Age & Opportunity

Incorporating **Age & Opportunity active**,
The National Sport and Physical Activity Programme
for Older People

Age & Opportunity

FitLine Evaluation

2022

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Supporting Organisations
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Executive Summary

The COVID-19 pandemic had a disproportionate impact on older adults. While staying at home helped offer protection from the virus, the restriction on movement and socialisation opportunities led to deteriorating health outcomes including loss of function – mobility and balance, pain from untreated medical conditions and higher levels of stress, anxiety, isolation and loneliness and subsequent poor mental wellbeing.[1]

In response to the challenges presented by the pandemic, Age & Opportunity made an application to Sport Ireland and Healthy Ireland, under their Keep Well Campaign, to expand their existing FitLine initiative across Ireland. FitLine is a free telephone support service which aims to encourage people over the age of 50 to become physically active and maintain physical activity as part of their daily lives. This report sets out an independent evaluation of FitLine's national expansion during 2021.

Evaluation Findings

The FitLine initiative engaged 246 participants and recruited 64 mentors across 25 counties during the time of this evaluation from January 2021 to March 2022. The initiative will continue to expand aiming to recruit up to 1,000 participants across all counties. It delivered several positive impacts for mentors and participants including overall improvements in mental wellbeing and social connectedness for mentors and participants, as well as increased physical activity and positivity about ageing for participants. The evaluation also revealed a number of key strengths and suggestions for improvement for the FitLine initiative.

For mentors, key strengths include: relationships between mentors, management and communication from Active Programme FitLine staff, CRM system and the regularity of calls to participants. For participants, the role and relationship with their mentor and frequency of calls were noted as key strengths while for stakeholders, the referral opportunities and ability of FitLine to engage hard to reach older people were highlighted.

Suggestions for improvements include:

- Gathering additional information from participants at the time of registration to enable better service provision, with more tailored advice and support.
- Broaden the physical activity measurement to reflect changes more accurately.
- Continue to recruit and reach more participants in order to achieve set targets.
- Expand the promotion of the initiative.

[1] https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/the-impact-of-covid-19-on-older-people_age-uk.pdf

- Face-to-face opportunities for participants and mentors.
- Dedicated mentors for the entirety of their engagement, assigned on the basis of locality.
- Mentors signposting participants to other services like if deemed they would be beneficial.
- Better continuity between referrals.
- Further development of relationships with stakeholders and the fostering of new stakeholder relationships through check ins, engagement with carers, day centres, and public health nurses.

The evaluation also identifies six critical success factors for FitLine. These are: the role, skills and personality of mentors, mentor time and commitment, the role, skills and approach of FitLine staff, links and knowledge to participants' local area, mentor training and IT infrastructure.

Recommendations

Recommendations for the initiative include the following:

1. **Promotion and Recruitment**: Continue with the two-fold promotional campaign, targeting both mentors and participants across the country with a concentration in areas where there are currently no mentors and/or participants and development of tailored promotional materials for targeted audiences.
2. **Mentor Placement & Support**: Return of on-site mentor model, matching mentors with participants in the same CHO area or county where possible and fostering a peer support network among mentors.
3. **Access to Information**: Ensure all mentors encourage participants to seek information relating to physical activity opportunities in their local area.
4. **Implementing a Light Social Prescribing Model**: Embedding the principles of social prescribing and sign posting participants to other existing Age & Opportunity initiatives, as well as external provision.
5. **Data Collection**: The expansion of physical activity measurement to include perceived level of improvement and reasons for level of physical activity as well as a focus on physical activity trends.
6. **Data Collection System**: Continued research into a new system of data collection that is user friendly and allows for future evaluation and research.
7. **Secure Additional Resources**: Explore longer term investment for the initiative to continue delivery once funding concludes.

Section 1: Introduction to Report

1.1. Introduction and Purpose of the Report

This document sets out an independent and objective evaluation of Age & Opportunity's FitLine initiative, carried out by S3 Solutions during the period November 2020 and February 2022.

FitLine is a free telephone support service which aims to encourage people over the age of 50 to become physically active and maintain physical activity as part of their daily lives. It is an evidence-informed programme[2] and was initially piloted in Drogheda in 2009, extending to Cork Dublin, Limerick, and Meath over the past 10 years. In 2020, following a successful application to Sport Ireland and Healthy Ireland under the Keep Well Campaign, Age & Opportunity secured €360,000 to expand the FitLine service nationally across Ireland.

1.2. Report Objectives

As set out in the terms of reference, the objectives of this evaluation are to:

- Identify elements of best practice and quality indicators in the initiative delivery.
- Measure the overall outputs achieved against the initiative work-plan.
- Measure the short- and medium-term impacts achieved against the initiative objectives.
- Contribute to the initiative's reporting requirements and produce a final evaluation report.
- Make recommendations on how FitLine could be improved.

1.3. Report Structure

This section provides the context for the project and offers the reader an understanding of Age & Opportunity as the project promoter. Subsequent sections explore the extent to which the project has delivered against its intended outcomes and provide an overview of project context and delivery. This report is structured as follows:

- **Section 2:** Introduction and setting the FitLine initiative in context
- **Section 3:** Overview of the FitLine initiative including key achievements, the structure and model of delivery, and key information about mentors and participants

[2] Castro, C.M., & A.C. King (2002) Telephone-assisted counselling for physical activity. Exerc. Sport Sci. Rev., Vol. 30, No. 2, pp. 64–68.

- **Section 4:** Evaluation methodology including data collection, data analysis, and limitations of the research.
- **Section 5:** Analysis of consultation findings from mentors
- **Section 6:** Analysis of consultation findings from participants
- **Section 7:** Analysis of stakeholder feedback
- **Section 8:** Analysis and discussion of the key learning from the FitLine initiative.
- **Section 9:** Conclusions and recommendations

1.4. Introduction to Age & Opportunity

Established in 1988 in response to the need for more positive attitudes towards older people and ageing, Age & Opportunity is a leading national development organisation with an aim to improve the quality of life of older people living in Ireland. As a registered charity (12365) and company limited by guarantee (284318), Age & Opportunity's vision is:

'An Ireland where all older people can be more active, more visible, more creative, more connected, more confident, more often."

Age & Opportunity provides a range of opportunities for older people who want to be more involved in arts and culture, sport and physical activity, civic engagement and personal development. Core programmes include:

- **Age & Opportunity Arts:** a programme to support older people's participation and representation in cultural and creative life in Ireland through supporting and resourcing artists, collaborating with arts organisations, and encouraging involvement in arts activities by people all over Ireland.
- **Age & Opportunity Active:** a national physical activity programme funded by Sport Ireland and the HSE which is designed to get the older population more active. This includes initiatives such as Go for Life Games which involve a national celebration of older people taking part in physical activity and PALs (Physical Activity Leaders) training for anyone interested in leading physical activity programmes in their community.
- **Age & Opportunity Engage:** a programme offering a range of learning initiatives, courses, and workshops for personal development and opportunities to play an active role in the community.

Section 2: Introduction to the FitLine Initiative

2.1. Introduction

This section provides an introduction and context for the FitLine initiative, summarising the key research used to inform the national roll out of the project and strategic context in which it operated.

2.2. Introduction to the FitLine initiative

FitLine is a free, volunteer-led telephone-based mentoring and support service which seeks to encourage people over the age of 50 to become physically active and maintain physical activity as part of their daily lives. It is an evidence-informed initiative and was initially piloted in Drogheda in 2009. The evaluation of the pilot found that participation increased both rates and knowledge of physical activity among mentors and participants and recommended that the project be extended beyond Drogheda.

Since then, FitLine has been tried and tested in several locations across Ireland and in 2020, following a successful application to Sport Ireland and Healthy Ireland under the Keep Well Campaign, Age & Opportunity secured €360,000 to expand the FitLine service across the country. This includes the development of 20 FitLine hubs, delivered by 120 volunteer mentors who make contact with up to 1,000 participants twice a month.

In their application to Sport Ireland, Age & Opportunity identified the following project aims:

- Roll out FitLine on a nationwide basis.
- Improve wellbeing of both mentors and participants.
- Increase the physical activity levels of mentors and participants.
- Build awareness of the mental health benefits of being more active.
- Build awareness of the national physical activity guidelines as stated in the National Physical Activity Plan.
- Inform participants of opportunities to participate in sport and physical activity within their own communities.
- Provide a service to those people who are not able to access other resources or support through social media or internet sources.
- Enhance capacity to promote wellness and boost resilience through Changing Gears[3].

[3] Changing Gears is a course that aims to support people with transitions in later life. It is designed for people who are mid-career or anticipating retirement and seeks to help their resilience, ability to cope and future planning.

2.3. Context to the National Roll Out of FitLine

The need for the project's expansion and delivery in 2021 emerged with the COVID-19 pandemic. The pandemic resulted in the restriction of movement, the closure of sport and leisure facilities, and a reduction in socialisation opportunities. Research conducted by TILDA in 2021 investigated the effect of the COVID-19 pandemic on older adults[4]. It found that during the pandemic, 22% of older adults did not meet minimum recommended physical activity levels and a further 43% were minimally active. The report highlighted that those low levels of physical activity were associated with lower levels of life satisfaction and wellbeing. Firstly, loneliness increased across the population with 30% of older adults feeling lonely at least some of the time. Second, 21% of older adults reported potentially clinically meaningful levels of depressive symptoms which is double the pre-pandemic level. Third, 29% of older adults reported high stress levels and 11% had moderate-to-severe anxiety levels which represents a significant increase from pre-pandemic levels.

The COVID-19 pandemic also presented a potentially life-threatening danger to older adults who have been found to be more susceptible to the virus and to developing symptoms, with those aged over 70 most at risk[5]. The same TILDA report found that the most prevalent symptoms reported by older adults in Ireland during the COVID-19 pandemic included muscle and joint pain (17%), cough (9%), and shortness of breath (6%)[6]; each of these symptoms are likely to impact on a person's ability to be physically active.

In September 2020, Age & Opportunity carried out their own research to further understand and assess the impact of COVID-19 on the level of physical activity and participation in recreational sport within older peoples' groups. The research included a survey which gathered 700 responses, four focus groups with older peoples' groups and one focus group with existing FitLine mentors. The key findings from this research included:

- Increased fear and lack of confidence among older adults since the pandemic began, with many older people pulling back from important social contact, leading to social isolation and loneliness.

[4] TILDA (2021) *Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland: Findings for the Irish Longitudinal Study on Ageing.* https://tilda.tcd.ie/publications/reports/pdf/c19-key-findings-report/COVID-19%20Key%20Findings%20Report.pdf

[5] HSE (2022) *People at higher risk of COVID-19.* https://www2.hse.ie/conditions/covid19/people-at-higher-risk/overview/#very-high-risk-groups-extremely-vulnerable

[6] TILDA (2021) *Altered lives in a time of crisis: The impact of the COVID-19 pandemic on the lives of older adults in Ireland: Findings for the Irish Longitudinal Study on Ageing.* https://tilda.tcd.ie/publications/reports/pdf/c19-key-findings-report/COVID-19%20Key%20Findings%20Report.pdf

- Those who were not confident or experienced in using online communications, or those living in areas where internet coverage was insufficient also missed out on alternative routes to contact with others.
- Among women's groups, all reported immediately switching to phone calls, and in effect, setting up a 'checking-in' service, with those living alone being a specific priority for these calls.
- The lack of a group dynamic had lessened the motivation of this cohort to stay physically active.

The research findings reinforced the need for services that encourage, motivate, and build confidence in older adults to stay connected and physically active, particularly during a health crisis like the pandemic. Despite a growth in availability of online physical activity sessions during the pandemic, research by TILDA showed that 30% of older adults did not have internet access and findings from Age & Opportunity's research demonstrated that a lack of internet access was a key barrier to participation. The 2021 FitLine initiative was therefore designed to reach out to and support those who were not online and faced barriers to physical activity participation during the pandemic.

2.4. Strategic Policy Context of FitLine in Ireland

The number of people aged 65 and over in Ireland is now higher than at any time before. In Ireland, life expectancy has increased from 78.8 years in 2005 to 81.5 years in 2018.[7] While the ageing of the population offers opportunities for intergenerational social capital, ageing can also negatively affect people's health and wellbeing and present challenges for policy makers, society, health services and families. Thus, in response to the changing profile of Irish society, there have been numerous policy initiatives nationally and locally. FitLine is directly aligned to several of these policies.

For example, the Healthy Ireland Framework 2019-2025 seeks to create a Healthy Ireland, *"where everyone can enjoy physical and mental health and wellbeing to reach their full potential."* The framework aims to support older people to maintain, improve and manage their physical and mental wellbeing, a key aim of FitLine. Similarly, the National Positive Ageing Strategy, which is being implemented under the broader Healthy Ireland framework, focuses on a holistic and 'whole-of-government' approach to changing attitudes towards ageing. It aims to: remove barriers to participation and provide more opportunities for the continued involvement of older people in physical activity and to enable older people to enjoy physical and mental health.

[7] https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/positive-ageing/healthy-and-positive-ageing-for-all.pdf

The 2020 Programme for Government: Our Shared Future which aims to shape the direction of Government over the next 5 years arranges commitments under twelve missions, of which two align directly with the FitLine initiative. 'Mission Universal Healthcare' and 'Mission Building Stronger and Safer Communities' aim to create an age-friendly Ireland where older people are supported to live with dignity and independence for as long as possible and to ensure age is not a barrier to participation in sport and physical activity. The focus of FitLine on maintaining physical activity participation amongst older people as part of their daily lives, as well as support to improve health and wellbeing and to inform participants of sport and physical activity opportunities synergise directly with these missions. Healthier, active lifestyles benefit the health and extend the autonomy of older people as improvements in health and fitness reduce the need for medical and residential care and extend independent living for as long as possible.

'Mission Building Stronger and Safer Communities' in the Programme for Government also has a focus on volunteering and commits the Government to the creation of a new strategy to support volunteering to include a support infrastructure to measure and disseminate best practice. This aligns with the volunteer mentor component of the FitLine initiative. The Sustainable, Inclusive and Empowered Communities strategy (SIEC) sets a general direction of travel for Government policy in relation to community development, local development, and the community and voluntary sector for 2019-2024. The SIEC aims to support the education and training opportunities available for volunteers, aligning with FitLine.

Sharing the Vision: A Mental Health Policy for Everyone sets the direction of travel for the Government of Ireland for mental health care and services. The policy seeks to create a mental health system that addresses the needs of the population through a focus on the requirements of the individual, an appreciation of social determinants of health, and a range of actions designed to achieve the goals of the National Positive Ageing Strategy for the mental health of older people. This policy recognises Social Prescribing as an effective means of linking those with mental health difficulties to community-based supports and interventions through the local voluntary and community sector. Connecting participants with mentors whose role is to enhance physical activity levels though encouraging independent participation and promoting connectivity to existing opportunities, therein fostering positive wellbeing, is directly aligned with the goals of this policy.

Furthermore, the FitLine initiative also aligns with wider health and wellbeing policy in Ireland. The 2021 HSE National Service Plan aims to support older people to live in their own communities, improve their access to care, and minimise the number of older people receiving acute and residential care. The Sláintecare Implementation Strategy & Action Plan 2021-2023

aims to evaluate best practice in the care of older people and reduce loneliness and isolation among this age group. The FitLine initiative, through fortnightly telephone-based mentoring targeting improved health and wellbeing, greater physical activity participation, socialisation and connectivity contributes to the achievement of these goals at a national level.

The FitLine initiative also aligns with a number of sport and physical activity policies. The National Sports Policy 2018-2017, the Sport Ireland Statement of Strategy 2018-2022; the Sport Ireland Participation Plan 2021-2024; and the National Physical Activity Plan all aim to create lifelong and inclusive sporting opportunities, to promote opportunities for physical activity, and directly address the physical activity levels of older people who are recognised as a group with lower levels of participation. The FitLine initiative provides participants with motivational mentoring, information about the benefits of physical activity, and information about physical activity opportunities in their area, aligning directly with the priorities of national sports policy. Additionally, the FitLine initiative aims to build awareness of the national physical activity guidelines as stated in the National Physical Activity Plan, fully supporting the priorities of this policy, and helping to spread awareness of its existence and the information it contains. It should also be noted that the Sport Ireland Participation Plan 2021-2024 explicitly mentions the role of Age & Opportunity when it asserts support for innovative programmes that target older adults, again highlighting the correlation between sporting policy and the FitLine initiative.

Given the strategic alignment of the FitLine initiative to these policies and strategies, it appears to be an important initiative for addressing the health and wellbeing needs of the older population at both a local and national level.

Section 3: Methodology

3.1. Introduction

The following sets out the methodology used to inform the evaluation including approaches to data collection and analysis as well as some limitations impacting on findings. This evaluation report is informed by the following activity, carried out between March 2021 and January 2022.

3.2. Data Collection

In March 2021, S3 Solutions facilitated a series of co-design workshops with Age & Opportunity staff to develop an evaluation framework for FitLine. This process defined those stakeholders who materially benefit from the project and the anticipated outcomes the evaluation should seek to measure. It also identified relevant tools, and data collection methods to enable a robust and proportionate evaluation of FitLine. A summary of the evaluation framework is presented below.

Stakeholder	Outcome	How to measure	When do we measure?
1,000 older people 120 mentors	More physically active	M1 Measure	Baseline (At Registration) 3 month follow up Project completion
	Improved mental wellbeing	Shortened Warwick Edinburgh Mental Health and Wellbeing Scale	
	Reduced isolation/ More socially connected	Social Connectedness Scale questions	
	More positive about ageing	Positive Ageing question	
	Better knowledge and understanding of physical activity recommended guidelines and benefits to physical and mental wellbeing	Likert scale question designed by S3 Solutions and Age & Opportunity	

Quantitative data was also substantiated by qualitative data collected via focus groups and interviews. The evaluation thus adopted a mixed method approach to data collection and has been informed by the following activity:

- 108 Participant PAR-Q questionnaires collected by post on participant's registration to the project. This included referral details, General Practitioner and Emergency Department engagements.

- Participant baseline and follow up surveys comprising: M1, SWEMWBS and Social Connectedness Scale collected by post before their first and after their sixth call with the mentor. A total of 108 baseline surveys were collected and a total of 39 follow up. 39 participants had both baseline and follow-up data recorded at the time of the evaluation.
- Seven telephone consultations with service users to examine their experience of the FitLine initiative and the impact that the project had on them.
- Mentor baseline and follow up survey data. A total of 37 baseline surveys were collected and 7 follow up. 7 mentors had both baseline and follow up.
- Mentor training evaluation surveys designed and distributed by FitLine staff gathering 42 total responses.
- Seven telephone consultations with mentors to assess both their experience of the FitLine initiative and to seek their opinion on how the FitLine initiative has impacted on service users.
- 3 telephone or web-based interviews with social prescribing coordinators as key stakeholders.
- One focus group with FitLine staff including the Active Programme Manager, FitLine Coordinator and FitLine Administrator.
- Desk review of salesforce data and application form supplied by Age & Opportunity.
- 2 web-based interviews with Age & Opportunity's Arts Programme and Engage Programme staff.

3.3. Limitations

Efforts have been made to enhance the reliability and validity of findings through multiple method consultation. However, we note the following limitations:

- A key aspiration for the evaluation was to gain further understanding of the impact for those participants who also took part in Changing Gears after involvement with FitLine. However, no participants who had completed both programmes were available for consultation.
- The evaluation framework recommended that data collection include a baseline, 3-month (6 calls) and exit assessment. However, only baseline and 3-month (6 calls) data was available for this evaluation. Thus, the evaluation has not captured the full extent of project impact and sustainability of outcomes representing a possible limitation.
- Only 7 mentors completed both baseline and follow up survey. The evaluation would have benefited from a larger sample of impact data from mentors. At the time of follow up surveys, society was opening up and mentors were busy in their own personal lives, which may account for the low response rate.

- The revised social connectedness scale includes 20 statements to measure social connectivity. However, this was reduced to two statements for mentors and one for participants to ensure optimum completion of questionnaires. As a result, the validity of social connectedness measurement represents a possible limitation.

Section 4: FitLine Initiative Delivery Overview

4.1. Introduction

The following section summarises the delivery achievements of FitLine and presents an overview of the project's structure, delivery model, and timeline. In doing so, this section provides an understanding of how the FitLine initiative operated.

4.2. FitLine Delivery Achievements

Key delivery outputs for FitLine are summarised below[8]:

246

Total Participants

64

Total Mentors Engaged

208

New Participants

1,659

Total Calls Made

90,830

Total Minutes on Calls

24

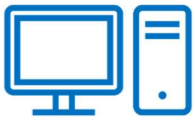
Counties Reached by the FitLine initiative

10

Participants taking part in Changing Gears

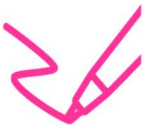
16,147

Leaflets distributed



51

Groups received email incentives to encourage members to join FitLine



48

Articles Published in nationwide media publications

12

Presentations delivered to Social Prescribers and the HSE

11

Interviews aired on nationwide radio channels including RTE Radio 1 and Lyric FM.

[8]New Participants represents those who were newly recruited to the programme during its expansion.

4.3. FitLine Structure

To deliver the project goals and objectives, funding from Sport Ireland and Healthy Ireland under the Keep Well Campaign was used to employ a FitLine Coordinator and Administrator. The following table highlights the roles and responsibilities of the various FitLine personnel and stakeholders:

Personnel	Role/Responsibility
Sport Ireland and Healthy Ireland	Funder – provided funding for the project.
Age & Opportunity	Provides strategic view of project delivery and development in line with organisational aims and objectives and project outcomes.
Active Programme Manager	Oversees and leads the implementation of FitLine in line with Age & Opportunity's Active Programme.
FitLine Coordinator	Manages the operational areas of the project daily, ensuring delivery and implementation of project actions including liaising with volunteer mentors and delivering key promotional campaigns. This role was funded directly through investment in FitLine.
FitLine Administrator	Support and work in conjunction with the FitLine Coordinator to implement project delivery. This role was funded directly through investment in FitLine.
Volunteer Mentors	Responsible for coordinating calls with participants and engaging with them through the telephone every two weeks.
Key Partners	LSPs, Get Ireland Walking, Health Services Executive, Healthy Ireland, Community and Voluntary organisations and other non-government organisations were responsible for raising awareness of FitLine through their local and national programmes and connections.
Referral Networks	Physiotherapists and social prescribers were key referral partners for FitLine.

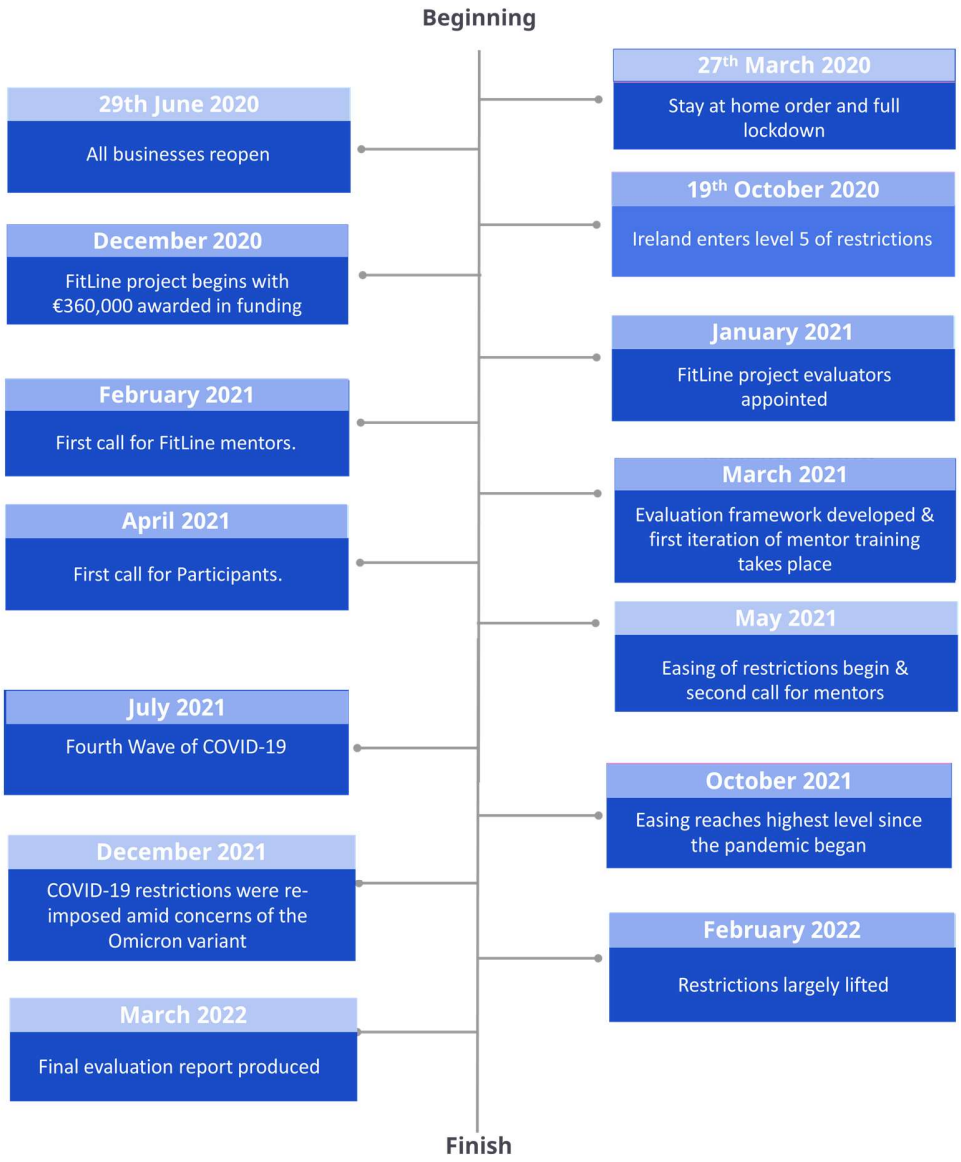
4.4. FitLine initiative Timeline

Age & Opportunity received the letter of offer from Sport Ireland in December 2020, commencing the FitLine initiative. Following this, a recruitment campaign and tendering process was undertaken to fill the role of FitLine Coordinator, Administrator and External Evaluator. The evaluators were appointed in January 2021 and the staff members employed in February 2021.

38 participants and 6 mentors who were already engaged in FitLine prior to Age & Opportunity's application to Sport Ireland, continued their participation during this period. The first call for

additional volunteer mentors to support the national roll out of the project took place in February 2021 and the first set of new participants were recruited to the initiative in April 2021.

The timeline below demonstrates the key dates associated with the delivery of the FitLine initiative from January 2021 to March 2022 and highlights the context within which it operated. The FitLine initiative was delivered during the COVID-19 pandemic and its associated restrictions, the circumstances and effects of which are further examined in the sections that follow.



4.5. FitLine Delivery Model

The FitLine delivery model is based on international research and best practice[9] however in 2021, the model was adapted to allow for national expansion during the COVID-19 pandemic. The FitLine delivery model during this time included the following steps:

1. **Advertisement:** Promotional campaigns included radio interviews, presentations to relevant stakeholder organisations, leaflet distributions and email incentives. Full overview of promotional efforts presented in 4.2.

2. **Recruit and train volunteer mentors:** Induction training was delivered via zoom. Training focused on providing mentors with the skills to perform motivational interviewing and behavioural change techniques. Mentors were also taught the key skills required for using FitLine's CRM System, Salesforce.

3. **Participant registers their interest**: Once a participant saw or heard an advertisement for FitLine or were made aware of the initiative through a relevant referral organisation, they made direct contact with FitLine staff to register their interest.

4. **FitLine assesses participants' suitability:** FitLine staff call the participant and assess their suitability for the project. They were deemed suitable and recruited for FitLine if:
    a. Their health permitted them to be physically active
    b. They were thinking of becoming more active
    c. They could take calls at the time they were being made by FitLine

5. **FitLine distributes physical activity resources to the participants' home:** This included a DVD, factsheets and information to support and enhance their physical activity levels at home or in their community.

6. **Volunteer mentors are assigned a list of participants to contact:** Mentors were each provided a mobile phone to make calls to registered participants every two weeks. The aims of the calls were to discuss participants' physical activity levels, to set goals and encourage greater physical activity participation within their community. Calls continued until no longer desired by participant. Relevant community-based information on potential physical activity opportunities or groups were passed on to the participant upon request from the Mentor to FitLine.

[9] 8 Stanford Health Promotion Resource Centre (2002). Active Choices. Details retrieved on 5 February 2010 from http://hprc.stanford.edu/pages/store/itemDetail.asp?118

7. **Volunteer mentors update Salesforce CRM system:** After each call with a participant, mentors were required to log details of the call duration, participants' stage of change and any other relevant information relating. This was designed to ensure a centralised database of participant information and was utilised by mentors to facilitate service continuity.

8. **Volunteers and Participants invited to take part in Changing Gears:** Alongside their involvement in FitLine, Age & Opportunity invited both mentors and participants to take part in Changing Gears, Age & Opportunity's resilience and wellbeing initiative.

Key changes to the original FitLine model included:

- All mentors were not people over the age of 50; volunteering was open to anyone.
- All mentor training took place via zoom rather than face to face due to social contact restrictions.
- All calls to participants were coordinated remotely via mobile phones, WhatsApp and salesforce. Volunteer mentors were not based in libraries or resource centres like in previous iterations of the initiative, they operated from home.
- Preliminary, face-to-face information workshops for participants did not take place due to COVID-19 restrictions.

4.6. Learning from delivery

As Age & Opportunity began the national roll out of FitLine, the delivery model further evolved to respond to needs and or challenges. These are summarised below:

- The original capacity for FitLine mentors was 8 participants each. However, the nature of the calls varied, some participants wanted to talk about their daily lives, struggles or challenges thus demanded more time from mentors. Subsequently, FitLine staff reduced mentor capacity to 6 calls per mentor.

- The original intention was that mentors would make calls to participants located in the same Community Healthcare Organisation (CHO) area[10]. However, recruitment of mentors across each location was not sufficient to meet demand. Therefore, some

[10] The Health Service Executive (HSE) has established nine Community Healthcare Organisations (CHOs) across the country as a new means of delivering health services.

mentors were required to make calls to participants who were based in different locations.

- Until January 2022, Salesforce was the primary CRM system used for FitLine. However, for some mentors who were less IT literate, the system created challenges, and, in some instances, it was a barrier to their participation. Thus, FitLine staff have begun exploring the implementation of Form Assembly instead. This removes the multi-authentication requirement with Salesforce and aims to be more user friendly.

- An aim of FitLine is to offer mentors and participants the opportunity to engage in Changing Gears. However, engagement in the initiative required internet access. Approximately 80% of FitLine participants did not have internet access thus uptake in this initiative was significantly lower than anticipated.

- Initially, FitLine staff offered a check in with mentors but due to the longer duration of calls with participants, many of the mentors did not have time or capacity for a check in. FitLine staff adapted the approach, encouraging mentors to be forthcoming with any challenges/issues as they arose or engaging with them as required.

- Mentor training was delivered by zoom via 3 x 3-hour sessions. However, following feedback that mentors found it too overwhelming, the duration of training was reduced to a total of 6 hours.

Section 5: FitLine Mentors

5.1. Introduction

Using data provided by Age & Opportunity, this section of the report presents an overview of the FitLine Mentors, including their resident location, engagement trends and activity levels. Using survey and interview data it also explores the impact of the project on mentor's physical activity levels, perceptions of ageing and mental wellbeing.

5.2. Mentor Location

A total of 64 volunteer mentors supported the delivery of the FitLine initiative, 6 of whom had already been recruited and engaged before the expansion in 2021. FitLine mentors were resident across 20 of 26 counties in Ireland.

The majority (31%) of mentors lived in Dublin, 17% in Cork, and 11% in Wicklow. The map shows the county locations of mentors recruited to the FitLine initiative. No mentors were resident in Kerry, Longford, Mayo, Monaghan, Offaly, or Waterford.

5.3. Mentor Status & Engagement

As of January 2022, 34% of mentors remained active. The table below demonstrates a breakdown of mentors by activity status:

Status	Count	Percentage
Active	22	34.38%
Inactive	28	43.75%
Waiting for Training	12	18.75%
Stepped Back – Will Return	2	3.13%

Of the 24 mentors who were active or had temporarily stepped back, the average length of engagement was 15 months. Almost all mentors (87%) volunteered for the project between 7-10 months. The remaining 13% were existing mentors, having engaged for over 10 years.

Of the 28 mentors who were inactive, the average length of time spent mentoring before disengagement was 6.25 months. Reasons for disengagement included the following:

- 29% stopped mentoring due to work or college commitments,
- 39% either did not complete training or did not progress after training,
- 7% illness,
- 7% caring responsibilities,
- 7% felt they were not suited,
- 4% moved abroad.

5.4. Mentor Calls to Particiapnts

A total of 1,659 calls were made to participants between January 2021 and January 2022 and the total number of call minutes was 90,830. This equates to the following:

- On average participants received 13 calls.
- The fewest calls received by a participant was 1 and the most was 25.
- The average number of minutes per participant was 369 (6 hours 9 minutes). This equates to an average of 28 minutes per call (assumes average of 13 calls).
- The lowest number of minutes on calls by a participant was 5 while the most was 1830 minutes (30.5 hours).
- With the most calls received by a participant at 25 and the longest duration of calls throughout the project 1,830, this suggests that some calls lasted for over an hour.
- Of the 64 total mentors, 52 had made calls at the time of the evaluation. This equates to an average of 32 calls per mentor and 1,746 minutes on calls (29 hours).

5.5. Mentor Training

The first iteration of mentor training was delivered in March 2021 with the second in June 2021. Induction training was delivered via zoom and focused on providing mentors with the skills to perform motivational interviewing and behavioural change techniques. Mentors were also taught the key skills required to use FitLine's CRM System and engaged in leadership training.

A total of 42 mentors completed training during this period, all of whom provided the following feedback:

- The training content met their expectations
- The use of technology was accessible
- The resources provided were adequate
- They understood and achieved the learning objectives of the training
- That there was a correct balance between practical and theory elements on the course
- The size of their training group was appropriate

Using a scale of 1 to 5 where 1 represented very poor and 5 represented excellent, mentors, on average, assigned the quality of training as 4.36. Most mentors found the training to be good-excellent with 89% assigning the training a score of 4 or 5.

Mentors were asked to provide feedback on how the training could be improved. They suggested the following:

- The timing of breaks should be clearly outlined for mentors before they attend, particularly in evening sessions, so they can schedule dinner around this.
- Previous feedback from participants and real-life scenarios should be used in role plays and for educational purposes.
- More time should be allocated for mentors to interact to share experience and knowledge.
- Extra time and information on the Salesforce programme should be included
- All material and presentations utilised in the training should be provided to participants to take away after the sessions for their reference.

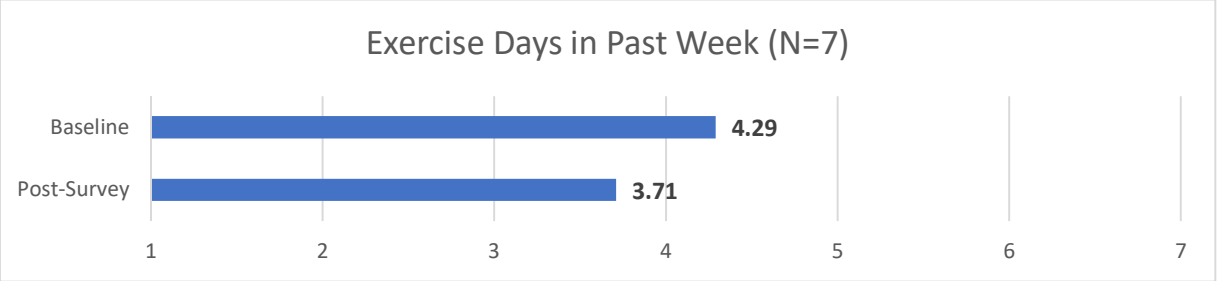
5.6. Impact – Quantiative Data

To measure the impact of the project on mentors, a baseline and post-project postal survey was used. Seven complete responses were received from mentors, complete meaning both baseline and post project data was received. The following sections reflect this data.

5.6.1. Physical Activity Levels

Using the Sport Ireland M1 Measure, mentors were asked 'in the past week how many days have you done 30 minutes or more of physical activity which was enough to raise your breathing rate? This may include sport, exercise, brisk walking or cycling for recreation or to get to and from places but should not include housework or physical activity that may be part of your job."

On average, mentors reported an overall decrease of 13.5% in their physical activity levels. Two mentors experienced an increase in their physical activity levels; one experienced no change; and four mentors experienced a decrease.



At baseline, 4 mentors were meeting the HSE recommended physical activity levels[11] compared to 3 at follow up.

The Irish Sports Monitor 2019 highlighted that 34% of the Irish population were meeting physical activity guidelines whilst the 2021 mid-year report suggests that this figure has increased to 42% through walking and sport alone. 3 out of 7 mentors were meeting physical activity levels at follow-up. This equates to 42.86% of the sample which is in line with national averages. However, this conclusion would be improved with a larger sample size.

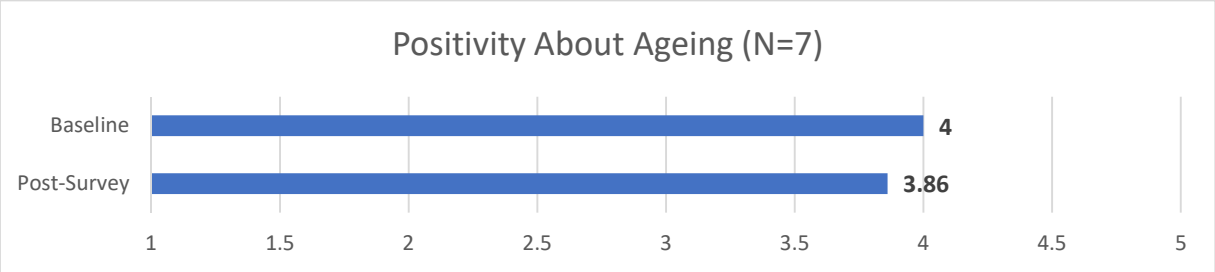
It is also important to note that the M1 measurement of physical activity asked respondents to state how many days exercise they had carried out in the previous week. An individual's physical

[11] The HSE national physical activity guidelines state that adults aged 18-64 should have at least 30 minutes a day of moderate intensity activity, five days a week (or 150 minutes a week). The same guidelines state that older people aged 65 or over should have at least 30 minutes a day of moderate intensity activity, five days a week (or 150 minutes a week) with a focus on aerobic activity, muscle strengthening, and balance

activity levels in a given week may be affected by a range of factors outside of their own personal motivation, for example the weather, an injury, or, as is pertinent to the context of this research, the level of pandemic restrictions in place in their county at the time of evaluation. Capturing mentors' physical activity data at multiple points throughout their involvement in FitLine may provide more robust insight to their physical activity trends.

5.6.2. Feelings Towards Ageing

Mentors were asked how positive they felt about ageing (1=very negative and 5=very positive). On average, mentors appear to be already quite positive about ageing and between baseline and follow up, they reported an overall decrease of 3.5% in this area.



Five mentors experienced no change in their feelings towards ageing. One mentor felt more positive about ageing after engagement while one felt less positive.

5.6.3. Mental Wellbeing

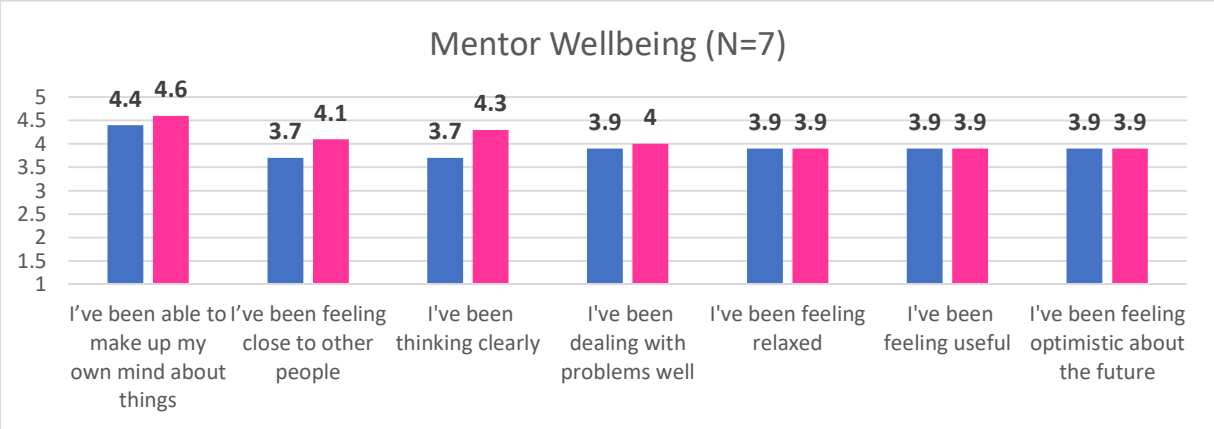
Using the Shortened Warwick Edinburgh Scale[12], mentors were asked to rate a range of statements in relation to their mental wellbeing. The SWEMWBS is scored by first summing the scores for each of the seven items. Scores range from 7 to 35 and higher scores indicate higher positive mental wellbeing. The mean SWEMWBS score is 23.5 with scores below 19.5 representing low mental wellbeing, between 19.5 and 27.5 representing normal mental being, and above 27.5 representing high mental wellbeing[13].

[12] The SWEMWBS is a short version of the Warwick–Edinburgh Mental Wellbeing Scale (WEMWBS). The WEMWBS was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The SWEMWBS uses seven of the WEMWBS's 14 statements about thoughts and feelings, which relate more to functioning than feelings and so offer a slightly different perspective on mental wellbeing.

[13] Warwick Medical School (2021). Collect, score, analyse and interpret WEMWBS. https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/

On average, mentors reported a normal wellbeing score of 27.4 at baseline whilst after involvement they reported a high score of 28.6. This represents a 4.4% improvement. 5 mentors improved their personal wellbeing score while 2 regressed.

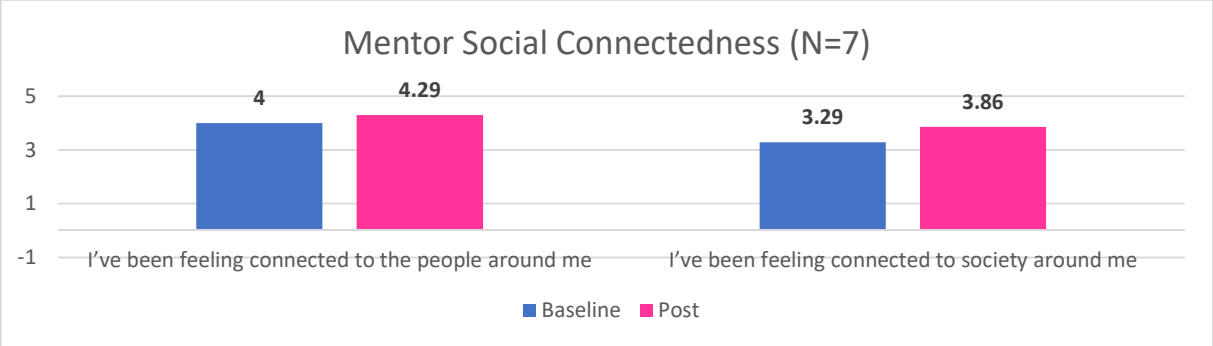
The following graph presents the average scores provided by mentors across each of the seven SWEMWBS areas.



The graph demonstrates that the most improved areas of wellbeing for mentors include 'thinking clearly' and 'feeling closer to other people'. On average, mentors did not report any change in the extent they felt relaxed, useful, or optimistic about the future. The mentor who reported the most significant improvement experienced a 4-point increase while the mentor who reported the most significant regression experienced a two-point decrease on the scale.

5.6.4. Social Connectedness

Social connectedness was scored measuring two statements from the revised social connectedness scale[14]. The following graph presents the average scores provided by mentors.



[14] https://depts.washington.edu/uwcssc/sites/default/files/Social%20Connectedness%20Scale-Revised%20(SCS-R).pdf

On average, mentors reported an increase in their social connectedness. There was a 7% improvement in the extent mentors felt connected to the people around them and a 17% improvement in the extent they felt connected to society. Specifically, 4 mentors experienced an improvement in social connectedness, 2 mentors experienced no change, and 1 mentor experienced a regression.

5.6.5. Summary

The data above indicates that on average, FitLine did not make any significant contribution to mentor's physical activity participation or how positive they felt about ageing. However, data shows that FitLine did contribute to improving mentors' overall wellbeing with the most improved areas 'thinking clearly' and 'feeling closer to other people'. It also made a contribution to mentors' overall sense of social connectedness.

To further substantiate the data collected through surveys, the evaluators collected qualitative data from seven mentors. A review of mentor feedback is provided in the following section.

5.7 Impact – Qualitative Data

Seven mentors provided qualitative feedback on their experience of the FitLine initiative via telephone consultations with the evaluators. These mentors ranged from age 59 to 75 and were located across the following counties: Dublin, Wexford, Tipperary, and Clare.

5.7.1. Mentoring Experience

When asked to describe what mentoring for FitLine involves, emphasis was placed on the balance between talking about physical activity and exercise and talking about day-to-day life. Five of the mentors noted that they take a conversational approach to the calls, asking participants how they are before they turn focus to their fitness levels and any challenges they might encounter in this area. The mentors viewed their role as one of encouragement, to help participants stay on track to achieve their goals.

Whilst overall, mentors reflected positively on their volunteering experience, four also described the challenges they faced within the role. For example, the individuals accessing FitLine had a range of personalities and varied personal circumstances. Some were undergoing medical treatment for cancer; others had suffered recent bereavement and several faced challenges with their mental health and wellbeing. Mentors described that the calls with vulnerable participants could include topics of a trivial nature to more serious. As a result, mentors reported that they felt they didn't have the appropriate skills to manage their situations, that some of the calls could be emotionally demanding and, in some instances, created a hesitancy when picking up the phone to make a call.

Three mentors also described that some of the participants they were calling were already quite active and engaged in their local community thus they were unsure if they were encouraging them to be any more active or were unsure their reason for signing up to the project.

5.7.2. Impact on Mentors

Mentors were asked what impact their involvement in the FitLine initiative has had on them.

- **Improved Sense of Fulfilment** (N=5): Five mentors found the initiative rewarding as they felt they were helping participants, making a difference, and providing a source of socialisation for individuals who would have few others to talk to.

- **Increased Social Contact** (N=4): For mentors, the social contact they had during the pandemic was also beneficial for them. They highlighted that no two calls were the same and there was always something new to talk about or help a participant through. They also referenced the benefits of WhatsApp to enable mentors to stay connected, de-brief one another after a call and feel part of group.

- **Increased physical activity** (N=3): Mentors reported that the process was educational, with the continual focus on physical activity guidelines was a reminder that they should be working on their own fitness levels and listening to their own advice.

- **Improved Skills (N=2):** Improvements to communication, problem solving and other skills relevant to personal development were identified by mentors. Others described

"Through mentoring with FitLine I've felt like I've been making a difference, like I've been using what I know to help and support others. When I call some service users who live at home by themselves, I often feel like I've made their day as I'm maybe the only person they've spoken to in a while." Mentor Feedback

"I think I've developed my communication skills through this project and I'm incorporating my learning into my daily work life. I've switched to a more collaborative approach with individuals coming to me to take part in physical activity as I've seen through the project the importance of working with someone rather being a sort of autocratic figure telling them what to do." Mentor Feedback

5.7.3. Impact on Participants – Mentor View

Mentors were asked what impact they believed the FitLine initiative had on participants. This is summarised below:

- **Improved levels of socialisation and sense of connection** (N=5): Mentors indicated that some participants looked forward to the call all week, in some instances it was the only social interaction they had. For some participants, the main reason for engagement is the fortnightly chat, with the physical activity knowledge and check in just a bonus.

- **Improved mood and mental wellbeing** (N=5): Mentors referenced the direct impact of increased socialisation on mood and mental wellbeing. Greater connectivity and social interaction were linked with reduced loneliness and isolation and subsequent overall improved mental health and wellbeing.

- **Increased motivation and levels of physical activity** (N=4): Mentors highlighted that they are able to empower their participants who then feel motivated to exercise and partake in physical activity and recreation which leads to higher levels of health and fitness.

"One participant that I speak to lost her mother. Through the FitLine project, she went from doing nothing after her death to making friends and getting back out in the community." Mentor Feedback

"I think the service also really aids in improving the mental health of the service users. The lady that I spoke to on my first day in my first call told me I was the only person she'd spoken to outside of a hospital in weeks." Mentor Feedback

"Nearly all of my clients have increased their physical activity participation levels. It's not always consistent, they have good weeks and bad. I have one man who had injury issues with his feet and he resultingly had low morale. I knew he loved art though, so I linked that with walking. He now walks from his home to the local art gallery which is only 5 minutes away but that's a lot for him and a definite improvement. His demeanour has improved so much just by linking physical activity in with something he enjoys. He was in the best form I'd ever heard him in the last time I spoke to him, he was really looking forward to my call." Mentor Feedback

5.7.4. Key Strengths – Mentor View

Mentors were asked to reflect on their experience of volunteering on the FitLine initiative and to identify which aspects of the project work well. Key strengths reported by mentors included:

- **Salesforce** (N=3): Highlighted as a useful tool for mentoring as it allowed mentors to track their participant's progress and see previous information provided by the participant such as their medication and injury status. This was particularly useful for ensuring service continuity.

- **Regularity of Calls** (N=3): Provides participants with a routine for their exercise regime and enables them to commit to a specific structure.

- **Management Team Communication and Support** (N=3): the efficiency, organisation and supportive role of the FitLine staff in delivering advice, or additional resources to enable the mentoring role was of particular benefit to mentors.

- **Mentor Relationships** (3): While mentors did describe a desire for more social connection with one another and a chance to re-establish social opportunities that were there before the pandemic, they noted the strength of having a group of mentors assigned to a particular hub, who communicate together via WhatsApp and develop rapport and relationships with one another

All mentors would recommend the mentoring experience to others and encourage the older population to participate in the initiative. One mentor noted that this service would be useful to everyone, not just those who are part of the older population and another commented that it is particularly useful in providing information to older people who are not digitally proficient or involved in their community.

5.7.5. Improvements – Mentor View

Mentors were asked to identify potential areas for improvement.

- **Developing a bank of knowledge on local provision (N=4):** Mentors noted that as a result of the pandemic and associated lockdowns or serving participants in who were based in a different location, it was often not possible to tell participants about ongoing classes or programmes. As restrictions are eased, ensuring all mentors have access to a bank of knowledge about what's going on in the locality they are serving would be useful. This would likely require a localised approach to the mentor participant relationship.

- **Data Collection from Participants (N=3):** A need to gather more information from participants at the time of project registration including their interests would enable better service provision, with more tailored advice and support. It was also suggested to broaden the physical activity measurement to reflect changes more accurately. Mentors referenced the difficulty in recording physical activity participation when the change for participant may include walking up and down the stairs more.

- **Recruitment (N=2):** Mentors felt the FitLine initiative could do more to reach people and to recruit new participants. Suggested opportunities included hosting FitLine events in person such as the 'Go for Life' games which are already run by Age & Opportunity or scheduling events in local areas, inviting Local Sports Partnerships and Men's and Women's shed to share information and establish communication links.

- **Opportunities to meet other mentors** (N=3): A return to face-to-face contact and socialisation opportunities that were available prior to the pandemic is an area for improvement. Mentors noted the benefits of in person support and enjoyment of coffee mornings for example.

"You kind of feel as a mentor that you're out on your own. Prior to the pandemic in say Dublin, they would have had central hub to meet other mentors and had tea etc. That element is missing and that's no one's fault. That would be how they'd like it to be going forward."

"If I had to change something about the FitLine project, it would be the location of where my service users live. If they were all Limerick based, I would be better able to advise them on what's available and could link them in with what I do professionally. Age & Opportunity could supply mentors weekly or monthly with a pack or an update of what's going on in all the areas they cater to." Mentor Feedback

5.7.6. Case Study: Mentor

Mentor A is 59 years old and living on the Tipperary-Clare border. She told us about her experience.

"I heard about the FitLine project on social media and got involved in May 2021. I'm a fitness instructor so it was a no brainer for me to get involved. I have a passion for helping and encouraging people to get fit, including older adults. I now volunteer once a fortnight to make the FitLine calls.

The calls normally start off conversationally, asking how they are getting on and things like that. Then there is a list of things we ask every week like what progress they're making on their physical activity and whether they have any new health issues or injuries since we last spoke. ***The main aim is to keep them on track with their fitness goals.***

I've got a long history of volunteering for projects and groups that work in the areas of health and fitness. Since I started volunteering on the FitLine project, ***I feel as though I am contributing to my participant's lives and feel like I'm giving something back****.* ***For the participants, I know they benefit from the company and the opportunity to socialise. For some they just like having the chance to chat****. There are some participants you have to stay on top of to encourage them to stay active but there are some who are self-motivated. I find that it's important to be encouraging and to try and understand their capacity so that I can tailor my advice to their abilities. For example,* ***I've got one participant who suffers with back problems and that pain can get him down. For participants like this it is particularly important to help them connect with local opportunities because that can help to improve their mood and to set new targets which it is feasible for them to meet.***

I think that the regularity of the phone calls works well for participants. They're able to build a routine for their exercise and they know when I'll be calling. This also then builds a rapport if you're ringing the same people every fortnight*. In terms of the project overall, I think the systems used to record data are great because it's easy to access information about the progress of the participant and information about any issues they have. Going forward I'd like to see FitLine running events like the 'Go For Life' games which Age & Opportunity runs. It would be good to put on events and programmes for our participants to give them the opportunity to get out and socialise somewhere where they have the opportunity to be active."*

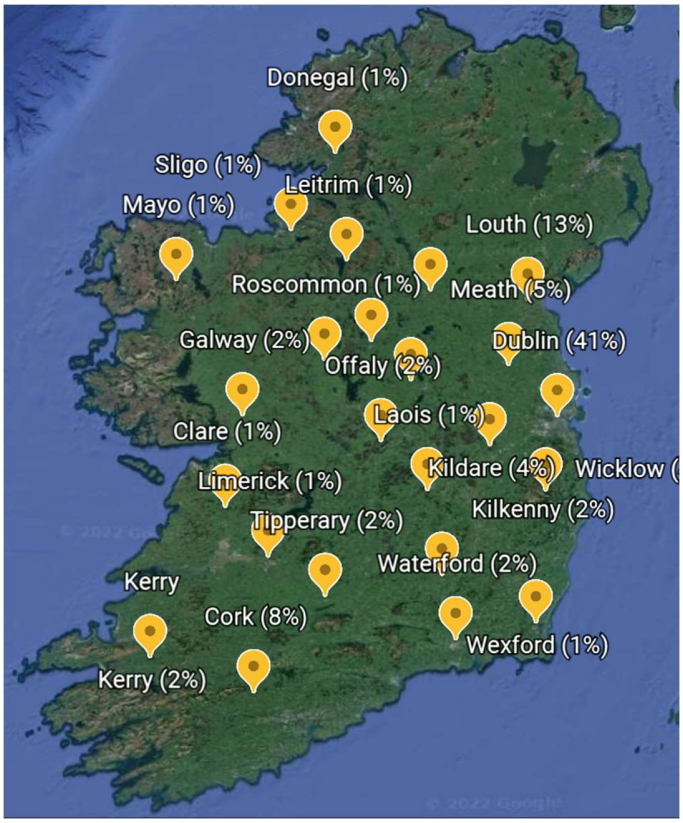
Section 6: FitLine Participants

6.1. Introduction

Using data provided by Age & Opportunity, this section of the report presents an overview of the FitLine participants, including their resident location, referral sources, recruitment trends and an assessment of their stages of change. Using survey and interview data it also explores the impact of the project on participants' physical activity levels, perceptions of ageing, mental wellbeing and social connectedness.

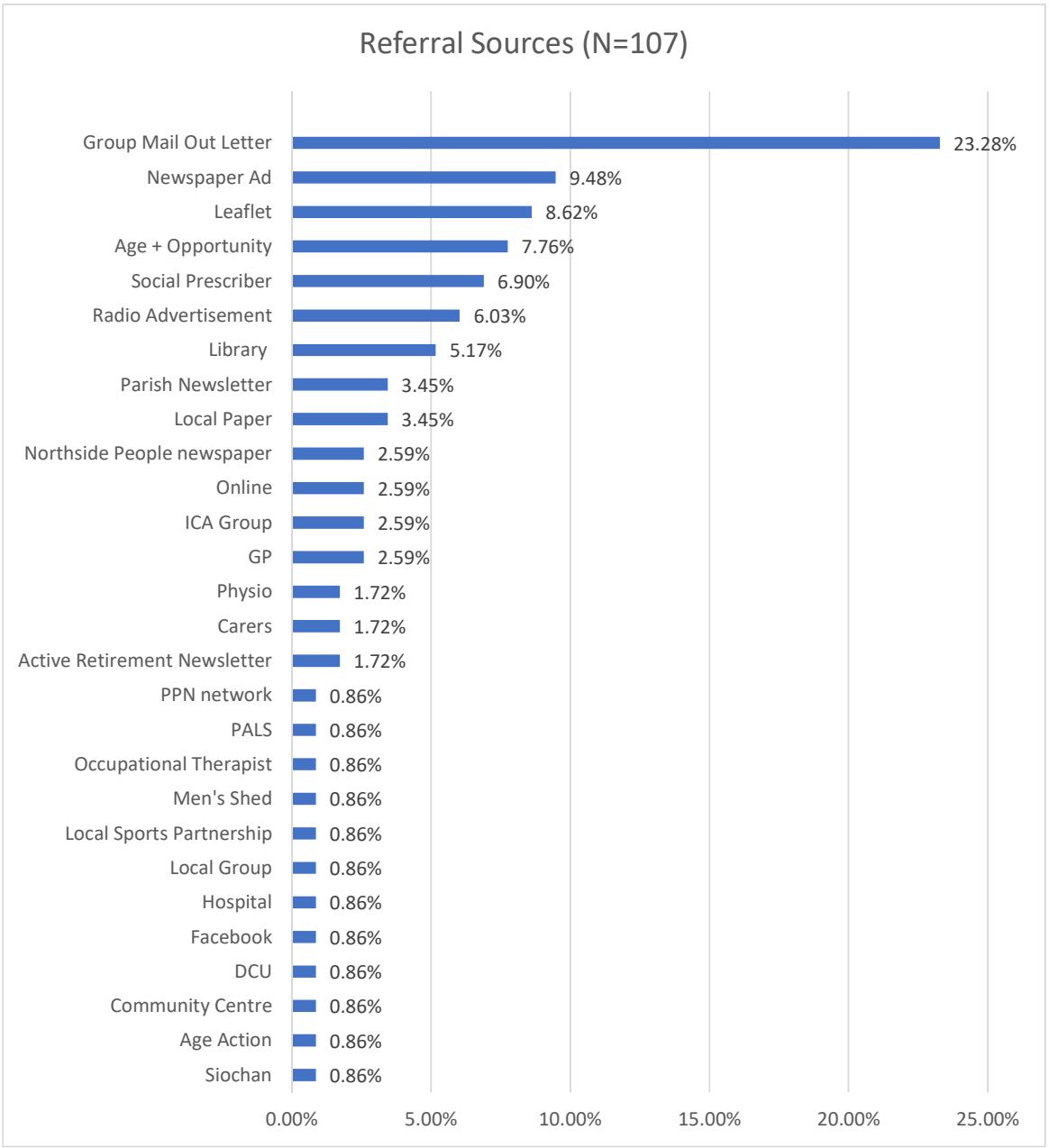
6.2. Participant Location

A total of 246 participants accessed the FitLine initiative between January 2021 and January 2022. 38 were existing participants, recruited prior to 2021 while 208 were new participants. Of the 246 participants, 41% lived in Dublin, 13% in Louth, and 8% in Cork. The map below shows the county locations of participants on the FitLine initiative. No participants were resident in Monaghan.



6.3. Participant Referral Sources

Participants were referred to the FitLine initiative via a range of sources. Referral sources were gathered from 107 participants. The most common referral source was group mail out letters, through which 23% of participants accessed FitLine. Other common sources of referral include newspaper advertisements (9%), FitLine leaflets (9%), social prescribers (7%), radio advertisements (6%), and Age & Opportunity itself (8%). The following graph displays the full range of referral sources.

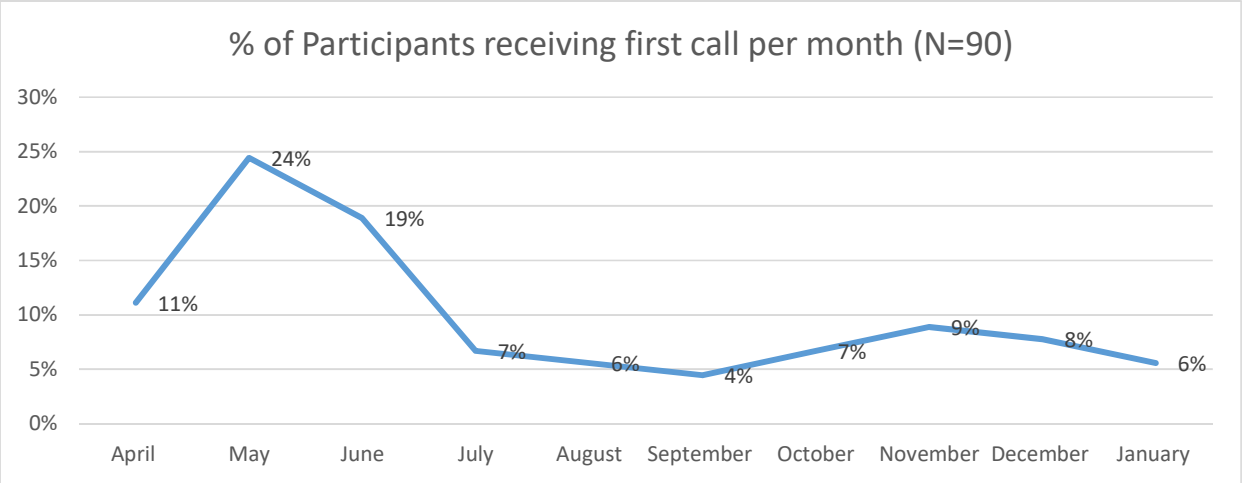


6.4. Participant Recruitment

The first set of new participants were recruited to the project in April 2021. The first call for participants had the highest uptake, with approximately 35% of new participants recruited (April and May). During this time, Ireland was in and out of state-wide lockdowns with access to social opportunities, group gatherings and travel etc. significantly reduced.

As restrictions began to ease, the summer months approached, and recruitment of participants decelerated (only 7% of total participants were recruited in July, 6% in August and 4% in September). Referral partners on annual leave coupled with increased access to social opportunities following the ease of restrictions impacted participant recruitment.

As the winter months approached, an additional wave of the pandemic unfolded with further restrictions imposed. Following this, participant recruitment increased again (9% in November and 8% in December 2021). The graph below shows the months where participant recruitment was highest and lowest.



There appears to higher levels of recruitment to the project during winter and when restrictions were highest.

6.5. Stages of Change

Stages of change were recorded for participants by their mentors on each call using a scale of 1-6. This scale is based on the Trans Theoretical Model (see appendix 1) which posits that health behaviour change involves progress through 6 stages: pre-contemplation, contemplation, preparation, action, maintenance, and relapse[15]. Rather than using these terms to define the 6 stages, the FitLine initiative renamed the stages as follows: 1. Non-mover, 2. Good intentions, 3. Getting going, 4. Going great, 5. More than 6 months moving, and 6. Relapse.

Stage of Change data was recorded for 120 participants. The proportion of participants who started and ended on each stage is displayed in the table below.

Stage	Start Stage	Post-Stage
1	3%	5%
2	43%	23%
3	24%	16%
4	29%	48%
5	0%	8%
6	1%	0%

There was a 27% increase in the number of participants who were at stages 4 or 5 between baseline and their last recording (29% vs 56%) and an 18% decrease in the proportion of participants at stage 1 or 2 (46% vs 28%). Due to the varying numbers of recordings for each participant and the frequent variations in their stages of change from call to call, it was not feasible to track every stage fluctuation for each participant. Instead, a general trend was identified for each participant using the themes of overall improvement, overall regression, and overall maintenance.[16]

51% of respondents experienced an overall improvement, 16% experienced an overall regression, and 33% experienced an overall maintenance. The average number of calls received by participants who experienced an overall improvement was between 9 and 10 whilst the number of calls received by those with an overall regression and maintenance was between 8 and 9. There does not appear to be a significant relationship between the number of calls received by a participant and their stage of change.

[15] Prochaska and Velicer (1997) *The Transtheoretical Model of Health Behaviour Change.* https://pubmed.ncbi.nlm.nih.gov/10170434/#:~:text=The%20transtheoretical%20model%20posits%20that,action%2C%20maintenance%2C%20and%20termination.

[16] Appendix 1 for full graph displaying stage of change.

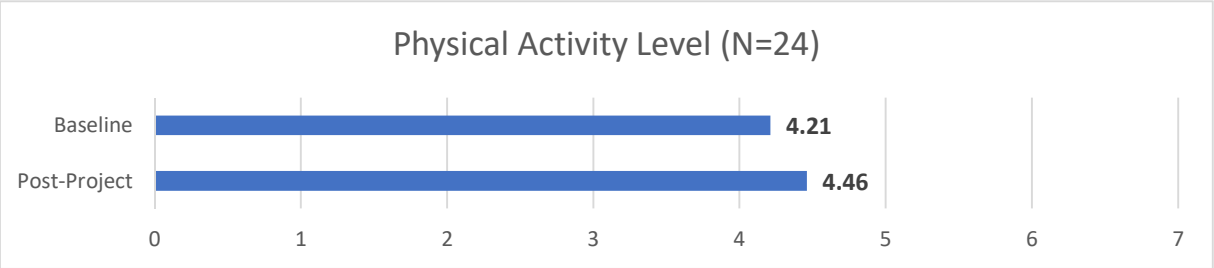
6.6. Impact on Participants

Impact on participants was assessed using a baseline and post-project survey. Of the 246 participants engaged in the FitLine initiative, 39 completed both a baseline and post-project survey and the following sections reflect this data.

6.6.1. Physical Activity Levels

Participant physical activity levels were assessed using the M1 measurement.[17] On average, participants reported a slight increase of 6% between baseline and follow up. 21% participants reported no change in the number of days they were physically active, 33% of participants reported an improvement, and 46% participants reported a regression.

The largest increase in physical activity levels was 5 days (increasing from 2 to 7. Comparatively, the largest regression in physical activity levels was 4 days (decreasing from 7 to 3).



At baseline, 10 participants were meeting HSE recommended physical activity levels[18], increasing to 12 at follow up, this equates to 50% of the sample and is above national averages.

To further assess the impact of FitLine on participants' physical activity levels, mentors recorded the number of minutes that participants were active each week after their call. Comparison of the average reported physical activity levels of 120 participants between the first and last call demonstrates a 7% improvement in physical activity levels (an average of 146 minutes at first call compared to 156 minutes at last call). This suggests that FitLine participants on average are achieving the HSE recommended guidelines following their involvement with FitLine.

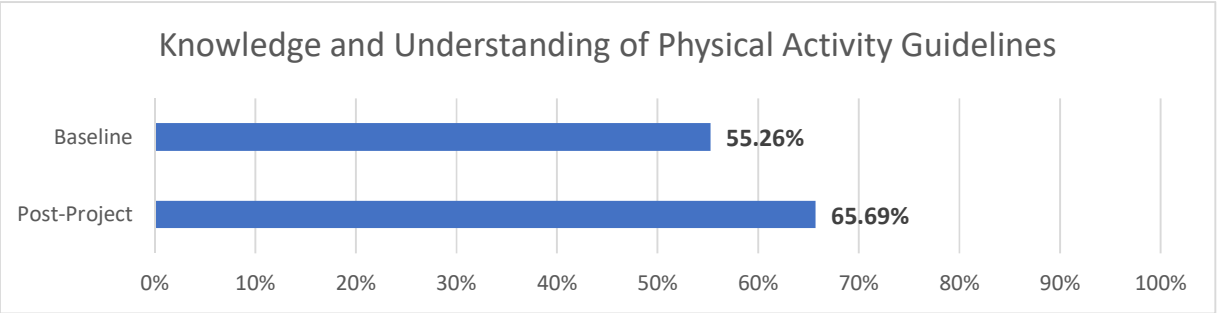
[17] 24 of the 39 participants who completed both a baseline and post-project survey have a baseline and post-project M1 measurement.

[18] The HSE national physical activity guidelines state that older people aged 65 or over should have at least 30 minutes a day of moderate intensity activity, five days a week (or 150 minutes a week) with a focus on aerobic activity, muscle strengthening, and balance.

However, as noted previously, an individual's physical activity levels in a given week may be affected by a range of factors outside of their own personal motivation and capturing their physical activity trends during their involvement may offer a more robust insight to the overall impact in this area. For example, comparison of the average reported physical activity levels of 120 participants at baseline compared to the average reported physical activity levels throughout their involvement on the project shows a 3.4% improvement in physical activity levels (146 minutes reported at baseline compared to an average of 151 minutes per week throughout the project). 55% of participants reported an overall improvement, 2% no change while 43% reported a regression. This suggests that FitLine is making a positive impact in the physical activity levels of more than half of its participants.

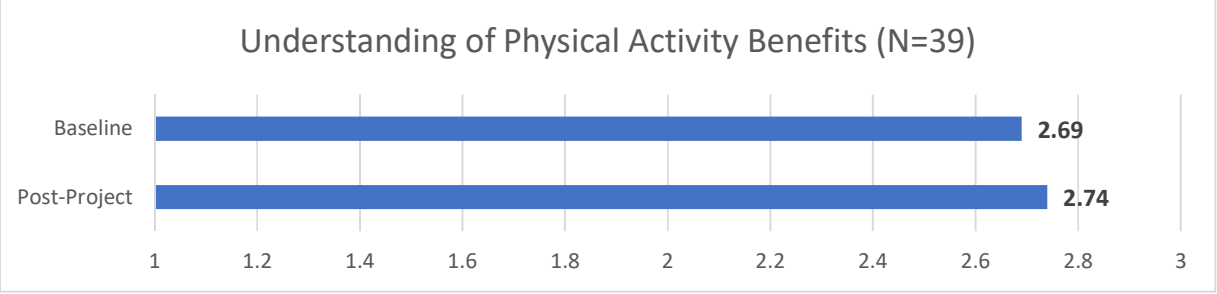
6.6.2. Knowledge and Understanding Physical Activity Guidelines

On average at baseline, 55% of participants reported that they knew and understood physical activity guidelines. This increased to a 66% at follow up, representing a 20% improvement. Whilst 22 participants maintained their understanding of the physical activity guidelines, 10 experienced an improvement and 6 a regression.



6.6.3. Understanding of Physical Activity Benefits

Participants scored their understanding of physical activity benefits on a scale of 1-3 (1=low understanding and 3=high understanding). On average, participants reported a slight improvement of 2% in their understanding of physical activity benefits. 6 participants reported

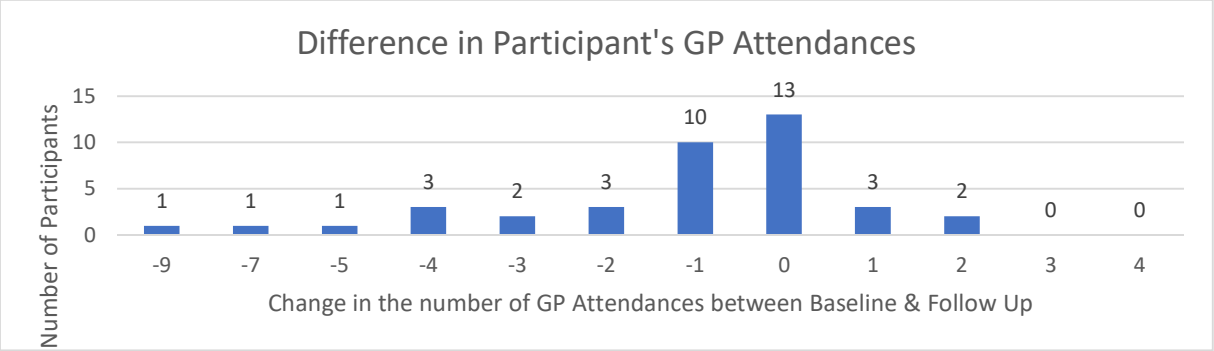


an improvement in this area whilst 5 reported a regression. 28 maintained their understanding of the benefits of sport and physical activity.

The graph above demonstrates that participants had a reasonable level of understanding of the physical activity benefits prior to accessing FitLine.

6.6.4. GP & Emergency Department Attendance

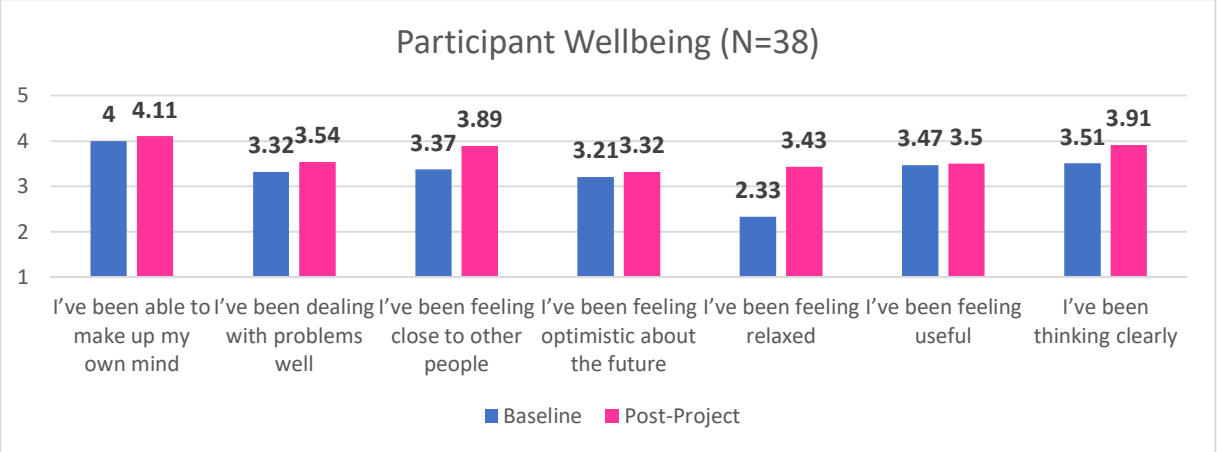
The frequency of GP attendances declined for 54% of participants, did not change for 33%, and increased for 13% of participants. The most significant decline was a reduction in nine appointments while the most significant increase was a rise of two appointments. Notably, 31% of participants had not attended any GP appointments in the previous 6 months at baseline, whilst at follow up, this rose to 62% of participants. The majority of participants had not attended the emergency department in the 6 months previous to the baseline recording (82%). Comparatively, at follow-up, no participant had attended the Emergency Department in the 6 months prior.



The COVID-19 pandemic restricted access to GPs and Emergency Departments. It is likely that this was the main cause of reduction in attendances thus this evaluation cannot make a causal link between FitLine and its impact on GP or ED attendances. Future research should continue to explore the impact of FitLine on health-related appointments.

6.6.5. Mental Wellbeing

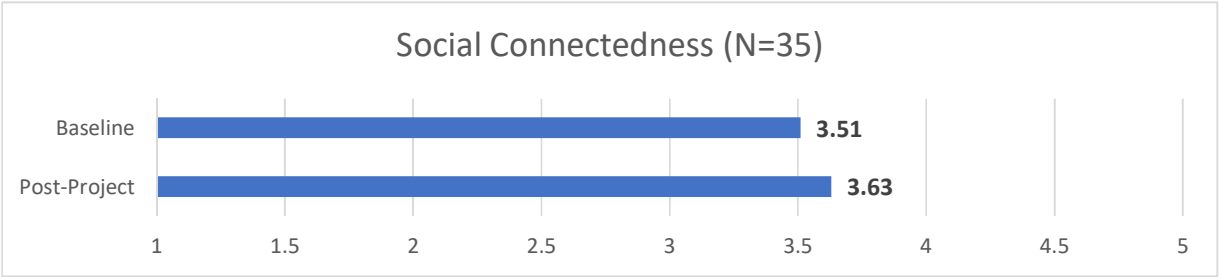
On average, participants reported a normal wellbeing score of 23.4 prior to engaging with FitLine and a normal wellbeing score of 24.6 at follow up. This represents a 5% improvement.



On average, participants reported the biggest improvement in the extent they felt relaxed and close to other people. Specifically, 22 participants demonstrated an overall improvement in wellbeing, 8 demonstrated a regression in their mental wellbeing while 8 demonstrated no change. The most significant improvement was represented by a 10-point increase in wellbeing and the largest regression was represented by a decrease of 12 points.

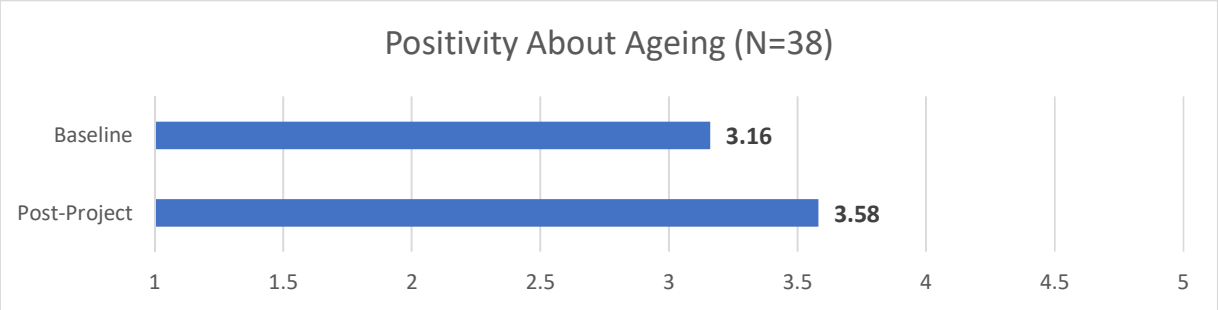
6.6.6. Social Connectedness

Using a scale of 1-5 (1 = never and 5 = always), participants ranked the extent they felt connected to the people and society around them. On average, participants reported a 3.42% increase in social connectedness. 13 participants reported an improvement in connection to the people and society around them, 11 reported no change and 11 reported a regression.



6.6.7. Feelings Towards Ageing

Participants are asked how positive they felt about ageing on a scale of 1 to 5 where 1 represents not at all positive and 5 represents very positive. On average, participants reported a 13% increase in how positive they felt about ageing. Specifically, 23 participants reported no change in their positivity towards ageing, 12 participants reported an improvement, and 3 participants reported a regression.



6.6.8. Summary

The data above indicates that on average, participants' physical activity participation, their understanding of the physical activity guidelines and the benefits of physical activity has increased slightly. Data also shows that on average, participants overall wellbeing improved, most notably the extent they felt relaxed and close to others as did their sense of social connectedness and positivity about ageing. To further substantiate the data collected through surveys, the evaluators collected qualitative data from participants. This is explored in the following sections.

6.7. Qualitative Feedback

7 participants provided qualitative feedback on their experience of the FitLine initiative via telephone consultations. These participants ranged in age from 60 to 80 and were located across the following counties: Roscommon, Laois, Westmeath, Dublin, and Galway.

6.7.1. Motivations to Join FitLine

Prior to engaging with FitLine, three participants were largely sedentary. One participant was trying to exercise but having to take it easy due to knee pain, and another was not doing formal exercise but was active in their day-to-day life, *"constantly running to get stuff done."* Two participants were more active with one in a walking club for twenty years and another trying to maintain their fitness levels after cancer.

When asked what attracted them to the FitLine initiative they provided the following explanations:

- Doctor advised them to start losing weight.
- Structure of the initiative including the fortnightly calls and progress check ins was appealing as they embarked on a journey to become more physically fit.
- Experiencing various health issues and felt it would be helpful and motivating to do exercise to assist with managing their condition or recovery.
- Suffering from loneliness and isolation, often living alone or experience or a bereavement
- During the pandemic, lots of local provision was closed and it was difficult to know what to do or where to look for things to involved in. Also affected daily routine, so FitLine was a way of staying on track or keeping up a routine, knowing someone was checking in on them.
- Recently retired, had more time on their hands and wanted to be involved in something or spend their time productively.

6.7.2. Impact of the FitLine Initiative on Participants

The participants were asked to reflect on their experience of the FitLine initiative and describe the impact it had on them.

- **Increased physical activity levels (N=5):** The majority described the calls that they receive fortnightly noting that mentors discuss their exercise levels, help set physical activity goals, and in general check up on them and their wellbeing. They described the calls as motivating or encouraging and commented that it was beneficial to have someone checking up on their physical activity levels. Five participants highlighted that their levels of physical activity increased through the FitLine initiative with one noting that their knowledge about physical activity guidelines increased specifically. Two also remarked that the pain which was preventing them or limiting their exercise and physical activity before has been alleviated through their engagement with the FitLine initiative.

- **Improved mental health and wellbeing (N=5):** Participants described that their involvement in FitLine has improved their mood, gave them a 'boost', made them feel like someone is looking after them or helped them to cope during difficult times for example, during the pandemic, suffering bereavement or experiencing loneliness.

- **Improved social connectedness (N=5):** Participants highlighted the role and relationship between them and their mentor as reducing their levels of loneliness and improving their overall sense of social connectedness. Examples of participants joining a local golf club or taking up walking with a local neighbour were also provided.

"They ring you every so often and they're motivating you to be active. At the time I was very sedentary; I was minding my mother at the time, so I was sitting a lot. It certainly motivated me to get moving again and I suppose for me it lifted my mood as well." Participant Feedback

"I would become a recluse if FitLine wasn't available. Before FitLine I never left the house". Participant Feedback

"The physical activity has helped my knees stop hurting; they don't bother me anymore. My physical activity has increased and I'm now doing half an hour a day." Participant Feedback

"It gives me a lift because someone is thinking about you. The phone call can fill the gap in social connections. The days can be very long and lonely." Participant Feedback

6.7.3. Key Strengths of Fitline – Participants View

Participants were asked to reflect on their experience of the FitLine initiative and identify any of the project's key strengths.

- **Role of and relationships with the mentor (N=5):** Five participants noted that they like the calls they receive from their mentors. They particularly liked having a mentor who they could report to on their physical activity levels because they felt they needed that oversight to motivate them to exercise. They also liked the conversational nature of the phone calls with mentors because outside of talking about exercise and physical activity, they also discuss life in general. Two participants felt that their mentor's ability to create an exercise plan to help improve their physical activity levels was a key strength of the project.

- **Frequency of calls (N=7):** All participants indicated that they liked how often they received calls and that it was enough to remind them to exercise but not so much that it became overbearing.

"You do feel the benefits early on and the fact that they make different little suggestions that I wouldn't have thought about. I said I'd love to get out for a walk for an hour and they broke that hour down for me into 20-minute sessions which I wouldn't have thought of." Participant Feedback

"They ring every so often but leave it up to you too. They encourage you but they're not overbearing or over involved. We're all adults and it's up to me but they encourage me." Participant Feedback

"I like the frequency of the calls and the exercise reminders because sometimes it suits you to forget to exercise." Participant Feedback

All participants noted that they would recommend the FitLine initiative to someone else with two having already done so, and one stating that potential participants should *"grab the opportunity with both hands."*

"I have recommended the FitLine project to a friend who has a brother in Tipperary because their mother died some months ago. It's a supportive thing with some little things to get him moving again. It's not invasive in anyway but it's just kind of a shoulder to lean on." Participant Feedback

6.7.4. Areas for Improvement: Participant View

The participants were asked to reflect on their experience of the FitLine initiative and identify any areas where the project could be improved. One participant felt that no improvements needed to be made however other participants did make suggestions. These included the following:

- Dedicated mentor for the entirety of their engagement.
- Assign mentors on the basis of location so that they would have mentors who lived locally to them and could provide more specific advice/recommendations.
- Option to meet up in a face-to-face environment with others in the community.
- Mentors to send or share up to date information to participants on local provision and opportunities. This should include physical activity opportunities and others.
- Hire an expert with experience in working with people with injuries which impact on their physical activity levels or in promoting exercise to those with dementia as this programme is targeted at older adults.

"It would be better if the mentors were local so you could develop a rapport with them." Participant Feedback

"One of the mentors did give me numbers for walking groups but they couldn't take new members which my mentor didn't know. It would be good to have up to date and current information." Participant Feedback

"I've been reading and they're saying that exercise and continual movements have a preventative effect and can help stave off dementia. There's an explosion of studies in this area and it would be good to have someone who has experience of linking physical fitness and the needs of older people." Participant Feedback

6.8. Case Study

Participant A is 60 years old and living in Dublin. She told us about her experience of the FitLine initiative.

"I first heard about FitLine through another project I was doing with Age & Opportunity during the first lockdown in the Spring of 2020. I was asked would I like to participate and after that I was assigned a mentor who contacted me immediately. My mentor's background is in sport science and he's really well informed and also has information on how people can access exercise during the pandemic. He helped me to find places I could go to walk and suggested what exercises I should be doing and for how long. He made my goals realistic which was great because I had leg cancer and I currently use a crutch. For example, he started asking me to try and push to walk for an hour when I had been achieving 45 minutes. That was useful in pacing my recovery. I've found it useful to have someone to report to because I'm more likely to set and carry out my exercise goals with this oversight. ***I now do at least half an hour every day and my leg pain has improved.***

As a result of my engagement with FitLine, I've made an arrangement with a neighbour to walk the local nature trail together. She has a small baby and a big pram, and I've been able to push it which is a big thing for me because before FitLine I couldn't move without a crutch. It felt like magic and the pram gave me support. You both have masks and are social distancing but we're out in the air and ***I was walking on my own – it was like a dream. That wouldn't have happened without FitLine.*** *The FitLine project has been great, and I really like being able to report to someone about my fitness levels. Sometimes you're looking out at night and thinking 'maybe I'll give walking a miss tonight,' but then you think about your mentor and that encourages you.*

When you're in lockdown and you live on your own, you feel that you've been on a little excursion. I would only walk with her once a week but even if I was walking on my own – you're still seeing people and saying hello and when you come back in it ***feels like I was coming in from the airport or something. It breaks the framework*** *– gives a change of scenery.*

I'd recommend this project to someone else in my shoes as well. I've done an interview with Age & Opportunity for an article which was published in the community newspaper, and I said that others should take the opportunity with both hands. My only advice is to not be too enthusiastic and to take it at your own pace."

Section 7: FitLine Stakeholders

7.1. Introduction

This section presents an analysis of the key feedback from stakeholders e.g., social prescribers who made referrals to the FitLine initiative. Opinions relating to effectiveness and impact of stakeholder relationships with FitLine and key areas for improvement are summarized below. It should be noted that the FitLine staff worked closely with a number of stakeholders including health professionals, national governing organisations, local sports partnerships, community groups, local parish groups and a large number of retired associations during the promotion of FitLine.

7.2. Effectiveness and Impact

All stakeholders reported a positive relationship with FitLine staff, noting their flexibility, responsiveness and approach as particularly helpful, especially during the pandemic when much of local provision was shut. They identified the following benefits and impact of the project for them in their role:

- **Enables social prescribers to offer a referral option for older people.** All stakeholders highlighted the benefits of this during the pandemic when the older population were cocooning and terrified to go outside. For them, FitLine represented a suitable and safe solution to enable older people to be active from their homes. At a time when other provision was stopped or postponed, for example walking groups, FitLine offered an appropriate alternative. Its suitability for those older people who were recovering from COVID-19 and required re-conditioning was also noted.

- **Ability to engage hard to reach individuals:** All stakeholders described how the welcoming approach by FitLine staff is particularly helpful when trying to engage individuals who are hesitant or reluctant to try new things and that the service offering and how it is packaged, using calls rather than online/zoom based activities, allows for more inclusive participation among those who are isolated with no access to internet or digital illiteracy.

"I referred individuals who I've been working with and who were part of a walking group prior to the pandemic. Once all things stopped and social distancing was implemented, there wasn't much opportunity for them to be out and about. FitLine was supplementary to this. Some of these individuals were recovering from COVID-19 and needed re- conditioning. All of the people I

have referred are living alone, some have had a hip operation, or have severe breathing conditions so couldn't keep up with others."

7.3. Areas for improvement

The following challenges and opportunities for improvement were identified by stakeholders:

- **Better continuity between referrals:** one of the stakeholders highlighted that the people they engage are often afraid to contact others they don't know or are too demotivated to make the first call. In some cases, they lose contact with the participant and are not clear if the participant has followed through with the call. They suggested that removing the individual responsibility for those referred by social prescribers to make the first call, allowing Social Prescribers to call on their behalf would be better.

- **Further developing relationships:** all stakeholders highlighted the importance of developing and sustaining relationships throughout the project as well as fostering relationships with new stakeholders. An option to check in and learn about how referrals are getting on in the project would be helpful for Social Prescribers. Reaching out to and engaging with carers, day care centres and public health nurses to find out what they are doing and how best to support one another was noted. This was deemed essential to avoid duplication of effort.

- **Improved promotion and awareness of FitLine and other services by Age & Opportunity:** Stakeholders perceive that FitLine is one of many supports for Social Prescribing and identified an opportunity to raise awareness of the service amongst other Social Prescribers across the county, linking in with the Irish Social Prescribing network. Raising awareness of what other services Age & Opportunity provide beyond FitLine and identifying how best to collaborate was also highlighted.

- **Group and face to face option:** All stakeholders commented on the value of the existing package of support, however one suggested to include group-based activities alongside online/phone-based supports to enhance the service offering. They noted that in the absence of physio's being able to do outreach activities, this service could offer vital support.

Section 8: Learning & Discussion

8.1. Introduction

This section presents an analysis and discussion of the key learning for FitLine during its national roll out. It presents a summary of the key success, challenges and reflections and is framed under the following headings:

- Assessing Progress
- Impact of COVID-19
- Social connectedness and physical activity
- Critical success factors

8.2. Assessing Progress

Age & Opportunity identified several objectives for FitLine:

1. National expansion of FitLine to include 20 FitLine hubs across the country delivered by 120 volunteer mentors, making contact with up to 1,000 participants
2. To increase the knowledge and understanding of the physical activity guidelines and its benefits for participants
3. To increase the physical activity levels of older people and volunteer mentors
4. To improve mental health and wellbeing of older people and volunteer mentors
5. To improve the resilience of 120 volunteer mentors and 150 participants (15% of total) through the provision of Changing Gears
6. Mentors and participants feel more positive about ageing
7. To improve social connectedness and reduce loneliness and isolation by providing a resource to support those who are not able to access the internet or social media platforms.

An assessment of the extent to which these aims, and objectives have been achieved is presented in the table overleaf:

Aim	Comment
1.Expand FitLine to include 20 FitLine hubs across the country delivered by 120 volunteer mentors, making contact with up to 1,000 participants	During 2021, Age & Opportunity successfully expanded the FitLine initiative. While overall the original goal of engaging 1,000 participants across 20 hubs, supported by 120 mentors was not achieved, the project has made positive progress in this area. A total of 246 participants were engaged (208 new participants) from across 24 counties and 64 mentors engaged from across 20 counties in Ireland. Although FitLine was an existing initiative, several important changes were required for its delivery during the COVID-19 pandemic. Time was required at the beginning of the initiative to get set up and develop appropriate systems and processes to manage the national roll out on a remote basis. The initiative is still ongoing and can build on the momentum created to achieve its target in the year ahead.
2.Improved knowledge and understanding of the National Physical Activity Guidelines and the benefits of physical activity among participants	Survey data demonstrates a 20% increase in the number of participants reporting that they knew and understood the National Physical Activity Guidelines (55% vs 66%) and a 2% improvement in participants' understanding of the benefits of physical activity. Participants reported that they had an above average understanding of the benefits of physical activity prior to accessing FitLine; improvements in this area among the participants involved would thus be difficult to achieve.
3.Increase the physical activity levels of older adults and mentors in line with the National Physical Activity Guidelines	The evaluation sample shows that both mentors and participants were not meeting recommended physical activity levels (150 minutes per week) at baseline or follow-up, but that participants reported a 5% increase in physical activity and mentors reported a 13.5% decrease following involvement in FitLine. It should be noted that there was only 7 follow up responses from mentors due to a busy period in society at the time with restrictions lifting. Interview data and data collected by mentors after each call shows a stronger, more robust measure of participants' physical activity trends. For example, a 7% average improvement in physical activity was reported for 120 participants between the first and last calls and a 3.4% improvement was reported on comparison of the first call and average physical activity levels throughout the project. Examples of participants joining neighbours for walks and being inspired by the project to leave their house for the first time in a while were also provided and mentors identified that their role of

	encouraging others to increase physical activity was a reminder and motivation for their own participation. A key finding from this evaluation is that a high proportion of participants and mentors who signed up to the FitLine initiative already reported as being quite active, although they weren't achieving recommended guidelines, average participation was 4 days. Maintaining such levels of physical activity could be considered a measure of success, especially during a global pandemic where loss of routine and social opportunities to be involved in physical activity were removed. It is also challenging to establish the impact of not having access to FitLine on levels of physical activity for those participants. Importantly, the M1 measure of physical activity asked respondents to state how many days exercise they had carried out in the previous week. An individual's physical activity levels in a given week may be affected by a range of factors outside of their own personal motivation, for example the weather, an injury, or, as is pertinent to the context of this research, the level of pandemic restrictions in place in their county at the time of evaluation. These are not factors which the FitLine initiative could address and for some, an improved level of physical activity may involve an increase from walking up the stairs once per day to twice per day. Future research should thus strive to collect extra information from participants and mentors when measuring physical activity levels to provide context to their level of activity and a more accurate reflection of improvement.
4.Improve the mental health and wellbeing of older people and volunteer mentors	On average, mentors experienced a 4.4% improvement in wellbeing, moving from normal to high wellbeing while participants experienced a 5% improvement, remaining within a normal score between baseline and follow up. Interview data affirms the role of FitLine in improving mental health and wellbeing for mentors and participants. Mentors described a sense of fulfilment through taking part in the project and participants described an uplift in their mood. This suggests that FitLine made a positive contribution to enhancing both mentors and participants' mental health and wellbeing.
5.Improve the resilience of 150 older people and 120 volunteer mentors through the delivery of	Age & Opportunity referred 15 mentors and 10 participants to complete Changing Gears. The extent to which they benefited from improved resilience could not be measured as part of this evaluation. This represents an opportunity for future evaluations.

Changing Gears Programme	Out of the 208 new participants recruited to the initiative, only 26 had email access[19]. This was an essential requirement for signing up to and being involved in Changing Gears amidst the COVID-19 pandemic. Zoom fatigue may also have discouraged participation in the project.
6.Improving social connectedness for mentors and participants	Survey data demonstrates that, FitLine made a slight contribution to improving participants' sense of social connectedness (3.4% increase). For those participants involved in interviews however, the contribution appeared to be more significant, with nearly all participants identifying that the project helped them to overcome loneliness and isolation experienced because of the pandemic, bereavement or living alone. Interview feedback attributed FitLine and the role of and relationship with the mentor to improved social connectedness. It also highlighted the relationship between social connectedness and positive mood and mental wellbeing. For mentors, the contribution of FitLine to improving social connectedness was greater. On average, there was a 7% improvement in the extent mentors felt connected to the people around them and a 17% improvement in the extent they felt connected to society. This was also reflected in qualitative feedback with the enjoyment of social contact from the calls and through the WhatsApp group noted.
7.Mentors and participants will feel more positive about ageing	On average, mentors experienced a 3.5% decrease in their positivity towards ageing while participants experienced an increase in positivity about ageing of 13%. This suggests that the FitLine initiative had better success in improving feelings towards ageing among participants than mentors. It should be noted that the mentor sample contained only 7 individuals and based on interview data, the vulnerability of clients made some calls emotionally demanding and the loss of social contact and COVID-19 restrictions affected mentors' own energy and attitudes. Future evaluations should strive to involve a greater number of mentors to test the findings in this area, and data should be collected on the relationship between the length of participation in the FitLine initiative and feelings of positivity towards ageing.

FitLine has achieved five of its existing aims and made progress against the remaining two. Its achievements and impact are commendable given the context in which it operated.

[19] Data reported by FitLine staff

8.3. Impact of COVID-19

The pandemic resulted in the restriction of movement, the closure of sport and leisure facilities and a reduction in socialisation opportunities. Whilst these factors affected all sections of society, the COVID-19 pandemic had a number of specific consequences for older people, the target participant group of the FitLine initiative.

For many projects during the pandemic, it was challenging to promote, and recruit, potential participants, staff, and volunteers. Research by The Wheel, which was published in the month prior to the initiation of the FitLine, found that the pandemic caused a 64% reduction in volunteers and saw 40% of third sector organisations having to reduce staff working hours to reflect the income loss caused by the pandemic[20]. The same research found that the pandemic caused a 50% increase in demand for services from third sector organisations, alongside a 65% reduction in the ability to deliver these services. These circumstances created the potential for a severe risk of negative impacts and unmet need in communities.

The FitLine initiative experienced high demand during the COVID-19 pandemic, particularly during periods of high restriction levels. However, unlike other projects, the design of the FitLine was ideal for pandemic conditions as calls were made remotely and the project did not rely on mentors and participants being in the same room. Additionally, the promotional tools used by FitLine were largely unaffected by the pandemic in terms of radio advertisements, emails to groups, leaflet distribution, and articles printed in nationwide media publications. Group mail out letters referred 23% of FitLine participants to the project, with a further 9% referred by newspaper advertisements or leaflets, and 6% referred by the radio advertisements.

A missing component for FitLine delivery during the pandemic was the ability to link local people to local physical activity opportunities and provision. Much of its focus was on promoting safe and independent physical activity in line with restrictions at any one time. It is therefore unsurprising that FitLine recruitment and engagement reduced as pandemic restrictions eased and older people were able to more freely socialise and exercise in public. Future delivery is unlikely to be affected by pandemic circumstances with restrictions across Ireland removed and a return to normality apparent. Opportunities to embed the FitLine model wholly can be pursued. It is unclear how this will influence levels of engagement and recruitment to the project in this context.

[20] The Wheel (2020). *The Impact of the COVID-19 Crisis: Member Survey.* https://www.wheel.ie/sites/default/files/media/file-uploads/2020-10/MemberSurvey2020Report.pdf

8.4. Social Connectedness and Physical Activity

During the pandemic, ongoing restrictions and social distancing measures meant that FitLine mentors could not signpost or direct participants to local physical activity opportunities. Mentors also described a demand among participants to use the service to not only learn about and access physical activity opportunities, but also other social activities including chess clubs and arts and crafts activities.

While the overall ethos of FitLine is to encourage greater physical activity participation, it appears to be reaching out to and connecting with older individuals who are otherwise disengaged and isolated. As FitLine staff have begun to develop important relationships with Social Prescribers across the country, enabling them to offer FitLine as a referral option for their clients, there is an opportunity for FitLine to embed a 'light' social prescribing type model. Upon registering to the project, participants could share their interests with mentors, and mentors could signpost to relevant local opportunities while also continuing with FitLine. This type of model could further enhance the impact of FitLine on participants' physical activity levels and their overall wellbeing.

Research from the U.S. suggests that older adults who have higher levels of social interaction, be that interaction with family, friends, acquaintances, service providers or strangers, are more likely to have higher levels of physical activity, less time spent sitting or lying around, greater positive moods and fewer negative feelings[21]. Similarly, a systematic review of quantitative studies examining relationships between social support/loneliness and physical activity levels in healthy, older adults aged over 60 found that greater emotional support from others encourages greater enjoyment of physical activity, which in turn makes people more motivated to do leisure exercise i.e., individuals with higher levels of social support for their physical activity are more likely to undertake physical activity in their leisure time[22].

Maximising the social connectivity of FitLine participants can therefore have a direct impact on improving their physical activity levels and overall wellbeing.

[21] The University of Texas at Austin (2019). *Interacting With More People is Shown to Keep Older Adults More Active.* https://news.utexas.edu/2019/02/20/interacting-with-more-people-is-shown-to-keep-older-adults-more-active/

[22] Smith et al (2017). *The Association Between Social Support and Physical Activity in Older Adults: A Systematic Review*. https://ijbnpa.biomedcentral.com/articles/10.1186/s12966-017-0509-8

8.5. Critical Success Factors

Informed by a review of feedback provided by staff, participants, mentors and stakeholders, there are 6 critical success factors for FitLine. These are summarised below:

- **Mentors:** the role, skills, personality, and profile of the mentors is critical to the future success for FitLine. Their ability to connect with older people and their professionalism in carrying out their duties was noted as hugely important. The peer support model of older people supporting other older people was also referenced as significantly important.

- **Mentor Time and Commitment:** previous iterations of FitLine offered the mentoring opportunity to older people only but during national expansion, participation included anyone who was interested. However, drop out was highest among those with college and work commitments therefore ensuring mentors have the time to undertake their role is vital.

- **FitLine Staff:** as with mentors, the role, skills and approach of FitLine staff when promoting the service and registering participants is a critical success factor. One of the stakeholders highlighted that existing staff were 'non-threatening and engaging' and that this was vital to securing buy in and ensuring sign up to the project. Staff are also essential to the coordination and management of mentors and administration related to the project. Without staff, the project would not work at a national level.

- **Links and knowledge of participants' local area:** To ensure optimal service provision to all participants, it is essential that the mentor they are engaging with has knowledge and awareness of the participants' local area. Without this, conversations may be less personal and result in less satisfied participants. It also restricts the potential for onward referral to local activities which can help sustain participation, social connectedness, and wellbeing.

- **Mentor training:** as volunteers, it is imperative that mentors are trained and upskilled to carry out their roles and responsibilities. With 39% of those who disengaged not completing or progressing after training, ensuring the training provided is appropriate and not too overwhelming is essential to future success.

- **IT infrastructure:** to effectively manage FitLine on a national basis, user friendly IT infrastructure including mobile phones and the CRM system is critical for both mentors

and staff. Appropriate IT infrastructure assists with the overall efficient and effective delivery of FitLine.

Section 9: Recommendations

9.1. Introduction

Based on the analysis and key findings within this report, a series of recommendations are set out below.

9.2. Recommendation 1: Promotion and Recruitment

The analysis revealed that the FitLine initiative did not reach its targets of 120 total mentors or 1,000 participants. Whilst the FitLine initiative made a concerted effort to advertise and spread information about the project via a number of mediums including radio, print media, and the internet this was not enough to meet targets. The FitLine staff also worked closely with a number of stakeholders including health professionals, national governing organisations, local sports partnerships, community groups, local parish groups and a large number of retired associations during the promotion of FitLine. Although there was significant time and effort put in to developing these relationships the uptake was not what was hoped for. This is unsurprising in the context of COVID-19 and its associated restrictions.

As Irish society re-opens and the pandemic restrictions are eased, it is recommended that FitLine staff continue to implement a two-fold promotional campaign, targeting both mentors and participants across the country. Suggestions include hosting in-person events in local areas and inviting key stakeholders such as Men's and Women's sheds, and older people's organisations to share information as well as linking with the Irish Social Prescribing Network to raise awareness of the availability of the scheme. Efforts should be focused in counties where there are currently no participants: Monaghan or no mentors: Kerry, Longford, Mayo, Offaly, and Waterford. Ensuring promotional materials accurately reflect targeted participants is also important. It is recommended that FitLine staff update and develop promotional materials to better target the range of audiences/personas the project may attract.

9.3. Recommendation 2: Mentor Placement & Support

Social restrictions imposed by Covid-19 meant that fidelity to the original on-site mentor model was compromised. As restrictions are eased and there is a return to face-to-face provision, it is recommended where possible to bring mentors physically together to make calls and to support social interaction. It is also recommended that as more mentors and participants are recruited, participants are assigned mentors in the same CHO area or county where possible. This is in line with the original intention for the project that could not be realised in the national expansion due to recruitment challenges.

The role, time and commitment of mentors has been identified as a key critical success factor for FitLine. To optimise future success and retention of mentors, it is recommended that FitLine staff foster a peer support network among mentors via the coffee mornings or team building days, outside of their call responsibilities. Staff should also seek to collect feedback and data from mentors on the appropriateness of their training after some time has elapsed. This will ensure mentors feel sufficiently supported in their role. It will also ensure FitLine staff can better tailor training to meet needs.

9.4. Recommendation 3: Access to local information

Participants expressed that they would like to receive up to date information from their mentors on local provision and physical activity opportunities. The existing mechanism includes a request to FitLine staff for this information however this is not always readily available or accessible online. In line with the ethos of the project, to instil and promote 'readiness to change' among participants, it is recommended that mentors encourage participants to take the first step to find out what is happening in their area rather than rely on staff sourcing information.

9.5. Recommendation 4: Implementing a 'Light' Social Prescribing Model

This evaluation highlights demand among FitLine participants to avail of other social opportunities within their area, both those linked to physical activity and not. There is an opportunity for FitLine to use its unique position, successfully reaching out to and engaging older people who are otherwise isolated, to enhance their overall local involvement. This could be done by embedding the principles of Social Prescribing and signposting participants to other existing Age & Opportunity initiatives as well as external provision.

Age & Opportunity's Engage Programme Changing Gears initiative is another opportunity available for participants and mentors. It was only possible to offer this initiative online during the time of this evaluation and most participants do not have access to the internet. Changing Gears when offered face to face may have a better uptake amongst participants and mentors and offer an opportunity to bring people together socially.

9.6. Recommendation 5: Data Collection

This evaluation highlights the challenge with measuring impact on physical activity levels using only the M1 measure at two time points i.e., baseline and follow up. It is thus recommended that mentors continue to record participants' physical activity levels after each call to enable their

average physical activity trends to be measured. It would also be helpful to assess physical activity levels using the M1 measure in conjunction with other information for example, perceived level of improvement and corresponding reasons. This will allow a fuller picture of the challenges and circumstances participants are facing e.g., injury, weather, caring responsibilities.

9.7. Recomendation 6: Data Collection System

Until January 2022, Salesforce was the primary CRM system used for FitLine. However, for some mentors who were less IT literate, the system created challenges, and, in some instances, it was a barrier to their project participation. As a result, a new system called Form Assembly is being investigated. This would remove the multi-authentication requirement with Salesforce and has the potential to be more user friendly.

It is therefore recommended that continued research into a new system of data collection occurs. Adequate, user friendly and successful data collection is key to the continued evaluation of the FitLine initiative and must be put in place to ensure the continued development of the project to meet the needs of participants and mentors alike. Future evaluations should assess the appropriateness of the chosen system.

9.8. Recomendation 7: Secure Additional Resources

FitLine is strategically aligned to national level policies and strategies aimed at addressing the physical and mental wellbeing needs of the older population. The outcomes it has delivered for a vulnerable population during a global pandemic will continue to be significant as Ireland enters the recovery period. For example, research by the HSE highlights the impact of the pandemic on older people and identifies a need to support them with an evidence-based approach to rehabilitation and coordinated access to services that promotes their recovery.[23]

It is therefore recommended that Age & Opportunity seek additional resources to facilitate the ongoing delivery of the project once funding under the Keep Well Campaign has concluded. The role of staff is critical to the success of FitLine, thus future bids should prioritise staff costs. In pursuit of resources, longer term investment from key government departments in health, community, and physical activity should be explored.

[23]https://www.hse.ie/eng/about/who/qid/covid-19-qi-learning/qi-resources-to-support-learning-from-covid19/covid-19-pandemic-impact-paper-2021.pdf

Appendix 1: Trans Theoretical Model

The FitLine initiative used an adjusted Trans Theoretical Model (TTM) to record the stages of change for participants. The Trans Theoretical Model which posits that health behaviour change involves progress through 6 stages: precontemplation, contemplation, preparation, action, maintenance, and relapse[24]. Stages of change were recorded for participants by their mentors on a scale of 1-6. Rather than using these terms to define the 5 stages, the FitLine initiative named the stages as follows: 1. non-mover, 2. good intentions, 3. getting going, 4. going great, 5. More than 6 months moving, 6. Relapse These relate as follows:

Pre-Contemplation (Non-Mover)
An individual has no intent to change behaviour in the near future. Pre-contemplators are often characterised as resistant or unmotivated and tend to avoid information, discussion, or thought with regard to the targeted health behaviour.

Contemplation (Good Intentions)
Individuals in this stage openly state their intent to change within the next 6 months. They are more aware of the benefits of changing but remain keenly aware of the costs. Contemplators are often seen as ambivalent to change or as procrastinators.

Preparation (Getting Going)
The stage in which individuals intend to take steps to change, usually within the next month. Preparation stage is viewed as a transition rather than stable stage, with individuals intending progress to Action in the next 30 days.

Action (Going Great)
Action stage is one in which an individual has made overt, perceptible lifestyle modifications for fewer than 6 months.

Maintenance (More than 6 months moving)
Individual is working to prevent relapse and consolidate gains secured during Action stage. Maintainers are distinguishable from those in the Action stage in that they report the highest levels of self-efficacy and are less frequently tempted to relapse.

[24] Prochaska and Velicer (1997) *The Transtheoretical Model of Health Behaviour Change.* https://pubmed.ncbi.nlm.nih.gov/10170434/#:~:text=The%20transtheoretical%20model%20posits%20that,action%2C%20maintenance%2C%20and%20termination.

Relapse

In the traditional TTM model, stage 6 is termed termination and refers to a stage where an individual will not relapse. For the purposes of the FitLine initiative, stage 6 instead means participants who have relapsed in their physical activity to low levels of activity but are still actively engaged in the project and hope to improve once again.

Due to the varying numbers of recordings for each participant and the frequent variations in their stages of change from call to call, it was not feasible to track every stage fluctuation for each participant. Instead, a general trend was identified for each participant using the themes of overall improvement, overall regression, and overall maintenance. These themes are defined as follows:

Overall Improvement

- General improvement – Participant experienced an improvement in their stage of change between first and last recording with no more than 1 or 2 slight regressions which were nullified by the next recording; or
- Varying (Improvement) – Participant experienced multiple episodes of improvement and regression which evened out to produce an improvement between first and last recording; or
- Regression then improvement – Despite an initial regression in stage of change, participant experienced an overall improvement between their first and last recording.

Overall Regression

- General regression – Participant experienced a regression in their stage of change between first and last recording with no more than 1 or 2 slight improvements which were nullified by the next recording; or
- Varying (Regression) - Participant experienced multiple episodes of improvement and regression which evened out to produce a regression between first and last recording; or
- Improvement then regression – Despite an initial improvement in stage of change, participant experienced an overall regression between their first and last recording.

Overall Maintenance

- Maintenance – Participant experienced a maintenance in their stage of change between first and last recording, any improvements or regression were nullified by the next recording; or
- Varying (Maintenance) - Participant experienced maintenance between first and last call but had multiple occurrences of improvement and regression between recordings.

Stages of change data for participants is reflected in the graph below: