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# An exploration of the social value and impact of community projects delivered by Widnes Vikings Sports Foundation

Christopher Leech, Rebecca Harrison and Hannah Timpson

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**AUTHORS: Christopher Leech, Rebecca Harrison and Hannah Timpson**

### Contributions

Project development and management: Hannah Timpson and Rebecca Harrison

Data collection, analysis and support: Christopher Leech, Rebecca Harrison and Howard Reed

Report preparation: Christopher Leech and Rebecca Harrison

## Contents

<b>ACKNOWLEDGEMENTS</b> .....	2
<b>1. INTRODUCTION</b> .....	4
1.1 THE WIDNES VIKINGS PROGRAMMES .....	4
1.2 THE INTEGRATED MONITORING SYSTEM (IMS) TOOL .....	5
<b>2. WHAT DID WE DO?</b> .....	6
2.1 QUANTITATIVE DATA COLLECTION .....	6
2.2 QUALITATIVE DATA COLLECTION AND ANALYSIS .....	6
<b>3. SUMMARY OF THE FINDINGS</b> .....	17
<b>4. CONCLUSIONS AND RECOMMENDATIONS</b> .....	18
<b>5. APPENDICES</b> .....	20
APPENDIX 1: DATA COLLECTED BY THE IMS TOOL, INCLUDING WELLBEING AND LONELINESS SCALES. ....	20

## 1. INTRODUCTION

The role of the voluntary and community sector in delivering activities to reduce inequalities has been recognised within recent public health policy and practice. This asset-based approach builds on the 2010 Public Health White Paper 'Healthy Lives, Healthy People' (DH, 2010)<sup>1</sup>, which presented a focus on wellbeing and prevention, with a shift in power to local communities. The role of community development has been positioned as integral to improving health and wellbeing and the reduction of inequalities (NICE, 2016)<sup>2</sup>. However, evidence regarding the impact and outcomes of community activities is not robustly or readily collected.

Widnes Vikings Rugby League club deliver a community programme that involves delivering interventions to specific population groups across Widnes. As part of this, they are delivering a number of health interventions that combine elements of physical and mental health support. In this report, four programmes have been evaluated and have agreed to take part in the pilot study. They are: Golden Generations, Golden Point, Future Stars and Player.

### 1.1 The Widnes Vikings Programmes

#### **Golden Generations**

Golden Generations is a programme that aims to decrease the negative impact loneliness and isolation has on older people's health. Golden Generations targets adults aged 50 and over and is not limited to the Widnes or Halton area.

Golden Generations has been shown to engage with an average of 20 adults per week in a range of events at the Widnes Vikings stadium. This included guest speakers (ex and current players), a range of cultural activities such as poetry, and a short walk around the pitch promoting physical activity. The project works with statutory health partners, including Halton CCG to offer an entry route to older people to discuss health issues such as fall prevention and prostate cancer.

#### **Golden Point**

The Golden Point programme aims to reduce social isolation and the negative impact of loneliness and provide reminiscence activities to help with memory and cognitive function. This programme is aimed at adults that reside in residential homes in the Widnes and Halton areas. Golden Point is tailored to the needs of the individual in any given residential home where group sessions of various size, and 1-1 sessions. The programme visits one residential home for a block of a six week period. During one phase of the programme fourteen residential homes were visited engaging with a total of one-hundred and ten people.

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<sup>1</sup> DH (2010). Healthy Lives, Healthy People. Available from: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

<sup>2</sup> NICE (2016). Community engagement: improving health and wellbeing and reducing health inequalities. Available from: <https://www.nice.org.uk/guidance/ng44>

## Future Stars

Future Stars is a programme that aims to engage families in a joint education and health programme in order to address health and education disparities in the local population. Future Stars is focussed at families living in Widnes, particularly in areas with higher socio-economic deprivation. The sessions for the programmes are delivered across a six week block. Each session is 80 minutes long (40 minutes focused on activities based around culture and literacy and 40 minutes focused on primary rugby league and fundamental skills and movement activity), and delivered as a weekly after school club at the Widnes Vikings stadium: The physical activity sessions deliver content similar to the 'Game Changer' programme which is delivered in schools<sup>3</sup>. While the children engage in their activities the parents and guardians receive health information around diet, sleep, exercise and advice about health and wellbeing such as; understanding mood, making friends and eating healthy foods. Parents and guardians are also given the option to engage in physical activity.

## Player

Player aims to engage and support adults with mental health issues through physical activity and also support the development of new social networks for the participants. This programme runs as a two hour session which is delivered in conjunction with Mind Halton and 5 Boroughs every Friday night at the stadium and engages a regular cohort of 15 adults. Player is promoted to potential participants as a health and exercise session for those suffering from mental health problems like depression and anxiety.

### 1.2 The Integrated Monitoring System (IMS) Tool

In order to help these projects evidence the more immediate health and wellbeing impacts, a secure web-based monitoring tool was developed, that built upon the Integrated Monitoring System (IMS) currently used by the Monitoring and Intelligence Team at the Public Health Institute (PHI). The IMS tool currently records non-structured interventions within drug and alcohol services throughout Cheshire and Merseyside, it was suggested this could be adapted to support the generation of health, wellbeing and social value outcomes to evidence the impact of programmes being delivered by Widnes Vikings.

The tool was set up to enable projects to collect relevant data and embed a standardised set of indicators, including the WEMWBS (Tennant et al., 2007)<sup>4</sup> and UCLA Loneliness Scale (Russell et al., 1978)<sup>5</sup> validated measures and a number of other key questions (see below and Appendix 1.1) that measure and evidence key outcomes and build up a picture of the cohorts of individuals engaging with the programmes.

The tool was implemented electronically in the form of an online data capture form with individual projects responsible for capturing their own data.

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<sup>3</sup> The Game Changer programme delivered a physical activity programme to schools across 16 weeks and included direct delivery from Widnes Staff and CPD training for staff to deliver sessions to the same standard. Alongside physical activity Game Changer also aimed to help provide health information around, diet, exercise and wellbeing.

<sup>4</sup> Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5:63, 1-13.

<sup>5</sup> Russell, D., Peplau, L. A., Ferguson, M. L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment*, 42, 290-294.

## 2. WHAT DID WE DO?

A mixed-methods approach incorporating both qualitative and quantitative methods was undertaken to provide a robust evaluation.

Ethical approval was granted by Liverpool John Moores University Ethics Committee.

### 2.1 Quantitative data collection

#### *Integrated Monitoring System Data*

The staff members in charge of delivering each programme to be included in this pilot were provided with a demonstration of how to use the IMS tool along with a specific database and login information to use the system. The programme leaders were then equipped to collect the data from participants. Any data collected was then available to be downloaded for analysis. The data collected included: gender, date of birth, ethnicity, and nationality.

Two validated measurement tools were also included in the data collection:

- The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (Tennant *et al.*, 2007)<sup>6</sup> was used as a means for measuring wellbeing. One of the features of this scale is that it cannot be completed any more frequently than every two weeks, and ideally needs a baseline, mid-point and post measurement for accurate and reliable analysis.
- The University of California, Los Angeles (UCLA) Loneliness Scale (Russell *et al.*, 1978)<sup>7</sup> was used to measure perceived loneliness in programmes that sought to reduce social isolation. There was no restrictions in the frequency this measure can be taken, however it was logical that the measure be taken at baseline, mid-point and post programme.

**Please note:** Unfortunately limited data was collected within the time frame of this project and therefore it has not been possible to include any analysis within this report.

### 2.2 Qualitative data collection and analysis

#### **Process evaluation interviews**

Three process evaluation interviews took place with two participants. These aimed to capture how the four programmes were conducted and operated as well as identifying key benefits and challenges of these programmes and perceptions relating to using the online outcomes measurement tool.

A face-to-face interview was conducted with Participant 1 in August 2017 and focussed upon the Golden Generations and Golden Point programmes. Interviews 2 and 3 were conducted over the

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<sup>6</sup> Tennant, R., Hiller, L., Fishwick, R., Platt, S., Joseph, S., Weich, S., Parkinson, J., Secker, J., Stewart-Brown, S. (2007). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): development and UK validation. *Health and Quality of Life Outcomes*, 5:63, 1-13.

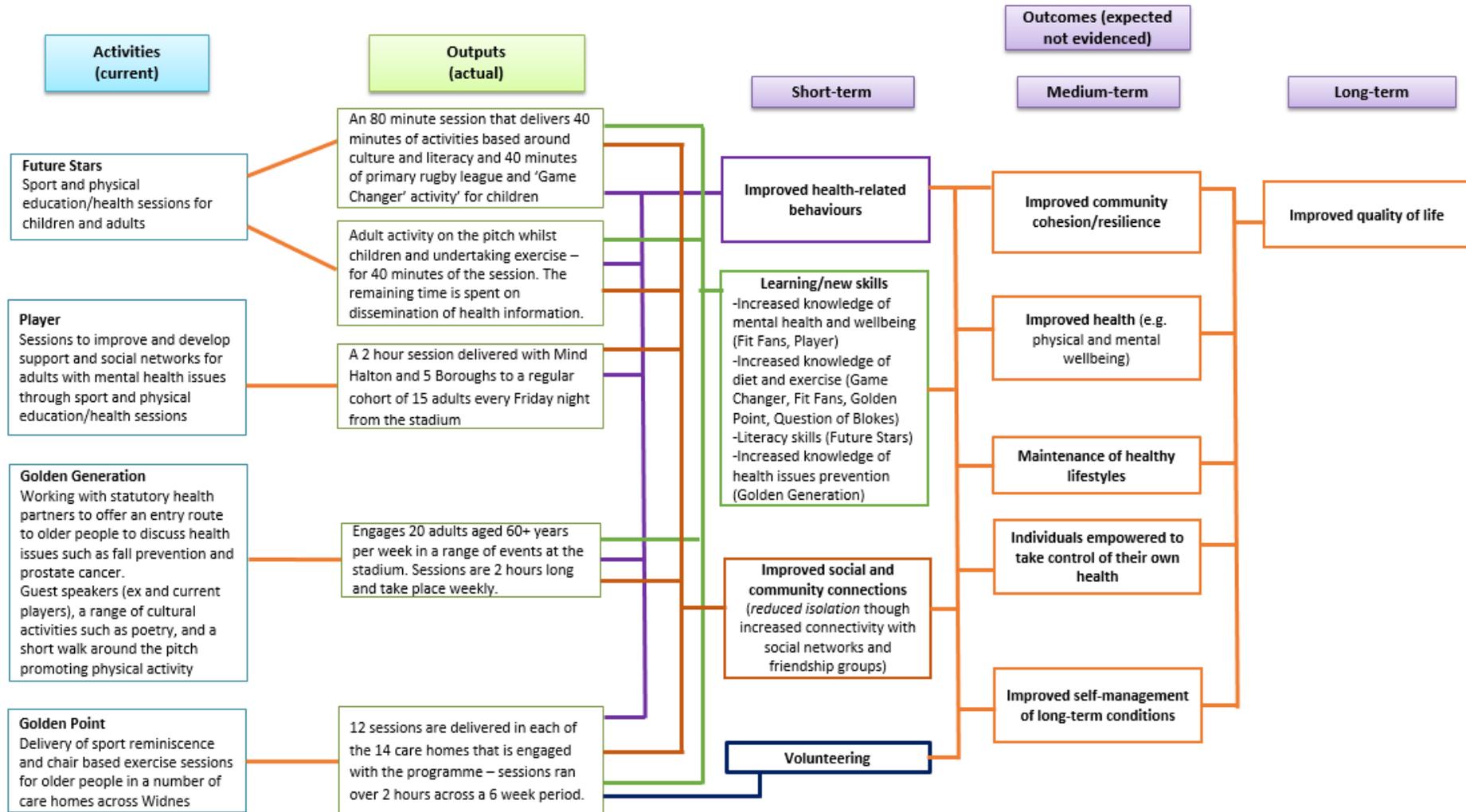
<sup>7</sup> Russell, D., Peplau, L. A., Ferguson, M. L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment*, 42, 290-294.

telephone with Participant 2 in September 2017 and December 2017 and focused on the Future Stars and Player programmes respectively.

All interviews were transcribed verbatim and analysed using rapid framework analysis to investigate the programmes detailed in the interview transcripts. Interview 1 (as it contained information about two programmes) was separated into three segments. This was to allow separate analysis for each of the programmes covered in the interview as well as comments that were general, applicable to all, or when no programme had been identified for a specific quote.

This information enabled the researchers to produce a logic model that detailed the activities, outputs and outcomes (actual or expected) for the programmes (Figure 1). The logic model provided the evaluation team with a clearer understanding of the programme models, and provided a framework on which to focus the evaluation.

Figure 1: Wides Vikings Programme Logic Model



Upon analysing the content of the interviews there were several key and recurring themes that emerged. These themes and illustrative quotes are detailed below.

Theme	Quote(s)
<b>BACKGROUND AND DEVELOPMENT OF THE PROGRAMMES</b>	
<p><b><i>Project development and design</i></b></p> <p>The four programmes discussed in the interviews were designed by a combination of the Widnes Vikings management team and programme leaders, and external organisations. It was also clear that those who facilitated/delivered the programmes were allowed to use their experience to enhance the programmes and apply the feedback gained from participants so that any issues with the content or delivery of the programmes could be addressed in real time. For example, elements of reminiscence work was added into the Golden Generation programme after successful application in Golden Point.</p> <p>It was noted by Participant 1 that the Golden Generations and Golden Point programmes were initially started via links with Halton Clinical Commissioning Group (CCG) and management of the club. As such the participant was unable to provide more details as to the background and factors that led to the development of those programmes.</p> <p>Future Stars was said to have been developed as a response to perceived missing elements from other projects such as Game Changer. This aimed to be a stand-alone programme that delivered health information and provided access to fitness activities for children.</p>	<p><i>“It was designed by [NAME] our director. [name] initially started it as a structured programme and over time I’ve developed it now so it’s become very participant led.” (Participant 1)</i></p> <p><i>“Nobody has to be honest, knowing of personal experience of dementia in my family – what we’ve done is we’ve looked at do we want to dictate at people and it’s been a learning curve more than anything.” (Participant 1)</i></p> <p><i>“They all started at the same time part of the CCG funded programme so those two programmes started at the same time. They were two of the founder programmes if you like, via the CCG. That’s more of a [NAME]question In terms of funding and what started it off and the initial process via [NAME], the CCG, etcetera I don’t know where that started.” (Participant 1)</i></p> <p><i>“Future Stars came on the back off us realising from the delivery that we do in schools with the children, as much as we were educating them it doesn't help is make a culture change at home. With that, the only way we’re gonna make a change at home is by engaging the parents.” (Participant 2, Future Stars)</i></p>

<p>Player was developed alongside Mind UK and added to another Widnes Vikings programme – Offload. It was designed to provide improvements in mental health through physical activity for adults who have been working with Mind UK. Participant 2 mentioned research that links improved mental health and psychical activity for adults.</p>	<p><i>“We linked in with the organisation Mind UK, based over here in Halton, they had a number of people that were suffering with mental health and they were accessing sessions themselves around counselling other mindfulness programmes themselves, they just didn’t have the facilitates or the staff to be able to deliver physical fitness session. So on the back of that, that’s were a bit of joint work come in, through the five boroughs that’s where player leaped up from, it’s obviously gone on from week to week then mate.” (Participant 2, Player)</i></p>
<p><b><i>Aims and objectives</i></b></p> <p>There were some differences among the aims of each programme, however, several of the core elements overlapped across all of the programmes. They included improving wellbeing, reducing social isolation and a variation/form of physical activity. Physical activity was seen either to be used as a main objective within a programme (Player, Future Stars), or lightly integrated into, for example, in Golden Generations there is an optional walk around the stadium pitch.</p> <p>Referring to social isolation, it was suggested by Participants 1 and 2 that this was achieved by people spending time together in each other’s company, and being able to share knowledge and understanding of what individuals in a similar situation is experiencing.</p> <p>The aim of delivering health information to parents and children attending sessions featured in Future Stars. The mode of physical activity across Golden Generations, Future Stars and Player were all tailored to the specific participant group of people over 50 years old, children under 18 and adults with mental health issues respectively. This was done to maximise the positive aspects of physical activity.</p>	<p><i>“[...] can partake in activity fitness activity where they do a walk around the pitch – now the group worked out that if you do four laps around our pitch it’s a mile so it’s sort of in keeping with the old 1 mile challenge schools used to do.” (Participant, 1, Golden Generations)</i></p> <p><i>“The big thing, it was more around an engagement opportunity for people, to participate and to sort of relive a little bit of stress and get there mind set in a better place. Obviously the feel good factor after exercise is massive and that was a big thing, that was the big pull to do with the plater programme.” (Participant 2, Player)</i></p> <p><i>“To get children regularly exercising but then obviously you’ve got the other elements and the social side of things of, obviously some children they feel a little bit isolated in school or they don’t normally engage fully on the playground etcetera. [...] From them aspects, but then also the big one is trying to engage with them parents and try to make them think a little bit differently.” (Participant 2, Future Stars)</i></p>

<p>Each programme also had fixed numerical targets. These differed for each project, but all included total number of people engaged and retention where appropriate. Both participants felt that these numerical targets were being met, if not exceeded.</p>	
<p><b><i>Difference to current provision</i></b></p> <p>One aspect that was congruent throughout all programmes was the role of exit routes – having the opportunity to engage in other activities internally or externally to Widnes Vikings. The Golden Generations, Golden Point and Player programmes all offered participants the chance to take up other activities. In some cases those from the Golden Generations programme went on to volunteer on the Golden Point programme. There were also instances where participants from Golden Generations had taken up other duties in the club such as polishing/cleaning the trophy cabinet. Such duties were held with great esteem by the volunteers who did them.</p> <p>Participant 1 stressed that throughout all the programmes Widnes Vikings conducted it was important to make the service users feel welcomed and more than simply a number to fulfil a quota. The programmes were designed to utilise the personal relationships between those delivering the session and those attending. This was a deliberate move to make the programmes unique. There were several comments across all the interviews about the importance of getting to know individuals, even over a short time. It was felt that this enhanced the wellbeing and social isolation elements of the programmes.</p> <p>Future Stars directly aimed to add elements that Widnes Vikings thought were missing from the other programmes that it delivered for children, in schools. This related specifically to elements of programmes that attempt to disseminate knowledge to parents via their children. It was acknowledged that this information may not be reaching enough parents. Future Stars was designed to get children physically active while disseminating health information to parents. Combining these two elements to</p>	<p><i>“Exit routes is your biggest one, every programme we do now we have an exit route so if you’re an individual, we don’t want you to be a KPI on a programme.” (Participant 1)</i></p> <p><i>“But I want to find out about those forty people – what do they want? Whether it’s in life, whether it’s in a social capacity, what is it? What is it that they’re looking for and I can find that through discussion. So my aim then is to find out what their intersected in – well actually do you realise, you said you used to play sport – are you into bowls? Did you know there’s a bowls group why don’t you come down? (Participant 1)</i></p> <p><i>“Well, honestly the biggest one is the provision for the parents within that. Programmes within schools “Sky Try” and “Game Changer” that is very much curriculum time delivery which obviously parents aren’t around and we do work with teachers. So we do believe we have change – we’ve made behaviour changes within schools through influencing the children but also influencing the teachers. And then, from that aspect then – well actually we need to do a little bit more, because obviously half the day the children spend at school but the other half they are</i></p>

<p>take place simultaneously had not previously been attempted by Widnes Vikings.</p> <p>The Player programme was designed in conjunction with another stakeholder (Mind UK) and to be a complimentary programme to Offload. This was a unique programme for Widnes Vikings as it directly incorporated elements of mental health and physical activity which was not currently on offer within the club or within the Halton area.</p>	<p><i>in their parents care. So it's back to that. That's a big element from that, an that's how it's very much different to what we provide just at schools."</i> (Participant 2, Future Stars)</p> <p><i>"It differs, obviously we have another programme which is called offload, which is more around people speaking about their experience and how they've coped and how they've come through their struggles, that's very much what the local offer is, there's no one really offering for that target group physical activity sessions and that's the big thing around plater mate."</i> (Participant 2, Player)</p>
<p><b><i>The role of Widnes Vikings and its branding</i></b></p> <p>It was very firmly established throughout all of the interviews that the brand of Widnes Vikings is used as the catalyst to engage participants:</p> <ul style="list-style-type: none"> <li>• In Golden Generations the participants were mostly long-term fans of the team and regularly take part in other events or activities throughout the club and have endorsed the clubs community projects, this is through attending formal club gatherings and encouraging others through word of mouth.</li> <li>• Golden Point allowed participants in care homes the opportunity to reminisce. This included discussion around a wide range of topics and was not exclusively about Widnes Vikings. Service users were often local people from Widnes and therefore the programme often focused on the area of Widnes/Halton and historic events during the reminiscence sessions. However, Participant 1 did suggest that Widnes Vikings was a very frequent topic of conversation.</li> <li>• In Future Stars, rugby was used to help improve physical fitness but it was also used to capture the attention of parents/guardians with the prestige of the team.</li> </ul> <p>In Player, utilising the facilities of the rugby club and gaining the partnership for mental health programmes was seen to be important. This helped showcase that the</p>	<p><i>"Over time that's evolved and what we now do is we now offer talks, we have past players, current players, the management staff, members of staff from the club, coaching staff, directors all come in to talk to the group so it's almost become an exclusive group that if you're here you get to ask "the" questions that the fans want to know rather than heresy that they might see on social media or on fans forums they get to ask the questions of the players and it sort of gives people a little bit of excitement and a buzz."</i> (Participant 1, Golden generations)</p> <p><i>"Some of the things we look at through the programme is looking at reminiscence not just of Widnes Vikings (WV) through pictures, programmes, things like that. But we also take tangible items in like trophies, trophies the supporters have seen the club win so they can physically engage with the process."</i> (Participant 1, Golden Point)</p> <p><i>"Well actually we need to have an offer that provides us the opportunity to be able to change the behaviour of the parents or</i></p>

club promoted mental health alongside physical health, but also helped the club develop the way it delivered mental health provision in conjunction with Mind UK.	<i>guardians on that side of things, but use Widnes Vikings and Rugby League as the engagement tool to make that change.” (Participant 2, Future Stars)</i>
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**PROGRAMME PERFORMANCE: OUTCOMES MEASUREMENT**

<p><b><i>Changes and associated outcomes</i></b></p> <p>With reference to Golden Generations, Participant 1 felt that the fact the group took its own identity and existed outside of the weekly session was considered a very positive outcome. As members of the group are spending time together it was suggested this demonstrates reduced social isolation. Participant 1 also noted that the group have been on trips together, most recently York at the time of interview. The group also got together to meet socially in other amenities in Widnes for recreational activities.</p> <p>It was felt that in the case of Player that there was a positive response (improvement in wellbeing and physical fitness) from participants after the weekly sessions. As some participants had been attending for up to two years, the coaches felt they had seen an improvement in participant’s mental health and wellbeing. It was also noted anecdotally that participant’s immediate friends and family identified an improvement in attitude from the participants in the time immediately after a session.</p> <p>The Golden Point programme had no direct follow up to investigate any causational changes after the programme had ended, however, feedback was taken using a post-programme survey that was completed by staff and participants at the time of the final session. The coaches who delivered these sessions felt that this provided enough</p>	<p><i>“NAME is a good one, from the... Golden Generations. His church pastor has been in touch to say specifically we’re concerned when he retired how he would cope from being a busy accountant to where would he be now? An he now volunteers in care-homes and does everything and feels fulfilled and he’s done a couple of case studies for us as well. Which has been excellent but it’s been good to hear from the church pastor who knows him as a friend and say we were really worried. An the amount he’s got out of you has benefited him so much, so that’s a positive outcome. Like I said, NAME’s family ringing up and saying he’s only been with you a couple of months but he sees you as friends.” (Participant 1, Golden Generations)</i></p> <p><i>“I think it’s probably like, more the feel good stories and obviously when you look at, obviously some of the people that are accessing our service their families and their friends will obviously see, post session especially that, that mental health is at a stronger point and the mental fitness and ability to cope with things is better with them having that feel good factor about themselves.” (Participant 2, Player)</i></p>
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detail about achieving the programme aims of reducing social isolation and providing reminisce activities.

Participant 2 noted that Future Stars had helped improve the physical fitness of the children who attended through game based activities and in turn improved their wellbeing. It was felt that Futures Stars achieves the outcome of reduced isolation by bringing children together who may not have been involved in team sports outside of the session or in school. Health information dissemination is achieved by providing parents with information whilst the children undertake the physical activity. This information was given to parents about a range of topics that could help improve a child's wellbeing, such as; the importance of sleep, healthy eating and the importance of activity.

The feedback pathways that were utilised are largely around the performance of the programme and outcome related evidence was weighted more towards the case studies. It was noted by Participant 1 that it was a deliberate decision to keep the paperwork light due to the nature of the programmes and the participants involved.

*"Well, I think from the children's point of view the way we tell if it's been a success is obviously the reaction on the faces and how they're reacting in the sessions from that point of view that's been really positive. For the parents obviously, [...] It's been a bit of a culture change for them, however I do believe, especially the new information they've received has gone down positive, and more sort of thankful [...] I think that's gone down really well."*  
(Participant 2, Future Stars)

## **FUTURE OF THE PROGRAMMES CURRENT MEASUREMENT AND THE OUTCOME MEASUREMENT TOOL**

### ***Barriers, challenges to measuring outcomes***

Participants did not identify any perceived barriers or challenges faced across Golden Generations and Golden Point, however, there were some considerations on how the programmes could be further improved. This was attributed to participant engagement or the associated challenges of developing other/new features of the programme for the future.

Golden Point and Future Stars ran across six week blocks and it was not guaranteed that the same participants would attend week on week. Participant 1, who was responsible for Golden Point, stated that irregular attendance made it harder to capture consistent data for individuals to identify the longer-term impacts of engaging

*"In terms of the targets that are set, there's raw targets, so numbers. People engaging, we see the numbers are there. So we know that's going. In terms of participant feedback we've done it as an anonymous questionnaire. The feedback is good. So we're happy with that. In terms of the case studies that we get that we've requested to do we're getting great feedback on the case studies too. And we open the door for CCG who we're doing this for to come and observe or watch or if they've got any initiative they want to run or launch – speak to us. Let's get it in."*  
(Participant 1)

<p>with the programmes and capturing changes in wellbeing, reduced isolation and cognitive function.</p> <p>Future Stars included challenges relating to recruiting the initial families to attend sessions. This was considered to relate directly to the advertisement and public knowledge of the programme. This was overcome by making use of relationships that were already established with other organisations (these largely included schools and other groups who had liaised with Widnes Vikings before) and those links then increased the number of attendees through word-of-mouth by child or parent. There was no other method of advertisement or publicity mentioned during interview.</p> <p>For Player, one barrier experienced was around engagement and uptake of the programme. It was felt that there needed to be a shift in attitudes towards physical activity based interventions as much of the provision in the area for mental health issues did not include elements of physical activity.</p> <p>Golden Generations in particular has very visible numerical targets, these being the numbers of repeated attendance and positive feedback collected over the course of a year, via surveys and video documented case studies.</p> <p>Across the programmes, feedback had been captured in a number of ways such as; paper surveys, case studies (including video documentary) and testimonials. It was, however, highlighted that opportunities to collect this data have proven to be a challenge.</p>	<p><i>“I think that was a big thing. That was probably the biggest barrier actually getting that information across, to parents around. It’s not just a session for their children it was a session for them to develop their understanding and hopefully promote a behaviour change at home through the sessions.” (Participant 2, Future Stars)</i></p> <p><i>“[Overcoming that challenge?] Well, from the sort of pilot six weeks that we did – feedback-that was really positive so from parents. It came off the back of that, so word-of-mouth from those parents to other parents. Encouraging children to see if any of their friends would like to come to the sessions which obviously then brought another family down to engage within the Future Stars programme.” (Participant 2, Future Stars)</i></p> <p><i>“So that was probably the first big thing, an obviously for us to start, for the rugby club to starting to deliver sessions targeting mental health it’s who have you got delivering it? Are they qualified? Etcetera, so it’s more a showcasing that and by winning over the main person at Mind UK is definitely supported that and he comes the sessions himself [...]” (Participant 2, Player)</i></p>
<p><b>Outcome Measurement Tool</b></p> <p>Participants were asked a series of questions relating to a new online measurement tool that Widnes Vikings were considering piloting. Each participant was given a brief explanation about the tool and asked how the tool could help improve data capture. The participants were also asked about any potential pitfalls and opportunities from using the tool.</p>	<p><i>“In terms of data collection I think a portal is a good idea, however personally I would use this for staff to collect data, opposed to relying on individuals partaking. I believe the concept is good, however there are barriers to entry, such as: Relying on individuals to voluntarily give time to fill in a questionnaire / data capture. I know there are many people we work with who either can’t utilise a computer, or don’t have access to the internet.”</i></p>

When considering the use of an online outcome measurement tool it was evident that such a tool would help enhance data capture across the programmes. It would allow for data to be secure, digital and all in one accessible platform. It was, however, noted that there would need to be some specific elements added that would aid data capture with service users that had limited resources or expertise. Participant 1 recommended that supervision from a staff member would be required.

One of the tools used to assist with outcome measurement was the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS). This scale was selected due to being a validated scale for measuring wellbeing. WEMWBS should not have been completed any more frequently than every two weeks. It was suggested that for programmes that run in blocks that baseline, mid-point and end-point measures be taken. For programmes that run on a longer basis it was recommended that data be taken regularly but no specific times were suggested.

It was identified that collecting data in this way could present challenges, mainly when considering the time it took to capture the data with each service user. Having available technologies was also identified as a potential pitfall. However, both participants stated they saw the potential and the value of making use of an online measurement tool.

*There is a misconception that most people have a computer or are computer literate. The idea of data capture can also work as a disengaging factor when trying to sustain participation within sessions.” (Participant 1)*

*“Yeah, I definitely think it would (A tool like this would be useful), the one bit obviously that I would sorta comment on is making sure that is easy, accessible and how timely it is. Obviously that is a big thing for parents isn’t it? Around time and I think if they’re having to sit there and do a five minute questionnaire they’ll probably dismiss it, whereas if it’s five or six questions that doesn’t take quite a lot of time up, for them couple of minutes then, I think that would definitely sort of help them and probably provide us with a little more benefit finding out the impacts, the impact that it is having.” (Participant 2, Future Stars)*

*“a lot of the participants I’ve worked with quite a few of them as well, they’re very open to sorta trying new things and getting involved in different things so it’s a case of if we explain the reasons for it etcetera I definitely think they would be open to getting themselves involved in that.” (Participant 2, Player)*

### 3. SUMMARY OF THE FINDINGS

A number of key findings emerged from the analysis that related to areas that shape the programmes:

- Programmes are designed to supplement or compliment what is already on offer from Widnes Vikings. These programme utilise the expertise of Widnes Vikings staff and also evidence how they work with other external organisations in an attempt to combat health inequalities within Widnes and the Halton area.
- The programmes were not developed with a rigid background, but instead build upon the experiences of the participants to allow the programmes to continuously grow and meet the needs of the attendees.
- All of the programmes aim to help improve mental health and wellbeing and reduce social isolation alongside other programme specific goals (providing reminiscence, trying to improve mental capacity, providing freedom to speak). There are also targets set relating to key performance indicators such as the number of sessions conducted and number of attendees.
- All of the programmes felt that positive changes in target populations had occurred, however, there was no pathway of data being collected to evidence this impact or change. As such, the online tool was perceived to have merit.
- There were some perceived barriers in using the IMS tool, this was mainly focused on the time associated with capturing the data digitally. Similarly there were some concerns surrounding the differing levels of digital literacy among participants.

The evaluation also highlighted several key themes present in all of the programmes:

- **The role of partnerships:** Work with external partners was seen to be one of the leading influences behind the inception of the programmes. The interviews highlighted that Widnes Vikings make use of their existing relationships, with for example, Mind UK, to help to inform and tailor the design and delivery of the Game Changer programme.
- **Widnes Vikings branding:** The role of Widnes Vikings Sports Foundation was prominent throughout the data. The club firmly believes in giving back to the local community. Widnes Vikings make use of the popularity of the club and the fandom the branding creates to reach out to people. While this does not exclusively include fans of the team, being involved with the club is a particularly exciting proposition if one is a fan. This gives individuals the chance to work with Widnes Vikings to improve themselves and also help others in the community.
- **Health and wellbeing:** Throughout all the programmes it was clear that the overarching aims were to help improve physical and mental health as well as reduce social isolation in populations that may have very limited social interactions. From the analysis conducted, it can be considered that these goals are being achieved to a degree. Anecdotal evidence from the process evaluations suggests that regular attendance, people forming social relationships and doing more activities inside and outside the club demonstrate a likely reduction in isolation. All of the programmes involve tailored physical activity sessions for participants. It was suggested by the Widnes Vikings staff members that observations made within the programmes. The anecdotal data that is collected and the observations from session facilitators suggest there is an improvement in physical improvement and cite the links this makes to wellbeing.

- **Health information and shared knowledge:** It was made clear that all of the programmes allowed for an exchange of knowledge to provide health awareness and dissemination of information whilst also allowing individuals the opportunity to share a mutual understanding of their experiences. This fed into the programme aims for health improvement (through knowledge) and reduced isolation (shared experiences). The programmes grouped participants together in such a way that participants were often in peer groups and could feel comfortable about sharing information.
- **The need for improved data collection:** It was clear from the interviews that whilst there are elements of data collection that take place (e.g., feedback surveys, case studies), attempting to capture outputs of a complex nature relating to the programme aims is quite challenging. This was attributed to several factors, most prominent of which were staff availability, the time it would take to collect data, and the literacy of the participants being able to self-complete forms. It was considered challenging to balance providing the service that is considered beneficial for participants and reducing the content time to collect data to showcase the impact of the programme. The interviews acknowledged these challenges and as such saw the merit of piloting an online measurement tool aid and streamline data collection.

## 4. CONCLUSIONS AND RECOMMENDATIONS

Overall, it is clear that the programmes Widnes Vikings deliver are well received by participants. The programme facilitators all made references to the feedback they receive from programme participants through limited data collection and case studies that have been conducted. It is important to highlight that those involved in delivery of the programmes and the participants are among those best suited to conclude the effectiveness of each programme and the benefits to health, wellbeing and social inclusion. As such, it is important to note these recommendations do not comment on the delivery or design of the programmes specifically but consider how evidencing these outcomes can be better achieved to allow a full illustration of the impact these programmes have had on individual participants.

There are a number of recommendations that may be made in relation to the programmes and their data collection going forward, which are detailed below:

### **Evidencing the impact of the programmes: Robustness of data collection**

**Completeness of data set:** It is important to ensure that data sets that are collected are as complete as possible so that it can be included in analysis and contribute to the widening, developing evidence around the programmes. It is acknowledged that there may be issues, especially given the diverse nature of the programmes. It is also noted that there is no guarantee the same participants will attend a full block of sessions and more specifically the data collection points.

**Collection of data set:** When considering the programme aims and the tools available to evidence those aims it is important that the data collection best utilises the tools. For accurate measurement and therefore analysis it is important data collection takes place at baseline, mid-point and end-point. For example, if there was a 6 week programme, we would suggest that measures were taken at week 1 (to get a baseline measurement), week 3 (mid-point) and week 6 (end-point measure). This is important as the WEMWBS and UCLA Loneliness Scale should not be completed more than

once in a two week period. It is further recommended that integrating data collection, via the online measurement tool or otherwise be established as part of the programmes. Making data collection a fundamental part of the programme and allowing for staffing to do so will help ensure staff and participants are aware and able to collect data.

**Health information:** It was mentioned in the interviews that the programmes also delivered information around general health, particularly around illnesses and diet/exercise. Further investigation needs to be undertaken around these elements of the programmes to establish the impact/usefulness within the context of each group, but also the value this information has to participants outside the programme setting with regards to their health habits. It is noted that to attempt to measure this information is not a direct feature within the online tool, however, the ability to capture some qualitative feedback around these elements is possible, and this could be investigated further.

## 5. APPENDICES

### Appendix 1: Data Collected by the IMS tool, including wellbeing and loneliness scales.

Demographics:

Client Reference

First Name\*

Surname\*

Gender\*

Date of Birth\*

(\* These fields must be filled in, with at least one character, so full names do not have to be given.)

Ethnicity

Nationality

Wellbeing:

Date:

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

Loneliness Scale:

Date:

1. How often do you feel that you are "in tune" with the people around you?

Never              Rarely              Sometimes              Often

Each question below has the same response options as shown above.

2. How often do you feel that you lack companionship?

3. How often do you feel that there is no one you can turn to?

4. How often do you feel alone?

5. How often do you feel part of a group of friends?

6. How often do you feel that you have a lot in common with the people around you?

7. How often do you feel that you are no longer close to anyone?

8. How often do you feel that your interests and ideas are not shared by those around you?

9. How often do you feel outgoing and friendly?

10. How often do you feel close to people?

11. How often do you feel left out?

12. How often do you feel that your relationships with others are not meaningful?

13. How often do you feel that no one really knows you well?

14. How often do you feel isolated from others?

15. How often do you feel you can find companionship when you want it?

16. How often do you feel that there are people who really understand you?

17. How often do you feel shy?

18. How often do you feel that people are around you but not with you?

19. How often do you feel that there are people you can talk to?

20. How often do you feel that there are people you can turn to?

