

Final Report 2009

Live Active Referral Scheme – First Steps

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Executive Summary

Introduction

This report explores the findings from the Live Active Referral Scheme with the addition of the First Steps programme. The First Steps programme is an eight week rolling programme that offers participants more contact with the exercise counsellor and is designed to provide a taste of a variety of physical activity options together with enhanced social support and an educational component.

The First Steps programme was open to all scheme participants, but due to the coaching qualifications of the First Steps instructors, all First Steps participants were referred through the primary care referral route and did not exhibit established heart disease. Those participants who presented with established heart disease required the support of an exercise counsellor with a specialist qualification (British Association of Cardiac Rehabilitation).

Objectives of this report

The objectives of this report are:

- to identify the user profile of the scheme and the first steps enhancement
- to identify the differences between those that use the first steps enhancement and those that do not
- to identify the wider aspects of the scheme and long term behaviour change

Method

The Live Active Referral Scheme database was used to identify participants who had attended the First Steps enhancement and those who didn't between February 2006 and July 2006. Those who had experienced other enhancements to the Live Active Scheme such as the Motivator were excluded from analysis.

72 First Steps participants were identified and compared to 3,108 Live Active Referral Scheme participants who did not attend the enhanced feature of the programme.

30 First Steps participants were followed up by telephone interview 6 months after they had completed the 12month scheme to identify long term outcomes.

Results and discussion

Profile of participants

Only a relatively small number of participants were included in the analysis. Few differences were observed between First Steps participants and those who did not take up the First Steps programme.

The majority of First Steps participants were women (92%, 66 participants). This compares to 59% (1,834 participants) who didn't attend the First Steps programme.

Live Active Referral Scheme participants most likely to come from the 25 – 64 age group with few (less than 10%) from the youngest age group (16 – 24) and the oldest age group (65+). Whereas, First Steps participants were more likely to come from the older age groups of 45+. The greatest number being in the 45 – 64 age group, while almost a quarter came from the oldest age group. Few came from the 44 and under age group. One of the benefits of the First Steps programme may be in attracting and encouraging those in the older age

groups to participate in exercise. This is a group that we know from work elsewhere is least likely to participate in regular physical activity (NHSGGC, 2008).

A higher proportion of First Steps participants lived in the most deprived area of the city (44%, 32 participants) compared to participants who did not attend the First Steps programme (38%, 1,172 participants).

All First Steps participants were from a White ethnic background, whereas 95% of participants who did not attend the First Steps programme were from a white background and 5% from a black or minority ethnic background. The First Steps programme should explore how the enhancement can be made more appealing to black and minority ethnic clients.

First Steps participants were more likely to be retired or not working due to ill health or a disability compared to non First Steps participants. Participants who did not attend First Steps were more likely to be employed or students. One reason for this might be the restriction in the timing of First Steps classes due the availability of halls.

Attrition and Adherence

First Steps participants were more likely to adhere to the scheme than participants who did not take up the First Steps programme. At the 6 month stage 55% (32 participants) attended and at the 12 month stage 37% (20 participants) attended. This compares to 36% of participants who did not attend the First Steps programme at 6 months and just 15% at 12 months.

The reasons for dropping out of the scheme are recorded in the Live Active database; however, there are two drawbacks to this. Firstly, the information can be recorded without necessarily having first hand information from participants. Rather the database can be a reflection of the exercise counsellor's perception of the participant. Secondly, the categories in the database are broad and their may be different operational definitions between exercise counsellors.

That said, the majority of First Steps participants dropped out because they were uncontactable (54%, 21 participants) while almost a quarter dropped out for medical reason (23%, 9 participants).

Impact on Outcomes

A range of outcomes were explored. Some were independently assessed by exercise counsellors and included physical measures such as weight, body mass index and blood pressure. Whilst others were based on the participants perception.

Of the independently assessed outcomes only one showed a positive change amongst First Steps participants. This related to blood pressure, where First Steps participants had lower blood pressure following completion of the scheme ($p = < 0.05$ table 48). However, First Steps participants were just as likely to non First Steps participants to experience a lower blood pressure.

Of the outcomes based on participant perception, First Steps participants were less likely to feel depressed following the scheme (based on HADS score) and more likely to be regularly physically active. However, these benefits were also seen for participants who did not attend the First Steps programme.

While First Steps did not enhance the outcomes for the scheme, because First Steps encouraged adherence to the scheme, proportionally more participants in First Steps were exposed to the benefits of the scheme.

This study is based on a relatively small sample size. It is likely that other differences would be observed on a larger sample size.

Long term changes in behaviour

A telephone survey was conducted with 30 participants 6 months after they had completed the scheme to identify the long term changes associated with First Steps.

The survey revealed benefits to anxiety and depression scores were maintained 6 months after completing the scheme. Similarly, the majority of participants were still regularly physically active (57%, 17 participants). A further 10 participants (33%) were still active but not active enough to meet the descriptor of regular physical activity used in the Stage of Change model.

Participants were asked to reflect how active they were at the time of the interview compared to how active they were whilst on the scheme. The results were evenly spread into thirds with around a third each feeling they were:

- Their activity levels have increase
- They activity levels had stayed the same
- Their activity levels had dropped since leaving the scheme

All participants intended to continue to take regular physical activity.

Participants were asked how the scheme had impacted on their physical health. Almost half of participants mentioned "increased stamina and fitness" (41%, 12 participants), while 11 participants reported that they "felt healthier" and 9 participants reported they had "lost weight", "increased flexibility" and had "more energy" .

Participant were asked how the scheme impacted on their mental health. 15 participants reported they had a "more positive outlook", whilst 13 reported they felt "less isolated".

Over two thirds of participants (21 participants, 70%) reported the scheme had a positive effect on their relationships with others including 19 who felt the scheme had encouraged them to be more sociable, 17 reporting the scheme helped them make new friends and 12 indicated that it helped them get out of the house.

Participants were asked which aspects of the scheme encouraged them to continue for the full 12 months. Peer support was mentioned by 12 participants; support from the exercise counsellors was mentioned by 11 participants and the First Steps social support class was mentioned by 9 participants.

Participants were asked to identify draw backs to the scheme. Only 5 participants could think of any drawbacks. One suggested that public transport to the leisure centres was problematic, whilst another would have liked the scheme to continue for longer than 12 months. A third felt some of the exercise instructors were over ambitious in the level of the class. The remaining two participants cited personal reasons that were drawbacks to the scheme.

Participants had some suggestions for improving the scheme. These included improving the advertising and marketing of the scheme, extending the scheme to beyond 12 months and developing a "progression" class to follow on from the scheme.

Conclusions and Recommendations

First Steps appears to be successful in encouraging participants to stay on the scheme and reap the benefits of regular physical activity. Indeed at the 12 month stage those attending First Steps were twice as likely to complete the scheme as those who had not participated in the enhancement.

The Live Active Referral Scheme and First Steps in particular has been more successful in attracting women. It may be useful to explore what mechanisms could be put in place to make the scheme and enhancements more attractive to men.

The First Steps enhancement was not successful in attracting participants from a black or minority ethnic background. It may be appropriate to conduct an Equality Impact Assessment on the scheme to identify if there are any barriers to attending the First Steps element of the programme.

Whilst it is encouraging that First Steps appears to be successful in encouraging participants to stay on the scheme, the methodological design of this study means that the causal link between First Steps and completing the scheme is still weak. A randomised control trial would establish a stronger causal link (if indeed there is a causal link). A well designed randomised control trial also has the potential to increase the sample size of the study which would enable more robust analysis regarding the outcome of the scheme to be explored. This may be a route Live Active wish to take in the future should the administrative and financial resources become available to organise this approach.

First Steps participants experienced a range of positive outcomes from the scheme including decreases in blood pressure; reduced depression and increased levels of physical activity. However, these outcomes were also seen in participants who did not experience the First Steps programme. While First Steps did not enhance the outcomes for the scheme, it did improve adherence to the scheme and so more participants were able to reap the benefits of the scheme when First Steps was experienced.

References

Health and Wellbeing Survey (2008)

<http://www.phru.net/rande/Web%20Pages/Health%20and%20Wellbeing.aspx>

Terminology

This is an explanation of some of the terminology used in the Live Active Referral Scheme, and in this report.

Baseline

Baseline in this context refers to the chronological stage of the Live Active Referral Scheme when participants have their first consultation with the counsellor, after they have been referred onto the scheme. The other chronological stages of the Live Active Referral Scheme are at 6 and 12 months.

Participant exercise details and health related measurements are taken by the counsellor at baseline, 6 and 12 month points and are held in participants' files. These data allow a participant's progress on the Live Active Referral Scheme to be assessed.

Blood Pressure

Blood Pressure is the pressure of blood in your arteries, measured in millimetres of mercury (mmHg). Your blood pressure is recorded as two figures, the first number is the systolic pressure (the pressure in the arteries when the heart contracts) and the second is the diastolic pressure (the pressure in the arteries when the heart rests between each heartbeat).

High blood pressure (Hypertension) – 140 over 90 or higher

Normal range - between 120 over 80 and 140 over 90

Low Blood Pressure (Hypotension) – 90 over 60 or lower¹

BMI, Body Mass Index

A measure of someone's weight in relation to height. The body mass index (BMI) is a person's weight in kilograms (kg) divided by their height in meters (m) squared.

Central administration system

The Live Active Referral Scheme central administration system is a secure web based diary which is linked to Glasgow City based exercise counsellors only. The day to day operation of this administration system is predominantly the responsibility of the designated central administrator. However the ability to view and edit appointments is available to all Glasgow City based exercise counsellors, under a secure log in protocol. A flexible administration system such as this, promotes a far more user friendly experience, as participants can book or change appointments both through the central administrator or their exercise counsellor.

CHCP, Community Health and Care Partnership

Community Health (and Care) Partnership is the name of the organisations that have been set up across Scotland to provide a wide range of community based health services delivered in homes, health centres, clinics and schools. In Glasgow City and East Renfrewshire the Partnerships are also responsible for many local social care services provided by social work staff².

CHD

Coronary heart disease is when the small blood vessels that supply blood and oxygen to the heart become partially or wholly blocked.³

¹ The Blood Pressure Association, <http://www.bpassoc.org.uk/Home>

² <http://www.chps.org.uk/content/default.asp?page=s363>.

³ <http://www.nhs.uk/Pathways/coronaryheartdisease/Pages/Landing.aspx>

Exercise Counsellor

A Live Active Referral Scheme staff member who is specifically trained to deliver health behaviour change intervention in relation to physical activity and delivers the Live Active Referral Scheme in a local area.

Exercise Instructor

A self employed coach (freelance) who instructs designated exercise classes for the Local Authority. One such class may be the Live Active First Steps physical activity class/session.

Exercise Tolerance Test (ETT)

This is a pre-screening test for participants with established heart disease prior to starting physical activity. This is a treadmill test at a local hospital cardiology unit to assess the participant's heart response to exercise and to therefore assess their suitability to undertake physical activity in the community.

First Steps

First Steps is an eight week rolling programme that offers participants more contact with the exercise counsellor and a chance to taste a variety of activity options. It also aims to increase social support with fellow scheme participants. First Steps takes the form of:

- a physical activity taster session (for example various forms of exercise classes (circuits; tai chi etc), use of the gym and walking;
- a social support component with the exercise counsellor present; and
- an occasional education component.

Due to the rolling nature of First Steps, participants are able to join at any time.

FMR

FMR Research Ltd, the social research firm commissioned to conduct this evaluation.

GP

General Practitioner

HADS

The hospital anxiety and depression scale (HADS) is a widely used and popular self-report measure designed to detect the presence and severity of mild degrees of mood disorder, anxiety and depression. The participant is asked to answer fourteen questions (7 for anxiety and 7 for depression) relating to their mental attitude. The maximum score possible for Anxiety or Depression on the HADS scale is 21 (totally anxious or depressed), and the lowest score is 0 (totally lacking in anxiety or depression).

- 0-7 Normal
- 8-10 Mild
- 11-15 Moderate
- 16-21 Severe.

HADS is completed at the discretion of the participant; it is not used as a psychological screening tool.

Keep Well

Keep Well is a pilot Scottish Executive primary care based approach to enhancing anticipatory care. In Glasgow the Keep Well pilot has funded an additional Live Active counsellor. This additional post is based in the same sites as the Live Active exercise counsellor. The aim of the post is to "fast track" participants referred from a Keep Well screening to the Live Active Referral Scheme and to enhance the Live Active Referral Scheme to also include weight management and nutrition as health behaviours being addressed.

Live Active 2005

The Live Active Referral Scheme prior to the introduction of further Scottish Executive enhancements.

Low Risk (LR)

Low Risk is the category which encompasses the majority of participants referred onto the Live Active Referral Scheme. These are inactive participants who do not have established heart disease and who require support to become more active.

Mean

The arithmetic average.

mmHg

Millimetres of mercury, a measure of pressure. Used in this context in respect of blood pressure.

Motivator enhancement

The Live Active Motivator enhancement is based on the peer support/buddying concept. The role of the Motivator is intended to provide support and encouragement to individuals or small groups engaging in physical activity through the scheme. It is voluntary and undertaken by those who have completed the full 12 months of the Live Active Referral Scheme and have demonstrated a positive attitude towards maintaining an active lifestyle.

NHS GGC

NHS Greater Glasgow and Clyde.

Post Cardiac Referral (PCR)

These are direct referrals from the hospitals cardiac rehabilitation programme. Participants are referred by cardiac physiotherapists to support their post cardiac rehabilitation.

Participant

This is the term used by the Live Active Referral Scheme to denote those referred to the Live Active Referral Scheme and participating in it.

SIMD, Scottish Index of Multiple Deprivation

The official measure for identifying small area concentrations of multiple deprivation across all of Scotland.⁴

SPSS

Originally Statistical Package for the Social Sciences. SPSS is a computer software package designed to accommodate and facilitate the analysis of arrays of numerical data. FMR used SPSS software to analyse the database.

Stage of change

This is an assessment tool which looks at people and categorises their current behaviour and attitude towards health behaviour change. There are five stages of change:

Pre contemplation:	I am not regularly physically active and do not intend to be
Contemplation:	I am not regularly physically active but I am thinking about starting in the next 6 months
Preparation:	I do some physical activity but not enough to meet the description of regular physical activity
Action:	I am regularly physically active but only became so in the last 6 months
Maintenance:	I am regularly physically active and have been so for longer than 6 months

⁴ <http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=14765&Pos=&ColRank=1&Rank=208>.

People's stage of change is a transitory cyclical measure and can go forwards and backwards on the scale. But the observed result is that people are increasingly likely to move closer towards maintenance with every cycle around the stages.

1 Introduction

This report covers FMR Research's investigation of the Live Active Referral Scheme with the addition of one of the enhancements, First Steps. It uses two datasets to achieve this: part of a database of over 25,000 records (comparing those who participated in the First Steps programme, with those who had not) and a telephone survey of 30 First Steps participants.

1.1 Background

NHS Greater Glasgow established the Live Active Referral Scheme in 1997 in partnership with Glasgow City Council. After an initial positive evaluation in 1999 the scheme gradually expanded to include the following local authority areas within the NHS Greater Glasgow area – East Dunbartonshire, South Lanarkshire, West Dunbartonshire and East Renfrewshire. One of Glasgow City's Universities also delivered the Live Active Referral Scheme (Glasgow Caledonian).

In 2008 the Live Active Referral Scheme continued to expand and was rolled out across the full NHS Greater Glasgow and Clyde area in partnership with local authorities. It is now also delivered in Inverclyde and Renfrewshire. The Live Active Referral Scheme employs 24 full-time exercise/health counsellors working within partner local authority areas.

The Live Active Referral Scheme aims to increase levels of physical activity amongst sedentary individuals who are specifically referred by their health professional (e.g. GP, Practice Nurse, cardiac healthcare staff, etc). Exercise counsellors provide these participants with the skills, knowledge and confidence necessary to lead an independent, regularly active lifestyle. Benefits and barriers to change are addressed and participants are offered access to a variety of appropriate physical activity opportunities. There is also an opportunity for referral onto support services for other health behaviours, e.g. nutrition and smoking cessation.

1.1.1 Live Active Referral Scheme with enhancements

The Live Active Referral Scheme involves the following stages. Referred participants are enrolled onto the Live Active Referral Scheme for a period of twelve months and receive an evidence based one-to-one physical activity counselling service. This is in the form of a structured consultation at the baseline stage, and two further recall consultations at six and twelve months. Additional support given to participants throughout the twelve month scheme includes telephone calls, letters and the option of supported exercise sessions.

The participant attends the initial baseline consultation for advice on appropriate levels of physical activity. During the consultation, baseline data are recorded on measures such as height, weight, BMI, blood pressure, smoking, alcohol consumption levels, levels of physical activity and self perceptions of physical and mental wellbeing. These recordings are repeated at 6 months and 12 months.

Within the health behaviour change consultation the exercise counsellor and participant, discuss and agree a personalised goal setting plan. The goal setting plan is completed in triplicate, and provides the participant with a detailed account of their agreed physical activity aims and objectives over a six month period. On completion the plan is signed by both the exercise counsellor and participant, one copy is retained by the exercise counsellor, one by the participant and the third copy is forwarded to the referrer. In addition the referrer would receive a covering letter detailing the participant's date of consultation.

Participants receive reduced price access to local authority leisure centres where they can take part in a variety of activities; counsellor led supervised sessions or independent exercise. Support and advice is also provided for home-based exercise.

Following the positive results from the evaluation of the Live Active Referral Scheme in 2002, Scottish Executive funding enabled a series of enhancements to be developed. Three enhancements have been introduced to the Live Active Referral Scheme in order to improve the quality of the scheme and encourage participants to continue exercising and complete the full twelve months on the Live Active Referral Scheme. These are:

- First Steps – a social support initiative;
- the introduction of a Central Administration System for the Live Active Referral Scheme; and
- the introduction of Motivators (peer mentors).

Each of the enhancements is designed to improve adherence with the scheme. A previous report has already investigated the Live Active Referral Scheme prior to these enhancements. The enhancement that this report will investigate is the addition of First Steps.

1.1.2 The First Steps programme

First Steps is an eight week rolling programme that offers participants more contact with the exercise counsellor and a chance to taste a variety of activity options. It also aims to increase social support with fellow scheme participants. First Steps takes the form of:

- a physical activity taster session (for example various forms of exercise classes – circuits, tai chi, etc.), use of the gym and walking;
- a social support component with the exercise counsellor present; and
- an occasional education component.

Due to the rolling nature of First Steps, participants are able to join at any time.

At the time of this report (Spring 2009), First Steps was only running as a pilot in a few centres within Glasgow City: Gorbals, Donald Dewar, Springburn, Tollcross, Bellahouston and Castlemilk. In addition First Steps also operated in the Playdrome Leisure Centre in Clydebank (West Dunbartonshire) and in South Lanarkshire Lifestyle in Cambuslang (South Lanarkshire). However, First Steps operated in South Lanarkshire, Tollcross and Springburn in combination with the Motivator enhancement. As we wanted to identify the individual contribution each enhancement made to the Live Active Referral Scheme, participants who had experienced both the Motivator and First Steps were excluded from this analysis.

Due to the nature of the classes and coaching qualifications, almost all First Steps participants are without established heart disease and have been referred through the primary care route. Participants with established heart disease often require BACR (British Association of Cardiac Rehabilitation) supervision, and may only attend classes if the coach holds that qualification. For the most part, clients who require BACR supervision would attend supervised gym sessions or phase 4 rehab classes.

1.2 Objectives

The aim of this evaluation was to assess the First Steps enhancement to the Live Active Referral Scheme in the following ways:

- to interrogate the database to identify the user profile of the Live Active Referral Scheme with reference to specific groups that use the scheme (e.g. minority ethnic groups, participants with disabilities, participants with specific conditions such as Coronary Heart Disease (CHD), participants with mental health problems, participants from deprived areas), levels of inappropriate referrals and levels of attrition;
- to examine the key differences between those that take up the social support element of the Live Active Referral Scheme (First Steps) versus those that do not;
- to use the database to identify the changes in a range of outcome measures such as blood pressure, weight, frequency of exercise, Hospital Anxiety and Depression

Scale (HADS) scores and physical activity levels during the course of the Live Active Referral Scheme;

- to follow up a sample of participants (n=30) from the database at least six months after completing the full twelve month scheme to identify the longer term behaviour change, changes in knowledge (including physical activity targets and other health behaviours), attitudes and exploration of barriers to the Live Active Referral Scheme and why participants continue with the Live Active Referral Scheme; and
- to identify the wider impacts of this enhancement and the effects of the Live Active Referral Scheme.

2 Method

There were two prongs of investigation used in this analysis: the database of participants and the telephone survey.

2.1 Database interrogation

FMR used the records of those who had been referred to the Live Active Referral Scheme between February 2006 and July 2006 inclusive, which amounted to 3,206 participants. The exercise counsellors identified 74 Live Active participants during this period that had also experienced the First Steps enhancement. Those participants who had experienced the Motivator enhancement were excluded from the analysis to allow comparison between those experiencing the First Steps enhancement and those experiencing no enhancements. In total, 26 Motivator participants were excluded from analysis, of which 2 had also experienced the First Steps as well as the Motivator enhancement.⁵

The total number of records used for the database interrogation in this report amounted to 3,180 participants, including 72 of these who had experienced only the First Steps enhancement⁶.

In order to get the most from the information, the database was cleaned and checked for key factors such as gender, age at baseline, area of deprivation and postcode. Some of the information on the database was used to determine various factors such as CHCP (determined by postcode), and BMI (calculated using the recorded information from the database). This information was coded and, from this, data tables were generated. The database information was analysed in relation to those who had participated in First Steps and those who had not, allowing differences between the two groups to be identified.

For the database interrogation, data were analysed comparing First Steps participants to participants who did not attend First Steps. However, since the numbers involved in First Steps for this period were small, statistically significant differences are not common. In cases where the differences are significant this is stated (as it will be for cases that were not significant). Significant results are reported at the 95 percentile point.

It should also be noted that percentages may not always add up to 100%, due to the effects of rounding.

2.2 Telephone survey

The questionnaire used in the telephone survey had four sections:

- the first section investigated how the participant found out about the Live Active Referral Scheme;
- the second section measured participants' responses to questions linked to the Hospital Anxiety and Depression Scale;
- the third section included a 7 Day Physical Activity Recall, questions about how participants felt about their physical and mental health, confidence when exercising, any disadvantages of the Live Active Referral Scheme and changes in activity levels; and

⁵ These Motivator participants were mainly from Bellahouston Sports Centre (11 participants) and Drumchapel Swimming Pool (10 participants) (Table 1).

⁶ Please note, as stated in 3.2.2, one referral dropped out of the Live Active Referral Scheme before attending a baseline meeting, as they did not want to be part of the Live Active Referral Scheme, but wished to carry on with First Steps. Therefore the analysis of referral data is based on 72 First Steps participants, whereas analysis at baseline and beyond is based on 71 participants.

-
- the final section asked the participants' age, sex, ethnicity/cultural background and if they considered themselves to have a disability, for analysis purposes.

Participants who took part in the telephone survey were selected from those who had completed the Live Active Referral Scheme at least six months prior to the survey (i.e. at least 18 months after baseline) and had also participated in First Steps. This amounted to 85 participants, who were contacted by letter by FMR, to gain their agreement to take part in the survey. Each participant was sent an information letter and a consent form. These documents are all appended. In total, 30 participants agreed to take part. As this report explores the contribution First Steps made to attrition and compliance, centres that had a Motivator present within their First Steps class were excluded. A third report will explore the contribution the Motivator made to compliance and progress.

It should be noted that the different First Steps participant figures recorded above arise due to the use of two different data sources. The lowest figure, 72 participants is taken from the overall participant database whilst the higher figure of 85 participants is taken from the contact list supplied by NHSGGC.

3 Results and discussion

This section looks at the results of the database interrogation and the telephone survey and includes discussion around the findings.

3.1 Who refers to the Live Active Referral Scheme and at what level

3.1.1 Type of referral⁷

Comparing the referral type for First Steps participants and participants who did not attend First Steps between February 2006 and July 2006 showed (Table 2 & Table 3):

Of First Steps participants:

- 93% (67 participants) were LR, i.e. without established heart disease;
- 6% (4 participants) were ETT, i.e. referred via the Exercise Tolerance Test referral route for participants with established heart disease; and
- 1% (1 participant) was PCR, i.e. referred from the Post Cardiac Rehabilitation process.

Of participants who did not attend a First Steps class:

- 86% (2,668 participants) were LR;
- 4% (131 participants) were ETT; and
- 10% (309 participants) were PCR.

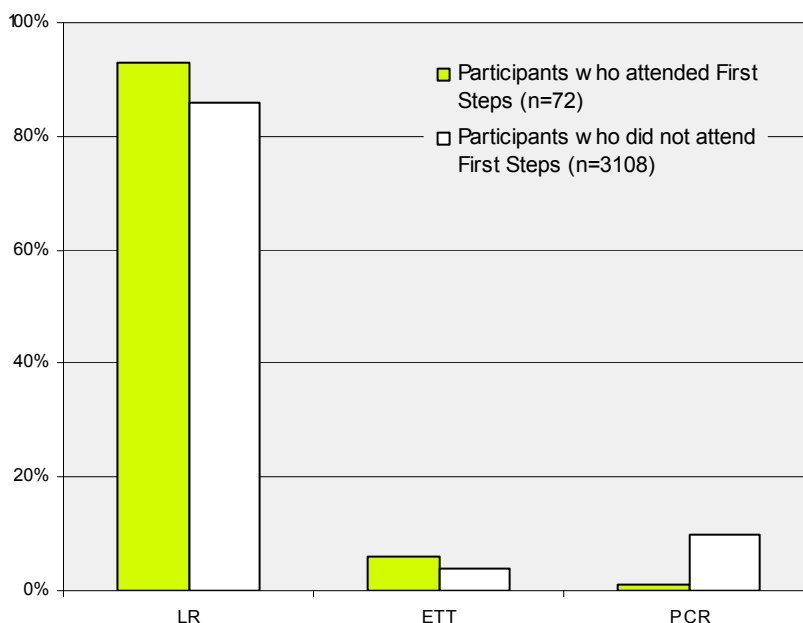
The difference between referral type for First Steps participants and those who did not attend First Steps is significant ($p < 0.05$).

This may indicate an area where the First Steps enhancement requires to target ETT and PCR referrals. However given the nature of these referrals it is likely that the incentive to exercise is higher initially, therefore the requirement for the First Steps programme is less than for LR referrals. This is based on the finding from the Live Active 2005 evaluation where those referred from the ETT or PCR routes were more likely to complete the full twelve months of the Live Active Referral Scheme.

In particular, participants referred via the PCR route have already completed a short twelve week hospital based exercise programme prior to their referral. Consequently, they may be more established in their exercise patterns, require less support and therefore not require the First Steps element of the Live Active Referral Scheme.

⁷ Please note that in the text, tables and charts the three groups of referrals will be annotated as follows:
Participants without established heart disease – LR
Participants with established heart disease – ETT
Participants referred as part of their post cardiac rehabilitation - PCR

Figure 1 First Steps participants and participants who did not attend First Steps by referral type



Given that the majority of First Steps participants come via the referral route for those without established heart disease it is not surprising that most were referred by their GP (63%, 40 participants), practice nurse (13%, 8 participants) or were self referrals (i.e. initiated by the participant and referred by the health professional) (19%, 12 participants), (Table 4).

Differences between referral sources for First Steps participants and participants who did not attend First Steps appeared to be mainly due to the difference in referral route and were not significant.

Participants in the telephone survey were asked how they heard about the Live Active Referral Scheme. In line with the findings of the database analysis, 53% (16 participants) indicated that they had been recommended by their GP, with a further 13% (4 participants) said that they had been recommended by a friend or relative. Booking the first appointment had mainly been done by either the GP (33%, 10 participants), practice nurse (23%, 7 participants) or by themselves (27%, 8 participants) (Table 69 & Table 70).

First Steps participants were more likely to be without established heart disease and therefore were referred and booked their first appointment through their GP or practice nurse.

3.2 Who attends the First Steps programme

3.2.1 Referral stage profile data

This section looks at the data recorded on the referral form and differences between those who took up the option of the First Steps programme compared to those who did not.

All participants

The profile of all First Steps participants was as follows.

Gender

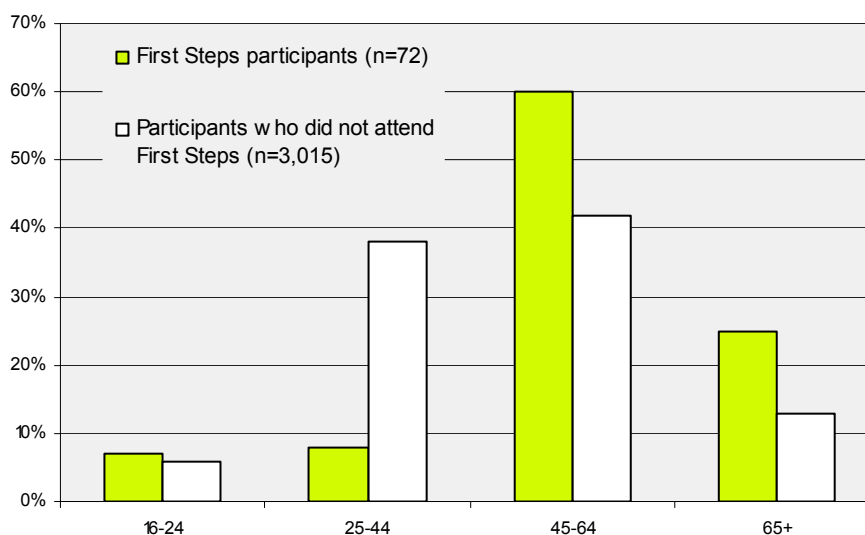
The overwhelming majority of First Steps participants were women, 92% (66 participants). This is compared to the participants who did not attend First Steps of whom 59% (1,834

participants) were women (Table 5 & Table 6). This is a significant difference ($p < 0.001$). This difference may be attributable to the social nature of the First Steps programme which may be more attractive to female participants. This highlights an area where the First Steps programme could improve, through the adoption of methods to attract more male participants.

Age

As can be seen from the figure below, First Steps participants were mainly aged between 45 and 64 (60%, 43 participants). Of those participants who did not attend First Steps, only 42% (1,281 participants) fell into this age group. Further analysis showed that 85% (61 participants) of First Steps participants were aged 45 or over, compared to only 56% (1,683 participants) of participants who did not attend First Steps and this is a significant difference ($p < 0.001$) (Table 7, Table 8 & Table 9). Therefore, First Steps participants were likely to be older than those participants who did not attend First Steps. This may reflect the knowledge we have about exercise elsewhere. For example, those aged over 45 are less likely to meet national exercise targets than those in younger age groups⁸, and therefore require a greater level of support when taking up an exercise programme such as the Live Active Referral Scheme.

Figure 2 Age comparison



Where participants were based

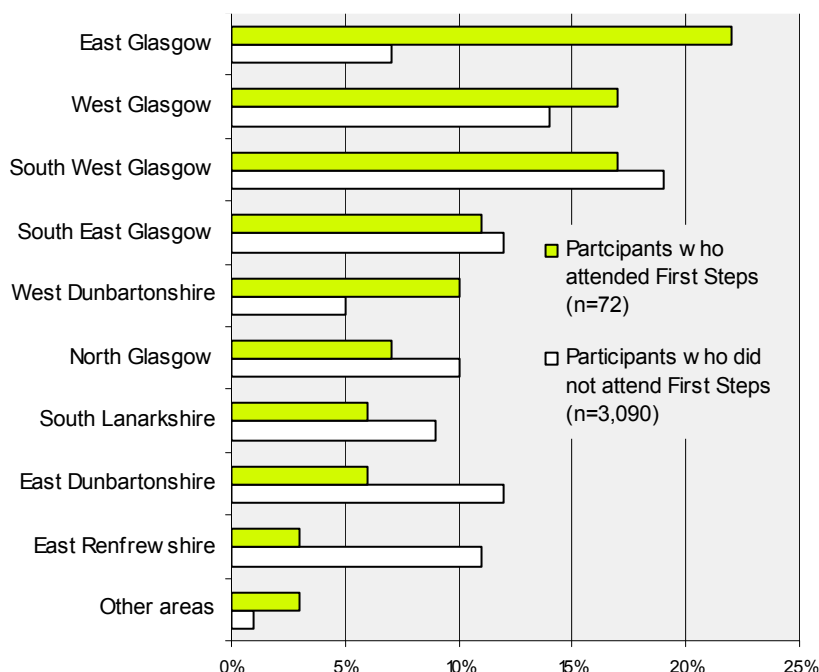
Participants' home addresses were used to determine in which CHCP areas they lived. The distribution of First Steps participants across CHCP areas ranged from 16 in East Glasgow to 2 in East Renfrewshire. Nearly a quarter (22%) of all First Steps participants lived in East Glasgow CHCP area, compared to only 7% of participants who did not attend First Steps (Table 10).

At the time of this report, First Steps was only running as a pilot in a few centres within Glasgow City: Gorbals (South East CHCP), Donald Dewar (West CHCP), Springburn (North CHCP), Tollcross (East CHCP), Bellahouston (South West CHCP) and Castlemilk (South

⁸ NHSGGC, <http://www.phru.net/rande/web%20pages/Health%20and%20wellbeing.aspx>, 2005

East CHCP).⁹ In addition the First Steps programme was available in West Dunbartonshire and South Lanarkshire.

Figure 3 First Steps participants compared to participants who did not attend First Steps across CHCP areas



Scottish Index of Multiple Deprivation

Participants were categorised, using their residential address as a reference point, in terms of whether they lived inside or outside the 15% most deprived areas in Scotland, according to the Scottish Index of Multiple Deprivation (this report will use 15% SIMD as shorthand for this term). A higher proportion of First Steps participants (44%, 32 participants) lived in 15% SIMD areas, compared to 38% (1,172 participants) of participants who did not attend First Steps (Table 12). This difference is not significant.

Looking at the Glasgow City area only, 55% (29 participants) of First Steps participants lived within the 15% SIMD areas again compared to 53% (1,008 participants) of participants who did not attend First Steps participants (Table 13).

Low risk referrals only

At the referral stage, some information is recorded only for LR participants (those without established heart disease), and this is reported below. For the purposes of comparison, NHSGGC should determine which information it requires and might wish to develop a uniform referral form for all three categories of referral (i.e. LR, ETT and PCR).

A range of health conditions was reported on the referral form for the LR referral route (participants without established heart disease). There was only one significant difference between the two datasets (i.e. First Step participants and participants who did not attend First Steps):

⁹ At the time of the research the Live Active Referral Scheme was only available in Glasgow City, half of West Dunbartonshire, in Rutherglen and Cambuslang area of South Lanarkshire, East Dunbartonshire and East Renfrewshire. It did not operate at all in Renfrewshire, Inverclyde and North Lanarkshire. However, participants may live in these areas and want to access the Live Active Referral Scheme within a CHCP area that the Live Active Referral Scheme is operating in and there is a system in place to allow this to happen.

-
- joint pains or conditions, where significantly more First Steps participants (49%, 33 participants) were reported as having joint pains or joint conditions than participants who did not attend First Steps (31%, 834 participants) ($p < 0.01$) (Table 14 & Table 15).

Other health conditions reported at referral include:

- smoking, where First Steps participants (9%, 6 participants were smokers) were less likely to smoke than those participants who did not attend First Steps (27%, 698 participants were smokers) (Table 16);
- 52% (35 participants) had physical or mental limitations which would make exercise programs difficult, compared with 44% (1,165 participants) of participants who did not attend First Steps (Table 18);
- 42% (28 participants) were reported as drinking alcohol, compared with 49% (1,302 participants) of participants who did not attend First Steps (Table 19);
- 13% (9 participants) had chest problems, the same proportion, 13% (353 participants) of participants who did not attend First Steps (Table 20);
- 10% (7 participants) were recovering from an operation or illness compared with 13% (343 participants) of participants who did not attend First Steps (Table 21);
- 10% (7 participants) were diabetic, the same as the proportion of participants who did not attend First Steps (10%, 268 participants) (Table 22); and
- 6% (4 participants) had blood pressure greater than 160/90 compared with 9% (225 participants) of participants who did not attend First Steps (Table 23).

3.2.2 Baseline stage profile data

This section examines the data recorded by exercise counsellors at the baseline consultation of the Live Active Referral Scheme. One participant dropped out of the Live Active Referral Scheme before attending a baseline meeting as they did not want to be part of the Live Active Referral Scheme, but wished to carry on with First Steps.

Ethnicity

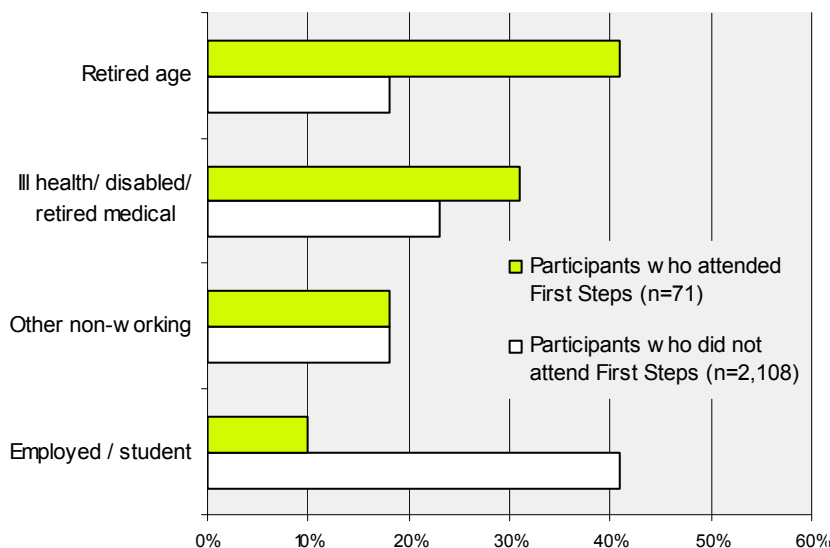
All First Steps participants were white. Of participants who did not attend First Steps, 95% (2,004 participants) were white, with 5% (104 participants) classed as from minority ethnic groups (Table 24 & Table 25). Although the difference in ethnic background between First Steps participants and participants who did not attend First Steps is not statistically significant ($p = 0.055$), it intimates that First Steps does not engage as effectively with those from minority ethnic backgrounds as it could. This suggests that the First Steps programme requires to more effectively target Live Active participants from minority ethnic backgrounds or certainly to examine the reasons for lack of uptake of the First Steps programme by participants from minority ethnic backgrounds.

Employment

At baseline stage, 41% (29 participants) of First Steps participants were retired, 31% (22 participants) were not working due to ill health, disability or medical retirement, 18% (13 participants) were 'other' not-working (looking after the home, carer etc.) and only 10% (7 participants) of participants were employed either full-time or part-time or recorded as a student (only one participant in the First Steps cohort was employed full time) (Table 26 & Table 27). The following figure compares the differences in employment status between First Steps participants and participants who did not attend First Steps and the difference is significant ($p < 0.001$). This may be due to the timing of the classes. Due to hall availability,

First Step programmes were restricted in the timing of classes and had to use 'off peak' times which may have been more suitable for some participants than others.

Figure 4 Employment status at baseline for First Steps participants and participants who did not attend First Steps



Weight

Using body mass index (BMI) as the indicator, 85% (60 participants) of First Steps participants were either overweight or obese. There was no significant difference between those who attended First Steps and those who did not attend First Steps, with 80% (1,660 participants) recorded as overweight or obese at baseline (Table 28).

Heart rate

The mean resting heart rate at the baseline stage for First Steps participants was 75 (i.e. within the normal range of 60-90, British Heart Foundation, www.bhf.org.uk). Again, there was no significant difference between First Steps participants and participants who did not attend First Steps, with those participants recording a mean resting heart rate of 73 (Table 29).

Blood Pressure

The mean systolic blood pressure at baseline for First Steps participants was 129 and mean diastolic blood pressure at the same stage was 79 (i.e. within the normal range)¹⁰. There is no significant difference between First Steps participants and participants who did not attend First Steps, with these participants recording a mean systolic blood pressure at baseline of 130 and a mean diastolic blood pressure at the same stage of 81, again within the normal range (Table 30).

¹⁰ Blood pressure is the pressure of blood in your arteries, measured in millimetres of mercury (mmHg). Your blood pressure is recorded as two figures, the first number is the systolic pressure (the pressure in the arteries when the heart contracts) and the second is the diastolic pressure (the pressure in the arteries when the heart rests between each heartbeat)

High blood pressure (Hypertension) – 140 over 90 or higher

Normal range – Between 120 over 80 and 140 over 90

Low blood pressure (Hypotension) – 90 over 60 or lower

(the Blood Pressure Association, <http://www.bpassoc.org.uk/Home>)

Smoking

At baseline, 7% (5 participants) of First Steps participants were smokers. This is fewer than for the participants who did not attend First Steps, with 22% (474 participants) reported as smokers at the baseline stage (Table 31).

Alcohol

At baseline, 52% (37 participants) of First Steps participants were reported as drinking alcohol. There was no significant difference between First Steps participants and participants who did not attend First Steps, with 61% (1,289 participants) reported as drinking alcohol at the baseline stage (Table 33).

Stage of Change

Participants were asked to describe their level of physical activity to identify their stage of change as follows:

Pre contemplation:	I am not regularly physically active and do not intend to be
Contemplation:	I am not regularly physically active but I am thinking about starting in the next six months
Preparation:	I do some physical activity but not enough to meet the description of regular physical activity
Action:	I am regularly physically active but only became so in the last 6 months
Maintenance:	I am regularly physically active and have been so for longer than 6 months

One aim of the Live Active Referral Scheme is to move participants through the stages of change towards the maintenance stage.

Of the 71 First Steps participants who took part in the Live Active Scheme, 42% (30 participants) stated that they were thinking about becoming regularly physically active (contemplation stage) and 44% (31 participants) said that they did some physical activity but not enough to meet the description of regular physical activity (preparation stage), at the baseline stage. In total 96% (68 participants) were not taking regular physical activity (i.e. were not meeting the description of regular physical activity).

There was no significant difference between the First Steps participants and participants who did not attend First Steps. Of the 2,119 participants who did not attend First Steps, 45% (962 participants) stated that at the baseline stage that they were thinking about becoming regularly physically active (contemplation stage) and 42% (881 participants) stated that they did some physical activity but not enough to meet the description of regular physical activity (preparation stage). In total 92% (1,944 participants) of participants who did not attend First Steps were not taking regular physical activity (Table 34).

Health State scale

At baseline, participants were asked to rate their health state on an ascending scale of 0-100, where 100 is the best possible health and 0 is the worst possible health. The mean perceived health state at baseline stage for First Steps participants whose data was recorded was 55. There was no significant difference between the mean perceived health state for First Steps participants and for participants who did not attend First Steps (mean = 52) (Table 35).

Physical Activity Recall

The Physical Activity Recall (PAR) is a self completed questionnaire recording the participant's physical activity over the last seven days. The recommendation for health benefits is to accumulate at least 30 minutes of moderate physical activity most days of the

week¹¹. Participants were asked to record any activity they undertook at moderate levels or more intense levels.

First Steps participants reported a mean Physical Activity Recall of 325 minutes at the baseline stage. This is significantly lower than for those participants who did not attend First Steps, who reported a mean Physical Activity Recall of 470 minutes, at the same stage ($p < 0.05$) (Table 36 & Table 37). It would appear therefore that First Steps is successful in engaging those who report being less physically active.

Hospital Anxiety and Depression Scale¹²

Levels of anxiety and depression were recorded by administering the Hospital Anxiety and Depression Scale to participants. In analysing these data we have looked at both the mean value and the assignment of scores as follows:

- 0-7 Normal
- 8-10 Mild
- 11-15 Moderate
- 16-21 Severe

The mean HADS anxiety score for First Steps participants was 6.57 at baseline and the corresponding HADS depression score was 4.83. These scores represent low levels of anxiety and depression. There was no significant difference between the mean HADS scores for First Steps participants and participants who did not attend First Steps, with those participants recording a mean HADS anxiety score of 6.87 and a mean HADS depression score of 4.98 (Table 38 and Table 39).

Of the First Steps participants for whom a HADS score was recorded at baseline, 70% (38 participants) recorded a HADS anxiety score within the normal range and 76% (41 participants) recorded a HADS depression score within the normal range. For participants who did not attend First Steps for whom a HADS score was recorded at baseline, 60% (1,068 participants) recorded a HADS anxiety score within the normal range and 75% (1,338 participants) recorded a HADS depression score within the normal range (Table 40 and Table 41).

3.2.3 Summary

Analysis of the data available at referral and baseline stages for both First Steps participants and participants who did not attend First Steps shows the following differences:

First Steps participants were significantly more likely to be:

- female;
- aged 45 or over;
- reported by their referral source as having joint pains or conditions;
- retired, suffering from ill health or disability, or retired for medical reasons; and
- report being less physically active.

This highlights the groups that the First Steps programme has so far had less success in engaging with and possible groups that it should be taking steps to engage with more in future. These are predominantly men, people under 45, people without joint pains or conditions, and those who are in employment or students. However, as previously detailed,

¹¹ Lets Make Scotland More Active: A Strategy for Physical Activity, Scottish Executive, 2003

¹² The Hospital Anxiety and Depression Scale (HADS) is a widely used and popular self-report measure designed to detect the presence and severity of mild degrees of mood disorder, anxiety and depression. The participant is asked to answer fourteen questions (7 for anxiety and 7 for depression) relating to their mental attitude. The maximum score possible for Anxiety or Depression on the HADS scale is 21 (totally anxious or depressed), and the lowest score is 0 (totally lacking in anxiety or depression). HADS is completed at the discretion of the participant, it is not used as a psychological screening tool.

the timing availability of the First Steps classes may restrict the ability to attract those in employment or students.

3.3 Attrition rates and adherence

3.3.1 Participants reaching each stage of the Live Active Referral Scheme

Live Active participants can join the First Steps programme at any time throughout the year they are on the Live Active Referral Scheme.¹³ This means the stage of scheme reached may be compared between First Steps participants and participants who did not attend First Steps, from baseline stage onwards, in terms of the profile of participants reaching the various stages. However, what is more difficult to learn from the comparisons are the reasons why the profile and behaviour of First Steps participants may vary from that of the other scheme participants.

At each stage in the Live Active Referral Scheme a number of those dropping out were as a result of inappropriate referrals and positive or medical dropouts (this would include those who are still active and not requiring support, those who had been transferred to another centre and those who had a medical condition which prevented them continuing). It is important to account for these when examining the participants reaching each stage of the Live Active Referral Scheme, in order to provide an accurate reflection of the actual drop out rate at each stage. Inappropriate referrals and positive or medical dropouts will be discussed in more detail in 3.3.4.

Of those referred (72 First Steps participants and 3,108 participants who did not attend First Steps) onto the Live Active Referral Scheme between February 2006 and July 2006 and who attended a baseline consultation (71 First Steps participants¹³ and 2,122 participants who did not attend First Steps):

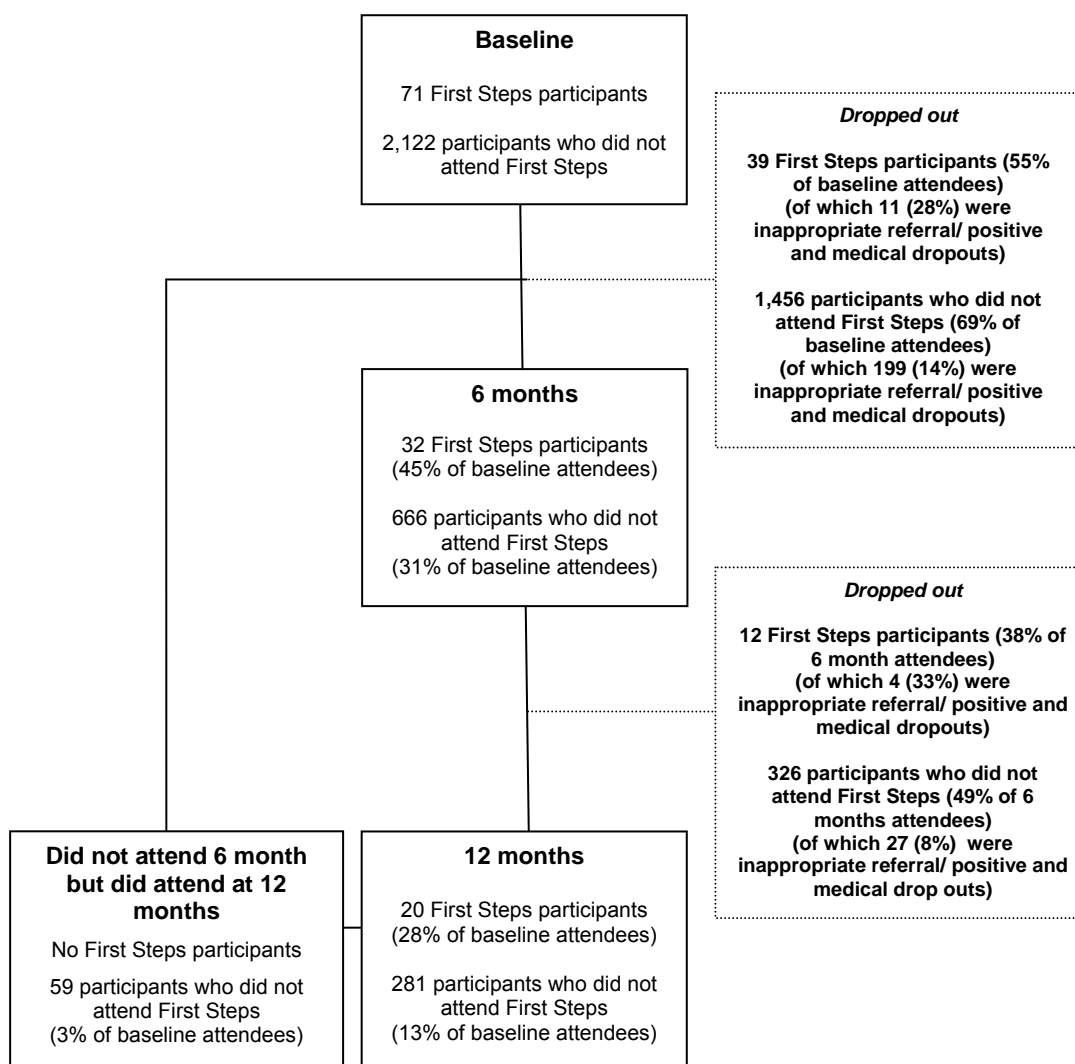
- 45% (32 participants) of First Steps participants attended a 6 month consultation (55% excluding inappropriate referrals and positive dropouts) compared to 31% (666 participants) of participants who did not attend First Steps (36% excluding inappropriate referrals, positive and medical dropouts); and
- 28% (20 participants) of First Steps participants completed the full programme including the 12 month final consultation (37% excluding inappropriate referrals and positive dropouts). In comparison, 13% (281 participants) of participants who did not attend First Steps completed the full programme (15% excluding inappropriate referrals and positive dropouts).

These data are shown in Figure 5.

Some 12 month completers who participated in the Live Active Referral Scheme but did not attend First Steps missed out the 6 month consultation and this amounted to 3% (59 participants) of those who attended baseline (Table 42).

¹³ One First Step participant chose not to take part in Live Active, and so did not attend a baseline appointment – the option to participate in First Steps outside of Live Active is available.

Figure 5 Number of participants reaching each stage of the Live Active Referral Scheme



3.3.2 Attrition rates

The participant database showed the following results.

First Steps participants were much more likely to complete the Live Active Referral Scheme – 72% (51 participants) of those who attended a baseline appointment dropped out prior to the 12 month consultation, compared to 84% (1,782 participants) who did not attend First Steps (Table 44 & Table 45) and this difference is significant ($p < 0.005$).

Looking at First Steps participants, 55% (39 participants) dropped out after their baseline appointment (11, 28% of these were inappropriate referrals/ positive and medical dropouts), i.e. 45% (32 participants) attended their 6 month consultation. This compares to 69% (1,456 participants) of participants who did not attend First Steps (199, 14% of these were inappropriate referrals/ positive and medical dropouts), i.e. 31% (666 participants) were still taking part at the time of their 6 month consultation (Table 42).

A comparison of the attrition rates between First Steps participants and participants who did not attend First Steps at all stages is given in Figure 6 **Error! Reference source not found.** below¹⁴.

¹⁴ Figure 6 is inclusive of inappropriate referrals and positive and medical dropouts

Figure 6 Comparison of attrition rates (inclusive of inappropriate referrals and positive and medical dropouts) for First Steps participants and participants who did not attend First Steps

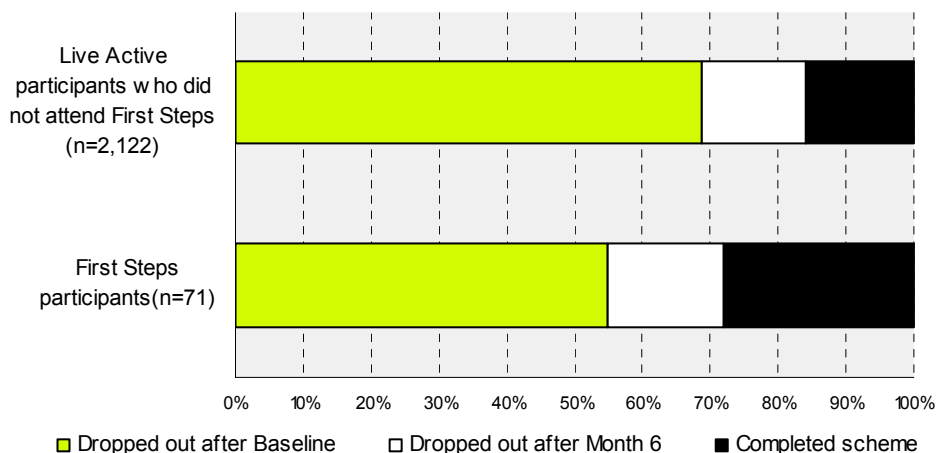


Figure 6 shows that First Steps participants were more likely to complete the scheme, with the key difference on attrition between First Steps participants and Live Active participants who did not attend First Steps being between baseline and 6 months consultations.

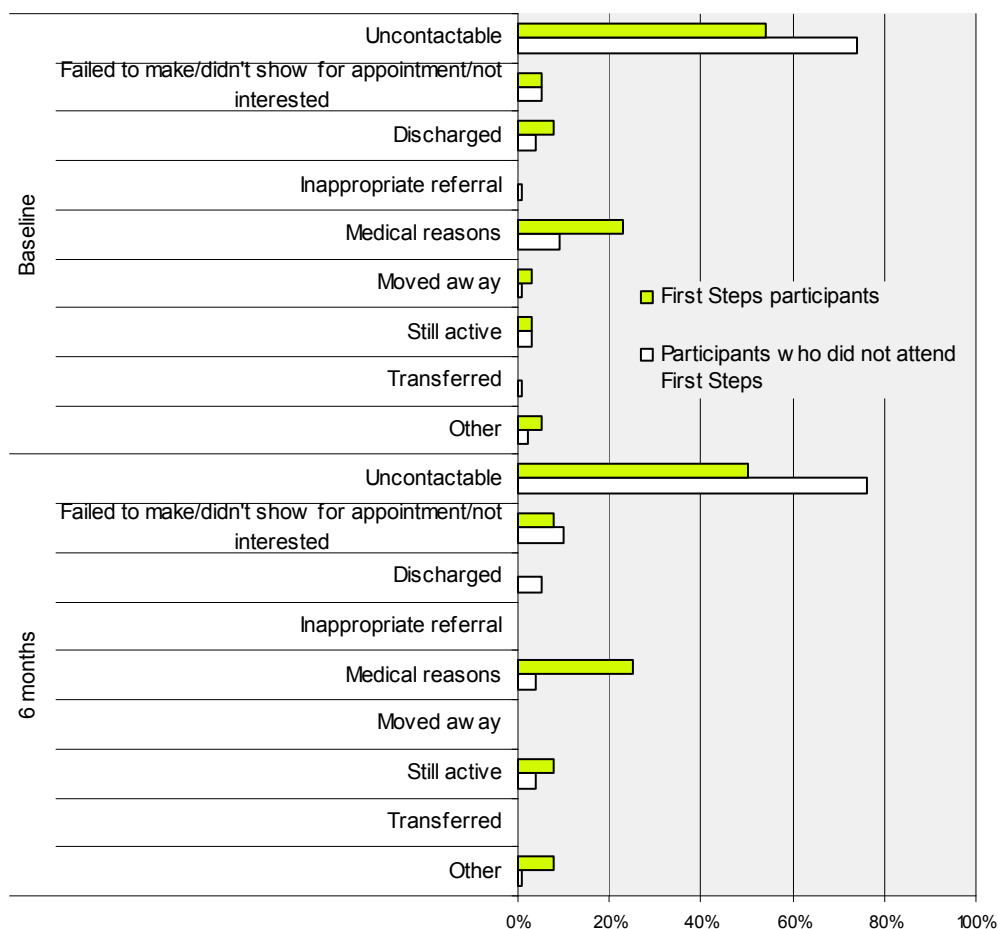
3.3.3 Reasons for leaving the scheme

For those participants who did not complete the Live Active Referral Scheme, the reasons for leaving were recorded by the exercise counsellors. These were analysed and differences between First Steps participants and participants who did not attend First Steps were explored. Since First Steps cannot be a factor in dropping out between referral and baseline, reasons for leaving were interrogated following baseline and 6 month consultations.

It should be recognised that there is limited insight into the reasons participants left the scheme. First, the database is completed by counsellors without necessarily having first hand data from the participants. Second, the key database fields are broad in scope which may have led to variation in data entry by the exercise counsellors. Figure 7 shows the main reason for leaving recorded by exercise counsellors was that participants were uncontactable. However, participants who did not attend First Steps were more likely to be uncontactable than First Steps participants (74%, 1,074 participants, compared to 54%, 21 participants, after baseline and 76%, 244 participants, compared to 50%, 6 participants, after 6 months consultations) (Table 46). Other reasons for leaving show similar percentages when comparing First Steps participants with participants who did not attend First Steps.

Table 46 shows the full spectrum of reasons for participants leaving the scheme.

Figure 7 Reasons recorded for leaving the Live Active Referral Scheme



First Steps participants – baseline n=39; 6 months n=12
 Participants who did not attend First Steps – baseline n = 1,451, 6 months n=322

3.3.4 Inappropriate referrals, positive and medical dropouts

As has been shown, there was a variety of reasons recorded by exercise counsellors for participants failing to continue with the Live Active Referral Scheme. As previously discussed some participants could be regarded as inappropriate referrals or positive ‘drop-outs’.

Inappropriate referrals describes participants who were deemed by the exercise counsellor at the baseline appointment to be unsuitable for the Live Active Referral Scheme or whose referral process was not carried out correctly.

Positive and medical drop-outs are those participants whose reason for leaving the Live Active Referral Scheme was recorded by the exercise counsellor as:

- medically unable to continue on the Live Active Referral Scheme,
- still active;
- transferred to another centre; or
- moved away.

None of the First Steps participants were recorded as inappropriate referrals though 15 were positive or medical dropouts. Of these, 12 did not complete the Live Active Referral Scheme as a result of medical reasons, 2 were recorded as still active and 1 had moved away.

Of the participants who did not attend First Steps, 8 participants were recorded as inappropriate referrals and 227 participants were recorded as positive or medical drop outs (141 recorded medical reasons, 63 reported that they were still active, 14 transferred to another centre and 9 participants left the Live Active Referral Scheme after moving away) (Table 47).

It is possible that some of the participants who failed to continue with the Live Active Referral Scheme following their baseline or 6 months consultation, and who were recorded as uncontactable, may have dropped out because they were exercising on their own accord and did not feel the need for support from their counsellor. This will be investigated when non adherers are examined in the final report.

3.3.5 Summary

The data show First Steps participants were more likely to stay on the Live Active Referral Scheme for longer than those who did not take part in First Steps. As Live Active participants are able to join First Steps at any time during the twelve months and the participant database does not record when a person joined First Steps, insight into the relationship between First Steps participation and Live Active completion is limited. For example we are unable to establish whether a participant joins First Steps because they are strongly motivated and/or have the time available to them, and whether they would have completed the Live Active Referral Scheme without First Steps.

The most common explanation given by the exercise counsellors for First Steps participants dropping out was 'uncontactable', as with participants who did not attend First Steps, but this was to a lesser extent.

3.4 Impact of the Live Active Referral Scheme on various outcome measures

Both the database analysis and qualitative study of completers (the telephone survey as described in the method section of this report) contributed to the understanding of the health outcomes of Live Active for both First Steps participants and participants who did not attend First Steps.

The health outcomes can be divided into two groups. The first are those that can be assessed independently. The second are those based on participant perception. It must also be recognised that, due to scheme attrition, the number of participants reaching the 12 month point (and the basis for the calculation of mean data at the 12 month stage) is much lower than it is for participants at baseline stage.

In order to look at the impact of the Live Active Referral Scheme on specific outcome measures, we looked for changes in the measures for participants for whom data were available at each stage (e.g. both baseline and 6 month consultation, or both baseline and 12 month consultation), and carried out paired t-tests.

3.4.1 Independently assessed outcomes

Whilst there were significant changes in some independently assessed outcomes for Live Active participants as a group, there were no significant differences when comparing First Steps participants and participants who did not attend First Steps. This is probably due to the relatively small number of First Steps participants for whom data were available at all stages for which the comparison was made.

The only independently assessed outcome for which a significant change occurred for First Steps participants for whom data were available was a significant drop in systolic blood pressure between the 6 month and 12 month stage ($p < 0.05$), and a significant drop in diastolic blood pressure between the baseline and 6 month stage ($p < 0.05$) (Table 48)

First Steps participants whose systolic blood pressure was recorded at both the 6 month and 12 month stage (n=12) recorded a mean decrease of 10.58 mm/Hg. Those First Steps participants whose diastolic blood pressure was recorded at both the baseline and 6 month stage (n=18) displayed a mean decrease of 3.28 mm/Hg (Table 48)

However, it should be noted that this takes no account of medication participants were taking which may affect the level of blood pressure.

A summary of the changes in independently assessed outcomes is outlined in Table 49. Comparing the changes between First Steps participants and participants who did not attend First Steps using paired t-tests, none of the differences, other than those reported above, were statistically significant.

3.4.2 Outcomes based on participant perception

Whilst there were significant changes in some outcomes based on participant perception for participants who did not attend First Steps only and for First Steps participants only over a given period of time, there were no significant differences when comparing First Steps participants and participants who did not attend First Steps. This is probably due to the relatively small number of First Steps participants for whom data were available at all stages for which the comparison was made.

Significant changes for First Steps participants over the course of the Live Active Referral Scheme were as follows:

- a significant drop in HADS depression scores between baseline and 12 months (2.87 to 1.73, n=15, p<0.05) (Table 50 & Table 51); and
- a significant increase in the number of those perceiving they were regularly physically active between baseline (3%, 1 participant) and 6 months (72%, 23 participants), (n=32, p<0.0001) and baseline (5%, 1 participant) and 12 months (85%, 17 participants) (n=20, p<0.0001) (Table 52, Table 53, Table 54 & Table 55).

The outcomes based on participant perception for which a significant change occurred for participants who did not attend First Steps were:

- a significant decrease in the mean HADS anxiety score between baseline and 6 months (5.79 to 4.93, n=478), and baseline and 12 months (5.96 to 1.42, n=252) (p<0.001) (Table 56 & Table 57);
- a significant decrease in the mean HADS depression scores between baseline and 6 months (4.20 to 3.17) (n=478), and baseline and 12 months (4.28 to 3.21, n=252) (p<0.001) (Table 58 & Table 59);
- a significant increase in the number of minutes of activity (self reported) during the previous week between baseline and 6 months (455 mins to 538 mins, n=600, p<0.001), and baseline and 12 months (441 mins to 514 mins, n=340, p<0.05) (Table 60 & Table 61);
- a significant increase in the self reported health state scale between baseline and 6 months (Table 64) (56.4 to 64.0, n=584, p<0.001) and baseline and 12 months (55.8 to 64.7, n=340, p<0.001) (Table 62 & Table 63); and
- a significant increase in the number of those saying they were regularly physically active between baseline (11%, 66 participants) and 6 months (56%, 338 participants) (n=604, p<0.0001), and baseline (13%, 44 participants) and 12 months (64% 217 participants) (n=340, p<0.0001) (Table 64, Table 65, Table 66 & Table 67).

A summary of the changes in outcomes based on participant perception can be seen in the appendix (Table 68). Comparing the changes between First Steps participants and participants who did not attend First Steps, none of the differences, other than those reported above are statistically significant.

3.4.3 Summary

In summary:

- a number of the outcome measures changed significantly for First Steps participants and for participants who did not attend First Steps;
- there were no outcome measures for which a significant change occurred for First Steps participants which did not also occur for participants who did not attend First Steps; and
- neither were there any statistically significant differences when comparing participants who did not attend First Steps with First Steps participants.

This is not to say that First Steps did not have a positive effect on participants, but rather that the number of First Steps participants included in the analysis was too small to show any statistical significance when compared to those participants who did not attend First Steps.

3.5 Long term changes in behaviour and various outcomes

In order to examine the long term changes in behaviour as a result of taking part in the Live Active Referral Scheme with the First Steps programme, a telephone survey was carried out with participants at least six months after they completed the Live Active Referral Scheme (i.e. at least 18 months after the baseline appointment). Please note that the sample size was small (30 participants). The following section summarises the results.

3.5.1 Hospital Anxiety and Depression Scale¹⁵

Participants were asked about their levels of anxiety and depression using the Hospital Anxiety and Depression (HADS) scale.

HADS - Anxiety

The telephone survey participants had an overall mean for anxiety of 6.17. Scores were slightly higher for the 55-64 age group with a mean of 6.75 and the lowest scores were for the 65+ age group with a mean of 5.40 (Table 71). All of the mean anxiety scores fall within the normal range.

HADS - Depression

The data from the telephone survey found the overall mean score for depression was 3.63, which was lowest amongst the 35-44 age group with a mean of 2.50 (there were only two participants in this age band) and the highest scores amongst the 45-54 age group (6 participants) with a mean of 5.17 (Table 72). Again, the mean depression scores across all age ranges fell within the normal range.

3.5.2 Stage of Change

Over half of participants (57%, 17 participants) interviewed for the telephone survey were regularly physically active and had been for over six months; the next largest section were

¹⁵ The Hospital Anxiety and Depression scale (HADS) is a widely used and popular self-report measure designed to detect the presence of mild degrees of mood disorder, anxiety and depression. The participant is asked to answer fourteen questions (7 for anxiety and 7 for depression) relating to their mental attitude. The maximum score possible for Anxiety or Depression on the HADS scale is 21 (totally anxious or depressed), and the lowest score is 0 (totally lacking in anxiety or depression).

HADS scores are assigned as follows:

- 0-7 Normal
- 8-10 Mild
- 11-15 Moderate
- 16-21 Severe.

HADS is completed at the discretion of the participant; it is not used as a psychological screening tool.

physically active, but not active enough to meet the description of regular physical activity with 33% (10 participants) describing themselves in this way. Other stages were mentioned by only 1 participant each (Table 73). Therefore, it would appear that in the majority of cases those who completed the Live Active Referral Scheme and attended the First Steps programme have successfully continued to be independently physically active, following completion of the Live Active Referral Scheme.

3.5.3 State of health

Physical health

Participants were asked to rate their physical health using a scale from 0 to 100, with 100 being the very best they could imagine. The average from the telephone survey was 66 out of 100 (Table 74). When participants were asked if they felt the Live Active Referral Scheme had had an impact on their physical health 97% (29 participants) stated that it had (Table 75).

Participants were then asked how the Live Active Referral Scheme had impacted on their physical health: 'increased stamina and fitness' (41%, 12 participants) was the most frequent answer, followed by 'feel healthier' (38%, 11 participants), 'lost weight', 'increased mobility/flexibility' and 'more energy', which all scored 31% (9 participants) (Table 76).

Participants were asked to rate how confident they were that they could be independently physically active on a scale of 0 to 100 (with 100 being very confident). The mean for the sample was 62, with the mean for the over 65s the lowest at 52 (Table 77).

Participants were then asked if the Live Active Referral Scheme had an impact on their confidence to be independently physically active and 87% (26 participants) of participants felt that it had (Table 78).

When asked the reasons why they felt this way, by far the most popular response was 'encouraged/enabled/motivated to do more/other forms of exercise' with 22 participants (85%), followed by 'knowledge obtained/apprehension or embarrassment removed' cited by 50% (13 participants) (Table 79). Please note: participants were able to cite more than one reason in response to this question.

Mental health

As with physical health, participants were asked how they felt about their mental health on a scale of 0 to 100 with 100 being the very best mental health possible. It could be important to note here that the stigma about mental health may have played a role in participants' answers. The mean mental health rating for the sample was 80 (Table 80), with 83% (25 participants) stating that the Live Active Referral Scheme had had an impact on their mental health (Table 81).

Participants were asked to suggest the ways in which they felt their mental health had been improved by taking part in the Live Active Referral Scheme. The two most popular answers were 'more positive outlook' (60%, 15 participants) and 'feel less isolated' (52%, 13 participants). Feeling less stressed/depressed/anxious was cited by 48% (12 participants) (Table 82). Again, participants were able to cite more than one reason in response to this question.

Relationships with others

Participants were then asked if they felt the Live Active Referral Scheme had had an impact on their relationship with others. Over two thirds of participants felt it had had an impact (70%, 21 participants), and almost all of those who felt able to give examples said that their involvement in the Live Active Referral Scheme had made them more sociable (90%, 19 participants), over four fifths (81%, 17 participants) saying that they had made new friends

and over half (57%, 12 participants) of participants saying it meant they got out of the house (Table 83 & Table 85).

Impact on how you feel about yourself

When asked if the Live Active Referral Scheme had had an impact on the way they felt about themselves, 90% (27 participants) of participants stated that it had (Table 85). Over half of participants (56%, 15 participants) felt the Live Active Referral Scheme had increased their self confidence, a third felt they had a more positive outlook (33%, 9 participants), 30% (8 participants) felt better about their body and over a quarter (26%, 7 participants) stated they had an improved feeling of wellbeing/relaxation/health (Table 86).

Some of the other comments made were regarding the raised awareness of existing fitness levels ...

"It has made me more aware that I am not as fit as I should be."

... and of their individual fitness levels in comparison to others.

"I saw old people much more active than me."

One participant also commented on the social aspect

"More older age group – I wouldn't normally talk to old people."

Other additional benefits

Participants were also asked if they felt there were any additional benefits from participating in the Live Active Referral Scheme, 21 participants (70%) felt that there were (Table 87).

Two of the other benefits cited by participants were around the social aspect of First Steps (Table 88):

- enjoyed the company/working in a group/meeting others (57%, 12 participants); and
- meeting people with the same problem (38%, 8 participants).

Other benefits were more aligned to the exercise aspect:

- introduced me to different types of exercise (33%, 7 participants); and
- the structure of the Live Active Referral Scheme (14%, 3 participants)

Other one off comments were in relation to:

- cost savings
"Saved money"
- improved diet
"Improved eating habits."
- stress reduction, and
"Made my mind more active, started doing sudoku and crosswords. I was shouting at the kids, I am now doing that less."
- health issues
"The fact that someone took an interest, I went to physiotherapy and they referred me there to help me recover from a knee injury."

3.5.4 Changes in knowledge

Participants in the telephone interview were asked how much physical activity they should do in a week to gain health benefits. The correct response is 'accumulation of 30 minutes of moderate physical activity most days'. The question was unprompted.

Answers were analysed by: length of time exercising; intensity of exercise; and frequency of activity. No participant got all factors correct, five participants did not know or could not remember, but all those who did respond stated that it should be at least 30 minutes. Of those who were able to give a response, the majority of participants felt the intensity of exercise should be to make you at least slightly out of breath. Of those who gave an indication of the frequency required, the most common response was every day (11 participants), followed by three days a week (8 participants), four participants stated it should be 5 days a week and one stated that it should be four days a week (Table 89).

3.5.5 Physical activity levels

7 day Physical Activity Recall

Participants in the telephone survey were asked to recall how much physical activity they had done in the previous week. From the figures given, over half of participants (57%, 17 participants) were physically active every day for at least half an hour, and in the seven day period that participants recalled, all but one participant (29 participants; 97%) in the sample met the criteria for exercising for over 30 minutes a day for five days (Table 90).

Changes in activity levels since completing the Live Active Referral Scheme

Participants were asked to compare their current physical activity levels with what they had been doing at the time they completed the Live Active Referral Scheme (Table 91):

- 32% (9 participants) reported that their activity levels had increased;
- 36% (10 participants) had stayed the same; and
- 32% (9 participants) reported that their activity levels had dropped since leaving the Live Active Referral Scheme.

Activity levels increased after Live Active completion

Of those who stated their activity levels had increased, the reasons were varied and the numbers involved were small. However, for every response below, at least two participants stated (Table 92):

- concerns for my own health;
- enjoyment of the Live Active process;
- understanding the importance of being fit;
- appreciating the health benefits;
- weight loss; and
- body shape changing.

Activity levels stayed the same after Live Active completion

Of those who stated their activity levels were the same as when they completed the Live Active Referral Scheme six months ago, the main reasons stated were the enjoyment, concern for health, socialising and the routine of exercise (Table 93).

Activity levels decreased after Live Active completion

Participants who felt their activity levels had decreased since completing the Live Active Referral Scheme tended to have individual reasons that contributed to their activity levels decreasing. All the following factors were mentioned by only one person: injuries; lack of time; childcare issues; and the bad weather in winter (Table 94).

Intention to exercise

Participants were also asked if they intended to maintain their present levels of physical activity; no one stated that they would do less or stop all activity. Of the 15 participants who answered this question, 7 participants (47%) stated that yes they would like to do more and 53% (8 participants) stated yes they would do the same levels of exercise (Table 95).

3.5.6 Benefits of taking part in First Steps

As part of the telephone survey participants were asked specifically about the First Steps programme. Initially participants were asked if they remembered taking part in the First Steps part of the Live Active Referral Scheme and all participants did remember taking part except one (Table 96). Participants were then asked if there were any benefits to taking part in the First Steps programme. More than half (57%, 17 participants) stated the benefit to be the 'introduction to types of exercise/to sample all exercise types/find exercise to suit', the next most popular response was fun/enjoyable/sociable (Table 97). Participants could state more than one benefit.

Figure 8 What were the benefits of the First Steps programme?



When asked what improvements (if any) they could recommend to the First Steps programme (Table 98), 73% (22 participants) felt there were no improvements to make, 13% (4 participants) stated that the time of day or day of classes could be improved and a further 13% (4 participants) suggested other improvements which included:

- two comments in relation to the instructors leading the classes;

“Selection process for instructors; instructors should treat all the class the same. Shouldn't be making an example, the instructors shouldn't abuse their power. It is not an Olympic class. They are not there to run an army training unit.”

“Some difficulty with the instructors, one was always late at arriving from Scotstoun, Donald Dewar seemed to buy in their instructors and you didn't know if you were going to be hanging around for 25 minutes. Occasionally the instructors thought it was a keep fit class; but some elderly ladies were recovering from operations and not enough allowance was made for them.”

-
- one comment in relation to the introduction of a relaxation period at the end of the class.

“You ended with a cup of tea and a quiet seating area afterwards would have been good for me.”

3.5.7 Summary

Various behaviours and outcome measures were probed in more depth with the telephone survey of 30 First Steps participants, at least six months after they had completed the Live Active Referral Scheme (i.e. at least 18 months after baseline).

Participants were overwhelmingly positive about the Live Active Referral Scheme and the benefits they gained from it. All but one participant felt the Live Active Referral Scheme had had an impact on their physical health and 87% said it had helped them to be independently active. More than half of participants were at the maintenance stage of physical activity and over two thirds had either increased or maintained their physical activity levels since completing the Live Active Referral Scheme. The impact on mental health was also very positive, with 83% stating the Live Active Referral Scheme had had an impact. Participants gave instances of having a more positive outlook and feeling less isolated, and 90% said the Live Active Referral Scheme had had an impact on the way they felt about themselves.

The First Steps programme was well received with participants citing the benefits of the exposure to different types of exercise and the enjoyment they received from the social aspect of First Steps. The support from counsellors and lack of pressure were also cited as benefits. The only improvement suggested by more than one participant was to the timing of the classes.

3.6 Barriers to accessing and continuing with the Live Active Referral Scheme

This section uses data from the telephone survey of participants who had completed the Live Active Referral Scheme and from analysis of the database. When looking for barriers to accessing and continuing with the Live Active Referral Scheme, we studied the information in the database regarding the reasons for leaving the Live Active Referral Scheme and this has been reported in section 3.3. With the exception of participants being uncontactable, medical reasons were the most cited explanation for not continuing with the Live Active Referral Scheme by First Steps participants. We also asked telephone survey participants what had been the disadvantages or drawbacks to participating in the Live Active Referral Scheme. On the whole the 30 participants in the telephone survey, all of whom had completed twelve months on the Live Active Referral Scheme, were unable to cite any barriers to accessing or continuing with the Live Active Referral Scheme. These issues will be explored in more depth with the telephone survey of participants who dropped out part way through the Live Active Referral Scheme. However, the telephone survey did provide illuminating data from participants on what had encouraged them to continue on the Live Active Referral Scheme and this is discussed below.

3.6.1 Continuing on the Live Active Referral Scheme

Participants who were interviewed by telephone were asked what had helped them to continue or complete the Live Active Referral Scheme, and the first three responses were about support that participants had received. The most frequently cited response was ‘support from the people you meet at the leisure centre’ (40%, 12 participants), followed by ‘support from counsellors’ (37%, 11 participants) and ‘the First Steps social support class’ (30%, 9 participants). These responses were unprompted and two thirds could be grouped into support related mechanisms (Table 99).

3.6.2 Disadvantages to participating in the Live Active Referral Scheme

Participants were asked if they felt there had been any disadvantages to participating in the Live Active Referral Scheme (Table 100), and only five participants (17%) were able to cite disadvantages and these were focussed on:

- access;
“Accessibility of the centre, we are lobbying the bus company and the council.”
- health issues;
“Broken pelvis and pain, it’s a long distance to travel from Muirend to Castlemilk.”
- the length of the programme;
“Can only have it for one year, I would like to continue.”
- exercise instructors; and
“The instructors. Instructors should treat all the class the same - shouldn’t be making an example, the instructors shouldn’t abuse their power. It is not an Olympic class. They are not there to run an army training unit.”
- the timing of the programme.
“The time did not suit me, I had Spanish classes on.”

3.6.3 Comments about the Live Active Referral Scheme

Finally participants were asked if they had any additional comments or suggestions they would like to make with regard to the Live Active Referral Scheme. These are grouped into themes below.

Increased advertising

“Appreciate the fact that this scheme is going - would not be doing it without it. More people should know about it.”

“It should be advertised more; I only heard of it through a neighbour.”

“More publicised, elderly people should be informed but they may be too shy.”

“Very enjoyable. If more people knew about it they could do more classes. We meet up earlier and have a chat. We have told people we meet in the aqua aerobics class about First Steps.”

Extension of the Live Active Referral Scheme

“Extend scheme longer than one year.”

“It should be open to everyone.”

Suggested improvements

“Should have been a ‘progression class’ next steps; more guidance about what is happening in Scotstoun.”

“Speakers to talk about different illnesses - a health speaker on other ways to improve health e.g. smoking, diet.”

“They were doing their best. This would only relate to me - I needed a more individual programme, my feeling was some had weight or heart problems, some seemed very active - and it was almost a social life. I was very different from them. It would have been better for me to have physiotherapy one to one. In retrospect it was an inappropriate referral.”

Additional comments

These include comments in relation to:

- the benefits of the programme in promoting independent exercise;
“It has to be commended. I wish I was more up for it. Long term effect for me is I am happy to go to a gym. It has helped me be aware of what is available to do.”

“It is very good. I would not have gone to the gym without it. The classes continue - which is good. I would prefer to go twice a week; instead of once.”
- the relaxation benefits of exercise, and
“It is an alternative to going on pills (antidepressants).”
- the exercise instructors
“The trainers are very good and keep an eye on you - you are not left on your own.”

3.6.4 Summary

From the database analysis First Steps participants were most likely to leave the Live Active Referral Scheme because of medical reasons (where a definite reason for leaving was known, i.e. the participant could be contacted). Telephone survey participants were all completers of the scheme, however, two thirds cited support from counsellors, the First Steps class or people they met at the leisure centre as factors that helped them to continue with the scheme.

Disadvantages of the Live Active Referral Scheme were given by only 5 participants and were specific to each respondent. Three were criticisms relating to timing of First Steps, the length of the scheme (only twelve months) and the exercise instructors. Comments and suggestions centred around increased advertising, extension of the Live Active Referral Scheme, improvements and appreciation.

4 Conclusions & next steps

4.1 Conclusions

This part of the study explored the differences between the participants who attended the First Steps programme and those who did not attend this enhanced element of the Live Active Referral Scheme.

Number of First Steps users

We were able to use the data from 72 First Steps participants for this analysis, this number being those participants who had been referred to the Live Active Referral Scheme in the six month period between February 2006 and July 2006 Error! Bookmark not defined.. Those participants who had also experienced the Motivator enhancement were excluded, in order to facilitate as direct a comparison as possible between the First Steps programme and the 'unenhanced' Live Active Referral Scheme.

Whilst accepting this analysis only looks at the six month period and the First Steps approach has had three more years to develop since the sample we analysed were referred to the Live Active Referral Scheme, the initial issue is the comparatively small number of First Steps participants. As stated previously this is mainly due to the Motivator enhancement operating in a number of First Steps classes which excluded them from analysis.

Profile of participants

First Steps participants were significantly more likely to be:

- female;
- aged 45 or over;
- reported by their referral source as having joint pains or conditions;
- retired or suffer from ill health, disability or retired for medical reasons;
- report being less physically active.

These data are helpful in two main ways to the Live Active Referral Scheme providers. First, they intimate, by definition, the easiest type of participants to recruit onto the First Steps programme. This might be of help, should the intention be to promote First Steps programme to a wider audience. Second, they sensitise the Live Active Referral Scheme providers to aspects around which the First Steps participant profile could be modified, for example a decision could be taken to deliberately promote First Steps programme to males.

Challenge around causal relationships

The analysis doesn't enable a great deal of insight into the causal relationship between participation in the First Steps programme and completion of the Live Active Referral Scheme. Live Active participants are able to join First Steps at any time during the twelve months and the participant database doesn't record when a person joined the First Steps programme. For example we don't know whether a participant joins the First Steps programme because they are strongly motivated and/or have the time available to them, and whether they would have completed the Live Active Referral Scheme without First Steps.

How the First Steps programme makes an impact

The analysis shows a number of ways in which the First Steps programme is viewed as making a positive impact on its participants.

Live Active Referral Scheme completion

The data show that First Steps participants are more likely to complete the Live Active Referral Scheme than participants who did not attend First Steps. If the hypothesis is that completion of the Live Active Referral Scheme is preferable to non or partial completion for a participant's health and wellbeing, then the First Steps programme makes a significant contribution in this respect.

Impact on outcome measures

There appeared no outcome measures for which First Steps participants achieved significantly different performance to those participants who did not attend First Steps. The analysis looked at weight, BMI, systolic and diastolic blood pressures, HADS Anxiety and Depression, Physical Activity Recall and Health State Scale metrics.

This is not to say that the First Steps programme did not have a positive effect on participants (the comment below shows otherwise), but rather that the number of First Steps participants included in the analysis was too small to show differences of statistical significance around these quantified measures when compared to participants who did not attend First Steps. A larger pool of First Steps participants will go some of the way to helping the programme providers demonstrate measurable change.

Long term behavioural changes and benefits

Based on our discussions with 30 First Steps participants, participants were overwhelmingly positive about the Live Active Referral Scheme and the benefits they gained from it. All but one participant felt the Live Active Referral Scheme had had an impact on their physical health and 87% said it had helped them to be independently active. More than half of participants were at the maintenance stage of physical activity and over two thirds had either increased or maintained their physical activity levels since completing the Live Active Referral Scheme. The impact on mental health was also very positive, with 83% stating the Live Active Referral Scheme had had an impact. Participants gave instances of having a more positive outlook and feeling less isolated, and 90% said the Live Active Referral Scheme had had an impact on the way they felt about themselves.

The First Steps programme was well received with participants citing the benefits of the exposure to different types of exercise and the enjoyment they received from the social aspect of the First Steps programme. The support from counsellors and lack of pressure were also cited as benefits. The only improvement suggested by more than one participant was to the timing of the classes.

The above insights should be of value to the Live Active Referral scheme providers for marketing and promotional purposes, should the intention be to increase the uptake of the First Steps programme.

4.2 Next steps

This is the second in a series of reports assessing the Live Active Referral Scheme. There will be further analysis and reporting, covering enhancements to the Live Active Referral Scheme which have been introduced during 2006, in particular the Motivator enhancement and changes to central administration. An amalgamation of the impacts of the changes made to the Live Active Referral Scheme and a fuller exploration of non adherers to the Live Active Referral Scheme will be presented in an overall final report.

Appendices

Appendix 1	Telephone survey questionnaire
Appendix 2	Telephone survey information sheet
Appendix 3	Telephone survey consent form
Appendix 4	Database analysis tables

Appendix 1 Telephone Survey questionnaire

Contract No: 2615
Contract Name: Live Active Exercise Referral Scheme
Type of survey: Participants' Telephone Questionnaire – First Steps FINAL

Introduction

READ OUT

"Good morning/afternoon/evening, my name is _____ from FMR Research. I am undertaking a survey on behalf of the NHS Greater Glasgow and Clyde on the Live Active exercise referral Scheme. Thanks for agreeing to help. Could you please spare 10-15 minutes to give me your views now? All your answers will be in strict confidence."

**COLLECT RESPONDENT DETAILS:
 EXPLAIN THAT THERE IS A ONE IN TEN CHANCE THAT A SUPERVISOR MAY PHONE TO CONFIRM THE ACCURACY OF THE INTERVIEW.**

Respondent Name	
Address	
Full Post Code	
Telephone Number	
email address	

Scheme ID No.	
Centre attended	

CLOSE INTERVIEW BY READING OUT STATEMENT:

"Thank you very much for your help. Can I assure you once again that the information you have given will be treated as absolutely confidential and will only be used for the purposes of evaluation of the programme."

INTERVIEWER DECLARATION:

I declare that this interview was carried out according to instructions, within the Market Research Society's Code of Conduct, and that the respondent was not previously known to me.

Interviewer Name	
Signature	
Date	

Section 1 - How you first found out about the scheme

1. How did you hear about the Live Active exercise referral Scheme?

Recommended by GP	1
Recommended by practice nurse	2
Recommended by physiotherapist	3
Recommended by friend/relative	4
Asked my GP for advice or help	5
Saw advertising/posters/leaflets	6
Recommended by cardiology departments	7
Other (please state below)	8

2. Who booked your first appointment on the Live Active exercise referral Scheme?

You	1
Your GP	2
Your physiotherapist	3
Practice nurse	4
Doctor's receptionist	5
Other (please state below)	6

Section 2

This part of the questionnaire is designed to help us know how you feel. You may remember answering these questions during your exercise consultations. Don't take too long over your replies: your immediate reaction to each item will probably be more accurate than a long thought out response.

(For our information only – questions to anxiety are indicated by an 'A' while those relating to depression are shown by a 'D'. Scores of 0-7 in respective subscales are considered normal, with 8-10 borderline and 11 or over indicating clinical 'caseness'.)

1. I feel tense or 'wound up': **A**

Most of the time	3
A lot of the time	2
Time to time, occasionally	1
Not at all	0

3. I get a sort of frightened feeling like something awful is about to happen: **A**

Very definitely and quite badly	3
Yes, but not too badly	2
A little, but it doesn't worry me	1
Not at all	0

2. I still enjoy the things I used to enjoy: **D**

Definitely as much	0
Not quite so much	1
Only a little	2
Not at all	3

4. I can laugh and see the funny side of things: **D**

As much as I always could	0
Not quite so much now	1
Definitely not so much now	2
Not at all	3

5. Worrying thoughts go through my mind:

A

A great deal of the time	3
A lot of the time	2
From time to time but not too often	1
Only occasionally	0

7. I can sit at ease and feel relaxed:

A

Definitely	0
Usually	1
Not often	2
Not at all	3

9. I get a sort of frightened feeling like 'butterflies in the stomach':

A

Not at all	0
Occasionally	1
Quite often	2
Very often	3

11. I feel restless as if I have to be on the move:

A

Very much indeed	3
Quite a lot	2
Not very much	1
Not at all	0

13. I get sudden feelings of panic:

A

Very often indeed	3
Quite often	2
Not very often	1
Not at all	0

6. I feel cheerful:

D

Not at all	3
Not often	2
Sometimes	1
Most of the time	0

8. I feel as if I am slowed down:

D

Nearly all of the time	3
Very often	2
Sometimes	1
Not at all	0

10. I have lost interest in my appearance:

D

Definitely	3
I don't take as much care as I should	2
I may not take quite as much care	1
I take just as much care as ever	0

12. I look forward with enjoyment to things:

D

As much as I ever did	0
Rather less than I used to	1
Definitely less than I used to	2
Hardly at all	3

14. I can enjoy a good book or radio or TV programme:

D

Often	0
Sometimes	1
Not often	2
Very seldom	3

For interviewer to complete after:

HADS Summary

A/D	Number
A	
D	

Section 3

15. How much physical activity SHOULD you do in a week to gain health benefits? DO NOT PROMPT – the correct answer is ‘accumulate 30 minutes of moderate physical activity most days’ – record respondent’s closeness to this answer.

Length of activity _____

Intensity of activity _____

Frequency of activity _____

Other response _____

7 day PAR

Physical activity is any activity which raises your heart rate enough to make you feel warm and slightly out of breath. At this intensity you should still be able to talk without feeling too breathless.

Regularly physically active relates to:

- Exercise e.g. aerobics, gym, activities etc for 2-3 times per week, hill walking for at least 2 hours/once per week
- Sport e.g. golf, hockey, football, netball etc for 2-3 times per week for at least 20 minutes.
- General activity e.g. walking, gardening etc accumulating to at least 30 minutes, 4-5 times per week

16. Which of the following categories best describes how physically active you have been over the last six months?

I am not regularly physically active and do not intend to be so in the next 6 months	1
I am not regularly physically active but am thinking about starting to be in the next 6 months	2
I do some physical activity but not enough to meet the description of regular physical activity	3
I am regularly physically active but only began in the last 6 months	4
I am regularly physically active and have been so for longer than six months	5

17. The following questions relate to your physical activity over the previous week. Please try to think carefully and be as accurate as possible with your answers. In the past week, how many minutes did you spend each day...?
ENTER NO. OF MINUTES IN RELEVANT BOX

Day		Mon	Tues	Wed	Thur	Fri	Sat	Sun
a	Activity at work: walking at work							
b	Activity at work: manual labour							
c	Walking outwith work: e.g. walking the dog, walking for pleasure, to the shops, up and down stairs etc							
d	Active housework: hoovering, scrubbing floors, making beds, hanging washing etc							
e	Gardening and DIY: cutting grass, decorating, washing car, digging etc							
f	Dancing							
g	Cycling (to work or for pleasure)							
h	Sport, leisure activity or training – ‘Centre’ based activity							
i	Sport, leisure activity or training – home based exercise							
j	Any other activities – please state what:							

**WE ARE NOW GOING TO ASK YOU SOME QUESTIONS USING A SCALE OF 0 TO 100
0 IS THE LOWEST OR WORST STATE YOU CAN IMAGINE AND 100 IS THE HIGHEST OR BEST
STATE YOU CAN IMAGINE**

18a. On a scale of 0 to 100 how do you feel about your physical health today?

18b. Do you feel the scheme has had an impact on your physical health?

Yes	1
No	2

18c. If yes, in what way? DO NOT PROMPT

Lost weight	1
Lowered blood pressure	2
Increased physical fitness/stamina	3
Increased mobility/flexibility	4
Increased strength	5
Sleeping better	6
Feel healthier	7
Helped with a particular physical health problem	8
Changed eating habits	9
Improve body shape	10
More energy	11
Other (please specify below)	12

19a. On a scale of 0 to 100 how do you feel about your mental health today?

19b. Do you feel the scheme has had an impact on your mental health?

Yes	1
No	2

19c. If yes, in what way? DO NOT PROMPT

Less depressed	1
Feel less isolated	2
More positive outlook	3
Less stressed	4
Less anxious	5
Other (please specify below)	6

20a. On a scale of 0 to 100 how confident do you feel that you could be independently physically active?

20b. Do you feel the scheme has had an impact on your confidence to be independently physically active?

Yes	1
No	2

20c. If yes, in what way? DO NOT PROMPT

Encouraged/enabled/motivated to do more/other forms of exercise	1
Increased self confidence	2
Fitter/stronger	3
Knowledge/apprehension/embarrassment removed	4
Other (please specify below)	5

21a. Do you feel the scheme has had an impact on your relationships with others?

Yes	1
No	2

21b. If yes, in what way? DO NOT PROMPT

Mood	1
Made new friends	2
More sociable	3
Getting out of the house	4
Happier/positive outlook	5
Other (please specify below)	6

22a. Do you feel the scheme has had an impact on how you feel about yourself?

Yes	1
No	2

22b. If yes, in what way? DO NOT PROMPT

Increased self confidence	1
More positive outlook	2
Sense of achievement	3
Improved feeling of wellbeing/relaxation/health	4
Less self conscious	5
More self respect	6
Feeling better about my body	7
Other (please specify below)	8

23a. Do you feel there have been other benefits from participating in the scheme?

Yes	1
No	2

23b. If yes, what are they? DO NOT PROMPT

Enjoyed the company/working in a group/meeting others	1
Meeting participants with the same problem	2
Introduced me to different types of exercise	3
Saved money	4
The structure of the scheme	5
Other (please specify below)	6

24. What helped you to continue/complete the scheme? DO NOT PROMPT

Consultation with Physical Activity Counsellor	1
Support from counsellors	2
Support from participants you met at the leisure centre	3
Support from GP	4
Support from health professionals	5
Information from health professionals	6
I wanted to get healthy	7
Support from family/friends	8
The First Steps social support class	9
Other (please specify below)	10

25a. Do you feel there have been any disadvantages to participating in the scheme?

Yes	1
No	2

25b. If yes, what are they? DO NOT PROMPT

Depending on family/friends to attend at the same time	1
Not enough contact between appointments	2
Referral Officer changed to often	3
Other (please specify below)	4

INTERVIEWER PLEASE READ OUT THE FOLLOWING

First Steps is the easy exercise class that you will have attended at the leisure centre. The exercise counsellor would have been there at the start of the class and also at the end to sit down and have a chat with everyone.

27a. Do you remember the First Steps element of the Live Active Scheme?

Yes	1
No	2

27b. What were the benefits (if any) of the First Steps programme ?

27c. What improvements (if any) do you recommend to the First Steps programme ?

28. Since you completed the scheme six months ago would you say your physical activity levels have:

Stayed the same	1	Go to Q29
Decreased	2	Go to Q30
Increased	3	Go to Q31

If physical activity levels are the same as those recorded at the 12 month stage of Scheme

29. What has helped you to stay physically active since you completed the scheme 6 months ago?

Concern for health	1
Socialising	2
The routine of exercise	3
Interest	4
Enjoyment	5
Other (please specify below)	6

If physical activity levels are less than those recorded at the 12 month stage of the scheme

30. What has caused your physical activity levels to decrease since you completed the scheme 6 months ago?

Injuries	1
Not making the time (work commitments etc.)	2
Lack of support	3
Other (please specify below)	4

If physical activity levels are greater than those recorded at the 12 month stage of the scheme

31. What has motivated you to increase your physical activity levels since you completed the scheme 6 months ago?

Enjoyment of the Live Active Process	1
Appreciating the health benefits	2
Concerns for own health	3
Understanding the importance of being fit	4
Other (please specify below)	5

32. Do you intend to maintain your present levels of physical activity?

Yes – do more	1
Yes – stay the same	2
No – do less	3
No – stop all activity	4

33. Are there any other comments or suggestions that you would like to make with regard to the Live Active Exercise Referral Scheme?

Section 4

More about you

34. Gender

Male	1
Female	2

35. Into which of these age bands do you fall?

16-24	1
25-34	2
35-44	3
45-54	4
55-64	5
65+	6

36. How would you describe your cultural or ethnic background?

White – Scottish	1
White – Irish	2
White – other British	3
White – other background	4
Mixed background	5
Chinese	6
Indian	7
Pakistani	8
Bangladeshi	9
Other Asian	10
Black Caribbean	11
Black African	12
Other Black	13
Other (please specify below)	14

37. Do you consider yourself to have a disability?

Yes	1
No	2

COLLECT RESPONDENT DETAILS AND CLOSE INTERVIEW BY READING OUT STATEMENT:

"Thank you very much for your help. Can I assure you once again that the information you have given will be treated as absolutely confidential and will only be used for the purposes of reporting on the evaluation of the Live Active exercise referral Scheme."

Appendix 2 Telephone survey information sheet

6 February 2008



Dear

LIVE ACTIVE – EVALUATION

We are writing to you following your involvement in the Live Active exercise referral programme.

If you do not remember anything about the exercise referral Scheme this might jog your memory. You will have spoken with your GP, practice nurse or physiotherapist about being more active and they will have completed a form that was sent to the exercise counsellor at your local leisure centre. You will then have had a one to one chat with the exercise counsellor at the leisure centre before starting to exercise and come back for follow up appointments at the 6 and 12 month stages of the Scheme.

You are invited to participate in the evaluation of Live Active, and in particular the social support aspect of the programme called First Steps, by agreeing to take part in a short telephone interview. Independent consultants, FMR Research, have been commissioned by NHS Greater Glasgow and Clyde, to evaluate the impact of the programme and the impact of the enhancements made to the Scheme. As part of this evaluation, we are keen to speak to some of the participants who have been involved with Live Active and First Steps, to gain their views about the Scheme.

We would appreciate conducting a telephone interview with you. Before you decide whether or not to participate, please take the time to read the following information. Please get in touch with the people listed at the end of this information sheet if you would like to ask any questions, or to discuss it further.

Purpose of study

The purpose of the study is to identify the impact of the Live Active Scheme and of the various changes made to the Scheme.

What will happen?

If you would like to participate, please complete the attached consent form and return it to the Live Active Scheme/FMR Research. We will then arrange a good time for you to be interviewed by one of the FMR Research team. The interview will last for around fifteen minutes and can be arranged at a time suitable to you. With your agreement, notes will be taken during the interview and your views may be used to highlight findings in the final report. However, anything you say will not be identifiable to you – everything will be anonymous.

Do you have to take part?

No – it is up to you to decide whether or not to take part. If you decide to take part you are free to withdraw at any time and without giving a reason. If you do not wish to take part, it won't affect your use of the Scheme.

Confidentiality

Everything you say will be treated as confidential and no one beyond FMR Research will be able to identify anything you have said.

What then?

The results will be presented in a report to NHS Greater Glasgow and Clyde. It is anticipated that the findings will be ready in 2009.

Yours sincerely

A handwritten signature in black ink, appearing to read "Fiona Hamilton".

Fiona Hamilton
Health Promotion Officer (Physical Activity)
Health Improvement Team (Acute Planning)
NHS Greater Glasgow and Clyde
Telephone: 0141 201 4756

A handwritten signature in black ink, appearing to read "Hugh McNish".

Hugh McNish
Live Active Exercise Referral Manager
Cultural and Leisure Services
Glasgow City Council
Telephone: 0141 287 0238

Appendix 3 Telephone survey consent form

Live Active Exercise Referral - evaluation

Please tick the relevant boxes:

	YES	NO
I have read the information about the Live Active evaluation.		
I have the opportunity to ask questions about this study.		
I understand that I have the right to withdraw from this study at any stage without having to give a reason.		
I understand that any information that I provide is completely confidential.		
I agree to quotes of what I say perhaps being used in the final report, but that these will not be identifiable to me.		
I agree to participate in this study.		

Signature _____

Print your name _____

Contact phone number _____

Date _____

When are the most convenient times to contact you?

Weekday Morning (9-12 am) Weekend
 Afternoon (12-5 pm)
 Evening (6-8 pm)

If you would like to receive a summary of the final report, please write your address here:

Postal address

or

E mail address

Appendix 4 Database analysis tables

Table 1 Sports Centres used by Motivator participants excluded from analysis

	No.	%
Barrhead Sports Centre	1	4%
Bellahouston Sports Centre	11	42%
Drumchapel Swimming Pool	10	38%
Leisuredrome	3	12%
Pollok Leisure Centre	1	4%
Total	26	100%

Table 2 Referral type

	Total		First Steps attender			
	No.	%	Yes		No	
			No.	%	No.	%
LR	2735	86%	67	93%	2668	86%
ETT	135	4%	4	6%	131	4%
PCR	310	10%	1	1%	309	10%
Total	3180	100%	72	100%	3108	100%

Table 3 Referral type - Pearson Chi-Square Tests

	First Steps attender
Chi-square	6.004
df	2
Sig.	.050(*)

Results are based on nonempty rows and columns in each innermost subtable.

* The Chi-square statistic is significant at the 0.05 level.

Table 4 Referral source

	Total		First Steps attender			
	No.	%	Yes		No	
			No.	%	No.	%
GP	1062	57%	40	63%	1022	57%
Physio	353	19%	7	11%	346	19%
Self	301	16%	12	19%	289	16%
Practice Nurse	178	10%	8	13%	170	10%
Other	47	3%	3	5%	44	2%
Cardiologist	32	2%	2	3%	30	2%
Total	1851	100%	63	100%	1788	100%

Table 5 Gender

		Total		First Steps attender			
		No.	%	Yes		No	
				No.	%	No.	%
Gender	Male	1280	40%	6	8%	1274	41%
	Female	1900	60%	66	92%	1834	59%
	Total	3180	100%	72	100%	3108	100%

Table 6 Gender - Pearson Chi-Square Tests

		First Steps attender
Gender	Chi-square	31.207
	df	1
	Sig.	.000(*)

Results are based on nonempty rows and columns in each innermost subtable.

* The Chi-square statistic is significant at the 0.05 level.

Table 7 Age

	Total		First Steps attender			
			Yes		No	
	No.	%	No.	%	No.	%
Age under 16	11	0%	0	0%	11	0%
16-24	188	6%	5	7%	183	6%
25-44	1144	37%	6	8%	1138	38%
45-64	1324	43%	43	60%	1281	42%
65+	420	14%	18	25%	402	13%
Total	3087	100%	72	100%	3015	100%

Table 8 Age (grouped)

	Total		First Steps attender			
			Yes		No	
	No.	%	No.	%	No.	%
under 44	1343	44%	11	15%	1332	44%
45+	1744	56%	61	85%	1683	56%
Total	3087	100%	72	100%	3015	100%

Table 9 Age (grouped) - Pearson Chi-Square Tests

		First Steps attender
Chi-square		23.898
df		1
Sig.		.000(*)

Results are based on nonempty rows and columns in each innermost subtable.

* The Chi-square statistic is significant at the 0.05 level.

Table 10 CHCP

	Total		First Steps attender			
			Yes		No	
	No.	%	No.	%	No.	%
South West Glasgow	594	19%	12	17%	582	19%
West Glasgow	442	14%	12	17%	430	14%
South East Glasgow	390	12%	8	11%	382	12%
North Glasgow	316	10%	5	7%	311	10%
East Glasgow	228	7%	16	22%	212	7%
East Dunbartonshire	366	12%	4	6%	362	12%
East Renfrewshire	342	11%	2	3%	340	11%
South Lanarkshire	271	9%	4	6%	267	9%
West Dunbartonshire	168	5%	7	10%	161	5%
Other areas	45	1%	2	3%	43	1%
Total	3162	100%	72	100%	3090	100%

Table 11 CHCP - Pearson Chi – Square Tests

	First Steps attender
Chi-square	36.109
df	10
Sig.	.000(*, a)

Results are based on nonempty rows and columns in each innermost subtable.

* The Chi-square statistic is significant at the 0.05 level.

a The minimum expected cell count in this subtable is less than one. Chi-square results may be invalid.

Table 12 Deprivation All areas

	Total		First Steps attender			
			Yes		No	
	No.	%	No.	%	No.	%
Yes	1204	38%	32	44%	1172	38%
No	1937	62%	40	56%	1897	62%
Total	3141	100%	72	100%	3069	100%

Table 13 Deprivation Glasgow City

	Total		First Steps attender			
			Yes		No	
	No.	%	No.	%	No.	%
Yes	1037	53%	29	55%	1008	53%
No	925	47%	24	45%	901	47%
Total	1962	100%	53	100%	1909	100%

Table 14 Does patient have joint pains or conditions?

	Total		First Steps attender			
			Yes		No	
	No.	%	No.	%	No.	%
Yes	867	32%	33	49%	834	31%
No	1868	68%	34	51%	1834	69%
Total	2735	100%	67	100%	2668	100%

Table 15 Does patient have joint pains or conditions? - Pearson Chi-Square Tests

	First Steps attender
Chi-square	9.775
df	1
Sig.	.002(*)

Results are based on nonempty rows and columns in each innermost subtable.

* The Chi-square statistic is significant at the 0.05 level.

Table 16 Does the patient smoke?

		Total		First Steps attender			
				Yes		No	
		No.	%	No.	%	No.	%
Low risk referral Does patient smoke?	Yes	704	26%	6	9%	698	27%
	No	1996	74%	61	91%	1935	73%
	Total	2700	100%	67	100%	2633	100%

Table 17 Does the patient smoke? - Pearson Chi-Square Tests

		First Steps attender
Low risk referral Does patient smoke?	Chi-square	10.446
	df	1
	Sig.	.001(*)

Results are based on nonempty rows and columns in each innermost subtable.

* The Chi-square statistic is significant at the 0.05 level.

a More than 20% of cells in this subtable have expected cell counts less than 5. Chi-square results may be invalid.

Table 18 Does patient have any physical or mental limitations which would make exercise programs difficult?

	Total		First Steps attender			
	No.	%	Yes		No	
			No.	%	No.	%
Yes	1200	44%	35	52%	1165	44%
No	1497	56%	32	48%	1465	56%
Total	2697	100%	67	100%	2630	100%

Table 19 Alcohol

		Total		First Steps attender			
		No.	%	Yes		No	
				No.	%	No.	%
Low risk referral Does patient drink alcohol?	Yes	1330	49%	28	42%	1302	49%
	No	1405	51%	39	58%	1366	51%
	Total	2735	100%	67	100%	2668	100%

Table 20 Does patient have chest problems?

	Total		First Steps attender			
	No.	%	Yes		No	
			No.	%	No.	%
Yes	362	13%	9	13%	353	13%
No	2373	87%	58	87%	2315	87%
Total	2735	100%	67	100%	2668	100%

Table 21 Is patient recovering from an operation or illness?

	Total		First Steps attender			
	No.	%	Yes		No	
			No.	%	No.	%
Yes	350	13%	7	10%	343	13%
No	2385	87%	60	90%	2325	87%
Total	2735	100%	67	100%	2668	100%

Table 22 Is patient diabetic?

	Total		First Steps attender			
	No.	%	Yes		No	
			No.	%	No.	%
Yes	275	10%	7	10%	268	10%
No	2460	90%	60	90%	2400	90%
Total	2735	100%	67	100%	2668	100%

Table 23 Is your patient's blood pressure greater than 160/90?

	Total		First Steps attender			
	No.	%	Yes		No	
			No.	%	No.	%
Yes	229	9%	4	6%	225	9%
No	2453	91%	61	94%	2392	91%
Total	2682	100%	65	100%	2617	100%

Table 24 Ethnicity

	Total		First Steps attender			
	No.	%	Yes		No	
			No.	%	No.	%
White	2075	95%	71	100%	2004	95%
Other	104	5%	0	0%	104	5%
Total	2179	100%	71	100%	2108	100%

Table 25 Ethnicity - Pearson Chi-Square Tests

	First Steps attender
Chi-square	3.678
df	1
Sig.	.055(a)

Results are based on nonempty rows and columns in each innermost subtable.
a More than 20% of cells in this subtable have expected cell counts less than 5. Chi-square results may be invalid.

Table 26 Employment

	Total		First Steps attender			
	No.	%	Yes		No	
			No.	%	No.	%
Employed/student	879	40%	7	10%	872	41%
Sick/disabled/retired medical	505	23%	22	31%	483	23%
Retired age	410	19%	29	41%	381	18%
Other non-working	385	18%	13	18%	372	18%
Total	2179	100%	71	100%	2108	100%

Table 27 Employment - Pearson Chi-Square Tests

	First Steps attender
Chi-square	37.780
df	3
Sig.	.000(*)

Results are based on nonempty rows and columns in each innermost subtable.
* The Chi-square statistic is significant at the 0.05 level.

Table 28 Weight

		Total		First Steps attender			
		No.	%	Yes		No	
				No.	%	No.	%
Baseline BMI	Underweight or normal	420	20%	11	15%	409	20%
	Overweight or obese	1720	80%	60	85%	1660	80%
	Total	2140	100%	71	100%	2069	100%

Table 29 Heart rate

First Steps attender		Resting heart rate
Yes	Mean	74.6200
	N	50
	Std. Deviation	12.64409
No	Mean	73.1352
	N	1723
	Std. Deviation	13.63787
Total	Mean	73.1771
	N	1773
	Std. Deviation	13.60973

Table 30 Blood pressure

First Steps attender		Baseline systolic BP	Baseline diastolic BP
Yes	Mean	128.7593	78.6981
	N	54	53
	Std. Deviation	26.05432	9.39841
No	Mean	129.7353	80.6281
	N	1749	1748
	Std. Deviation	19.21382	10.56504
Total	Mean	129.7060	80.5713
	N	1803	1801
	Std. Deviation	19.44482	10.53526

Table 31 Does patient smoke?

		Total		First Steps attender			
				Yes		No	
				No.	%	No.	%
Baseline Does patient smoke?	Yes	479	22%	5	7%	474	22%
	No	1714	78%	66	93%	1648	78%
	Total	2193	100%	71	100%	2122	100%

Table 32 Does patient smoke? - Pearson Chi-Square Tests

		First Steps attender
Baseline Does patient smoke?	Chi-square	9.415
	df	1
	Sig.	.002(*)

Results are based on nonempty rows and columns in each innermost subtable.

* The Chi-square statistic is significant at the 0.05 level.

a More than 20% of cells in this subtable have expected cell counts less than 5. Chi-square results may be invalid.

Table 33 Does patient drink alcohol?

		Total		First Steps attender			
				Yes		No	
				No.	%	No.	%
Baseline Does patient drink alcohol?	Yes	1326	60%	37	52%	1289	61%
	No	867	40%	34	48%	833	39%
	Total	2193	100%	71	100%	2122	100%

Table 34 Stage of Change

		Total		First Steps attender			
				Yes		No	
		No.	%	No.	%	No.	%
Baseline Stage of Change	I am not regularly physically active and do not intend to be	108	5%	7	10%	101	5%
	I am not regularly physically active but I am thinking about	992	45%	30	42%	962	45%
	I do some regular physical activity but not enough to meet t	912	42%	31	44%	881	42%
	I am regularly physically active but only became so in the l	112	5%	2	3%	110	5%
	I am regularly physically active and have been so for longer	66	3%	1	1%	65	3%
Total		2190	100%	71	100%	2119	100%

Table 35 Health State Scale

First Steps attender		Baseline Health State Scale
Yes	Mean	55.13
	N	71
	Std. Deviation	22.822
No	Mean	51.75
	N	2121
	Std. Deviation	22.239
Total	Mean	51.86
	N	2192
	Std. Deviation	22.261

Table 36 Physical Activity Recall

First Steps attender		This week you have been active for...BASELINE
Yes	Mean	325.49
	N	71
	Std. Deviation	235.579
No	Mean	470.46
	N	2121
	Std. Deviation	505.851
Total	Mean	465.77
	N	2192
	Std. Deviation	500.025

Table 37 Physical Activity Recall - ANOVA Table

		Sum of Squares	df	Mean Square	F	Sig.
This week you have been active for...BASELINE * First Steps attender	Between Groups (Combined)	1443854.424	1	1443854.424	5.787	.016
	Within Groups	546361317.309	2190	249480.054		
	Total	547805171.733	2191			

Table 38 HADS Anxiety (mean)

First Steps attender		Baseline HADS A
Yes	Mean	6.57
	N	54
	Std. Deviation	4.741
No	Mean	6.87
	N	1783
	Std. Deviation	4.760
Total	Mean	6.86
	N	1837
	Std. Deviation	4.759

Table 39 HADS Depression (mean)

First Steps attender		Baseline HADS D
Yes	Mean	4.83
	N	54
	Std. Deviation	4.161
No	Mean	4.98
	N	1783
	Std. Deviation	4.000
Total	Mean	4.97
	N	1837
	Std. Deviation	4.004

Table 40 HADS Anxiety (range)

		First Steps attender			
		Yes		No	
		No.	%	No.	%
HADS A baseline	Normal	38	70%	1068	60%
	Mild	6	11%	304	17%
	Moderate	5	9%	302	17%
	Severe	5	9%	109	6%
	Total	54	100%	1783	100%

Table 41 HADS Depression (range)

		First Steps attender			
		Yes		No	
		No.	%	No.	%
HADS D baseline	Normal	41	76%	1338	75%
	Mild	9	17%	263	15%
	Moderate	2	4%	149	8%
	Severe	2	4%	33	2%
	Total	54	100%	1783	100%

Table 42 Stage of programme reached

	Total		First Steps attender			
	No.	%	Yes		No	
			No.	%	No.	%
Baseline	1495	68%	39	55%	1456	67%
Month 6	338	15%	12	17%	326	15%
Month 12	301	14%	20	28%	281	13%
Month 12 (no M6)	59	3%	0	0%	59	3%
Total	2193	100%	71	100%	2122	100%

Table 43 Stage of programme reached Pearson Chi-Square test

	First Steps attender
Chi-square	51.659
df	4
Sig.	.000(*)

Results are based on nonempty rows and columns in each innermost subtable.
 * The Chi-square statistic is significant at the 0.05 level.

Table 44 Comparison of those who completed the Live Active Referral Scheme and those who did not

	First steps attender					
	Total		Yes		No	
	No.	%	No.	%	No.	%
Did not complete	1833	84%	51	72%	1782	84%
Completed	360	16%	20	28%	340	16%
Total	2193	100%	71	100%	2122	100%

Table 45 Comparison of completion rates Pearson Chi-Square test

	First steps attender
Chi-square	7.387
df	1
Sig.	.007(*)

Results are based on nonempty rows and columns in each innermost subtable.
 * The Chi-square statistic is significant at the 0.05 level.

Table 46 Reasons for participants leaving the programme (by stage of programme reached)

	First steps attender												
	Total				Yes				No				
	Baseline		Month 6		Baseline		Month 6		Baseline		Month 6		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Uncontactable	1095	73%	250	75%	21	54%	6	50%	1074	74%	244	76%	
Failed to make/didn't show for appointment/not interested	79	5%	33	10%	2	5%	1	8%	77	5%	32	10%	
Discharged	66	4%	15	4%	3	8%	0	0%	63	4%	15	5%	
Inappropriate referral	8	1%	0	0%	0	0%	0	0%	8	1%	0	0%	
Positive or medical drop outs	Medical reasons	136	9%	17	5%	9	23%	3	25%	127	9%	14	4%
	Moved away	10	1%	0	0%	1	3%	0	0%	9	1%	0	0%
	Still active	51	3%	14	4%	1	3%	1	8%	50	3%	13	4%
	Transferred	14	1%	0	0%	0	0%	0	0%	14	1%	0	0%
	Form out of date	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	31	2%	5	1%	2	5%	1	8%	29	2%	4	1%	
Total	1490	100%	334	100%	39	100%	12	100%	1451	100%	322	100%	

Table 47 Reasons for participants leaving the programme

	First steps attender						
	Total		Yes		No		
	No.	%	No.	%	No.	%	
Uncontactable	1345	74%	27	53%	1318	74%	
Failed to make/didn't show for appointment/not interested	112	6%	3	6%	109	6%	
Discharged	81	4%	3	6%	78	4%	
Inappropriate referral	8	0%	0	0%	8	0%	
Positive or medical drop outs	Medical reasons	153	8%	12	24%	141	8%
	Moved away	10	1%	1	2%	9	1%
	Still active	65	4%	2	4%	63	4%
	Transferred	14	1%	0	0%	14	1%
	Form out of date	0	0%	0	0%	0	0%
Other	36	2%	3	6%	33	2%	
Total	1824	100%	51	100%	1773	100%	

Table 48 Change in blood pressure – First Steps only – Paired sample t test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Upper	Lower			
Pair 1	Baseline systolic BP - Month 6 systolic BP	2.66667	19.87017	4.68344	-7.21453	12.54787	.569	17	.577
Pair 2	Month 6 systolic BP - Month 12 systolic BP	10.583	11.988	3.461	2.966	18.200	3.058	11	.011
Pair 3	Baseline systolic BP - Month 12 systolic BP	6.33333	14.63702	4.22534	-2.96659	15.63325	1.499	11	.162
Pair 4	Baseline diastolic BP - Month 6 diastolic BP	3.27778	6.26668	1.47707	.16143	6.39412	2.219	17	.040
Pair 5	Month 6 diastolic BP - Month 12 diastolic BP	.917	7.833	2.261	-4.060	5.894	.405	11	.693
Pair 6	Baseline diastolic BP - Month 12 diastolic BP	3.75000	7.04692	2.03427	-.72740	8.22740	1.843	11	.092

Table 49 Comparison of changes in independently assessed outcomes

		Baseline to Month 6	Month 6 to Month 12	Baseline to Month 12
Mass (mean kg)	First Steps	-0.78	+1.29	+1.12
	N (First Steps)	30	18	19
	Non First Steps	-0.30	-0.32	-0.28
	N (Non First Steps)	570	261	309
BMI (mean kg/m ²)	First Steps	-0.30	+0.55	+0.47
	N (First Steps)	30	18	19
	Non First Steps	-0.12	-0.14	-0.13
	N (Non First Steps)	568	261	309
Systolic blood pressure (mean mm/Hg)	First Steps	-2.67	-10.58	-6.33
	N (First Steps)	18	12	12
	Non First Steps	+0.07	-2.24	-2.26
	N (Non First Steps)	409	195	235
Diastolic blood pressure (mean mm/Hg)	First Steps	-3.28	-0.92	-3.75
	N (First Steps)	18	12	12
	Non First Steps	-0.19	+0.04	-0.68
	N (Non First Steps)	408	194	234

Table 50 Change in HADS Depression– First Steps only – Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline HADS D	4.13	24	3.651	.745
	Month 6 HADS D	3.13	24	3.366	.687
Pair 2	Baseline HADS D	2.87	15	2.295	.593
	Month 12 HADS D	1.73	15	2.052	.530
Pair 3	Month 6 HADS D	2.33	15	2.717	.701
	Month 12 HADS D	1.73	15	2.052	.530

Table 51 Change in HADS Depression– First Steps only – Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Upper	Lower			
Pair 1	Baseline HADS D - Month 6 HADS D	1.000	2.432	.496	-.027	2.027	2.015	23	.056
Pair 2	Baseline HADS D - Month 12 HADS D	1.133	1.642	.424	.224	2.042	2.674	14	.018
Pair 3	Month 6 HADS D - Month 12 HADS D	.600	1.404	.363	-.178	1.378	1.655	14	.120

Table 52 Change in Stage of Change– First Steps only – baseline and 6 months

	Baseline		M6	
	No.	%	No.	%
Not regularly physically active	31	97%	9	28%
Regularly physically active	1	3%	23	72%
Total	32	100%	32	100%

Table 53 Change in Stage of Change– First Steps only – baseline and 12 months

	Baseline		M12	
	No.	%	No.	%
Not regularly physically active	19	95%	3	15%
Regularly physically active	1	5%	17	85%
Total	20	100%	20	100%

Table 54 Change in Stage of Change– First Steps only – 6 months and 12 months

	M6		M12	
	No.	%	No.	%
Not regularly physically active	4	20%	3	15%
Regularly physically active	16	80%	17	85%
Total	20	100%	20	100%

Table 55 Change in Stage of Change– First Steps only – McNemar Test

Test Statistics

	Baseline Stage of Change & M6 Stage of Change	Baseline Stage of Change & M12 Stage of Change	M6 Stage of Change & M12 Stage of Change
N	32	20	20
Exact Sig. (2-tailed)	.000 ^a	.000 ^a	1.000 ^a

a. Binomial distribution used.

b. McNemar Test

Table 56 Changes in HADS Anxiety – Live Active Participants who did not attend First Steps – Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline HADS A	5.79	478	4.311	.197
	Month 6 HADS A	4.93	478	3.967	.181
Pair 2	Baseline HADS A	5.96	252	4.514	.284
	HADS A 12 months	1.42	252	.807	.051
Pair 3	Month 6 HADS A	4.39	206	3.797	.265
	Month 12 HADS A	4.19	206	3.977	.277

Table 57 Changes in HADS Anxiety – Live Active Participants who did not attend First Steps - Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Baseline HADS A - Month 6 HADS A	.862	2.932	.134	.598	1.125	6.427	477	.000
Pair 2	Baseline HADS A - HADS A 12 months	4.540	4.009	.253	4.042	5.037	17.975	251	.000
Pair 3	Month 6 HADS A - Month 12 HADS A	.199	2.367	.165	-.126	.524	1.207	205	.229

Table 58 Changes in HADS Depression – Live Active Participants who did not attend First Steps – Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline HADS D	4.20	478	3.602	.165
	Month 6 HADS D	3.17	478	3.324	.152
Pair 2	Month 6 HADS D	2.95	206	3.054	.213
	Month 12 HADS D	2.75	206	3.066	.214
Pair 3	Baseline HADS D	4.28	252	3.787	.239
	Month 12 HADS D	3.21	252	3.623	.228

Table 59 Changes in HADS Depression – Live Active Participants who did not attend First Steps - Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Baseline HADS D - Month 6 HADS D	1.029	2.992	.137	.760	1.298	7.522	477	.000
Pair 2	Month 6 HADS D - Month 12 HADS D	.204	2.520	.176	-.142	.550	1.161	205	.247
Pair 3	Baseline HADS D - Month 12 HADS D	1.067	3.007	.189	.694	1.441	5.635	251	.000

Table 60 Changes in PAR – Live Active participants who did not attend First Steps – Paired Sample Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	This week you have been active for...BASELINE	455.61	600	458.801	18.730
	This week you have been active for... 6 MONTHS	538.32	600	498.147	20.337
Pair 2	This week you have been active for... 6 MONTHS	516.31	280	454.231	27.145
	This week you have been active for... 12 MONTHS	531.31	280	500.052	29.884
Pair 3	This week you have been active for...BASELINE	440.62	340	490.985	26.627
	This week you have been active for... 12 MONTHS	514.23	340	490.426	26.597

Table 61 Changes in PAR – Live Active participants who did not attend First Steps – Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	This week you have been active for...BASELINE - This week you have been active for... 6 MONTHS	-82.707	510.749	20.851	-123.657	-41.756	-3.967	599	.000
Pair 2	This week you have been active for... 6 MONTHS - This week you have been active for... 12 MONTHS	-15.000	483.714	28.907	-71.904	41.904	-.519	279	.604
Pair 3	This week you have been active for...BASELINE - This week you have been active for... 12 MONTHS	-73.612	529.560	28.719	-130.102	-17.121	-2.563	339	.011

Table 62 Change in HSS – Live Active participants who did not attend First Steps – Paired Sample Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Baseline Health State Scale	56.43	584	21.259	.880
	Month 6 Health State Scale	63.97	584	19.084	.790
Pair 2	Month 6 Health State Scale	66.66	271	17.952	1.090
	Month 12 Health State Scale	68.56	271	18.704	1.136
Pair 3	Baseline Health State Scale	55.79	340	22.934	1.244
	Month 12 Health State Scale	64.71	340	23.068	1.251

Table 63 Change in HSS – Live Active participants who did not attend First Steps – Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Baseline Health State Scale - Month 6 Health State Scale	-7.541	19.691	.815	-9.141	-5.941	-9.255	583	.000
Pair 2	Month 6 Health State Scale - Month 12 Health State Scale	-1.900	17.690	1.075	-4.016	.215	-1.769	270	.078
Pair 3	Baseline Health State Scale - Month 12 Health State Scale	-8.921	24.677	1.338	-11.553	-6.288	-6.666	339	.000

Table 64 Changes in Stage of Change – Live Active participants who did not attend First Steps – baseline and 6 months

	Baseline		M6	
	No.	%	No.	%
Not regularly physically active	538	89%	266	44%
Regularly physically active	66	11%	338	56%
Total	604	100%	604	100%

Table 65 Changes in Stage of Change – Live Active participants who did not attend First Steps – Baseline and 12 months

	Baseline		M12	
	No.	%	No.	%
Not regularly physically active	296	87%	123	36%
Regularly physically active	44	13%	217	64%
Total	340	100%	340	100%

Table 66 Changes in Stage of Change – Live Active participants who did not attend First Steps – 6 months and 12 months

	M6		M12	
	No.	%	No.	%
Not regularly physically active	85	30%	78	28%
Regularly physically active	195	70%	202	72%
Total	280	100%	280	100%

Table 67 Changes in Stage of Change – Live Active participants who did not attend First Steps – McNemar Test

Test Statistics

	Baseline Stage of Change & M6 Stage of Change	Baseline Stage of Change & M12 Stage of Change	M6 Stage of Change & M12 Stage of Change
N	604	340	280
Chi-Square ^a	244.803	151.713	.468
Asymp. Sig.	.000	.000	.494

a. Continuity Correct

b. McNemar Test

Table 68 Comparison of changes participant perception outcomes

		Baseline to Month 6	Month 6 to Month 12	Baseline to Month 12
HADS Anxiety (mean)	First Steps	-0.79	-0.33	-0.80
	n (First Steps)	24	15	15
	Non First Steps	-0.86	-0.20	-0.95
	n (Non First Steps)	502	221	267
HADS Depression (mean)	First Steps	-1.00	-0.60	-1.13
	n (First Steps)	24	15	15
	Non First Steps	-1.03	-0.20	-1.07
	n (Non First Steps)	478	206	252
Physical Activity Recall (minutes of activity per week)	First Steps	+52	+124	+186
	n (First Steps)	32	20	20
	Non First Steps	+83	+15	+74
	n (Non First Steps)	600	280	340
Health State Scale (mean 0 – 100)	First Steps	+7	+8	+13
	n (First Steps)	31	20	20
	Non First Steps	+8	+2	+9
	n (Non First Steps)	584	271	340

Telephone survey analysis tables

Table 69 How Did you hear about the Live Active Exercise Referral Scheme?

	Total	
	no	%
Recommended by GP	16	53%
Recommended by practice nurse	2	7%
Recommended by physiotherapist	2	7%
Recommended by friend/relative	4	13%
Asked my GP for advice or help	1	3%
Saw advertising/posters/leaflets	2	7%
Recommended by cardiology departments	0	0%
Other	5	17%
Total	30	100%

Table 70 Who booked your First appointment with Live Active?

	Total	
	no	%
You	8	27%
Your GP	10	33%
Your physiotherapist	4	13%
Practice nurse	7	23%
Doctor's receptionist	0	0%
Other	1	3%
Total	30	100%

Table 71 Mean HADS Anxiety score

Age band	Mean	N	Std. Deviation
35-44	5.50	2	3.536
45-54	6.50	6	2.074
55-64	6.75	12	4.330
65+	5.40	10	1.897
Total	6.17	30	3.130

Table 72 Mean HADS Depression score

Age band	Mean	N	Std. Deviation
35-44	2.50	2	2.121
45-54	5.17	6	3.971
55-64	3.42	12	3.204
65+	3.20	10	1.317
Total	3.63	30	2.822

Table 73 Stage of Change

	Total	
	No.	%
I am not regularly physically active and do not intend to be	1	3%
I am not regularly physically active but am thinking about starting it in the next 6 months	1	3%
I do some physical activity but not enough to meet the description of regular physical activity	10	33%
I am regularly physically active but only began in the last 6 months	1	3%
I am regularly physically active and have been so for longer than 6 months	17	57%
Total	30	100%

Table 74 On a scale of 0-100 how do you feel about your physical health today?

Gender	Mean	N	Std. Deviation
Male	80.00	2	.000
Female	64.82	28	20.480
Total	65.83	30	20.132

Table 75 Do you feel the scheme has impacted on your physical health?

	Total		34. Gender						35. Into which of these age bands do you fall?													
			Male		Female		Total		16-24		25-34		35-44		45-54		55-64		65+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	29	97%	2	100%	27	96%	29	97%	0	0%	0	0%	2	100%	6	100%	12	100%	9	90%	29	97%
No	1	3%	0	0%	1	4%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	1	10%	1	3%
Total	30	100%	2	100%	28	100%	30	100%	0	0%	0	0%	2	100%	6	100%	12	100%	10	100%	30	100%

Table 76 If the scheme has impacted on your physical health, in what way?

	Total		34. Gender				35. Into which of these age bands do you fall?											
	No.	%	Male		Female		16-24		25-34		35-44		45-54		55-64		65+	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Increased physical fitness/stamina	12	41%	1	50%	11	41%	0	0%	0	0%	2	100%	4	67%	5	42%	1	11%
Feel healthier	11	38%	1	50%	10	37%	0	0%	0	0%	0	0%	2	33%	4	33%	5	56%
Lost weight	9	31%	2	100%	7	26%	0	0%	0	0%	0	0%	4	67%	4	33%	1	11%
Increased mobility/flexibility	9	31%	1	50%	8	30%	0	0%	0	0%	2	100%	1	17%	3	25%	3	33%
More energy	9	31%	0	0%	9	33%	0	0%	0	0%	2	100%	2	33%	3	25%	2	22%
More aware of the benefits of exercise	6	21%	0	0%	6	22%	0	0%	0	0%	1	50%	1	17%	3	25%	1	11%
Helped with a particular physical health problem	4	14%	1	50%	3	11%	0	0%	0	0%	0	0%	1	17%	1	8%	2	22%
Improved body shape	4	14%	1	50%	3	11%	0	0%	0	0%	0	0%	2	33%	0	0%	2	22%
Changed eating habits	2	7%	0	0%	2	7%	0	0%	0	0%	0	0%	1	17%	1	8%	0	0%
Lowered blood pressure	1	3%	0	0%	1	4%	0	0%	0	0%	0	0%	1	17%	0	0%	0	0%
Increased strength	1	3%	1	50%	0	0%	0	0%	0	0%	0	0%	1	17%	0	0%	0	0%
Sleeping better	1	3%	0	0%	1	4%	0	0%	0	0%	0	0%	0	0%	0	0%	1	11%
Other	2	7%	0	0%	2	7%	0	0%	0	0%	0	0%	1	17%	1	8%	0	0%
Total	29	100%	2	100%	27	100%	0	0%	0	0%	2	100%	6	100%	12	100%	9	100%

Other

- Got me out of the house - meeting other local people, 1
- If it was not for First Steps I would stay in the house, 1

Table 77 On a scale of 0-100 how confident do you feel that you could be independently physically active?

Age band	Mean	N	Std. Deviation
35-44	75.00	2	35.355
45-54	66.67	6	37.771
55-64	64.58	12	36.398
65+	52.00	10	28.790
Total	61.50	30	33.196

Table 78 Do you feel the scheme has had an impact on your confidence to be independently physically active?

	Total		34. Gender						35. Into which of these age bands do you fall?													
	No.	%	Male		Female		Total	16-24		25-34		35-44		45-54		55-64		65+		Total		
			No.	%	No.	%		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			
Yes	26	87%	2	100%	24	86%	26	87%	0	0%	0	0%	2	100%	5	83%	9	75%	10	100%	26	87%
No	4	13%	0	0%	4	14%	4	13%	0	0%	0	0%	0	0%	1	17%	3	25%	0	0%	4	13%
Total	30	100%	2	100%	28	100%	30	100%	0	0%	0	0%	2	100%	6	100%	12	100%	10	100%	30	100%

Table 79 If the scheme has had an impact on your confidence to be independently physically active, in what way?

	Total		34. Gender				35. Into which of these age bands do you fall?							
	No.	%	Male		Female		35-44		45-54		55-64		65+	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Encouraged/enabled/motivated to do more/other forms of exercise	22	85%	1	50%	21	88%	1	50%	3	60%	9	100%	9	90%
Knowledge/apprehension/embarrassment removed	13	50%	1	50%	12	50%	1	50%	4	80%	2	22%	6	60%
Increased self confidence	3	12%	1	50%	2	8%	0	0%	1	20%	0	0%	2	20%
Fitter/stronger	2	8%	0	0%	2	8%	0	0%	0	0%	1	11%	1	10%
Other	1	4%	0	0%	1	4%	0	0%	0	0%	1	11%	0	0%
Total	26	100%	2	100%	24	100%	2	100%	5	100%	9	100%	10	100%

Other

- Sometimes get mixed up when I am doing my exercises but the girls keep me right,
1

Table 80 On a scale of 1-100 how do you feel about your mental health today?

Age band	19a. On a scale of 0 to 100 how do you feel about your mental health today?	
35-44	Mean	70.00
	N	2
	Std. Deviation	28.284
45-54	Mean	84.17
	N	6
	Std. Deviation	8.010
55-64	Mean	77.42
	N	12
	Std. Deviation	27.020
65+	Mean	82.00
	N	10
	Std. Deviation	14.944
Total	Mean	79.80
	N	30
	Std. Deviation	19.987

Table 81 Do you feel the scheme has had an impact on your mental health?

	Total		34. Gender						35. Into which of these age bands do you fall?													
	No.	%	Male		Female		Total		16-24		25-34		35-44		45-54		55-64		65+		Total	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	25	83%	2	100%	23	82%	25	83%	0	0%	0	0%	2	100%	5	83%	10	83%	8	80%	25	83%
No	5	17%	0	0%	5	18%	5	17%	0	0%	0	0%	0	0%	1	17%	2	17%	2	20%	5	17%
Total	30	100%	2	100%	28	100%	30	100%	0	0%	0	0%	2	100%	6	100%	12	100%	10	100%	30	100%

Table 82 If you feel the scheme has had an impact on your mental health, why do you say that?

	Total		34. Gender				35. Into which of these age bands do you fall?							
			Male		Female		35-44		45-54		55-64		65+	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
More positive outlook	15	60%	1	50%	14	61%	2	100%	4	80%	4	40%	5	63%
Feel less isolated	13	52%	0	0%	13	57%	2	100%	2	40%	6	60%	3	38%
Less stressed	7	28%	2	100%	5	22%	2	100%	2	40%	1	10%	2	25%
Less depressed	4	16%	0	0%	4	17%	0	0%	1	20%	2	20%	1	13%
Less anxious	1	4%	1	50%	0	0%	0	0%	1	20%	0	0%	0	0%
Other	3	12%	0	0%	3	13%	0	0%	1	20%	2	20%	0	0%
Total	25	100%	2	100%	23	100%	2	100%	5	100%	10	100%	8	100%

Table 83 Do you feel the scheme has had an impact on your relationships with others?

	Total		34. Gender						35. Into which of these age bands do you fall?													
			Male		Female		Total		16-24		25-34		35-44		45-54		55-64		65+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	21	70%	2	100%	19	68%	21	70%	0	0%	0	0%	2	100%	5	83%	8	67%	6	60%	21	70%
No	9	30%	0	0%	9	32%	9	30%	0	0%	0	0%	0	0%	1	17%	4	33%	4	40%	9	30%
Total	30	100%	2	100%	28	100%	30	100%	0	0%	0	0%	2	100%	6	100%	12	100%	10	100%	30	100%

Table 84 If you feel the scheme has had an impact on your relationships with others, why do you say that?

	Total		34. Gender				35. Into which of these age bands do you fall?							
			Male		Female		35-44		45-54		55-64		65+	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
More sociable	19	90%	2	100%	17	89%	2	100%	4	80%	7	88%	6	100%
Made new friends	17	81%	1	50%	16	84%	2	100%	3	60%	8	100%	4	67%
Get out of the house	12	57%	2	100%	10	53%	1	50%	5	100%	4	50%	2	33%
Happier/ positive outlook	4	19%	0	0%	4	21%	0	0%	2	40%	0	0%	2	33%
Mood	1	5%	0	0%	1	5%	0	0%	1	20%	0	0%	0	0%
Other	1	5%	0	0%	1	5%	0	0%	0	0%	0	0%	1	17%
Total	21	100%	2	100%	19	100%	2	100%	5	100%	8	100%	6	100%

Other

- Non specified other

Table 85 Do you feel the scheme has had an impact on how you feel about yourself?

	Total		34. Gender						35. Into which of these age bands do you fall?													
			Male		Female		Total		16-24		25-34		35-44		45-54		55-64		65+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	27	90%	2	100%	25	89%	27	90%	0	0%	0	0%	2	100%	6	100%	9	75%	10	100%	27	90%
No	3	10%	0	0%	3	11%	3	10%	0	0%	0	0%	0	0%	0	0%	3	25%	0	0%	3	10%
Total	30	100%	2	100%	28	100%	30	100%	0	0%	0	0%	2	100%	6	100%	12	100%	10	100%	30	100%

Table 86 If you feel the scheme has had an impact on how you feel about yourself, why do you say that?

	Total		34. Gender				35. Into which of these age bands do you fall?							
			Male		Female		35-44		45-54		55-64		65+	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Increased self confidence	15	56%	2	100%	13	52%	2	100%	3	50%	4	44%	6	60%
More positive outlook	9	33%	1	50%	8	32%	0	0%	2	33%	2	22%	5	50%
Feeling better about my body	8	30%	0	0%	8	32%	0	0%	2	33%	5	56%	1	10%
Improved feeling of wellbeing/relaxation/health	7	26%	1	50%	6	24%	1	50%	2	33%	2	22%	2	20%
Sense of achievement	5	19%	0	0%	5	20%	1	50%	1	17%	2	22%	1	10%
More self respect	3	11%	0	0%	3	12%	0	0%	1	17%	1	11%	1	10%
Less self conscious	1	4%	0	0%	1	4%	0	0%	1	17%	0	0%	0	0%
Other	4	15%	0	0%	4	16%	0	0%	1	17%	1	11%	2	20%
Total	27	100%	2	100%	25	100%	2	100%	6	100%	9	100%	10	100%

Other

- Am I slowing down, aiming to get better
- It has made me aware that I am not as fit as I should be
- More older age group - I wouldn't normally talk to old people
- Negative - I saw old people much more active than me

Table 87 Do you feel there have been other benefits from participating in the scheme?

	Total		34. Gender						35. Into which of these age bands do you fall?													
			Male		Female		Total		16-24		25-34		35-44		45-54		55-64		65+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	21	70%	1	50%	20	71%	21	70%	0	0%	0	0%	2	100%	3	50%	9	75%	7	70%	21	70%
No	9	30%	1	50%	8	29%	9	30%	0	0%	0	0%	0	0%	3	50%	3	25%	3	30%	9	30%
Total	30	100%	2	100%	28	100%	30	100%	0	0%	0	0%	2	100%	6	100%	12	100%	10	100%	30	100%

Table 88 If you feel that there have been other benefits from participating in the scheme, what are they?

	Total		34. Gender				35. Into which of these age bands do you fall?							
			Male		Female		35-44		45-54		55-64		65+	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Enjoyed the company/working in a group/meeting others	12	57%	0	0%	12	60%	0	0%	1	33%	7	78%	4	57%
Meeting people with the same problem	8	38%	1	100%	7	35%	1	50%	0	0%	4	44%	3	43%
Introduced me to different types of exercise	7	33%	0	0%	7	35%	0	0%	2	67%	3	33%	2	29%
Other	4	19%	0	0%	4	20%	1	50%	1	33%	1	11%	1	14%
The structure of the scheme	3	14%	0	0%	3	15%	0	0%	1	33%	1	11%	1	14%
Saved money	1	5%	0	0%	1	5%	0	0%	0	0%	1	11%	0	0%
Other	4	19%	0	0%	4	20%	1	50%	1	33%	1	11%	1	14%
Total	21	100%	1	100%	20	100%	2	100%	3	100%	9	100%	7	100%

Other

- Improved eating habits
- Made mind more active - started doing sudoku and crosswords. I was shouting at the kids and am now doing that less
- osteoporosis - good for this condition
- The fact that someone took an interest - I went to physiotherapy and they referred me there to help me recover from a knee injury

Table 89 How much physical activity SHOULD you do in a week to gain health benefits?

Length of Activity	Intensity of Activity	Frequency of Activity	Other Response
30 minutes	Breathless but able to hold a conversation	Each day	<input type="checkbox"/>
one hour a day	depending on fitness e.g. walking and swimming	every day	I am not really sure <input type="checkbox"/>
30 minutes	Intense - out of breath but able to speak	three times per week	<input type="checkbox"/>
60 minutes	Not too intense	three times a week	<input type="checkbox"/>
30 minutes	Still speak normally, without being out of breath	Each day	<input type="checkbox"/>
(inc. warm up) one hour	Structured class at Castlemilk	Class 5 days a week	<input type="checkbox"/>
3 hours in total (3 hour long sessions)	Gym - intense	3 days a week	<input type="checkbox"/>
Half an hour of activity	increase in temperature and out of breath	3 days a week	some activity every day <input type="checkbox"/>
30 minutes - at least	Power walk,	7 days a week	<input type="checkbox"/>
30 minutes	Heart rate up a bit	every day	<input type="checkbox"/>
30 minutes		five times a week	<input type="checkbox"/>
At least 30 minutes	Moderately	everyday	<input type="checkbox"/>
30 minutes	walking a lot	every day	<input type="checkbox"/>
			I don't know - I go to the gym twice a week <input type="checkbox"/>
Respondent cannot understand question	Cannot understand question	cannot understand question	cannot understand question <input type="checkbox"/>
20 to 30 minutes	Brisk - Slightly out of breath but not unable to speak	three to four times a week	<input type="checkbox"/>
30 minutes at least	still can speak	each day	<input type="checkbox"/>
			Don't know <input type="checkbox"/>
40 minutes		5 days a week	<input type="checkbox"/>
30 minutes - depends on physical ability	Slightly out of breath	2 or 3 times	<input type="checkbox"/>
30 minutes	a bit out of breath	4 days (or every day?)	<input type="checkbox"/>
30 minutes	Don't know	Every day	<input type="checkbox"/>
30 minutes at least	walking	every day	for my age (77 years) <input type="checkbox"/>
30 minutes	bit breathless	3 times	<input type="checkbox"/>
At least 30 minutes	moderately intense	5/7	<input type="checkbox"/>
			Don't know <input type="checkbox"/>
60 minutes	gym, Pilates a mix	once/ twice - 5 class a week	(did not really understand the question) <input type="checkbox"/>
			cannot remember <input type="checkbox"/>
30 minutes	Heart rate increased	three times a week	<input type="checkbox"/>
60 minutes	If you sweat	3 times a week	

Table 90 In the past week, how many minutes did you spend each day...?

	Total		34. Gender				35. Into which of these age bands do you fall?											
	No.	%	Male		Female		16-24		25-34		35-44		45-54		55-64		65+	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Number of days >30 minutes exercise	4	1 3%	0 0%	1 4%	0 0%	0 0%	0 0%	0 0%	0 0%	1 17%	0 0%	0 0%	1 10%	0 0%	0 0%	0 0%	0 0%	
	5	3 10%	0 0%	3 11%	0 0%	0 0%	0 0%	1 50%	0 0%	1 8%	1 10%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	
	6	9 30%	0 0%	9 32%	0 0%	0 0%	0 0%	0 0%	1 17%	5 42%	3 30%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	
	7	17 57%	2 100%	15 54%	0 0%	0 0%	1 50%	4 67%	6 50%	6 60%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	
	Total	30 100%	2 100%	28 100%	0 0%	0 0%	2 100%	6 100%	12 100%	10 100%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	

Table 91 Since you completed the scheme six months ago would you say your physical activity levels have:

	Total		34. Gender						35. Into which of these age bands do you fall?										Total			
	No.	%	Male		Female		Total		16-24		25-34		35-44		45-54		55-64		65+		No.	%
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%				
Stayed the same	10	36%	0 0%	10 38%	10 36%	0 0%	0 0%	0 0%	0 0%	0 0%	1 20%	7 58%	2 22%	10 36%								
Decreased	9	32%	1 50%	8 31%	9 32%	0 0%	0 0%	1 50%	3 60%	1 8%	4 44%	9 32%										
Increased	9	32%	1 50%	8 31%	9 32%	0 0%	0 0%	1 50%	1 20%	4 33%	3 33%	9 32%										
Total	28	100%	2 100%	26 100%	28 100%	0 0%	0 0%	2 100%	5 100%	12 100%	9 100%	28 100%										

If physical activity levels are greater than those recorded at the 12 month stage of the scheme

Table 92 What has caused your physical activity levels to increase since you completed the scheme 6 months ago?

	Total		34. Gender				35. Into which of these age bands do you fall?											
	No.	%	Male		Female		16-24		25-34		35-44		45-54		55-64		65+	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Concerns for own health	4	44%	1 100%	3 38%	0 0%	0 0%	0 0%	0 0%	0 0%	3 75%	1 33%							
Enjoyment of the Live Active Process	3	33%	0 0%	3 38%	0 0%	0 0%	0 0%	1 100%	2 50%	0 0%								
Understanding the importance of being fit	3	33%	1 100%	2 25%	0 0%	0 0%	1 100%	0 0%	1 25%	1 33%								
Appreciating the health benefits	2	22%	1 100%	1 13%	0 0%	0 0%	0 0%	0 0%	1 25%	1 33%								
Other	8	89%	1 100%	7 88%	0 0%	0 0%	1 100%	1 100%	3 75%	3 100%								
Total	9	100%	1 100%	8 100%	0 0%	0 0%	1 100%	1 100%	4 100%	3 100%								

Other

- don't want to be unfit again - feel benefits of being fitter, blood changes shape of body
- Enjoyed it, challenged myself to do more - I was only meant to do 15 minutes but I would do 30 minutes
- love walking - try to encourage friends to go
- My shape is changing - notice a difference when putting my clothes on but I have not lost any weight
- The company - otherwise I would be sitting around the house and spending money I don't have
- Wanted to lose weight
- weight loss
- Went to an open day at community centre and I found out about the stress Centre. This all stems from First Steps - I would not have gone if I had not met these people

If physical activity levels are the same as those recorded at the 12 month stage of the scheme

Table 93 What has helped you to stay physically active since you completed the scheme 6 months ago?

	Total		34. Gender				35. Into which of these age bands do you fall?											
	No.	%	Male		Female		16-24		25-34		35-44		45-54		55-64		65+	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Enjoyment	6	46%	0	0%	6	46%	0	0%	0	0%	0	0%	0	0%	4	57%	2	67%
Concern for health	4	31%	0	0%	4	31%	0	0%	0	0%	0	0%	1	33%	3	43%	0	0%
Socialising	4	31%	0	0%	4	31%	0	0%	0	0%	0	0%	0	0%	3	43%	1	33%
The routine of exercise	3	23%	0	0%	3	23%	0	0%	0	0%	0	0%	0	0%	2	29%	1	33%
Interest	2	15%	0	0%	2	15%	0	0%	0	0%	0	0%	0	0%	1	14%	1	33%
Other	12	92%	0	0%	12	92%	0	0%	0	0%	0	0%	3	100%	7	100%	2	67%
Total	13	100%	0	0%	13	100%	0	0%	0	0%	0	0%	3	100%	7	100%	3	100%

Other

- Calories burning during exercise
- Fun
- If the class was still on I would go
- Love of racket sport - my knees were so bad that I had to give up badminton but I still play tennis
- Maintain health benefits
- more aware of exercise
- Not relevant as not finished the course
- the general feeling of well being
- The thought of maintaining weight loss
- Try to go out of the house, knowing that other people were going to be there

If physical activity levels lower than those recorded at the 12 month stage of the scheme

Table 94 What has caused your physical activity levels to decrease since you completed the scheme 6 months ago?

	Total		34. Gender				35. Into which of these age bands do you fall?											
	No.	%	Male		Female		16-24		25-34		35-44		45-54		55-64		65+	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Injuries	1	13%	0	0%	1	14%	0	0%	0	0%	0	0%	0	0%	1	100%	0	0%
Not making the time (work commitments etc.)	1	13%	1	100%	0	0%	0	0%	0	0%	0	0%	1	33%	0	0%	0	0%
Lack of support	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	6	75%	0	0%	6	86%	0	0%	0	0%	1	100%	2	67%	0	0%	3	100%
Total	8	100%	1	100%	7	100%	0	0%	0	0%	1	100%	3	100%	1	100%	3	100%

Other

- During Xmas I put on weight - didn't go to the gym as I had the kids to look after
- I don't want to meet XXX
- My sister died
- personal circumstances hoping to get back to it
- Wasn't turning up at a certain time and a lot to be said for having a routine
- Winter, not out walking as much due to the weather

Table 95 Do you intend to maintain your present levels of physical activity?

	Total		34. Gender						35. Into which of these age bands do you fall?													
			Male		Female		Total		16-24		25-34		35-44		45-54		55-64		65+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes - do more	7	47%	0	0%	7	50%	7	47%	0	0%	0	0%	2	100%	0	0%	3	38%	2	67%	7	47%
Yes - stay the same	8	53%	1	100%	7	50%	8	53%	0	0%	0	0%	0	0%	2	100%	5	63%	1	33%	8	53%
No - do less	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
No - stop all activity	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Total	15	100%	1	100%	14	100%	15	100%	0	0%	0	0%	2	100%	2	100%	8	100%	3	100%	15	100%

Table 96 Do you remember the First Steps element of the Live Active Referral Scheme?

	Total		34. Gender						35. Into which of these age bands do you fall?													
			Male		Female		Total		16-24		25-34		35-44		45-54		55-64		65+		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	29	97%	2	100%	27	96%	29	97%	0	0%	0	0%	2	100%	6	100%	12	100%	9	90%	29	97%
No	1	3%	0	0%	1	4%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	1	10%	1	3%
Total	30	100%	2	100%	28	100%	30	100%	0	0%	0	0%	2	100%	6	100%	12	100%	10	100%	30	100%

Table 97 What were the benefits (if any) of the First Steps programme?

	Total		34. Gender				35. Into which of these age bands do you fall?							
			Male		Female		35-44		45-54		55-64		65+	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Introduction to types of exercise/ sample all exercise types/ find exercise to suit	17	57%	1	50%	16	57%	1	50%	4	67%	8	67%	4	40%
Fun/ Enjoyable/ Sociable	12	40%	2	100%	10	36%	2	100%	3	50%	4	33%	3	30%
No pressure/ at a pace that suited you/ Tailored to individual need and ability	8	27%	0	0%	8	29%	1	50%	1	17%	3	25%	3	30%
Leaders and counsellors took time with you/ were supportive	8	27%	0	0%	8	29%	0	0%	0	0%	4	33%	4	40%
Improved confidence and well being	5	17%	2	100%	3	11%	0	0%	2	33%	1	8%	2	20%
Removed concerns/ taught that exercise for all not just fit	4	13%	0	0%	4	14%	0	0%	1	17%	1	8%	2	20%
No comment	1	3%	0	0%	1	4%	0	0%	0	0%	0	0%	1	10%
Total	30	100%	2	100%	28	100%	2	100%	6	100%	12	100%	10	100%

Table 98 What improvements (if any) do you recommend to the First Steps programme?

	Total		34. Gender				35. Into which of these age bands do you fall?							
			Male		Female		35-44		45-54		55-64		65+	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
None/ no improvement/ positive comment	22	73%	1	50%	21	75%	2	100%	2	33%	10	83%	8	80%
Change time/ day of class	4	13%	0	0%	4	14%	0	0%	2	33%	2	17%	0	0%
Other	4	13%	1	50%	3	11%	0	0%	2	33%	0	0%	2	20%
Total	30	100%	2	100%	28	100%	2	100%	6	100%	12	100%	10	100%

Other

- First one - O attended I know it has improved

- Selection process for instructors. Instructors should treat all the class the same. shouldn't be making an example the instructors shouldn't abuse their power. It is not an Olympic class. They are not there to run an army training unit.
- Some was difficult for instructors - one was always late at arriving from Scotstoun - Donald Dewar seemed to buy in their instructors and you didn't know if you were going to hang around for 25 minutes. Occasionally - the instructors thought it was a keep fit class; but some elderly ladies were recovering from operations - not enough allowances made for them.
- You ended with a cup of tea and a quiet seating area afterwards would have been good for me

Table 99 What helped you to continue/complete the scheme?

	Total		34. Gender				35. Into which of these age bands do you fall?											
	No.	%	Male		Female		16-24		25-34		35-44		45-54		55-64		65+	
			No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Support from people you met at the leisure centre	12	40%	1	50%	11	39%	0	0%	0	0%	1	50%	2	33%	4	33%	5	50%
Support from counsellors	11	37%	1	50%	10	36%	0	0%	0	0%	2	100%	2	33%	6	50%	1	10%
The First Steps social support class	9	30%	0	0%	9	32%	0	0%	0	0%	1	50%	1	17%	4	33%	3	30%
I wanted to get healthy	8	27%	1	50%	7	25%	0	0%	0	0%	0	0%	2	33%	3	25%	3	30%
Consultation with Physical Activity Counsellor	5	17%	0	0%	5	18%	0	0%	0	0%	2	100%	0	0%	3	25%	0	0%
Support from health professionals	3	10%	0	0%	3	11%	0	0%	0	0%	0	0%	0	0%	2	17%	1	10%
Support from family/friends	3	10%	1	50%	2	7%	0	0%	0	0%	0	0%	0	0%	2	17%	1	10%
Feel better/ feel more positive	3	10%	0	0%	3	11%	0	0%	0	0%	0	0%	1	17%	0	0%	2	20%
Support from GP	1	3%	0	0%	1	4%	0	0%	0	0%	0	0%	0	0%	1	8%	0	0%
Information from health professionals	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	3	10%	0	0%	3	11%	0	0%	0	0%	0	0%	1	17%	1	8%	1	10%
Total	30	100%	2	100%	28	100%	0	0%	0	0%	2	100%	6	100%	12	100%	10	100%

Other

- Accessible can slot it in to your life - if first thing in the morning you can go when it suits you
- aqua class
- Non specified other

Table 100 Disadvantages to participating in the scheme

	Total		Male		Female		16-24		25-34		35-44		45-54		55-64		65+	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Depending on family/friends to attend at the same time	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Not enough contact between appointments	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Referral Officer changed too much	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	5	100%	0	0%	5	100%	0	0%	0	0%	0	0%	1	100%	1	100%	3	100%
Total	5	100%	0	0%	5	100%	0	0%	0	0%	0	0%	1	100%	1	100%	3	100%

Other

- accessibility of centre - we are lobbying the bus company and the council
- broken pelvis and pain; long distance to travel from Muirend to Castlemilk
- Can only have it for one year - would like to continue
- Instructors
- The time did not suit me (I had Spanish classes on)