID for that to not be the case, you know, not being able to see their friends and not understanding lockdown or why we were now offering a virtual service had a massive impact on people's health and wellbeing. As time went on, we've found a lot of people have lost or had lost confidence in going outside, going on public transport and doing all of the things that thy would have done before the pandemic.' (OPAL Team Member)*

As suggested above, for many PLLD in Oldham, OPAL represented an organisation that was central to their social networks and daily routines. When the organisation had to close, these networks and routines were also lost. As messages about COVID-19 in in Oldham were confused or complicated, they became difficult for PLLD to understand undermining. When restrictions were lifted, confusion remained as PLLD in Oldham lost confidence to re-engage with and re-establish previous networks and routines.

Mindful of the challenges and difficulties that PLLD were experiencing in Oldham, OPAL applied for Better Mental Health Funding to provide more support to encourage social

interaction and engagement in physical activity as a support mechanism for improved mental health:

> *'This programme allows people to get out more. To be more sociable. During COVID people were locked in and might not have seen anyone. Now I'm seeing them once a week for two hours a week and that's brilliant, and they're getting a lot out of that. There is social interaction, there is human engagement, and for most of the people, ok not all of them, they are taking part in some sort of physical activity or physical exercise. So of course, that's got health benefits. But even those who just want to chat, to be with me, they are getting health benefits too because they are not so lonely.' (OPAL Team Member)*

The social interactions being described extended to include swimming, tennis, gym, badminton, basketball, cycling, mindfulness, encouragement, positive reinforcement, motivation and friendship. For those who had lost social networks and daily routines due to imposed restrictions in Oldham, the opportunity to be supported by a member of the OPAL team to leave the house and engage in physical exercise was a key enabler of the ambition to reduce the effects of loneliness and isolation caused by COVID-19 through new habits.

### New habits

Rather than offering a set of pre-planned activities, an innovative and person-centred approach to enabling social interaction and change meant that the support being offered was tailored to each individual, as an OPAL Team member explained:

> *'If I'm working with somebody when we start, we look at what is happening with them here and now. If they're having like 10 cups of coffee and five cups of tea and like barely a glass of water a day with zero exercise, I'm like "OK" let's lessen the cups of tea and the coffee a bit, and let's have a few more glasses of water and let's try to be a bit more active. I get people to tell me what they want to do and what they want to be different. I then say, "well let's do it". Now, does that mean that by the end of the time that I'm seeing that person they've suddenly like turned their life around and they're drinking 8 glasses of water a day and they're not touching the caffeine anymore and they are out running a marathon? No, of course not, but people's habits are changing, and people are super proud to tell me about the things that they have been doing differently' (OPAL Team Member)*

Within the context of this explanation, the importance of choice is an important factor of change, but so too is the relationship that is enabled through the scheme. As imposed restrictions in Oldham prevented many PLLD from accessing a wide range of exercise facilities including gyms, swimming pools and sports centres, it also limited their social contact with others. By providing a one-to-one support service, the PHT was able to (re) build a relationship that could increase accountability, support learning and education, about health, fitness and the body, help with goalsetting and progress management and plan individual targets. For the people who accessed the scheme, knowing that someone at OPAL wanted only the best for them also promoted their mental health as an enabler of change:

> *'I have been playing football, going to the gym. Since starting with [the PHT] I am more likely to carry on doing stuff like that' (Beneficiary)*

*'I feel isolated where I am at the moment, but on a Wednesday, I love the phone call at 9 o'clock to say right I'll meet you here at 10 past 9…I love having a bit of me time and I love getting active...I want to do it more and will take [the PHT] with me.' (Beneficiary)*

*'It needs more funding, and it needs more opportunity for people like me to just enjoy ourselves. I want to play football more with [the PHT].' (Beneficiary)*

For the beneficiaries of the service, the opportunity to go out and have fun with the PHT was what was most important. For this reason, the relational opportunities afforded by this scheme appeared to underpin its success too. Without the appointment of the 'right type' of person, skilled in the tenets of communication and the precepts of relationship-based practice, it may be argued that this scheme might not have been so successful. An example of the contribution of the PHT is detailed in the case study below:

*Box 2: Never played basketball*

After the initial session playing basketball, one person who had never been given the opportunity to play basketball, according to the rules of the game, became upset when the PHT started to run around, bouncing the ball and shooting for the hoop. The person was more familiar with holding the basketball, rather than bouncing it or throwing it.

During the early stages of the session, the individual became upset and accused the PHT, who was bouncing the ball and shooting for the hoop, of being mean. He was upset because the PHT was playing the game in a way that meant he could not hold onto the ball all of the time.

Rather than changing the game, or agreeing to let the person hold the ball, the PHT showed an example of a basketball game on YouTube via a mobile phone. He also taught the person how to bounce the ball and how to shoot to score points. After half an hour, the individual began to enjoy the game of basketball, bouncing the ball and jumping up to score points by throwing the ball through the hoop.

At the end of the session, the PHT was able to point out the skills that the person had developed and share their achievements with the carer. Enthused by the new skills that had been learnt, and the encouragement that was given, the person began to enjoy the sessions and develop their knowledge and skills of the game even further.

## Sustaining Change

Whilst the PHT was able to reduce the effects of loneliness and isolation caused by COVID-19 and enable new habits, the sustainability of these achievements was more difficult to measure in this evaluation. At the end of the 8-week course, there was no further opportunity to ensure that the new confidence to engage in physical activities was being sustained. Where the relationship with the PHT was a driving reason for engagement, it was suggested that individual motivation could wane if no alternative support or encouragement is offered at the end of the 8-weeks:

*'At the end of the 8-weeks, it is hard because when I stop seeing them some people do not have the motivation to go to the gym or go swimming*

*or go play a sport or whatever because they don't have anybody else to do these things with. So, it's not necessarily even a motivational thing, it's a socialisation thing, or lack of opportunity thing, or "I don't or can't do it on my own" thing, if that makes sense? What the actual project does give people is an opportunity to socialise, but if the opportunity to socialise ends after 8 weeks, so too might the opportunity for people to do the things that they enjoy.' (OPAL Team Member)*

As suggested above, the 8-week programme offers friendship, socialisation and physical activity. Without the former, the sustainability of the latter is unclear. The unique contribution of the 8-week project is that it facilitated positive social interaction and support while tailoring individual physical activities designed for each person, according to ability, goals, and experience. For those people whose lives had been impacted by COVID-19, the end of the 8-week programme led some people to worry that their friendships and opportunities for socialisation would be lost, again:

*'8 weeks is not long enough to create sustainable change. During the 8 weeks, people work really closely with the PHT. People can become reliant on him and it's brilliant that he makes really good relationships and people love him and they don't want to stop working with him. Then after 8 weeks he has gone. People don't necessarily understand this and find it difficult to continue physical activities on their own. People are also becoming confused and upset because the PHT is leaving their lives, and that is very difficult for some people to manage too. (OPAL Team Member)*

To help reduce the sense of grief, separation and loss that some of the people who accessed the 8-week programme experienced, members of the OPAL team realised that continued social support and friendship was crucial for initiating and maintaining exercise commitment as shown in the case study below. Now, when the 8-week course ends, other members of OPAL, those not associated with the PHT programme, focus their work on promoting mental health through friendship, socialisation and physical activity too:

*'We are seeing the work that the PHT is doing and it's all about trying to increase improve people's mental health. So, we are now saying to the staff be creative as you like if it's going to meet their goals. So, there's a woman who does not do much physical exercise, especially because of COVID. So much so that she gets out of breath after a few steps of walking. One of our students, not part of the 8-week physical activity course, is working with her to go on more walks, around a house or she'll meet her at the local park. The student will also do other things like mindfulness activities or pebble art, then end the session by going for a walk. The woman has told us that she likes what the student is doing because it was like what the PHT did.' (Opal Team Member)*

*Box 3: The OPAL Crew*

One person was struggling with feelings of loneliness, tiredness, and a lack of confidence in public. He had not taken public transport or attended groups since the lockdowns. Since beginning the project, the PHT has taken him to the gym and taken part in sports at the park. The man now continues to visit the gym and is supported by 'OPAL Crew', a social action project that promotes group activities. The man has begun taking public transport again too. None of this would have been possible without the POHT and the subsequent support that OPAL offer.

# Chapter 5: Recommendations and Conclusions

This report considers the contribution that the 8-week physical activity programme makes to the mid-level theory and the outputs/impact statements listed in the ToC. There is some evidence to suggest that the 8-week physical activity programme can enable people to develop and sustain new habits but there is more evidence to indicate that the programme can enable people to realise their strengths and capabilities and it can reduce the effects of loneliness and isolation caused by COVID-19, albeit on a temporary basis.

| Question Number | Evaluation questions | Is there evidence to suggest that this outcome is being met? |
|---|---|---|
| 1 | Does the 8-week training programme enable people to develop and sustain new habits? | Partially |
| 2 | Can the 8-week training programme enable people to realise their strengths and capabilities? | Yes |
| 3 | Does the 8-week training programme reduce the effects of loneliness and isolation caused by COVID-19? | Yes |

### Promoting mental health through friendships, socialisation and physical activity

The results of this evaluation suggest that the 8-week physical activity project was able reduce the effects of loneliness and isolation caused by COVID-19 and enabling people to realise their strengths and capabilities. Whilst there is evidence to suggest that this scheme did enable people to develop new habits, there is no equal evidence to indicate that these new habits were sustained in the longer term.

The imposed restrictions in Oldham prevented many PLLD from accessing physical activities. However, this inequity is not attributed solely to COVID. Whilst COVID further limited the opportunity for PLLD to access physical activities, limited opportunity has always been present. As shown in chapter 3, the success and sustainability of physical activity programmes have always relied heavily on inclusivity and those who support and care for PLLD. Research has found that without encouragement form a parent, a carer, a social network or a close friendship group, opportunities for engagement in physical exercise can be lost. A point of reflection that was also observed by a member of the OPAL team:

> *'I spent 5 weeks supporting someone to go swimming and they were getting really good at it. Yeah, he didn't want to go and would get upset at me for encouraging him, but once he was in the pool, he loved it. After the 5 weeks he told his support worker, "No, I don't want to go swimming" and his support worker just gave up and didn't try to encourage him and told me that [the man] didn't want to go and that I should respect his wishes, so he just doesn't come now at all. If the support worker had tried to encourage [the man] things might have been different.' (Opal Team Member)*

Associated with the extract above, chapter 3 shows that before COVID, PLLD experienced stigma and a lack of individuality often associated with group living and variable support of a carer. The example provided above also indicates that the success of the 8-week project in

the short and longer term is heavily contingent on the presence of a supportive network that values friendship, socialisation and physical activity in an equal way. Of course, there may be legitimate reasons why the support worker did not encourage the man to attend swimming with the PHT, but in the absence of support there is a clear absence of opportunity.

For each person who took part in this evaluation, the PHT was the cornerstone of the programme's success. His skills and approach to person-centred planning meant that spending time with him became as important, if not more important, than the engagement in physical activity. As trainer, he was able to support people, whose mental health had been exacerbated by COVID, to achieve their personal goals. The PHT also engaged people in physical exercise which helped their mental health. For the beneficiates who reflected on the value of the project, the opportunity to have a routine that could be utilised to work towards a thing that they could control (such as choosing which sport to play, scoring goals, learning a new skills) was extremely beneficial for their mental health. The PHT kept people motivated when they lost interest and enthusiasm and he choose the right exercises to positively impact their health and wellbeing. Most of all, the PHT was someone within the support network that PLLD were able to rely on and enjoy, for the most part, being with.

## Recommendations

The recommendations presented here reflect the evidence that has been gathered to inform this evaluation.

### 1. Measuring outcomes and effectiveness

It is clear that the 8-week physical activity programme would benefit from a more thorough approach to measurement. Whilst an initial, mid and end point assessment were undertaken by the PHT, this information was not made available within the timescales of the evaluation. For balance, it is important to note that the scheme was operationalised by one PHT. Running the scheme with limited admistarive support meant that his time was spent focussing on physical activities, enablement and inclusion. There was little time left for him to formulate assessment data that might have been used to enhance the conclusions that are offered here.

To support the outcomes/impact statements listed in the ToC, a distance travelled measure can provide an important measure of impact. It is therefore recommended, that the ability of the 8-week physical activity project to reduce the effects of loneliness and isolation caused by COVID-19 and enable people to realise their strengths and capabilities and sustain new habits, is measured through pre and post data and monitoring trends allowing for tests of statistical significance.

First, to understand the specific impact of restrictions on factors influencing mental health, the people who access the scheme, and if appropriate their carers, should be asked about their mental health. Participants should also be asked to describe their relationships and behaviour, rating how confidence, social interactions, relationships, independence, behaviour and mood had been affected by the lockdown measures or other factors that limit equal opportunities. For both sections, scales can be converted into scores. Minus scores could be assigned to the scale points indicating a worsening, zero to represent "no change", and positive numbers could be assigned to scale points indicating an improvement. Scores from each example could then be averaged for each person to create an overall score.

Second, sub-group analyses could be performed by asking people to rate whether lockdown restrictions (or other experiences) had negatively ("yes", "no") or positively ("yes", "no") impacted their mental health. Based on this response, two sub-groups could be created: those who reported positive changes in their mental health during lockdown and those who reported

negative changes. The groups can then be compared using a series of statistical tests to assess between-group differences in 1) the nature of the learning disability or autism rating scale, 2) physical activity levels 3) the impact of access restrictions on mental health 4) relationships, social support networks and behaviour.

The final questions of an effectiveness measure could people to provide narratives on the short-term and long-term concerns around the restrictions, and what people felt could be done or has been done to improve physical activity and mental health. Conventional content analysis could then be employed as an initial engagement with people's answers.

### 2. Understand motivation for change

Both beneficiaries who spoke about the 8-week physical activity project explained that they 'loved' spending time with the PHT. They said that they 'enjoyed' football, swimming and going to the gym, but they said that they 'loved' seeing the PHT. It is arguable, based on these testimonies, that the PHT was the key enabler of change. Working through OPAL, he reduced the effects of loneliness and isolation caused by COVID-19, he enabled people to develop new habits and he enabled people to realise their strengths and capabilities. It is therefore also arguable that without the Better Mental Health Funding, these objectives may not have been realised.

The associated recommendation is to better understand what it was about the PHT that enabled people to participate, or not. Whilst it is clear that the precepts of person-centred communication and relationship-based practices were present in the work of the scheme, it is less clear what the PHT did to build relationships and engage people in a model of change.

To understand why people felt empowered, or not, to participate, and why after the programme some people experience a deep sense of grief, separation and loss, it is essential to understand why and how and for whom the project worked. Discovering this knowledge would require further in depth interviews with the people who accessed the scheme so that a model for practice could be developed. With this knowledge it may be possible to scale up the 8-week programme employing more PHTs to demonstrate the skills and relationships that PLLD value to reverse the physical exercise exclusion that many others experience.

### 3. Social Return on Investment

As already shown, the PHT was able reduce the effects of loneliness and isolation caused by COVID-19. He enabled people to develop new habits and he enables people to realise their strengths and capabilities. This contribution has a social value that could be considered in more detail.

The research method, Social Return on Investment (SROI) is informed by a set of principles that are designed to ensure that the reported value of a programme, like the 8-week physical activity scheme, is robust, transparent, and informed by beneficiaries. SROI would enable an a more detailed evaluation of the values that are not traditionally considered. In this example, a SROI can identify how effectively OPAL used the Better Mental Health Fund and other resources, such as the PHT and colleagues, to create value and equal opportunity for PLLD in Oldham. While a traditional cost-benefit analysis could be used to compare different investments or projects, SROI is used to evaluate the general progress of certain developments, showing both the financial and social impact. Here the social impact could represent reduced loneliness and isolation, new habits and enablement monetised to demonstrate value added and the result of investment.

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