Mental Health and Physical Activity

Consultation looking at how people with mental health problems can get more active in Kingston upon Thames

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SECTION 1 - INTRODUCTION

Kingston Council Public Health Department commissioned Together for Mental Wellbeing to undertake a consultation to gather the views of people with mental health problems on physical activity. The three groups consulted with were:

1. Individuals who experience mental health problems and/or use mental health services
2. Mental Health Service Providers
3. Organisation who provide physical activities (leisure providers).

They wanted to know what activities people already knew were available, what activities they would like to do, what the barriers to accessing activities were and what support they would need to access them.

They also wanted to hear from Mental Health Service Providers about what activities they were aware of, what activities they currently offered, what they felt the barriers were and how they could best support people who accessed their service to undertake more physical activity.

Finally, they wanted to find out from leisure providers what activities they provided, if any, specifically for people with mental health problems, how they could support people better and what they felt the barriers to access were.

All the information gathered has been summarised and included within this report.

Kingston Council Public Health department have commissioned a new service specifically around increasing physical activity for people with mental health problems. This service aims to support and enable people to access existing programmes and to develop new initiatives that have been identified through the consultation work.

Together for Mental Wellbeing

Together for Mental Wellbeing was founded in 1897 with the purpose of supporting people with mental health problems, complex or multiple needs. Our approach is person-centred, recovery-focussed and practice-based through service-user leadership.

We currently work with more than 4,000 service users in over 70 services each month across England. We provide 20 residential services to those with complex or multiple need, 15 supported accommodation, 11 floating support to those in their own homes, 14 community support services as well as advocacy, forensic advocacy and court liaison and diversion services.

Service user leadership is embedded at all levels of our governance and delivery, including at board and director level through our Service User Involvement Directorate and 3 Service User trustees.
The work of the Service User Involvement Directorate

The Service User Involvement Directorate (SUID) was formed in 2004 to develop innovative practice around service user involvement, leadership and peer led support. The work of the Directorate is service user led and the majority of staff and volunteers have accessed mental health services or experienced mental distress themselves.

SUID works across Together projects and in partnership with external organisations, including Primary Care Trusts (now Clinical Commissioning Groups), Councils, Foundation Trusts, private sector organisations and other third sector organisations. It provides a collective service user perspective on a range of issues relating to mental health and mental health services. This is in addition to undertaking consultations with service users and other stakeholders, developing and delivering training sessions and programmes, and providing specialist advice and consultancy services.
SECTION 2 - METHODOLOGY AND ACTIVITIES

It was agreed that experienced service user volunteers from Together would work alongside service users from the local community to undertake specific elements of the consultation. This established way of working enables local service users to develop their skills, knowledge, experience and confidence in undertaking consultations. They were supported by staff and volunteers who are experienced in planning and undertaking consultations, analysing the data produced and producing reports with recommendations for implementation.

The following key activities were undertaken in order to reach as many people and organisations as possible to take part in the consultation

- Advertisement of Information Session for service users and mental health service providers to find out more about the consultation and help shape it
- Facilitation of Information Session and design of questionnaires and focus groups for service users, mental health service providers and leisure providers
- Advertisement of 7 focus group meetings through local networks and communities to reach as many people as possible
- Conducted 6 of the 7 focus group meetings
- Extensive circulation of questionnaire via email using SurveyMonkey and by post to known contacts, including visiting service user groups to increase the response rate
- Undertook 1-1 telephone interviews with Mental Health Service and Leisure providers
- Visited Tolworth Hospital to get the views of patients attending the mental health unit
- Undertook Initial analysis of quantitative and qualitative data from questionnaires, focus groups and interviews
- Production and dissemination of written report with recommendations

The group of staff and volunteers who devised the consultation framework felt it was important to ask a minimal number of closed questions and as many open questions as possible to provide qualitative rather than quantitative answers. As such, each of the questionnaires, focus group discussions and interviews asked people to consider the following key areas. A full breakdown of all questions asked can be found in Appendix A.

Service Users
1. What do you think of physical activity?
2. What leisure facilities do you use?
3. What local physical activity projects are you involved with?
4. New Physical Activity Service
5. Other – the benefits of exercise and additional support

Mental Health Service Providers & Leisure Providers
1. Physical Activity Projects
2. Barriers faced by people with mental health problems accessing physical activities
3. New Physical Activity Service
SECTION 3 - FINDINGS FROM SERVICE USERS

a) Number of respondents

A total of 62 service users took part in the consultation as detailed below:

- 48 questionnaires were returned. Of these, 44 were in ‘hard copy’ and 4 were received electronically.
- 12 people took part in informal interviews
- 2 people took part in 5 arranged focus group discussions as detailed below

<table>
<thead>
<tr>
<th>Location of Focus Group</th>
<th>No People Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Maldon</td>
<td>0</td>
</tr>
<tr>
<td>Surbiton</td>
<td>0</td>
</tr>
<tr>
<td>Chessington</td>
<td>Cancelled due to prior low attendance</td>
</tr>
<tr>
<td>Kingston 1</td>
<td>1</td>
</tr>
<tr>
<td>Kingston 2</td>
<td>1</td>
</tr>
</tbody>
</table>

In addition to the 62 service users who took part in the consultation, a further 12 people at Fircroft attended an informal information session.

b) Demographics of respondents

A data monitoring form was included within the survey. However, some respondents did not complete some or all the quantitative data requested. The following data provides an analysis of participants by gender, age and ethnicity.
c) **Summary of responses**

**What do you think of physical exercise?**

When asked “are you interested in physical exercise”, 80% of the people who completed the questionnaire said “yes” they were interested in physical exercise.

76% of people who completed the questionnaire said they already participated in some form of physical exercise including walking, cycling, keep fit classes, yoga, swimming, pilates, football, attending a local gym and using a fitness DVD at home. Some people revealed that it was more difficult to take part in physical exercise during the winter months.

When asked what prevents people with mental health issues taking part in physical activity, people felt that their own physical and mental health needs acted as a barrier to keeping fit. In addition to this, many people referred to high costs to access facilities, not being able to access some leisure facilities and just not being interested or motivated to take part in physical activity.

Many people felt that the following could help people with mental health issues take part in more physical activity:

- Subsidised cost of classes
- Support to attend / buddy
- Someone to help motivate them to get involved
- Small classes
- Local venues that are easy to get to
- Age and ability appropriate classes
- No ‘athlete’ types in the class
- It would have to be fun!!!!!

**What leisure facilities do you use?**

Out of the 48 questionnaires returned only 32 answered all or some of the questions in this section. Those who did not answer may not have undertook any form of physical exercise or used any facilities in the area.

We were interested to find out what leisure facilities people were aware of in their local area. These included facilities that were open to the general public and also specialised physical activity groups for people who experienced mental health problems.

Those who responded were aware of local gyms, including YMCA, Nuffield, Kingfisher and David Lloyd and local swimming pools. However, 47% of those who responded had not accessed these facilities themselves. Out of the 53% of those who had accessed these leisure facilities, 84% of people would recommend them to a friend.
What local physical activity projects are you involved in?

Out of the 48 questionnaires returned, 26 people responded to this question. It may be that those who did not respond were not aware of any local physical activity projects. Those who did respond, provided details of the following local activity groups, some of which they attended:

- Fit as a fiddle
- Local walking groups including the Tuesday walking group at Tolworth Hospital and the Kingston Rambling group
- Surbiton Caledonian Society
- YMCA
- Kingston Mind Football

Of those who were aware of local activity projects, only 17% of people attended them.

New Physical Activity Service

The final stage of the consultation was to ask people what activities they would most like to be able to access, what time of day these should be held and what support people may need in order to access them. This will help design, develop and provide a service specifically for people with mental health problems to become more active.

Out of all the questionnaires submitted, 25 people answered the questions in this section.

The most popular activities that people would like a new service to offer include the following activities:

- Keep fit
- Yoga
- Football
- Cycling groups
- Swimming
- Dance classes
- Walking groups
One person also mentioned undertaking events such as dry rowing the River Thames or a cycle journey. Table tennis and ten pin bowling was also referred to a minority of respondents.

It was felt that these activities should take place in local community centres or halls, local parks, at Fircroft or the YMCA. The preferred times and days for these sessions are detailed below. Please note that some people opted for more than one session day / time.

<table>
<thead>
<tr>
<th>Time of day</th>
<th>Number preferred out of 27</th>
<th>% of people who answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mornings</td>
<td>4</td>
<td>14.8%</td>
</tr>
<tr>
<td>Afternoons</td>
<td>15</td>
<td>55.6%</td>
</tr>
<tr>
<td>AM or PM</td>
<td>5</td>
<td>18.5%</td>
</tr>
<tr>
<td>Evenings</td>
<td>6</td>
<td>22.2%</td>
</tr>
<tr>
<td>Weekends</td>
<td>3</td>
<td>11.1%</td>
</tr>
</tbody>
</table>

When asked what support they would need to get more active, people referred to the importance of affordable and subsidized classes and support from another person to take part in physical activity (at least to provide an introduction) and help motivate them. It was also felt that more information was required to inform people about what is available and to take into consideration those who have childcare needs and use public transport.

**Other – mental health, exercise and additional support**

When asked what prevented people from being active or accessing local facilities, 20 people felt that their mental health prevented them from doing so. In addition to their specific mental health needs, people also referred to having a lack of confidence, having good days and bad days so not being able to commit, the negative side effects of medication, lacking in energy and motivation, body image and physical health problems.
12 people said they would like to support others to become more active by attending classes with people who didn’t want to attend on their own. This would form an important buddying relationship that offers encouragement companionship and motivation.

**Feedback from informal interviews and focus groups**

Despite advertising and circulating information about focus group discussions in a variety of areas and at a variety of different times, attendance at focus groups proved to be very low. Only two people chose to take part and information gathered was through an informal interview style. The information offered by these 2 people echoed the findings from the questionnaires, and did not reveal anything different or in contradiction.
Similarly, informal interviews with 12 people at Tolworth Hospital revealed similar information. 6 of those we spoke to also completed and returned a questionnaire. The views of these people are captured below in a graphic that was produced on the day and reflects the conversations that took place.
SECTION 4 – FINDINGS FROM MENTAL HEALTH SERVICE PROVIDERS & LEISURE PROVIDERS

a) Number of respondents

A total of 14 people who provide services took part in the consultation as detailed below:-

- 9 questionnaires were returned by 8 mental health service and leisure providers. These were as follows:-
  - Addiction Support and Care Agency
  - YMCA London South West
  - Hestia
  - Kingston Mental Health Carers Forum
  - Family Advice & Support Service, Kingston
  - Arts Office, Kingston Council
  - Pro-Active South London
  - Age Concern
- 2 people took part in telephone interviews – one person from South West London and St Georges Mental Health NHS Foundation Trust and one person from Age Concern
- 3 people took part in focus group discussions – one person from Hestia Housing and one person from One Housing Group and one person from the YMCA.

b) Summary of responses

Physical Activity Projects

50% of those who completed a questionnaire said that they have or are running physical activity projects for people with mental health problems. These include:-

- Summer walking group – *Hestia Housing Floating Support and Outreach*
- Swimming group – *Hestia Housing Floating Support and Outreach*
- Paying for first 2 months subscriptions to a local gym – *Hestia Housing*
- Yoga and Mindfulness – breathing, relaxation and movement – *Addiction Support and Care Agency*
- GP exercise referral and inclusive fitness (gym and class sessions) – *YMCA London South West*
- Boxing project with clients from *MIND Fulham Enterprise Project* for people with behavioural problems

Most organisations said that these groups had previously been or were currently successful, although a lot of work goes into supporting people to continue to attend.

Barriers faced by people with mental health problems accessing physical activities

All respondents provided detailed explanations of the barriers that they felt people with mental health problems faced in accessing physical activities. Many shared similar views and these have been captured below:-
• Isolation. People have issues with self esteem and do not always have the confidence to attend a class on their own.
• Medication. This can often have side effects which can lead to tiredness or lack of motivation.
• Stigma. Most classes are open to everyone in the community and people may not always feel comfortable attending mixed classes but by opening sessions up to the local community it will hopefully lead to breaking down the barriers and misconceptions about people with mental health problems.
• Cost. Gym membership and classes are costly and many people cannot afford to pay the standard rates.
• Knowledge of what is on offer. Quite often, especially if people are isolated, they may not be aware of what activities, classes etc are on offer.
• Access. Some leisure facilities are very large and impersonal and advertising can often portray unrealistic body images. In addition to this, some gym’s / classes can be very noisy and people can often feel uncomfortable or not welcome
• Obesity. High levels of obesity are often associated with mental illness and people may feel uncomfortable as a result.
• Mental health. People’s mental health in general can lead to a lack of motivation, low moods and anxiety.

One respondent also felt that there was resistance from service users to get involved in any physical activity.

When asked what support providers thought people with mental health issues may need to become more active, many people referred to the support and encouragement that is required, sometimes from a support worker and sometimes from a buddy who has had personal experience of mental health problems themselves. The need for closed activities only for people with mental health issues was important for some, as was holding these within familiar surroundings to ease anxiety. It was also felt that consulting with people to organise activities was important to ensure that it meets their needs and that an approach that introduced exercise gently and at different levels would be beneficial. In addition to this, one person felt that allowing time and the beginning and end of a session to talk as a group with the instructor would be useful so that classes can be adapted in future if need be. It felt important that instructors of classes had relevant knowledge and experience of working with people with mental health issues. Additional encouragement may be needed to enable people to realise that physical exercise may combat the weight gain associated with some psychiatric medications and mental health problems. Finally, the majority of respondents felt that relevant information was crucial, as was making people feel welcome, offering one to one support if required and offering free or subsidised classes would encourage people to be more active.

New Physical Activity Service

Service providers had a range of ideas about how they could support a new physical activity service to promote, provide and support people with mental health problems to get more active. Responses included the following:-
• Constant promotion and encouragement
• Service delivery, input into shaping programmes, involve our clients.
- We would be a partner - trying to access funding if required and bring in appropriate, quality service providers (including local clubs), promotion and evaluation.

The majority of respondents also felt that they could support their clients to shape the service by asking their opinions and supporting them to feedback their thoughts and ideas to the new service provider. Staff could also provide information and advice and provide rooms for discussions and forums to be held. One person felt that they could offer encouragement to do so within therapy session. Service providers could also work with their partners to enable this to happen.

Respondents felt that more people would access the service if there was an incentive to do so, and this could be in the form of a reward or offering free or reduced rates. The importance of accessible information was mentioned by many, including through the provision of a specific website.

c) Feedback from focus group and telephone interviews

**Focus Group**

As with the service user focus groups, attendance at a focus group specifically for mental health service providers and leisure providers was low. This took the form of an informal interview instead, the findings of which largely echoed the responses within the questionnaires. Additional views and thoughts from mental health service providers and leisure providers gathered in this way are detailed below:

**Physical Activity Projects**

It was felt by those who took part that very few mental health service providers run specific activity groups. Hestia provided details of a walking group for people who access their service that has been recently established. Attendees were also aware of other activities that were available. The YMCA’s activities were very successful and affordable. Again, there was nothing specific for people with mental health problems but some activities were accessed by people with mental health problems.

The YMCA hold many activities such as yoga, keep fit, line dancing and martial arts, but these are open to the general public and not specifically for people with mental health needs. It was also known that the YMCA supports walking groups and people can also have access to tandems to use.

**Barriers faced by people with mental health problems accessing physical activity**

When asked what barriers they thought people with mental health issues faced in taking up physical exercise, respondents identified social stigma, lack of motivation, lack of finances, limited knowledge of what is available and a lack of awareness or understanding from about how to work with people with mental health problems.
New Physical Activity Service

Both the mental health service providers and the leisure provider felt they could support a specific new service in a number of ways, ensuring that partnership working maximises available resources:

- They could provide a link between the new service and leisure providers
- Support the service by finding and linking the right activities to the right person
- Promotion of the new service and support from staff once they are aware of and knowledgeable about it
- Support funding bids to access money to provide more activities

Participants expressed the view that leisure providers should tailor activities to meet people’s needs, improve levels of affordability and support buddying someone for those who may find it hard to attend a class on their own. It was also felt that specific age and gender classes may be beneficial and additional support with transport for those who face difficulties using public transport because of their mental and physical health.

Some time was spent discussing the idea of developing a website developed specifically for service providers to access. This would act as a notice board to advertise classes, activities and specific projects that were available for the people they support to access. This could also be accessed by service users themselves who have internet access and be open to leisure providers in the area to provide up to date details and information.

Telephone interviews

2 people who work within mental health services expressed an interest to undertake a telephone interview to put forward their views around the consultation. These also echoed the findings from the questionnaires and details of them can be seen below:

A Recovery Worker at South West London and St Georges Mental Health NHS Foundation Trust is keen to work alongside other community groups to establish more physical activity groups and expressed the following:

“\textit{There is currently a very successful walking group for people with mental health problems which takes place on Tuesday afternoons. At the moment there are 10 regular attendees. They go at the slowest persons pace and check on people’s energy levels before agreeing on that day’s walk. The walking group acts as a social bonding exercise as well as people getting active. They often go for a coffee afterwards. This group is currently being encouraged to take over the organisation themselves but it seems they prefer to have someone else lead on this}.”

“\textit{There is a walking group in Kingston – Walk for Life – which can be accessed by any of the general public. The group have been encouraged to join this group but are reluctant due to the stigma of having a mental health problem}”

Thee ‘Fit as a Fiddle’ project Co-ordinator at Age Concern said:-

“\textit{Age concern run a number of different activities for the over 50’s which a number of people with mental health problems access. It has been very hard work to get these activities off the ground}”
and to get people to attend but once they do these activities have been hugely successful. They are advertised in local newspapers, in hospitals, libraries, via CMHT, OT’s, Therapy leads, Mental Health Service Providers etc. These activities are usually a course of 6 weeks and we run 4 courses a quarter”.

“After the course has finished the people who have attended are encouraged to support each other to continue with some form of physical exercise. The success of these project has been through hard work and research into the area. You need to know your clientele”.
Almost 600 individuals and organisations were invited to take part in this consultation through a series of networks and communication channels identified. The people who chose to take part were able to offer their views and thoughts to provide detailed responses to the questions we posed.

The majority of service users who took part in the consultation were either already taking part in physical exercise or interested in doing so. Whilst we received some responses from mental health service providers, this does not represent the broad spectrum of providers within the area. The response we received from leisure providers was low and came only from those who had an interest within mental health. Provision of activities by YMCA was noted on several occasions by all three groups of people, indicating that it was both an accessible and responsive leisure provider, despite not running sessions specifically for those with mental health issues.

Service users, mental health service providers and leisure providers were able to identify some of the barriers that people face to taking up physical exercise, in addition to offering solutions to motivate and support more people to take up more exercise.

Physical activity can give people a purpose to get up, make you feel good about yourself, help with your physical health as well as your mental health and can be a good way to meet other people. For many getting out and doing something is also a social event. Lots of people who experience mental health issues can feel isolated and taking part in physical exercise can be a way of getting out and meeting likeminded people that they feel safe and comfortable with.

During the consultation, we encountered some initial difficulties in reaching out to people. This was due to a number of reasons including the short timescales for people to take part, lack of interest and support from many providers, the time of year and inclination for many to be interested in exercise during the winter months, disinterest in physical and mental health and consultation overload for many service users. These difficulties were counteracted by putting additional efforts into reaching people through visiting existing service user groups and encouraging and supporting people to take part in informal interviews and questionnaires rather than attend focus group discussions.

Our findings from this consultation indicate that there is a need not only for a specialist service which will promote and support people with mental health problems to take up physical exercise, but also an accessible service that offers a range of physical activities and signposts individuals to activities that are already available in the wider community.
SECTION 6 – RECOMMENDATIONS

In order to increase the uptake of physical exercise amongst people with mental health issues, the following recommendations are made:

1. Efforts should be made to reduce the cost of exercise to improve accessibility.
2. Free forms of exercise should be advertised and publicised more widely to improve accessibility.
3. A buddying scheme should be established to encourage, motivate and support people to take up exercise using telephone, email and text communication.
4. Improvements to information about a range of exercise options should be made and disseminated more widely, and specifically through mental health services.
5. Leisure providers should be supported to develop their understanding of mental health issues to enable them to provide more sensitive services and offer specific classes for those who feel uncomfortable in ‘open’ sessions.
6. New exercise schemes should pay consideration to public transport routes and ensure that they are easily accessible.
7. Childcare provision for people taking up exercise should be offered to improve accessibility.
8. Leisure providers and service providers need to be supported to communicate with each other to ensure they offer complimentary services.
9. A flexible approach to exercise times and levels of ability should be adopted to ensure accessibility.
10. Currently available exercise options should be promoted further amongst people who use mental health services.
11. All services should be inclusive of people of all genders, sexuality, age groups, cultural backgrounds, disability and level of fitness.
12. An accessible website to promote and advertise information should be developed.
SECTION 7 – OUTCOMES

This consultation has achieved the following outcomes:-

- Production of report and recommendations to inform Kingston-upon-Thames Public Health Department about how to best support people with a wide range of mental health issues to increase their levels of physical activity and improve access to services
- 8 individuals, 5 of who are service users, contributed to the design of the questionnaires, focus groups and interviews for service users, mental health service providers and leisure providers
- 1 service user went on to contribute to the running of 2 focus groups
- 1 service user has gone on to volunteer with a pilot physical health scheme for people with mental health issues
- 593 individuals and organisations were invited to take part in the consultation
- 88 individuals and organisations took part in the consultation and had their views heard
Appendix A – Consultation Framework Questions

Service Users

1. What do you think of physical activity?
   a) Are you interested in physical exercise?
   b) Do you currently participate in any physical exercise?
   c) If yes, please tell us what physical exercise you are currently doing
   d) If no, what is preventing you from participating in physical exercise
   e) What would help you get more involved in physical exercise?

2. What leisure facilities do you use?
   a) What local leisure facilities are you aware of?
   b) Do you use your local leisure facilities?
   c) If yes, please state below which facilities you currently use and in which area
   d) If you answered yes would you recommend these facilities to a friend?
   e) If no, why not?

3. What local physical activity projects are you involved with?
   a) What local physical activity projects are you aware of?
   b) Do you attend any local activity projects?
   c) If yes, please state below which groups you currently use and in which area
   d) If you answered yes, would you recommend these facilities to a friend?
   e) If no, why not?

4. New Physical Activity Service
   a) What activities would you like the new service to offer?
   b) Where would you most prefer the activities to take place?
   c) What times would best suit you for activities to take place?
   d) What support, if any, would you need to access these activities?

5. Other – the benefits of exercise and support
   a) Do you feel that your mental health needs prevent you from being more active / accessing facilities?
   b) If yes, please describe
   c) Would you be interested in supporting others to get active?
   d) If yes, what support could you offer?
Mental Health Service and Leisure Providers

1. Physical Activity Projects
   a) Have you / your organisation run or are running any physical activity projects for people with mental health problems?
   b) If no, please tell us why not
   c) If yes, please can you tell us what the project(s) is/are and a little bit about them
   d) If yes, do you consider the project a success and why?
   e) If no, why was the project not a success? Please state below

2. Barriers faced by people with mental health problems accessing physical activities
   a) In general, what barriers do you think people with mental health problems face accessing physical activities?
   b) What barriers do you think people with mental health problems face accessing physical activities specifically within leisure facilities?
   c) What do you think are the main reasons people with mental health problems may not participate in physical activity?
   d) What support do you think is needed to help people with mental health problems take part in physical activities?

3. New Physical Activity Service
   a) How do you as a service provider think you could support this new initiative?
   b) How do you think you could support your clients to help inform, design and develop the new service?
   c) How could the new service support you to encourage people to take part in the activities offered?