

Swim for Health Evaluation:
Interim Report, January 2007.

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Executive Summary:

- The Amateur Swimming Association (ASA), along with a number of partner organisations, has been implementing a health intervention in the region of the City of Kingston upon Hull and the East Riding of Yorkshire. This report represents a summary of evaluation carried out upon this scheme during its first year.
- Descriptive statistics of the groups with whom evaluation research has taken place are presented. A number of issues begin to emerge from these; the predominance of British women in all groups, the short distances travelled on average by the groups to leisure centres and the prevalence of swimming as a favoured leisure time activity among several groups. These statistics also allude to the differences found between swimming and non-swimming groups, which are discussed below.
- Analysis of the timescales taken to implement activities with each of these groups was undertaken. This highlights a number of issues, including; a) the longer timescales required in building completely new partnerships compared with existing ones, b) that the level of 'buy-in' among partner organisations can have a large effect on the timescales taken to implement services and c) that a number of developments had to be held back early in the scheme as needs assessments were completed.
- The location of Swim for Health activities to date was examined. This (examination) demonstrated the geographical centrality of current services, which are largely centred on the City of Hull. This was ascribed to several reasons: a) the utilisation of existing service provision (e.g. GP referrals), which led to specific sessions in Hull, but more general actions across the East Riding, b) the relative ease of access to certain centres for Swim for Health staff compared with others and c) the level of 'buy-in' and support of centre managers, which tended to be high in many centres in the City of Hull.
- Analysis of the processes inherent in the development of the scheme was undertaken. The 'Programme theory' of January 2006 was re-appraised in light of the 'Project Brief' produced in July 2006. A number of developments are noted, for example the introduction of a fourth gateway group. Impact theory, Service Utilisation plan and the Logic Model produced in the 'Programme theory' are re-appraised and the scheme's developments situated within each. Groups with whom work was discontinued are included. These analyses highlight how work in several areas has progressed well (e.g. GP referral Hull, Surestart), while in others there remains much to be done (Employees).
- The methods used to formulate goals are described. Goals were defined by stating a target percentage of a specific group's population that could access a certain session.

- Appraisal of objectives in the Project Brief of July 2006 was completed. Comments were made regarding each. Again, this analysis highlights how work is at an advanced stage for several gateway groups (e.g. People with a range of health needs), whereas with others it is lagging behind (e.g. people in full time employment). Comments are made regarding the need to make goals more specific, defensible and measurable. In addition, the need to make one group in particular more distinct (people aged 50+) is noted in order to make accurate assessment. Potential weaknesses in the intervention are also posited, including the need for adequate staff training courses and the difficulty of engaging with employing organisations.
- A number of 'lessons learned' from the project are noted in brief. These include reasons for; a) the variable level of uptake and knowledge of the scheme among staff in partner organisations, b) the large proportion of women involved in the scheme (attributed to both the large number of 'aqua aerobic' type sessions introduced and the demographics of the groups currently contacted to date), c) the need to bridge the wide disparities in attitudes between current participants and non-participants in order to encourage 'new' participants and d) how a number of environmental and social barriers have been tackled in the scheme (self-consciousness and self-monitoring, time constraints and cost).
- A number of future plans are also outlined in brief. Developments are outlined for each gateway group in turn. Again, this highlights how work is at an advanced stage for some groups, whereas for others it remains at an early stage. Also, the potential for involvement in groups not already within the project's remit are noted (e.g. school taster sessions for Y10 and Y11 students).
- Recommendations and conclusions are also drawn from the report. The need to produce more measurable goals is noted, as is the need to work in a wider geographical area. The need to allow adequate allocation of time for developments to occur is also made clear, as is the need to factor in the 'lag' between session implementation and increasing participation. This must be considered if the impact of the scheme is to be accurately assessed. Caution is also advised about future expansion from the project remit. Expansion could well detract from the level of impact on existing target groups should resources be redirected.
- The degree to which the project depends upon partner organisations and their staff is also noted, as is the level of power held by individual centre managers in directing the amount and type of activities in a locality. The need to share best practice across the region and enlist the support of these staff is paramount. This is linked to the greatest challenge faced by the scheme; that of changing perceptions of aquatic activity in both staff and participants.

Introduction.

It is the intention of this report to examine how the Amateur Swimming Association's 'Swim for Health' physical activity and health intervention (based in the East Riding of Yorkshire and the City of Hull) has progressed over its first year. The report has several sections;

- Descriptive statistics of the groups with whom Swim for Health research has been undertaken,
- Details of the timescales involved for developments to occur,
- A geographical appraisal of the project's extent and impacts,
- An analysis of the processes involved in the development of the scheme (with reference to the 'Programme Theory' produced in early 2006),
- An assessment of programme goals, targets and the project brief in relation to programme developments,
- A brief outline of 'lessons learned' through the evaluation so far,
- Intended future direction for the scheme and
- Programme evaluation recommendations.

1) Swim for Health Groups: Descriptive Statistics:

Table 1 (overleaf) shows a number of descriptive statistics for groups with which Swim for Health research has been completed. It presents the size of a number of groups associated with Swim for Health, the percentage of the group who are female, the average age of the group, the percentage of the group who are British, the average distance travelled to reach a swimming facility and the two most favoured leisure time activities in that group.

Several observations can be made from this initial table. First, the average ages of each group fit largely within the Swim for Health gateway groups. Also, all groups contain a high percentage of women, in particular the swimming based groups (e.g. Age Concern Aqua). The percentage of females in swimming based groups is 81% or more. This may indicate the prevalence of aqua-aerobic type sessions that have been implemented in the scheme to date. In a similar fashion, the extremely high proportion of individuals in each group who are British (79% or more) should be noted.

Two other things are apparent from this table. The first is that the vast majority of groups travel only a short distance to a pool on average, regardless of the area in which they live. All groups but one travelled 1.5miles or less to their local pool. The exception was TOFFS in Pocklington, a centre which caters for a number of surrounding villages. The second point is that for 6 of the 9 groups surveyed, aquatic activity was in the top two preferred leisure time experiences (excluding housework). Perhaps significantly, all groups where this was not the case are not based around aquatic activity, and two of these were not based around physical activity at all.

The trends to be observed in table 1 serve to introduce a number of issues that Swim for Health has had to contend with. These issues include the dominance of British women in all sessions, the high proportion of work with existing swim groups and the large differences between already active people and non-participants. The causes and implications of many of these trends are discussed in more detail below.

<u>Gateway Group</u>	<u>Area</u>	<u>Group</u>	<u>Group Size</u>	<u>% Female</u>	<u>Average Age</u>	<u>% British</u>	<u>Average Distance travelled to a pool</u>	<u>1st preferred leisure activity</u>	<u>2nd preferred leisure activity</u>
50+	Hull	Age Concern Aqua	26	92%	69.4	92%	1 mile	Pool	Socialising
	Hull	Age Concern Three Steps	13	77%	70	100%	1.5miles	Gardening	Socialising
	East Riding	Beverley Walking	26	68%	63.5	100%	1 mile	Gardening	Socialising
	East Riding	MH Promotion session	15	80%	46	100%	1.5miles	Walking	Pool
	East Riding	TOFFS Pocklington	25	79%	66.4	88%	2.5miles	Socialising	Gardening
Young Families	Hull	Health Advisors, Hull	14	78%	31	100%	1 mile	Socialising	Pool / Gym
	Hull	Sure Start Newington (all groups)	28	89%	33.5	79%	1 mile	Socialising	Pool
	East Riding	Sure Start Goole (all groups)	38	92%	30	95%	1 mile	Socialising	Pool
	East Riding	Sure Start Bridlington	18	83%	32	89%	1 mile	Outdoor / Socialising	Pool
	Other	Royd, Sheffield	21	100%	38	100%	x	x	x
Health Needs	Hull	East Hull 1	34	88%	58	100%	x	x	x
	Hull	GP Referrals run 3 (groups)	42	81%	64	96%	1.5miles	Pool	Socialising

Table 1: Groups with which Swim for Health research has taken place to December 2006.

2) Timescale of Developments:

Table 2 below demonstrates the time taken for development and implementation of key Swim for Health groups and sessions to date. This is expressed in two ways; the number of weeks taken between initial contact between Swim for Health staff and partner organisations and the commencement of an initial swim session, and also the number of meetings required between Swim for Health staff and partner organisations needed to get to this latter stage (including both third party organisations such as Sure Start and Local Authority staff).

<u>Gateway Group</u>	<u>Swim for Health Group</u>	<u>Number of weeks between Initial contact and 1st Session</u>	<u>Number of meetings Required between initial contact and 1st Session</u>
Employees	Humber Mental Health Teaching Trust	41 to consultation stage	
Pre-school children and their Families.	Sure Start Gypsyville	24	12
	Sure Start Goole	26	4
	Sure Start Bridlington	19	4
People aged 50+	Age Concern Aqua, Woodford	0 (already running)	0 (already running)
	Age Concern Lessons	35	11
	Swim for Health 50+ Activity Days, Beverley	50	8
	Swim for Health 50+ Activity Days, Pocklington	42	4
People with a range of health needs	Exercise Referral Aqua, Hull, 1 session	5	3
	Exercise Referral Aqua, Hull, 3 sessions	36	Na
	Exercise Referral Aqua, Hull, 5 sessions	55	Na
	Making Waves	33	4
Average (excluding Age Concern Aqua)		30.5	6

Table 2: Development times for Swim for Health Groups.

Several points must be noted when analysing this table. The first of these is to acknowledge that building partnerships and putting sessions in place is a time consuming activity, both in terms of the number of meetings and the time taken to implement sessions. This fact is made more notable considering that contacts already existed for a number of groups in which developments were rapid (Exercise Referral and Making waves), or sessions were already running in some form (all Sure Start schemes).

This table also reflects the amount of 'buy-in' shown by a number of groups. For those groups in which developments have been slow (Humber Mental

Health Teaching Trust, Beverley and Pocklington 50+ Activity Days, which took up to a year to develop), the level of 'Buy-in' from partner organisations to the Swim for health scheme has been lower than in groups where developments occurred more rapidly. These differences also reflect the levels of bureaucracy and organisation required for some sessions to begin. This made certain developments take longer than others. Again, those sessions which took considerable time to implement appear to be those in which decisions took time to be passed through various third party organisations. In future, it may be more beneficial to gain contacts through 'insiders' or individuals who have worked previously with partners, in order to maximise efficiency in working with new groups.

Finally, one other factor has had a key impact on the difficulty of developing partnerships in the region. It became apparent through the first few months of the Swim for Health project that no 'Needs Assessment' of aquatic activities in the region was carried out prior to the commencement of the project. In other words, much of the consultation work needed to highlight the needs and demands for specific types of session in each locality was not carried out until after the project began. Consequently, needs assessment work was carried out by necessity through the initial months of the project, prior to any session development taking existence. This served to slow initial developments where existing contacts were not already in place. For future programmes, an appraisal of existing services prior to a scheme would be advisable to save time in the development stage.

3) Location of Activities

Region	Site	Date	-
		Jul-06	Jan-07
East Riding	Beverley Leisure Centre	Level 1 Trained Staff on site	Swim for Health 50+ Days
		Zoggs stand on site	Level 1 Trained Staff on site
	Bridlington Leisure World Driffield Leisure Centre Francis Scaife, Pocklington	Sure Start Little Dolphins	Sure Start Little Dolphins
		NA	NA
		Zoggs Stand on site	Swim for Health 50+ Days
	Goole Leisure Centre Haltemprice	NA	Zoggs Stand on site
		Level 1 trained staff on site	Sure Start Goole Swimming
		Aqua Natal session	Level 1 trained staff on site
	Hornsea Leisure Centre South Holderness Pavilion Leisure Centre, Withernsea	Zoggs Stand on site	Aqua Natal session
		NA	Zoggs stand on site
		NA	Zoggs Stand on site
		NA	NA
	Hull	Albert Avenue	Sure Start Gypsyville & Newington
			Exercise Referral Aqua Aerobics
Beverley Road Baths East Hull Pools Ennerdale Woodford Leisure Centre		NA	Age Concern Swimming Lessons
		Exercise Referral Aqua Aerobics	Making Waves
		Age Concern Aqua Aerobics Class	Exercise Referral Aqua Aerobics
		Sure Start NPLQ run on site	Exercise Referral Aqua Aerobics x 2
	Age Concern Aqua Aerobics Class		
	Sure Start NPLQ run on site		
		Age Concern Swimming Lessons	
Other	South Hunsley School	No contact	No contact

Table 3: Location of Swim for Health activities (yellow cells), and activities in which swim for health has played some part (amber cells).

Table 3 demonstrates the location of those aquatic activities either supported or initiated by Swim for Health and its partner organisations. Several things can be drawn from this table, and these are listed below;

- As confirmed in the timeline, most aquatic activities took time to get off the ground. The large number of sessions and activities taking place in January 2007 compared with July 2006 demonstrates this. Reasons for this trend are noted above in the timescale analysis.
- Most Swim for Health activity is geographically centralised, and remains in favour of the Hull region at present. Hull's 5 centres have seen the introduction of 9 completely new sessions based on Swim for Health activity (covering all centres), while the East Riding, with its 9 centres, has seen just 5 sessions (covering 4 centres). Initial research with centre staff highlighted that for several East Riding centres introducing new sessions would be difficult or impossible to implement. In addition, certain East Riding activities are based around attendances of specific groups across the whole area, not solely upon the introduction of specific sessions at single sites. Nonetheless, it is clear from this activity map that additional work across the East Riding will be required to create consistent service provision across the region. This applies in particular to two gateway groups: people in full time

employment and people with a range of health needs (gateway groups).

- Another reason for the geographical imbalance between the two regions could reflect the level of 'buy-in' to the Swim for Health scheme by local authority and partner organisation staff. As became apparent in the initial 'site visits' report carried out in January 2006, the level of support offered by site managers defined to a large degree the amount of Swim for Health activity taking place at a specific site. This level of support varied widely. For example, a couple of site managers held reservations about fitting any new Swim for Health activities into existing schedules or ruled themselves out of the scheme entirely. Other site managers were unavailable over this initial period, and consequently remained uninformed of the Swim for Health scheme early on. All of these cases were situated in the East Riding region. On the other hand, a much larger number of sites had a high level of enthusiasm for the scheme, and this is reflected in the number of activities introduced at each site (e.g. Woodford, Beverley). However, not all sites where initial enthusiasm was shown have yet seen Swim for Health activity. Inclusion of these centres in the scheme remains a target for future developments.

4) Scheme Development Processes and Programme Theory: Have things developed in the manner initially envisaged?

It is the aim of this section to examine whether Swim for Health developments to date have occurred in the manner initially envisaged. This will be done by referring to the 'Programme Theory' developed in January 2006 and the initial project proposal of 2005 with the Project Brief of June 2006. The observations throw up a number of changes in these different conceptualisations of the intervention, as well as some factors that have remained constant. In brief, these are as follows;

- Essentially, the geographical extent of the scheme has remained consistent with that initially envisaged.
- An additional 'Gateway Group' has been added to the project aims. Initially, gateway group 4, 'those with a range of specific health needs,' was not specified in the project proposal or programme theory. Subsequent work in the region highlighted the need for such a group to be included in the aims of the scheme.
- Furthermore, with the addition of this gateway group, work with those with a range of specific health needs has expanded. Initially thought to involve Exercise/GP referrals groups alone, additional groups are now involved, such as 'Making Waves,' a Humber Mental Health Trust based group.

4a) Impact Theory: Has the impact theory been followed?

An impact theory describes cause-and-effect sequences that are assumed would happen for the desired impacts of the scheme to occur. Here, impact theories are included so it can be easily observed where developments have been taking place.

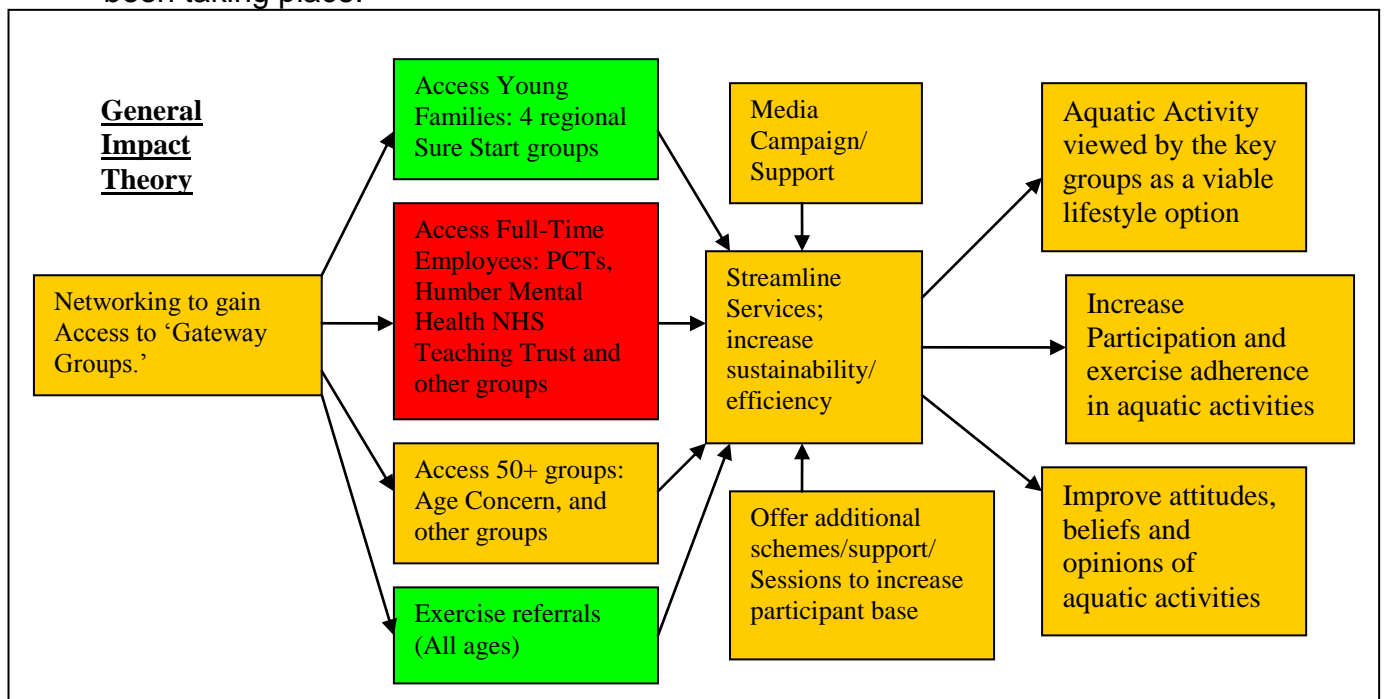


Figure 1: Impact Theory for the Wider Swim for Health Project. Cells coloured red represent areas which have proved more problematical, amber represents areas in which developments have occurred but with moderate success and green cells represent those areas in which developments have occurred rapidly.

Figure 1 represents the general impact theory, as envisioned in the Programme Theory of January 2006. Currently, it appears that developments are occurring in column 2 (coloured cells), which represent each of the four gateway groups. This is perhaps as would be expected at this stage of the project. Problems faced in engaging with a large employer are highlighted below in section 4b.

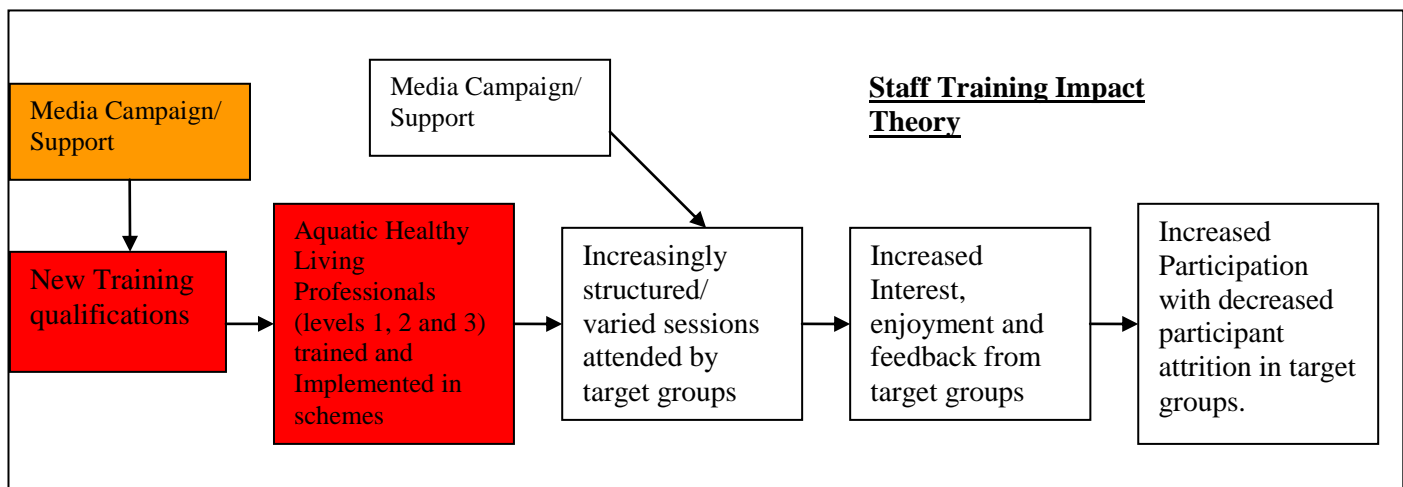


Figure 2: Impact Theory for Staff Training within the Swim for Health Project. Red cells represent those areas in which developments have been problematical, while amber cells represent those areas in which developments have been made with moderate success.

Figure 2 represents the impact theory for staff training, as envisioned by the 'Programme Theory' of January 2006. As can be observed, developments here have been less easy than in the general Impact Theory. This is due to factors outside the control of project staff regarding training courses. In addition, 'media training and support' was required in only a minimal sense due to the nature of the courses put on: advertising was essentially internal for leisure staff only. Problems and issues regarding staff training are highlighted in brief below.

4b) Service Utilisation Plan:

The service utilisation plan provided overleaf (after the Programme Theory, January 2006) is intended to show the steps required in implementing Swim for Health Services. Intended actions flow down the left of the chart (green cells), and unintended actions flow down the right (clear cells) to the desired outcome of increasing participation in and adherence to aquatic activity. Clear cells reflect an undesired course that could occur should Swim for Health fail to meet its targets. Alongside each step are boxes that indicate groups in which the service utilisation plan has either a) been followed to the point at which the group is situated on the plan (blue), or b) where the service utilisation plan broke down (red). Blue boxes are positioned next to the step at which work has successfully progressed. In cases where failure occurred, red cells lie alongside the service utilisation step at which services were aborted.

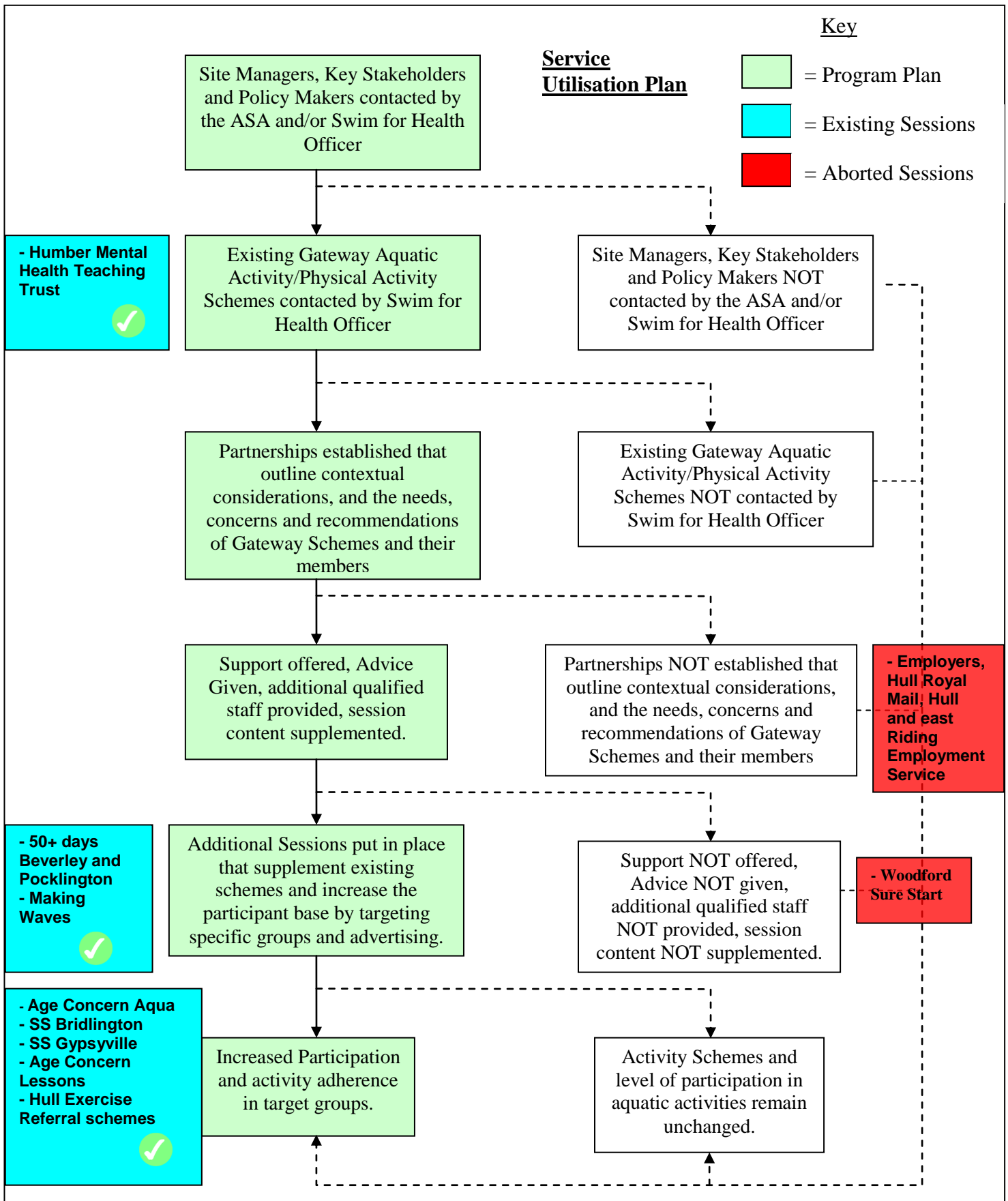




















Figure 3: Service utilisation plan. Groups in which services have developed as intended (blue cells) are included alongside the action stage to which work has progressed. In addition, groups for whom work has been discontinued (red cells) are included alongside the development stage work reached before ending.






There are various reasons work was discontinued with groups listed in red cells in the service utilisation plan. In the case of Woodford Sure Start, for example, funding for swim sessions was already available from another source, and it was agreed by both parties that Swim for Health could offer nothing above and beyond the services currently being put into place. In the cases of both employer groups with whom work was discontinued, it was a lack of communication on the part of employers that prevented developments reaching their conclusion. After initial contact had been made, Swim for Health was considered by both organisations, but ultimately rejected. In one case reasons for this rejection were made clear (essentially financial considerations). However, in the other case the reasons for this rejection remain unclear at this time.

4c) Logic Model Analysis:

The logic model below is intended to highlight the logical steps needed to occur in order for Swim for Health developments to be successful. Here, those steps are shown that have occurred as intended (green ticked cells), and those that have not at present (red crossed cells).

			Outcomes		
			Initial	Intermediate	Long-term
<p>Sure Start: ASA provides Advice, resources, support, streamlined services and qualified staff to supplement existing aquatic physical activity sessions and to help in the implementation of additional developmental sessions.</p> <p style="text-align: center;"></p>	<p>Programme provides mothers and very young children with facilities and opportunity to engage in aquatic physical activity. Consideration given to mother-only sessions, including adult swimming lessons and aqua fit etc.</p> <p style="text-align: center;"></p>	<p>Mothers and pre-school aged children people attend the sure start programs in their area.</p> <p style="text-align: center;"> (for contacted sure start schemes). Assessed on an ongoing basis.</p>	<p>Mothers become more knowledgeable about aquatic activity opportunities through the sure start scheme for both themselves and their families.</p> <p style="text-align: center;"><i>To be assessed</i></p>	<p>Mothers gain confidence to swim with their families, along with various aquatic skills and improved health for both themselves and their children.</p> <p style="text-align: center;"><i>To be assessed</i></p>	<p>Long-term physical activity adherence is apparent as interest and confidence in regular aquatic activity is engendered. A long-term target of participation in 1 session or more of physical activity directly organised through the Initiative will be attained.</p>
<p>Sure start and Families with Pre-school aged children expansion</p> <p style="text-align: center;"></p>	<p>Provide additional sessions that supplement sure start schemes in areas where sure start is absent. Include fathers in the target population. In addition, more activities rolled out to all sure start schemes in the region will be achieved.</p> <p style="text-align: center;"></p>	<p>Families both within and outside sure start groups with pre-school aged children attend additional sessions.</p> <p style="text-align: center;"></p>	<p>Parents become more knowledgeable about aquatic activity opportunities through the sure start scheme for both themselves and their families.</p> <p style="text-align: center;"></p>	<p>Families gain confidence to swim together along with gaining various aquatic skills and improved health.</p> <p style="text-align: center;"></p>	<p>Long-term physical activity adherence is apparent as interest and confidence in regular aquatic activity is engendered. A long-term target of participation in 1 session or more of physical activity directly organised through the Initiative will be attained.</p>

			<u>Outcomes</u>		
<u>Inputs</u>	<u>Activities</u>	<u>Outputs</u>	<u>Initial</u>	<u>Intermediate</u>	<u>Long-term</u>
<p>50+ Age Group: ASA provides Advice, resources, support, streamlined services and qualified staff to supplement existing aquatic physical activity sessions and to help in the implementation of additional developmental sessions.</p> <p> <i>in a number of cases</i></p>	<p>Three steps sessions, Exercise referral schemes and Aqua-Aerobic sessions integrated to provide a progressive and sustainable service for this group. Also includes adult lessons alongside Fitness sessions.</p> <p> <i>primarily in Hull</i></p>	<p>Groups aged 50+ attend sessions in a progressive manner as fitness and ability increases.</p> <p></p>	<p>Older adults become increasingly knowledgeable about more sessions that can provide a comprehensive service.</p> <p><i>To be assessed.</i></p>	<p>Older adults gain additional water confidence, skills and improved health.</p> <p> <i>In assessed groups to date.</i></p>	<p>Long-term physical activity adherence is apparent as interest and confidence in regular aquatic activity is engendered. A long-term target of participation in 1 session or more of physical activity directly organised through the Initiative will be attained.</p>
<p>50+ group Male Expansion. ASA provides Advice, resources, support, streamlined services and qualified staff to supplement existing aquatic physical activity sessions and to help in the implementation of additional developmental sessions.</p> <p> <i>Begun in east Riding</i></p> <p> <i>in Hull</i></p>	<p>Begin to include sessions more attractive to men among the 50+ schemes currently running. These could include Aqua Circuit, Aqua Jog, Swim Fit and Lessons.</p> <p> <i>New sessions to be implemented, like aqua circuit and jog.</i></p>	<p>Males aged 50+ attend sessions in a progressive manner as fitness and ability increases.</p> <p></p>	<p>Older male adults become increasingly knowledgeable about more sessions that can provide a comprehensive service.</p> <p></p>	<p>Older male adults gain additional water confidence, skills and improved health.</p> <p></p>	<p>Long-term physical activity adherence, interest and confidence in regular aquatic activity engendered. A long-term target of participation in 1 session or more of physical activity will be attained. In addition, male attitudes toward aquatic activity are changed so that participation is more likely to be maintained.</p>

			<u>Outcomes</u>		
<u>Inputs</u>	<u>Activities</u>	<u>Outputs</u>	<u>Initial</u>	<u>Intermediate</u>	<u>Long-term</u>
Full Time Employees Group: ASA provides Advice, resources, support, streamlined services and qualified staff to supplement existing aquatic physical activity sessions and to help in the implementation of additional developmental sessions.  <i>Consultation begun only.</i>	Sessions take the shape of centrally organised schemes during employees lunch hours, including lunch, once per week. Session structure would include all session types associated with the initiative as part of regular corporate usage of specific sites. 	Employees attend structured sessions, potentially developing into attending groups elsewhere. 	Employees become more knowledgeable about aquatic activities and their potential for health benefit. 	Employees gain additional water confidence, skills and improved health. 	Employee productivity increases. Employee absenteeism falls. Employee health levels broadly increase. Employee camaraderie increases. A long-term target of participation in 1 session or more of physical activity directly organised through the Initiative will be attained.

The logic model demonstrates that, at the present time, the programme is developing in a logical manner in several of the gateway groups. In the future, a more in-depth analysis of the development of sessions for each individual gateway group will be provided. This will enable unexpected or unusual developments to be highlighted and noted for future work. Finally, it is important to note the absence of the fourth gateway group – ‘people with a range of specific health needs,’ from the logic model, again because of the late addition of this group to the scheme. A logic model will be produced that includes this group in due course.

5) Project Brief / Goal appraisal:

Stated goals have altered through the duration of the project. In the first instance, defensible, measurable and specific goals regarding each gateway group were not postulated. Instead, goals were articulated in a more general sense. For example, there was no reference to the number of people that would indicate a significant increase in participation, and no reference was made to a specific number of groups/session with which work would be necessary to achieve the scheme's goals. Consequently, with the introduction of the Programme Theory in January 2006, work was carried out by Swim for Health staff to produce specific, defensible, quantifiable and attainable goals for each of the Swim for Health gateway groups. These goals are based upon increasing participation in aquatic activities across the region.

A number of problems were apparent in the production of these goals, specifically in relation to how they should be quantified. It became apparent that these goals had to be negotiated using the experience engendered by previous Swim for Health work. Hence, goal formulation took place in a number of steps;

- In the first instance, it was thought that increases in participation should be assessed by looking at a % increase in the number of the local population participating in swimming activities. This would be done by summing the number of individuals attending swim for health sessions, and complementing this by looking at a total change in participation more generally. This figure would then be compared against the total population of an area in order to see the % change in the active population. However, it became apparent that this was unrealistic for three reasons:
 - First, the exact figures of local populations of people were unreliable. Moreover, they were difficult to disseminate into groups congruent with the Swim for Health gateway groups. This was made more problematical by the fact that not all people travelled to their closest pool; geographical boundaries containing all those who attended a certain site were consequently impossible to delineate.
 - Second, it became apparent through work with centre staff that finding the absolute number of people attending swimming sessions over the duration of the scheme would be unworkable. This was because it would be impossible to differentiate between those attending repeatedly over a space of time or only once. Hence, % changes in participation would potentially have held no relation to the number of people actually attending swimming sessions, only to the number of recorded attendances.
 - Third, and most importantly, it also became apparent that looking at a % change in the participation of a population was unrealistic because of swimming session capacity. Any pool capacity acts as a natural 'bottleneck' for participation; it was simply unrealistic to look to increase participation across a large population because they could not all fit into an individual session.

The outcome of these considerations was to shift the emphasis of goals away from looking at % change in participation as an expression of local population. Instead, goals became more specific to the project and its capacity. Hence, they were expressed on three scales:

- 1) A general, macro-scale goal expressing a desired increase in participation remained, but was made more specific and quantifiable by the following method:
- 2) A mid-scale goal was made by stating a target number of groups and organisations with which work would commence. It was from the population of these groups that a target number of participants was initially stated.
- 3) This mid-scale target number based upon a much more measurable population was then refined to produce a micro-scale target according to the capacity of the facilities used, and the number of sessions put on. The target was therefore to fill each session to capacity, thereby involving a % of the group's population participating regularly in aquatic activity.

For example, if there were eight groups whose memberships were 200 people each were operating in an area. The initial goal might be to engage with two of these groups for in-depth work. Hence, the initial population would be 400. However, if only one session could be introduced for two groups at a time with a weekly capacity of 40 people, it would be possible to fill this session to its capacity by the end of the project, thereby aiming to involve 10% or more of the population. After this work had been completed and best practice defined, sessions would be rolled out to include all 8 groups. The aim would therefore be to include 10% of 1600 people across the gateway group; to get at least 160 people participating regularly in aquatic activities.

6) Existing Goals and Project Developments:

In this section each of the existing goals will be examined by each objective in turn, and suggestions will be made regarding each according to the work completed thus far.

Objective 1

To work with employers to involve their employees in aquatic activity.

Targets:

- To establish specific swimming opportunities for staff in two major local employers.
- 1% of employees from selected organisations to be engaged in aquatic activity.

Comments: With work beginning with one major employer across the region, target 1 would appear to be achievable. However, the long period of time between initial contact and consultation with this employer, time is certainly of the essence in terms of contacting another willing employing organisation. In addition, the figure of 1% of employees engaging in aquatic activity requires refinement according to three criteria: 1) the exact number of employees involved in both organisations and 2) according to the capacity of swimming sessions that employees are engaged in. Finally, clarification is required of what exactly 'engaged in aquatic activity' means; does participating once a year, month or week count, for example?

Milestones:

- Identify local employers with an interest in being involved in the Swim for Health project.
- Survey employees to gauge interest and to identify the type of sessions they are interested in and the venues they would like to use.
- Improve signposting to existing opportunities where they are available and provide new opportunities where required.

Comments: The identification of employers with an interest in the Swim for Health project has proved problematical. Suggestions as to why this might be the case include;

- The lack of tangible evidence available proving more active workforces have a higher level of productivity,
- Employer apathy and setting the physical activity levels of employees at a low priority,
- Difficulties of communication between Swim for Health staff, partners and the employing organisation and
- Concerns over the potential costs for employers in terms of both time and capital.

Surveying employees is currently underway with an organisation, however, and improving signposting to opportunities represents the next step of the project.

Objective 2

To work with young children and their families, through Sure Start and local Children's Centres to offer improved access to a range of aquatic activity for both children and parents.

Targets:

- To work with 10 local Sure Start schemes/Children's Centres in Hull and the East Riding of Yorkshire to develop a programme of aquatic activity.
- 1% of parents linked to Sure Start schemes/Children's Centre involved in aquatic activity.

Comments: Currently, 3 local sure start groups (1 Hull, 2 East Riding) have received in depth support and consultation. Clearly, the next step involves rolling out best practice across the region in order to achieve this target. In order to ensure efficiency in using the time available in the project, it is likely the high level of support provided with existing groups cannot be given to all groups. Instead, it is likely that some services may have to be combined, and that responsibility for the sessions should be shared with new sure start organisations. Finally, the figure of 1% of all parents being involved must be clarified in the same manner as suggested for objective 1 above: according to the size of each sure start group, the capacity of swimming sessions they are engaged in, and defining more closely what exactly 'engagement' in aquatic activity actually means.

Milestones:

- Identify two initial Sure Start schemes/Children's Centres to work with.
- Talk to staff, survey current users / members to gauge interest and to identify requirements/issues.
- Signpost to existing opportunities, help develop existing activity or provide new opportunities where required.
- Identify new Sure Start schemes/Children's Centres to work with and roll out models used with initial schemes across the area.

Comments: Despite the comments made above, work with sure start schemes is at present at a reasonably advanced stage. Milestone 1 has been passed, and consultation is close to completion with all three groups engaged with to date. Consultation with one further group will be completed in the same depth as the initial three groups. Thereafter, consultation with further groups will be of a more general nature. Hence, work with existing groups is currently at the signposting and support level, while rolling out the existing services across the region has moved to the top of the agenda for future work.

Objective 3

To work with partnership agencies such as Age Concern, residential homes, Help the Aged to offer a range of aquatic activity for the over 50s.

Target:

- 1% increase in use of pool facilities by the over 50s during the three year life of the project.

Comments: As attendance figures obtained so far have been incomplete, suggestions about the appropriateness of this figure cannot be made with any certainty. It must be recognised, however, that there are two problems with any suggested figure for this gateway group, both of which stem from the apparently arbitrary defining age of '50+' for the group. These are;

- 1) That it is impossible to differentiate in the attendance figures obtained so far between individual participants and repeat participants and
- 2) The definition of the gateway group has created significant problems in recording these attendances; currently, both authorities do not define people over 50 as a distinct group (instead recording only the over 60s or 65s in Hull, and recording no concessions in this group in the East Riding). Furthermore, there is significant overlap with two other gateway groups: many people in full time employment are over 50, as are the majority of people with a range of specific health needs.

Consequently, it might be unclear to which targets these overlapping groups would contribute. It may be, therefore, that revision of the definition of this gateway group is necessary, so that it is concurrent with;

- a) The definitions employed by the local authorities as to what constitutes an 'elderly' person, and
- b) So that the gateway group is distinct, and subsequently has distinct targets in the project brief.

Milestones:

- Identify appropriate partner organisations to work with.
- Identify the needs for the partner organisations: help in developing existing activity, organising new activity etc.
- Survey current users/members/non-members to gauge interest, identify the type of sessions they are interested in and the venues they would like to use.
- Signpost to existing opportunities, help develop existing activity or provide new opportunities where required.
- Roll out examples of good practice and successful initiatives across the Hull and East Riding area.

Comments: Work with this gateway group has progressed well. However, it is apparent that many partner organisations work with only a sub-section of the entire gateway group – for the most part older individuals over 60 years of age. Nonetheless, numerous organisations have been offered support, and new activities have been arranged. Surveying is at an advanced stage with this gateway group, although more in-depth research and evaluation will continue on an ongoing basis. More work is required toward linking services,

however. For example, overlap between gateway groups 3 and 4 might allow individuals to be signposted from Exercise Referrals schemes to Age Concern aquatic activities in Hull, and there are signs that this is being pursued. Finally, a number of recent developments must be evaluated before best practice can be rolled out across the region.

Objective 4

To offer aquatic activity to people with a range of specific health needs.

Target:

- To ensure inclusion of aquatic activity on exercise referral schemes in Hull and the East Riding.

Comments: This target has already been achieved, suggesting that this objective may be conservative in scope. It would be suggested that additional targets are introduced that suggest a quantifiable target for participation levels based on previous experience. This figure should be congruent with the aims of the Specialist Health Promotion Service. Finally, additional targets might be required that indicate critical success factors for the Making Waves group, Cardiac Rehabilitation and Weight Management groups across the region.

Milestones:

- Gauge interest in water based activity through users and organisers of Hull and East Riding schemes.
- Liaise with scheme organisers to look at the options for inclusion of aquatic activity in their schemes.
- Put appropriate activity in place in pilot locations initially.
- Roll out aquatic exercise referral activity across Hull and East Riding area.

Comments: Work is most advanced with this group, particularly in the city of Hull. Indeed, all milestones have been passed in this area. It now remains to roll best practice across into the East Riding area, basing work upon the existing model of exercise referrals in this area. The potential for groups of a similar nature to 'Making Waves' could also be assessed.

Objective 5

To increase attendance figures at pools across the Hull and East Riding area.

Target:

- An overall 1% increase in attendance figures at pools across Hull and the East Riding during the three year life of the project.

Comments: As attendance figures obtained so far are incomplete, no concrete conclusions can yet be made regarding the appropriateness of the figure of 1% noted here. It would be suggested, however, that attendance figure targets should be informed by the specific targets for each gateway group above, and a distinct target based on these be produced. In other

words, the approximate number of people should be considered that would be required to meet the targets for each of the gateway groups, the sum of which would provide an overall target figure for the project. In this manner it would be possible to have a specific and defensible target figure in which Swim for Health can be regarded as the main causative factor for participation change. In addition the more general region-wide target number above could remain. However, the latter more general target would reflect changes in attendance for which Swim for Health cannot definitively be regarded as the main causative factor.

Milestones:

- To ensure effective dissemination of information on aquatic activity and its benefits to the public, through: press releases, leaflets, mail shots, poster campaigns and a project launch.
- To provide training to leisure staff to offer an enhanced range of aquatic activity.
- To provide training to leisure staff and managers to increase awareness of the benefits of aquatic activity and improved communication with customers.

Comments: Milestones in participation change have been severely hampered by the difficulty of obtaining regular figures. Training has been provided at an introductory level. However, this has also been limited by problems with the introduction of appropriate training schemes. The impact of one such training scheme has been assessed; the 'Aquatic Fitness Advisor' course piloted in both Hull and the East Riding. At present, the success of this course has been moderate. Awareness of different aquatic activities has been raised. However, the applicability of the level one course employed has been made redundant by the absence of level two instructors in certain activities (e.g. aqua circuit, aqua jog). Hence, there is a lack of activities for staff to signpost customers on to. In turn, the uniformity of available activities (predominantly aqua aerobics) has affected the demographics of individuals who have been utilising Swim for Health services (predominantly women, see below).

7) Lessons Learned: A brief outline.

Here some of the key lessons learned from past work in Swim for Health are briefly plotted. A full analysis of these issues is beyond the scope of this report. However it is perhaps useful to highlight the kind of issues being encountered by Swim for Health to date. There are 4 issues that are presented here.

- 1) Perceptions of the intervention among staff: The Swim for Health promotion event held at Woodford in October proved a successful and helpful exercise. However, the number of staff absences may give rise to concerns that the central messages of the intervention are failing to reach unit staff on a wider basis. Phil Marshall has attempted to address this issue by performing site visits, and staff updates are due to be provided as an upshot of this. However, the success of the project may well depend upon educating staff about the scheme as a matter of urgency, as well as enlisting their full support for the project

- 2) The gender divide:

As mentioned, Swim for Health is predominantly a female intervention at present. Over 75% of participants in all groups working with Swim for Health are female. There are a number of reasons for this;

- a. The type of activities being introduced are perceived among participants as being 'feminine,' or else perceived to be attended by a female clientele. This can be intimidating or off-putting for men. Third-hand reports of swimming sessions, the media and leisure industry promotion have all been sources for perpetuating these beliefs. One good example of how this is the case involves the phrase 'swimming provides your body with the extra support of water.' This phrase is frequently used to describe how aquatic activity is particularly good for health because it reduces the 'impact' stresses to joints compared to land based activities. However, the phrase has been misconstrued among the wider public. Instead, it has become synonymous with the belief that aquatic activity (as opposed to working out in a gym or 'dry' aerobics) is at a low intensity and is suitable only for the overweight, aged or physically impaired.
- b. The target groups themselves have influenced the prevalence of women in the intervention. Predominantly, young parents who swim in organised sessions with their family through the day are invariably women, as are many of the older participants who swim in organised aqua aerobic type sessions. Again, the success of the scheme depends upon achieving a balanced increase in participant numbers (i.e. attracting participants from all sections of the community). This may well depend upon the introduction of more 'male friendly' sessions, which is in turn dependent upon the training of staff to implement these sessions.

3) Non-swimmers can't participate?

There is a wide discrepancy between the beliefs of regular swimmers and non-participants. This discrepancy takes two forms.

- a. First, there is a prevailing view among non-participants that aquatic activity requires a significant level of swimming proficiency. Consequently many non-swimmers or people with a basic level of water confidence rule aquatic activity out as a viable option for leisure activity. However, a number of groups and sessions put in place by Swim for Health have demonstrated this to be a flawed view.
- b. Second, there tends to be a considerable difference in perceptions of a swimming pool between regular swimmers and non-participants. For non-participants pool temperature, hygiene, physical risk in the pool and self-consciousness become considerable barriers to participation. Furthermore, not all of these beliefs are founded upon first hand observations of aquatic activity. This is not to say that for a number of regular participants these barriers are absent; indeed, a large number of regular swimmers noted such issues. However, for regular swimmers hygiene, risk and discomfort were more likely to be endured than for inexperienced or low ability participants.

The key to encouraging new individuals to participate in aquatic activity remains in changing their perceptions. Clearly, this research shows that perceptions can be altered over time, and the most effective way of doing so is to provide first-hand experience of the services available.

4) Environmental Barriers:

There are several other barriers that stem from environmental and social factors that have emerged through the evaluation. These are:

- a. Self-Consciousness: Although often perceived as a personal issue, self-consciousness about ability and appearance remains an enormous deterrent to participation in aquatic activities. Aquatic activity is a field in which the body is exposed at a far higher level than in other spheres. Self-perception and monitoring are clearly social issues, and depend inherently on others in the pool environment. The vast majority of people stated they would rather swim with certain groups of people; normally those who were perceived as 'similar' to themselves. In addition, the pool environment itself can impact on the level of self-consciousness felt by participants; the level of privacy and the level of exposure of the self to others vary across the geography of the pool. As a result of findings in this area, a number of Swim for Health sessions have seen action taken to ensure the privacy of users, and the location of several sessions has been carefully considered in light of this.
- b. Time constraints: It rapidly became apparent in this research that people regarded swimming as a time consuming activity. Changing, showering and replacing make-up, for example, were regarded as causes of this. 'Lack of time' is also the primary

reason many people gave as the primary barrier to participation. It therefore became clear that careful scheduling of sessions was required for each gateway group. For example, young families required sessions that worked around nursery or school times, while older people were less likely to attend sessions in times of darkness.

- c. Cost: Swimming is, on the whole, perceived to be an affordable activity. However, for a few members of the gateway groups, regular swimming (particularly for those taking their family and travelling by public transport), the costs could escalate. Careful support of a number of groups has been required to alleviate this barrier.

8) Future Directions:

After consultation with Swim for health staff, a number of future directions for the intervention have been stipulated, which are recounted in brief here in order to provide a sense of completeness. Plans for each gateway group will be outlined in turn.

Gateway Group 1: Over 50s

Hull:

- Lessons provided by the Age Concern organisation have recently been expanded from one to two sessions, one in each of the East and West of the city. Depending upon demand, one other session may well be implemented, although initial indications are that this may be unnecessary according to participant numbers.
- The model of the successful Age Concern Aqua session may also be rolled out to provide a similar session in the West of the city. The key determinant of this development will be the availability of staff to run and organise the session. This development will proceed on an ongoing basis.
- It is intended to attract more males aged 50+ to sessions through offering different GP referral sessions, such as aqua circuit and aqua jog.

East Riding:

- The 'Swim for Health' days in the East riding remain the primary development for this gateway group. Depending upon the success of two pilot schemes running in Pocklington and Beverley, the intention is to roll out similar activity days across all East Riding centres. The time frame for this development will be approximately one year.
- In addition, promotion of sessions will take place with non-swimming groups catering for the aged on an ongoing basis.
- It is intended to attract more males aged 50+ to sessions through offering different Swim for Health Day sessions, such as aqua circuit and aqua jog. This is dependent upon staff training.

Gateway Group 2: Pre-School Aged Children and their Families:

Hull:

- Consultation has been completed with one Surestart group in Hull. Once support has been completed with this group, it is intended one more Surestart group will receive in-depth consultation and support in the East of the city. The timescale for this development will be around 8 – 10 months.
- Once completed, it is the intention of Swim for Health staff to roll out best practice to a further 5 Hull Surestart groups. Support will be provided at an advisory level throughout the rest of the scheme.
- Aqua natal sessions are also due to be expanded into the city of Hull. Two sessions are intended to begin, one for the east and West of the city. Partnership building and promotion of these sessions will commence immediately, with session implementation envisaged for 3 months time.

East Riding:

- Currently, two of the three Surestart schemes in the East Riding have been engaged. Re-appraisal will commence with Bridlington Surestart in the near future, while consultation with Goole Surestart is due to be completed in February 2007.
- Once these two steps have been completed, there will be the potential to begin support on an advisory basis to Withernsea Surestart. The timescale for this development is likely to be between 6 months and 1 year.
- Engaging with more fathers is inherently dependent upon the Surestart service engaged with. Wherever possible, it is intended that fathers should be engaged (with) to the same degree as mothers, and encouraged to attend sessions wherever possible.
- The potential for aqua natal sessions other than that at Haltemprice will also be examined in due course.

Target Group 3: People in full time employment:

- It is the immediate priority of Swim for Health staff that consultation with the Humber Mental Health teaching trust is completed. It is envisaged that staff will be provided with information guiding them to existing sessions as a result of this. This organisation spans both Hull and the East Riding. Developments are intended to be completed within a 12 month period.
- One other employing organisation will be targeted from the private sector that spans both Hull and the East Riding. 'Asda' has been highlighted as one potential target organisation. It is intended to begin consultation with this organisation immediately, with full support and session implementation to be completed within a 12 month period.
- It is then the intention to provide an information pack to other regional employers, and potentially roll out best practice among these organisations throughout the remainder of the project.

Target group 4: People with a range of health needs:

Hull:

- The GP referrals scheme has also recently expanded to include 5 aquatic sessions. It is therefore the immediate concern of the scheme to increase participation therein.
- One further development would be to introduce a number of evening sessions to fit in with existing GP referral activities, depending upon participant demand. In turn, future developments are intended to be linked to Age Concern sessions to provide progression for participants.
- It is also intended that the 'Making Waves' session for Mental Health clients should be established and made sustainable. There are at present no intentions to expand this session unless staff within the Humber Mental health teaching trust expresses an interest in doing so. In depth evaluation of this session will continue on an ongoing basis.

East Riding:

- It is the immediate intention of the scheme to ensure aquatic options are available to GP referral, Cardiac rehabilitation and Weight management participants in this area. Participants will then be guided to existing sessions, specifically the new Swim for Health days and low

level aqua sessions. It is intended to ensure each centre offers an aquatic option on these schemes within a 12 month period.

- Staff training will continue to ensure staff are able to offer the full range of aquatic activities across the region.

Other developments:

- The potential for School taster sessions, aimed at Y10 and Y11 children has been put forward. Support for the introduction of such sessions would be kept at an advisory level, as this development does not strictly fit within the existing remit of the project. However, the value of these sessions in engaging with a group in which declining swimming participation is a real issue is undoubted. 'Rookie' lifeguard sessions will be provided as one option in these sessions, and a senior lifeguard club will be developed to provide participants with a further stage.
- Promotion will also become a key element of the scheme throughout the remainder of its duration. The production and distribution of a number of leaflets will be completed. Elements to be covered in these leaflets include providing information about the benefits of participating in regular aquatic activity, and details of existing sessions will be provided.
- The Hull session timetable for aquatic activities is also under review. Site visits are in progress by Swim for health staff, from which information will be collated that will inform this review. A new and standardised pool programme (will be produced) that offers a greater range of activities co-ordinated across the city will be completed in light of this. The potential to complete a similar review in the East Riding has been noted.

9) Recommendations and Conclusions:

The final section will make some preliminary recommendations in light of the preceding analysis. Clearly, future work will inherently focus upon the goals and targets outlined in the project brief of July 2006. These goals must be defensible, measurable, and informed by previous comparable work both through the course of this project and other similar projects across the United Kingdom. Re-appraisal of some aspects of these goals would be advisable from the perspective of making them more distinct and measurable. Furthermore, our temporal and geographical analyses give some indication both of the geographical areas in which developments must occur, and the time period required in order for developments to be implemented.

In this sense, time should be set aside not only for sessions to be implemented, but also for them to become established and self-sustaining. It was one of the initial goals of the project proposal that any sessions put in place should be sustainable. This research has made it clear that once implemented, many sessions require a significant amount of time before attendance figures reach a level at which the activity becomes sustainable. In other words, increased participation appears to 'lag' behind the introduction of new services, often for a period of months. Therefore, an additional time period should be factored in to future plans to account for this 'lag' period, particularly from an evaluation perspective. If, for example, a session commences close to the final analysis, it may be impossible to state definitively whether that session is sustainable if attendances do not rise immediately.

It must also be considered that the actual conceptualisation of the project has altered over time. This has occurred as the specific context of the intervention has emerged. However, it must be noted that future changes or additions to the scope of the project might be undesirable, particularly if existing targets remain unachieved. The potential for additional targets has been noted, for example in introducing interventions aimed at school-aged children. Consideration of the aims of the project must be taken in terms of the depth of impact required on each group required to make the project a success: are the aims of Swim for Health to impact slightly on all groups in society, or to have a large impact on a subsection of the community? Currently, significant sections of the community within existing gateway groups remain unaffected by Swim for Health. Participation of men, ethnic minorities and people aged between 35 and 50 in Swim for Health activities remains low or non-existent. Therefore, it may be necessary for resources to be focussed at these groups before others are added to the project goals.

The degree to which the success of the project is dependent upon partner organisations (and their employees) has also become apparent. Where the project has been embraced, Swim for Health has had a significant impact not only on participation rates, but on the beliefs, perceptions and experiences of staff and participants. Several sessions have seen unequivocal success. However, where enthusiasm for the project has been more qualified, or even absent, developments have been fraught with frustration. For example, a degree of self-selection in the first instance was apparent from site managers: some met the challenge of Swim for Health head on, while others were sceptical or ruled their centre out as a viable site for the project. The potential of one individual to make such a decision on behalf of their entire local

community is worthy of note: ruling out a centre for whatever reason severely limits the opportunities for locals to engage in certain types of activity and could impact on their health. It also brings to the fore how the team work; co-operation and enthusiasm (or lack thereof) of staff, not just participants, is key to the success of the scheme. In ensuring this co-operation, it seems that information sharing, communication and the delegation of responsibility, are highly advisable, particularly over the initial period of service implementation.

Enlisting the full help of staff and partner organisations, particularly in higher management, is vital in initiating the 'culture change' so advocated by the Amateur Swimming Association in its aims for Aquatic Activity. This belief in a culture change has been borne out through a wealth of sociological and psychological data in this study, and will no doubt continue to do so. Where negative perceptions have been changed (notably by staff in the first instance), participation has increased considerably. For example, non-swimmers are numerous in the Age Concern Aqua session, and those considering themselves 'overweight' or in ill health abound in exercise referrals classes. In both sessions, a sense of enjoyment, 'belonging' and reward through physical activity has been engendered that has transcended traditional perceptual barriers to participation. The promotional methods utilised in such sessions should be duplicated in other groups, particularly those not associated directly with physical activity, where perceptions remain very much grounded in flawed myths and personal or group insecurities. In addition, careful consideration must be given toward entirely new methods of promoting aquatic activity aimed more at a male or ethnic minority audience. This, without doubt, will prove the biggest challenge for the future development and success of the scheme.