

# **'Bespoked' Cycle to Health Evaluation Report:** *Promoting health, well-being & active travel through an Inverness social enterprise*



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**15 May 2020**

## Acknowledgements

The research team wish to thank all the Bespoked participants and support staff for giving up their time to take part in the evaluation and share their experiences. We would like to thank the Bespoked team for all their help with the research. We would also like to thank Dr Nicole Baur for her work earlier in the project.

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## EXECUTIVE SUMMARY

Velocity is an Inverness social enterprise which promotes cycling as a way of helping people adopt healthier lifestyles, encourage sustainable travel and improve emotional well-being. Funded by the European Social Fund as part of the Social Investment Fund, the 'Bespoked' project aimed to develop and test an innovative outreach service to address the mental well-being needs of vulnerable groups such as people with enduring mental health conditions. By delivering cycling sessions in familiar, safe places within the community and tailoring the groups to specific needs, Velocity wanted to address disadvantage and extend the well-being benefits of their original 'Cycle to Health' initiative to a wider range of people. Aiming to overcome barriers to participation, the project focused on developing an effective and workable model to market to the NHS and the Third Sector as a social prescribing intervention. The cycling project was developed in the context of the increasing recognition of the link between physical activity and mental well-being which is currently reflected in Scottish Government policy including its Mental Health Strategy 2017-2027.

The UHI evaluation aimed to determine the efficacy of the intervention, to gauge the range and level of any positive or negative impacts and to make recommendations for its further development as a social prescribing model. The research team conducted qualitative interviews with participants and associated support workers to determine the effect of these groups on health and well-being as well as to explore factors for success, barriers and potential improvements. In total 35 people out of 52 active participants from the 14 cycling groups, delivered to 12 different organisations, have taken part in the evaluation as well as 12 support staff. Working in partnership with Velocity and taking an action research approach allowed feedback from participants to shape the intervention.

Data analysis clearly indicated the impact of the cycling groups was overwhelmingly positive. Some participants found their physical health had improved, but the greatest impact was seen in mental health and well-being. Interviewees commonly reported increased self-confidence, self-esteem and motivation as well as feeling more relaxed and less stressed. Greater self-confidence made some feel better able to take up other activities or join a new group. These self-reported effects were endorsed by support staff observations. Some support staff also believed their relationships with participants had improved as a result of joining in the sessions, which acted as a 'leveller' and broke down the idea of 'us' and 'them'. Increased cycling skills and self-confidence opened up the possibility of continuing cycling either as a regular leisure activity or a mode of transport to facilitate independence. The Social Return on Investment (SROI), undertaken as part of this project, demonstrated that £2.08 of social value had been created for every £1 invested in the Bespoked programme.

Several factors for success were evident from the thematic data analysis as outlined below:

- Highly skilled and experienced cycle leaders who motivated participants and made sessions fun
- Successful partnerships with organisations and ensuring staff were well-informed and prepared
- Presence of staff on rides helped to support the participants and enhance group safety
- Positive attitude and motivation of staff helped participants feel motivated and engaged
- All bikes, accessories and waterproof clothing were supplied free of charge by the team
- Small group size
- Session structure and timing
- Non-judgemental environment, where shared experiences fostered trust, acceptance, team-working
- 'Bespoked' approach – tailoring sessions to group and individual needs

Although feedback about the intervention was very positive, it was evident that there were barriers to participation such as physical or mental health issues, lack of childcare, the weather or the timing of sessions being incompatible with work, education or appointments. As a result of the type of conditions experienced, barriers such as anxiety, a lack of self-confidence or the effects of medication could affect attendance. It was evident that the Bespoked team tried to overcome these kinds of obstacles by encouraging and supporting people to take part. Some of the more difficult challenges were due to unsurmountable workforce issues within the partner organisations like requiring cover for staff joining cycle rides, staff availability because of part-time working and rotas and also staff shortages. When asked what they would like to improve about the groups, the vast majority of interviewees said there was nothing they would change. The most common 'improvement' suggested was to increase the number of sessions and therefore the opportunity to cycle. Detailed data analysis is presented in the report after the methodology section and a summary of the themes is given in Appendix I.

If this intervention were to be replicated in other areas, the following points should be taken into consideration based on the evidence gathered in this evaluation:

- Successful facilitation of sessions requires a high level of professional skill and knowledge combined with experience of working with vulnerable people and groups.
- Keeping the groups small helps the leaders to manage and motivate the whole group while simultaneously supporting each individual and meeting their needs.
- 'Bespoked' approach should be embedded in the sessions in terms of appropriate timing, routes and goal setting to accommodate each individual's level of ability and self-confidence.
- The programme requires sufficient resources in terms of free equipment and staff time.
- Establishing successful relationships with partner organisations takes time but ensures staff concerns are allayed so they 'buy in' to the programme before recruiting participants.
- Effective data sharing agreements with partner organisations are essential to clarify roles and responsibilities and facilitate adequate risk assessment and signposting to other services.
- Bespoked envisaged extending cycling courses to increase sessions as well as integrating with Velocity's Cycle to Health project to facilitate a better transition to cycling in the community.
- Training should be built into the support framework for cycle leaders, given the diverse range of mental health conditions and other issues encountered.
- Sustainability would be increased by having time to follow-up previous groups and offer cycle training to organisations.

This combination of physical activity, being outdoors and the social character of the cycling groups together with its skilled group leadership and 'bespoked' approach has had an impact on the self-reported mental well-being and physical health of participants. Evaluation evidence indicates the Bespoked project has developed an effective and workable social prescribing model to improve mental well-being amongst some of the most vulnerable groups in Inverness.

## INTRODUCTION

*"I lost myself. I didn't think about aches and pains. I just thought about how good it was to ride a bike" (P19).*

### Background

Operating from its café and workshop in Inverness, Velocity is a social enterprise which promotes cycling as a way of helping people adopt healthier lifestyles, encourage sustainable travel and improve emotional well-being. Funded by the Smarter Choices, Smarter Places (SCSP) Open Fund supported by Transport Scotland, the original Cycle to Health project targets people experiencing mild mental health difficulties, social isolation, low mood or anxiety. Building on their success, Velocity, in partnership with UHI Rural Health and Well-being, instigated the 'Bespoked' Project, funded by the European Social Fund as part of the Social Investment Fund. The 'Bespoked' aim was to develop and test an innovative outreach service to address the mental well-being needs of more vulnerable groups such as people with enduring mental health conditions. By delivering cycling sessions in familiar, safe places within the community and tailoring the groups to specific needs, 'Bespoked' wanted to address disadvantage and extend the well-being benefits of their cycling initiative to a wider range of people. Aiming to overcome barriers to participation, the project focused on developing an effective and workable model to market to the NHS and the Third Sector as a social prescribing intervention.

UHI investigated the impact of this combination of physical activity, being outdoors and the social character of the cycling groups on mental and physical health. The research team conducted qualitative interviews with participants and associated support workers to determine the impact of these groups on health and well-being as well as to explore factors for success, barriers and potential improvements. Taking an action research approach allowed feedback from focus groups at the mid-point review to shape the intervention in the subsequent months. A Social Return on Investment was also undertaken. Working in partnership with Velocity, UHI evaluated Bespoked's success, identified the contextual factors involved and assessed potential scalability, testing whether this innovative model could promote health and well-being amongst some of Inverness's most vulnerable residents.

### Objectives

Velocity's existing in-house evaluation measures suggested that the Cycle to Health project was succeeding in increasing mental well-being as well as improving physical fitness. Velocity gauged the project's impact by collecting information from participants using questionnaires and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). Previous participants had reported that both the physical activity and the social element of the cycling groups had a positive effect on their mental well-being. For Cycle to Health the majority of participants self-refer although they can be referred by a healthcare professional such as a GP or one of the Community Mental Health Team. However, the person is required to make the initial contact with Velocity themselves. Velocity advertise the project in, for example, the Inverness City Advertiser (ICA – [what'sonhighlands.com](http://what'sonhighlands.com)), GP surgeries and New Craigs psychiatric hospital in Inverness. After an initial 1:1 and cycle assessment participants join a



small group comprising 3 to 4 people of similar ability and confidence, which runs over 4 weeks. The initial 2.5-hour sessions are open to all abilities and aim to increase cycling skills and confidence, enabling people to progress to regular 'social' rides involving the wider pool of existing Velocity participants at evenings and weekends if they wish. All necessary equipment, such as bikes, helmets, waterproofs and lights, is provided, so that there are no costs for the participant.

Following their experience of Cycle to Health, Velocity believed that more vulnerable people with multiple and complex barriers to inclusion could also benefit from the project. Velocity felt these individuals would not access the Cycle to Health project in its existing format because they lacked the self-confidence to self-refer within the current framework. Having successfully trialled two "Bespoked" sessions in 2017-18 for pre-existing vulnerable groups, Velocity wanted to test this method of engaging participants with the aim of improving the mental well-being of those experiencing multiple barriers to engagement. Feedback from participants from the trial sessions indicated that they would not have engaged with Velocity without a group tailored to their own needs. Aiming to build on Velocity's local knowledge and project experience, the new 'Bespoked' outreach service therefore aimed to address the mental well-being needs of more vulnerable groups such as people with enduring mental health conditions and residents in deprived communities.

By adopting an action research approach, the objective was to develop a robust working model to market to the NHS and the Third Sector as a social prescribing intervention, which could be rolled out to many other communities across both the region and Scotland in the longer term. Having been tried and tested, Velocity would have a 'ready to go' model for social prescribing which could be sign-posted by the proposed GP Link Workers currently being trialled in GP practices in Scotland. Aiming to work in Inverness communities within the first quintile of the Scottish Index of Multiple Deprivation (e.g. Merkinch, Inverness Central and Raigmore), Velocity also planned to go to one outlying rural community. Velocity wanted to test this model in a more rural location outside Inverness to investigate the challenges and gauge the feasibility of offering such a service in this type of community.

### Bespoked project structure

At the beginning of the project, the Bespoked team comprised three part-time project workers and a project manager. In addition to being qualified cycle trainers and cycle leaders, they have professional backgrounds in areas like healthcare, social work and/or counselling. At a later stage three more group leaders were recruited to maximise the number of sessions delivered before the end of the project. Working with the Bespoked project manager, they were able to lead two additional groups. The Bespoked team contacted a total of 24 organisations in Inverness to explain the project aims and to ask if they would like to participate in the cycling programme. They followed up expressions of interest and developed relationships with different organisations serving and representing a variety of people with multiple vulnerabilities. In addition to enduring mental health conditions, these included poverty, domestic abuse and homelessness. These organisations could then approach potential participants about joining a cycling group. The objective was to carry out initial introductory meetings at the organisational base and lead the subsequent group rides from places already familiar to participants with the help of known support staff. Once participants completed their "Bespoked"

sessions, Velocity hoped the transition to the current community based social rides from Velocity Café would be easier for more vulnerable individuals.

### COVID-19 and 'lockdown' measures

Towards the end of the project, Bespoked and UHI had to respond to the COVID-19 outbreak and the subsequent implementation of social distancing measures and 'lockdown'. For Bespoked, this meant having to cancel the remaining cycling sessions with three groups from the week beginning 16<sup>th</sup> March in order to comply with social distancing requirements. The team followed-up these groups and offered 'bespoked' virtual support including 1:1s and group sessions as well as 'stay active' challenges, route planning and advice on how to stay active during this time. Bespoked had two virtual meetings with staff from two of the organisations whose sessions had to be cancelled. They had three 1:1s with participants from these groups and linked them into Velocity's existing Cycle to Health project. Due to the COVID situation, some staff from partner organisations have been either unable to work or assigned to work only classified as 'essential' which has meant individuals have found it more difficult to access any further support. In addition, Bespoked contacted all the previous groups to offer support to transfer to Cycle to Health. In order to continue the evaluation after 'lockdown', the research team arranged interviews by telephone and VC. Due to the cancellation of the groups, some of those interviewed had not finished the expected number of sessions. In some cases, a few potential interviewees could no longer be reached due to personal or work circumstances. Therefore, as a result of these unavoidable and unforeseeable circumstances, fewer interviews were conducted than planned at the end of the project.

This final evaluation report outlines the policy context in which the Bespoked intervention has taken place, explains the methodology used by the research team, presents the results of the thematic data and SROI analyses and, finally, makes recommendations about taking the intervention forward based on the findings.

## POLICY BACKGROUND

### Mental health and physical activity

The link between physical activity and mental well-being is sufficiently well established for it to be reflected in Scottish Government policy as well as initiatives by many mental health organisations. The Mental Health Foundation states that physical activity is beneficial for a wide range of mental health conditions:

*“Exercise has been proven to be effective for various mental health issues - from those more common, such as depression and anxiety, to those less common, such as schizophrenia and dementia”* (2016, p. 81).

The Scottish Government Mental Health Strategy: 2017-2027 agrees, stating that:

*“Keeping physically active can help with some of the impacts of weight gain as well as having an effect on mood. Our vision is of a Scotland where more people are more active, more often, in part because being active is good for mental wellbeing”* (2017, p. 32).

According to the Scottish Association for Mental Health (SAMH) regular exercise is helpful when it comes to improving mental well-being. ‘Being active’ is recommended in SAMH’s “5 ways to better well-being” leaflet on its website. The Scottish Government Mental Health Strategy specifically includes Action 31 which is to “Support the physical activity programme developed by SAMH” (2017, p. 32). However, SAMH also highlights that participation in physical activity can be difficult for those with mental health conditions:

*“Being active isn’t just good for our physical health; it’s also proven to have a positive effect on our mental health and wellbeing. Yet we know that people experiencing a mental health problem can find it difficult to participate in physical activity and sport. And research suggests that the less physical activity a person does, the more likely they are to experience low mood, depression, tension and worry.”<sup>1</sup>*

Scotland’s Mental Health Charter for Physical Activity and Sport was launched in 2018 with the objective of eliminating barriers experienced by people with mental health conditions engaging in sport and physical exercise. While recognising the link between activity and mental health, it underlines the problems of discrimination and stigma:

*“Research suggests the less physical activity a person does, the more likely they are to experience low mood, depression, tension and worry... It is believed people with mental health problems face stigma about their illness which may prevent them from engaging in physical activity and sport”* (2018, p.3).

The Charter goes on to talk about how to make services more accessible:

*“Stigma and lack of awareness are barriers for engaging people with mental health problems ... For many people experiencing mental health problems the first step to getting active can be very intimidating. You can encourage those with mental health problems by promoting the fact that your service is open and accessible to them”* (2018, p. 7).

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<sup>1</sup> <https://www.samh.org.uk/get-involved/mental-health-charter> (last accessed May 2020).

The Charter came about through the People Active for Change & Equality (PACE) project led by SAMH in 2016, which found lack of support was a significant obstacle for people trying to become more active. To increase participation, the report's conclusions included *"provide practical support and encouragement"* and *"look at creative ways to offer reduced costs"* and stated:

*"There is a place for targeted or discrete provision that provides peer support and helps overcome barriers arising from fear (e.g. of new situations, being judged)"* (Wren, 2016 p.26).

## Mental ill-health and social disadvantage

In addition, poverty and social disadvantage are also factors in mental ill-health. According to the Scottish Government's Mental Health Strategy, *"Poverty is the single biggest driver of poor mental health"*. The Strategy continues:

*"The inequalities that drive differences in physical health outcomes are the same inequalities that detrimentally impact on mental health. Poverty and social exclusion can increase the likelihood of mental ill health, and mental ill-health can lead to greater social exclusion and higher levels of poverty"* (2017, p. 11).

Similarly, in "Good Mental Health for All" NHS Scotland also highlights these inequalities:

*"Poor mental health is not distributed evenly across the population and there is evidence of mental health inequalities in Scotland ... There is evidence of a social gradient for both mental health problems and mental wellbeing in Scotland, with those living in the most deprived areas with extensive socio-economic inequalities, experiencing the poorest mental health" (2016, p.8)."*

## Mental well-being and the outdoors

As well as establishing the link between physical activity and mental health, evidence also shows how mental well-being is also connected to experiencing nature, being outdoors and 'green exercise'. In 2016, Bragg and Atkins produced a comprehensive review of *"nature-based interventions"* for mental health on behalf of Natural England with the aim of raising awareness and increasing the number of projects commissioned. Bragg and Atkins (2016, p.11) outline substantial evidence to demonstrate the positive effect of nature on mental health and wellbeing. As a result of their literature review, Bragg and Atkins conclude:

*"Throughout this published evidence base, there is therefore consensus that nature contributes to enhanced wellbeing, mental development and personal fulfilment. Natural, green environments are places to relax, escape and unwind from the daily stresses of modern life; places to socialise and be physically active, thus having a positive effect on our wellbeing"* (2016, pp. 11-12).

In recognition of the evidence on the benefits of the natural environment on mental and physical health, Scottish Natural Heritage is one of the main partners behind 'Our Natural Health Service', which *"aims to show how greater use of the outdoors can help to tackle physical inactivity, mental*

health issues and health inequalities”<sup>2</sup>. The focus is on increasing awareness of the advantages of ‘green exercise’ and incorporating nature-based interventions alongside mainstream healthcare:

*“Both the health sector and policymakers in general increasingly see the value of the outdoor environment as a resource for improving public health ... Green exercise - active and passive engagement with the environment – is one route towards a healthier Scotland. There’s growing evidence for its place in helping to address physical inactivity, mental health issues and health inequalities”<sup>3</sup>*

## Social prescribing

Social prescribing is attracting more interest in recognition of the potential value of non-clinical based interventions, such as exercise groups, outdoor activities, art therapies and peer support, which are all proving popular in ‘treating’ mental health problems. However, the availability of such non-clinical interventions is variable across Scotland, especially in more remote and rural locations (Morton and Bradley, 2020). In “An Integrated Health and Social Care Workforce Plan” the Scottish Government outlines plans to deliver 250 community link workers working in GP surgeries by 2021 (2019, p 4). GPs and other health professionals could then refer patients to a community link worker who would help them to find non-clinical services and support groups which may meet their needs in terms of physical activity and mental well-being. The Scottish Government funded a ‘Links worker’ programme in Glasgow to tackle the effects of social disadvantage on health in communities found in the top 15% of the Scottish Index of Multiple Deprivation (SIMD). The programme involved a partnership between the Health and Social Care Alliance (Alliance) and General Practitioners at the ‘Deep End’, who work in practices in the most deprived communities in Scotland. According to the Alliance, a report from the Scottish Deep End Project (2010) focused on the experience of GP practices in deprived areas and found:

*“a high proportion of consultations with GPs being driven primarily, or largely by the experience of social adversity, especially poverty and financial problems, as well as experiences of violence, addictions, housing and many other difficulties. The GPs felt that they were often unable to respond effectively to these because of a lack of time and with difficulties in accessing community-led services which they knew would benefit their patients.”<sup>4</sup>*

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<sup>2</sup> Scottish Natural Heritage website, (last accessed May 2020), <https://www.nature.scot/professional-advice/contributing-healthier-scotland/our-natural-health-service>

<sup>3</sup> Scottish Natural Heritage website, (last accessed May 2020), <https://www.nature.scot/professional-advice/contributing-healthier-scotland>

<sup>4</sup> Alliance website: <https://www.alliance-scotland.org.uk/in-the-community/national-link-programme/about-the-programme>, citing ‘GPs at the Deep End: Deep End Report 8 Social prescribing (2010) (last accessed May 2020) [https://www.gla.ac.uk/media/Media\\_179091\\_smxx.pdf](https://www.gla.ac.uk/media/Media_179091_smxx.pdf)

## Cycling

A study conducted by Avila-Palencia et al (2018) aimed to examine the link between mode of transport and self-perceived health and social contact, using the Physical Activity through Sustainable Transport Approaches (PASTA) longitudinal study, conducted over two years in seven European cities. They found:

*“Bicycle use was associated with good self-perceived health, lower perceived stress, better mental health, and higher vitality in the single and multiple transport mode models. Bicycle use was also associated with fewer feelings of loneliness in the multiple mode models”* (p. 10).

In an Australian study, Zander et al (2013) investigated the impact of a cycling group for older people including motivations for take-up and barriers. In addition to improved physical health, their findings showed benefits in terms of mental health, social contact and sense of empowerment, which enhanced quality of life:

*“This study suggests that cycling can have a positive influence on the quality of life of older adults, especially through a sense of empowerment and pride, broadening and invigoration of social networks, and simple pleasure. Older people could successfully be encouraged to cycle relatively cheaply and easily by linking them with existing resources in an age-targeted way”* (2013, p. 6).

Zander et al found that the programme increased cycling amongst the age group and concluded that improving confidence via a skills course and involvement of “mentors” was a significant factor.

In this policy and research context, the Bespoked intervention is both relevant and timely with its focus on increasing mental well-being via a physical activity in an outdoor setting. In addition, it aims to address stigma and social disadvantage by identifying and tackling barriers for participation in physical exercise experienced by people with enduring mental health conditions and other inequalities. It recognises that these individuals may require extra targeted support to enable them to benefit from physical activity and engage with the natural environment, both of which are widely recognised as particularly beneficial for mental well-being. Bespoked is also trying to develop its programme to market as a social prescribing intervention at a time when non-clinical ‘treatments’ are gaining ground. Given this context and the Scottish Government policy priorities outlined above, the UHI evaluation aimed to determine the efficacy of this particular intervention, to gauge the range and level of any positive or negative impacts and to make recommendations for its further development as a social prescribing model.

## METHODOLOGY

### Aims

The evaluation adopted an action research approach and employed qualitative research methods involving a combination of semi-structured interviews and focus groups which were undertaken with a range of cycling group participants, support workers and Bespoked project workers. Velocity staff agreed to act as 'gatekeeper's and approach potential participants to establish whether they were interested in taking part and, if so, whether they agreed to their contact details being passed to a researcher. The interviews took place at pre-agreed locations acceptable to both interviewee and researcher such as the associated organisational base or the participant's home. The interviewee could choose to have someone with them if they wished e.g. family member, support worker. This research did not necessitate collecting detailed information on a participant's health background, although the interviewee could disclose more about their condition and/or history if they wished to. Interviews were conducted by a UHI researcher face to face or, if necessary, by telephone. Interview questions elicited participants' positive and negative experiences in order to determine the impact of the intervention, reasons for success, barriers and suggestions for improvement. Interviews and focus groups were recorded and transcribed verbatim for the purposes of thematic data analysis. A Social Return on Investment (SROI) was also undertaken.

The aim was to undertake semi-structured interviews with participants from each target group at the start of the cycling sessions which would also include the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) administered before and after the programme of sessions to gauge the impact on well-being. Interviews were also to be carried out with support workers linked to the target groups. At the project mid-point, it was planned to hold three focus groups to elicit support worker and participant views on Bespoked in order to determine how best the new model could be tailored to meet needs. The feedback would then inform the on-going development of the intervention in the second half of the project. Findings were to be shared with the project manager and Bespoked team in order to improve the intervention. The intention was to adapt the model in line with this feedback and then run a second round of cycling groups following the implementation of any changes. Participants' feedback was envisaged as an essential element in the action research approach, enabling participants to have a role in developing the model to ensure the project developed in a way that they found acceptable and beneficial. At the end of the pilot further qualitative interviews were planned with some of the original participants from the early sessions and their support staff.

### Research questions

The qualitative data collection focused on answering the following questions:

- What are the impacts of the intervention on mental health and well-being of participants?
- What works well about the intervention?
- What are the factors that make the intervention successful?
- What requires improvement?
- Can this intervention be replicated for other areas in Scotland?
- Are there barriers to implementation and take-up of the intervention? If so, what are they and how can they be overcome?
- What role can the intervention play in sustaining health and well-being for participants in the longer term?
- What is the social return on investment associated with this intervention?



- Can this type of intervention be accessed and delivered via GP practices and other health or community facilities?
- Can this intervention be delivered in rural areas?
- Is this intervention effective in supporting more vulnerable groups e.g. residents in more deprived areas, people with long-term enduring mental health conditions?

## Number of participants

Altogether 35 people out of the total of 52 participants from the 14 cycling groups, delivered to 12 different organisations, have taken part in the evaluation. A list of the organisations with brief profiles is given in Table 3 in the SROI section. Five support staff took part in a mid-point focus group and another seven were interviewed. A total of twelve support staff were therefore involved in the evaluation out of the total number of 27 staff members who joined in with at least one cycling session. Two group discussions were held with the three members of the Bespoked delivery team and project manager in December 2019 and March 2020 in order to share interim results, discuss potential improvements and look at changes the team had made over the course of the project. Attendance numbers are shown in the following table.

Table 1

<b>BESPOKED ATTENDANCE NUMBERS</b>					
	<b>Initial (IM)</b>	<b>Meeting</b>	<b>Only Session 1 but not IM</b>	<b>IM &amp; at least 1 other session</b>	<b>All sessions</b>
<b>Total attendees</b>	56		5 *	52**	20***

\* one attended Session 3 only not Session 1

\*\*2 people did not attend IMs but attended at least 2 sessions

\*\*\*3 groups had later sessions cancelled due to introduction of COVID-19 social distancing measures

The 50 people, who attended an initial meeting and at least one other session, were categorised as 'active' participants for the purposes of the evaluation. Two people attended more than one session but had not been present at an initial meeting, so these were also considered as 'active', making the total 52. Six people attended only an initial meeting and did not follow through by attending further cycling sessions. Five people did not attend the initial meeting but went to one single cycling session, usually the first session after the introductory one. These 11 people were therefore categorised as 'inactive'. Bespoked was not able to collect the reasons for non-attendance systematically amongst this group. Where reasons were obtained, they included mental or physical health, lack of childcare and the timing of work or educational courses.

The following table details the number of participants and support staff who took part in the evaluation as well as the method of qualitative data collection used.



Table 2

Method	No. of Participants	No. of Support Staff	Total
Face to face 1:1 interview	13	3	16
Telephone interview	5	3	8
Interview in a group setting	13	1 ( <i>with participant</i> )	14
Focus group		5	5
Email	2		2
Questionnaire only	2		2
<b>Total</b>	<b>35</b>	<b>12</b>	<b>47</b>

### Participation rates

Although the number of participants in the cycling groups was lower than originally envisaged, the level of participation in the evaluation amongst participants (as opposed to staff) was very high at 67%. A total of 38 participants and support staff were interviewed either one to one or in a group setting according to individual preferences, which was just short of the target of 40 in the project proposal. However, another four participants preferred to take part by email or questionnaire and five staff took part in a focus group, therefore a total of 47 individuals were involved in the evaluation. The original Bespoked aim had been to recruit around 80 people on a programme of 16 cycling groups (involving 5-6 weekly sessions) during the project period. As outlined above, the total number of 'active' participants was 52 and included anyone who had attended at least one cycling session on top of the initial participant meeting or two sessions if not present for the first week. Many of the participants were either not able or did not wish to attend all the sessions due to personal, work, education or health reasons. Some would have attended sporadically, and a few would have dropped out of the programme. As specified above, Bespoked was not able to collect reasons for non-attendance on a systematic basis, as individuals were not necessarily easily contactable. A member of the research team attended most of the initial participant meetings in order to be introduced to potential participants, to explain and de-mystify the research, answer any questions and gather expressions of interest in taking part in the evaluation. At these introductory sessions, the Bespoked team spoke to people individually, gathered information they required including the WEMWBS forms and sought formal consent to take part in the cycling programme. During these brief one to one sessions with each participant, the Bespoked team asked individuals if they agreed their contact details could be shared with the research team.

### Research design

Given the complexity and severity of potential participants' health conditions and life circumstances, the research design was flexible from the outset to allow the UHI team to adapt the data collection to the diverse needs of the range of groups with which Bespoked would be working. This flexibility also enabled the evaluation to accommodate the unavoidable delays experienced early in the project. The first cycling groups were started later in the life of the project than anticipated because of the time taken to recruit new staff for both Bespoked and UHI as well as the time spent establishing the partnerships. Although the post-doctoral researcher did not start until 19 August 2019, this did not lead to any delay in the evaluation as the Bespoked team were only beginning to meet with potential participant groups at this time. The evaluation had received ethical approval from the UHI Research Ethics Committee and a research plan was already in place with all relevant documentation

prepared. Therefore, the research team was ready to start as soon as the cycling groups were established. Ensuring organisations were informed and comfortable with the proposed groups was essential and involved a considerable time commitment for the Bespoked team. Therefore, it also took a long time to set up partnerships with organisations, ensure staff were on board and start recruiting participants to the cycling groups. The first group did not start until 15<sup>th</sup> August 2019. Bespoked intended to pilot the new outreach services in three urban areas of deprivation and one rural setting, which was also to involve GP surgeries. However, Bespoked was not able to work with a group recruited from a GP surgery because of NHS data protection compliance.

The UHI team worked closely and communicated regularly with Bespoked in order to make the appropriate adaptations. The data collection was amended to accommodate the different groups in the ways given below.

### Number and timing of interviews

As anticipated, the evaluation design had to be adapted according to the type of participant coming forward for the cycling sessions. The flexible research design allowed the interview strategy and timetable to be adapted to cater for the needs and range of participants with complex and multiple vulnerabilities. However, it was not possible to involve as many individuals as originally anticipated. Firstly, due to the unavoidable delays in the project start-up outlined above, there were not as many cycling groups undertaken as originally anticipated resulting in a reduction in the pool of potential interviewees available. Secondly, for both individual and pragmatic reasons, it was not possible to interview participants twice i.e. at the beginning and end of the cycling programme. This was due to the time taken for potential interviewees to be contacted and the tendency for participants to agree to take part in the evaluation after experiencing a few cycling sessions rather than at the initial introductory session. Some participants simply did not feel able to take part in the evaluation until they had tried the cycling sessions. For many trying a new activity and joining a new group represented a significant and sufficient challenge to take on in the early sessions. Later, when they felt more comfortable in the cycling sessions, they were more likely to express interest in giving feedback about the programme. The need for and availability of interpreting and translation services for participants was a factor for one group, whose first language was not English. For another group, support staff suggested that participants might feel more comfortable if they could fill in a questionnaire instead of having a face to face interview. Given this change to the timing of interviews, it was decided that asking people to complete the WEMWBS was now an undue burden on participants and would not give useful information without comparative data. The team concluded that it was better to examine the anonymised and amalgamated data collected by the Bespoked team at participant meetings and after completing the cycling groups. Following the outbreak of COVID-19 and the subsequent implementation of social distancing measures, data collection methods had to be reviewed. A few potential interviewees who had expressed interest in being interviewed, were no longer contactable after the lockdown. Increased pressure on support staff and changes to working arrangements meant that some staff were no longer available for interview. Due to 'lockdown' restrictions imposed towards the end of the project, it was not possible for health and safety reasons to retrieve the WEMWBS forms collected by Bespoked so this data could not be included in the analysis or the SROI.

### Type of interview

The evaluation involved a wide range of interviewees living in very different circumstances and with diverse health backgrounds. Some were in residential community settings. Vulnerabilities ranged

from enduring mental health conditions, autism, cancer treatment and domestic abuse. Given the nature of some of the enduring mental health conditions and other life circumstances experienced by many of the participants, it was not always straightforward contacting people and arranging interviews outside the cycling sessions. Some participants did not turn up for interviews or cancelled at short notice. Initial contact was usually made via support workers. This diversity of potential interviewees also meant that individuals differed in their attitudes to interview setting. Some participants expressed a clear preference for being interviewed in a group rather than one to one. On the advice of a support worker, two interviewees were given a questionnaire instead of a follow up interview and two others chose to complete the questionnaire rather than be interviewed at all. Again, due to personal circumstances and/or logistical reasons, some people did not want to be interviewed away from organisational bases or at a different time to the cycling groups. Some participants wanted to be interviewed after the cycling sessions because this was pragmatic and much easier for them to manage, given lack of transport and other complications. Some also wanted to be with support workers which again had an influence on the timing and location of interviews.

Following the outbreak of COVID-19 the cycling groups running at that time had to be stopped and their remaining sessions had to be cancelled. Evaluation interviews also had to be conducted by telephone or VC. In this situation two participants felt more comfortable answering questions by email.

Despite the fact there were fewer cycling groups than anticipated and there were problems experienced in contacting and recruiting participants due to the complex and difficult life circumstances of many participants, the 67% participation rate in the evaluation was very high. This level of participation has ensured the research team has been able to collect all the information required and give both timely participant and staff feed-back to Bepoked in order to develop the intervention in accordance with the original action research design.

## Focus groups

Due to unavoidable delays outlined earlier in the start-up of groups, the intervention review point was also later than anticipated. However, a focus group with support staff (November 2019) and a discussion with Bepoked (December 2019) were conducted and improvements to the sessions were discussed. The November focus group provided essential feedback for developing the cycling sessions. Topics discussed included benefits for both participants and staff, factors for success, challenges and potential improvements to the sessions. At the Bepoked group in December interim findings were presented to the Bepoked team to ensure that participant feedback was central to developing the delivery of the cycling sessions in the second half of the intervention as originally planned. It was also an opportunity for Bepoked to share their experiences of organising and leading the sessions including any improvements to delivery and the way in which they were tailoring the sessions to each group to meet their specific needs. In addition to this formal review session, Bepoked and UHI met regularly to keep up to date with developments. UHI were able to feedback anything that would help the development of the programme and maintain a robust action research approach.

Although focus groups were planned, support staff generally advised that the first cohort of interviewees, many of whom have enduring mental health conditions, did not necessarily want to engage in this type of group discussion, especially with people from other organisations that they did not know. Mid-point focus groups went ahead with both support staff and the Bepoked team as planned. Towards the end of the project, the 'lockdown' measures meant it was not possible to organise any end of session focus groups with the later stage participants.

## THEMATIC QUALITATIVE DATA ANALYSIS

This section details the findings of the thematic data analysis. A summary of the themes is given in Appendix I.

### Reasons for participation

Participants' decision to participate in the 'Bespoked – Cycle to Health' project was mostly influenced by others, such as support workers in their organisation. Without the link provided by the organisation they would have not taken on the cycling: "No, I would never had done that, ever" (P29). Velocity was introduced to participants through their organisation (P10) and staff ensured that participants did not have much time to bail out: "we didn't give them an awful lot of time to think about it, agreed that they would take part" (S04). Staff members suggested it as an activity to undertake: "It was recommended by the [organisation] to sign up. Just as something to do for myself and get out and speak to people, things like that" (P29). Word of mouth seemed to be another motivating factor to join the sessions: "yes, he has recommended it to friends and other people in college" (P19).

*Because I'm a single parent and when they had asked me if I'd be interested in cycling (...) I said, 'Oh that sounds lovely, but I'm a single parent I have no childcare'. They had said that they would provide the childcare, so I said 'Fantastic sign me up!'*

Participants also mentioned the desire to learn how to ride a bike, to learn road skills (P19), or simply to have an activity/club to join. In fact, as it happened, participants initiated the sessions themselves: "we even asked for it. We asked [organisation] if there is any activity or any club" (P07). This was often because participants were keen to join a group activity (P02) or simply because they were bored: "I joined because, I don't know, I don't mind cycling and I guess it would have, I guess it was good to meet a few new people. It wasn't really – I didn't really need it for the health reasons, I do a lot of – I keep fit most of the time anyway but I guess I just did it partly as well because I was bored" (P14). Another participant highlighted they signed up to join the sessions as something to do, and to be active again (P30); or to "build my confidence again having gone through treatment and I wanted to get outside more, do something fun. So, I thought I didn't have anything to lose if anything it would be something to look forward to every week" (P31). Similarly, another participant stated it would be an activity to do during with their organisation, and a sport they hadn't practised in a long time (P17). Having a bike already available at home proved to be another push factor: "My bike wasn't being used" (P11). One group had the benefit of having had previous cycling sessions which all participants enjoyed: "It was continuing the group with [name]. We were cycling before, so I was like continuing to cycle every Friday" (P01).

Organisations had their own reasons to participate. Particularly important was the availability of the right staff: "I was very lucky in that I've got [staff names] working with me, because I would have been struggling. You've a range of people that work with you and some people have not been on bikes, or they are older or allergic to bad weather, so you need to make sure that it's going to work" (S04). Equally important was the fact that staff have "got to lead by example, I always think. If you are not prepared to put yourself through it then why should they...?" (S07).

*"I suppose I wanted to – it sounded like it would be a really good thing to do and I hadn't been cycling for a while either so I was quite keen to do that. Just promote a different relationship"*

*between you and a client really, takes it out of context a bit, the kind of work that you are normally doing with them” (S11).*

In one particular case, it was the participants that asked to join a group that focused on cycling, as they had bikes for their children and wanted some training. These participants also do not have many options in terms of transport to attend courses, going shopping and a bike would be useful “and also for their mental health because I think it’s a great experience in cycling, coming from home, not being allowed to cycle and having this opportunity to cycle, it’s a great sense of freedom” (S05). Their own interest and knowledge of the organisation was a motivating factor to start or approach Velocity, “I did a test pilot with Velocity about a year and a half, two years ago, we got in touch with them because we were lacking funding so we were just outreaching to people and see if there was anything they could offer us. And they kind of did a test pilot group with us and it was very well attended, we had like ten participants who still go to the Velocity Cycle to Health now, off their own backs, which has been really good” (S07).

From another organisation the interest in keeping active and the desire to support the client gave the motivation to look further afield: “we start off with one particular young person who was talking about having low mental health and we were trying to find solutions. I’ve got a big passion for sport anyway so I was trying to encourage him to do more sport and we knew about the programme Velocity were starting up and thought it would be a great opportunity to help him but also other people like him. We’ve a lot of young people are looking for more activities like that, so it fed in really well for them and for us ... we approached Velocity. I think my manager knew about the programme that was starting up or in place and we just thought it would be a great opportunity to use that because we don’t have bikes at (...) home, so it’s a great opportunity to use that” (S06).

## Impact

### *Expectations met*

The vast majority of participants said the programme met their expectations and some stated it exceeded their expectations (P20 - 22) as it provided them more than was foreseen when first started “It was more than I expected it to be. The ladies leading the group are amazing, they are so lovely and made me feel so at ease” (P31).

*“It did, yeah. In that way it did, I’ve met lovely people...it was, for me, because I’m an experienced cyclist, it was all sorts of levels so in that way, it was a bit slow paced for me when it comes to exercise, but yes, for going out, and having to get up and (..) as well, getting out and about, yeah, it definitely was that way, yes.” (P27)*

Being able to get back on the bike and being outdoors was the expectation of one participant, and that was met: “I was able to get out into the outdoors and just cycle and keep fit. Yeah it was good. I obviously haven’t been on a bike since I had the baby. So it was good to get back on the bike.” (P28).

### *Physical health*

The changes in physical health, and benefits from cycling have been noticed by the interviewees. They reported that the cycling goes ‘straight to my legs’ (P06) and that they “feel the difference, I feel more fitter. When I finished each session I felt like my body is more firm” (P10).

One person reported:

*“Um... Yes I suppose it would have because I’ve been doing no exercise, obviously really since having the baby. So even just getting out on that bike for an hour or two hours- however long it was. Yeah, it would have done me some good” (P28).*

One participant noticed that since joining this programme they “improved fitness when cycling regularly, like getting up hill quicker” (P20 - 22). Gaining a good night sleep was another positive improvement, which is something that wouldn’t normally happen (P19).

Similarly, other participants stated that:

*“RES: Well I just felt really tired afterwards.*

*RES2: I felt like we’d done something with our day, felt a bit more positive after it. Going home having done some exercise, felt quite good.*

*RES: Bragged about cycling ten miles. (P18, S06)”*

Overall participants experienced a positive impact on physical health, going from feeling unwell to feeling better:

*“INT: So do you think it had an impact on your physical health?”*

*RES: Yes, there was one of the weeks that I couldn’t get out because of the other things I was dealing with and it was only on Thursday I could actually get out, I suffer from different medical conditions so there’s days that I wake up and I can’t even move. Monday morning, when I was with Velocity I was like I can’t even move, I could barely sit on the bike, my foot as well, my back, all different things so I thought I can’t face doing this but I thought ‘I don’t want to not do it’, so I did it and then by the end of it, I felt better, so I was glad I did it, because it really did help; getting out doing...it’s like what any doctor would tell you: do exercise, depending on how you are feeling but I wasn’t feeling great one of that mornings, I really wasn’t, physically and it helped.” (P25)*

*“But it was fantastic and from cycling back the way we were going uphill so it was brilliant, brilliant exercise, it was really good – sore on the legs but it was good.” (P25)*

Staff observed a few changes on the physical health of their clients, where for example people were not active at all before joining the group and “they actually realised they could do this” (S11). One of the clients of this support worker went back to the gym, as a result of this project. With others, support staff were concerned that without the cycling, they would spend the whole day indoors on their own: “just getting them out because otherwise they are at home sitting in” (S07).

### *Mental health*

Benefits to participants’ mental health were more noticeable than physical impacts. In fact, all participants reported some effects on their mental health. For example, one person said “It makes us happy. And our body is just moving because we don’t do much physical activity” (P07). Some reported to be “more relaxed, feeling nicely tired” (P05).

When asked about the impact on their mental health, one participant noted that their general mental health was a source of concern and the programme has helped achieving something unexpected:

*“Yes, I was apprehensive because I thought I would have panic and stuff, but no it was all gone and I felt this sense of achievement that was new and strong. I also, you see I also got the bike checked by one of the SW here, and now I use my bike to go around the block every day. So, this is good right? Every day I go for a bike ride, and before this project I wouldn’t have had the confidence to do so. It is making this period at home better.” (P32)*

Another participant stated it releases “endorphins ... chemicals in your brain that make you feel good” (P3). Not all the participants referred directly to mental health, but instead provided examples of the positive impact on well-being achieved through this programme: “it picks you up and wakens you up. It clears your mind. If you don’t go, you feel down, sad.” (P20 - 22). The quotes below give a sense of the different terminology used to describe well-being:

*“Being out on the bike cleared my head, after being out with the group I went home happy my mum noticed a change it made me want to be active. I didn’t want to go home and lie in bed, I was joining my mum with the dog walks and I felt energised again for a couple of days after.” (P31)*

Similarly, another person commented on the acquired feeling of normality:

*“INT: So any other effects on your personally, anything else?”*

*RES: It’s definitely helped my mental wellbeing as well. After the cycling sessions I just felt really, really happy and it proved what me and my daughter have been proving the last year or so; it just felt **so good to almost feel normal, you know**. And feel happy. That made a big difference. Especially the last one because it was quite a tough couple of weeks before the last one and it was like the perfect end to the week just to go out and do something for myself.” (P25)*

Others felt new sense of freedom, without a care in the world (P19); “felt freedom when I am on the bicycle” (P10); and also have a break from their personal realities:

*So when you get away to do something like that for a few hours, that’s how it really helps, of course it does; it takes you away, it makes you forget everything: you feel free, you really do. (P25)*

And:

*“I think my favourite thing about it was that feeling of freedom because, coming from my circumstances with [organisation] and what’s happened in the past where I felt very trapped, it felt really good to just be out and feel free! That probably sounds very cheesy but it just felt the exact opposite of how I felt before and it just made me really happy!” (P26)*

Others can feel an increase in self-motivation: “The willpower to do it, you know, has increased for me” (P03).



### Confidence doing other things:

Considering most participants described some level anxiety around joining a new group with a new activity, the described confidence in doing new activities and joining new groups has been described very positively:

*"I remember that I knew about these sessions in the past, and I wasn't feeling quite confident enough to do something like that, and now I've met these people and gone through this thing I thought, yeah, in the future that might be something that I would pick up on (P27)".*

One person described joining a swimming group as a result of the positive experience with the cycling (P24) and another participant stated that if there was a hobby now he was interested in, then he would join a group, he is more assertive. Additionally, an interviewee stated that they acquired confidence to use other services alone, such as the library (P20 - 22).

One participant added that before this project he would not have been cycling everyday:

*"Every day I go for a bike ride, and before this project I would not have had the confidence to do so. It is making this period at home better." (P32).*

### Confidence in cycling

Participants described to have acquired confidence and the ability to go from not cycling to cycling again through this programme: During the one or two that I did manage to attend, I literally made it from not being able to cycle, to cycling. So thank you! It definitely helped a lot. And not just cycling but with my confidence as well, it was a big boost, it was really good so (P17)". One interviewee said that attending these sessions gave them "that little entry point into it again", allowing them to confidently cycle again. Another participant stated that 2.5 years prior the interview they could not cycle at all, and now they have belief again (P20 - 22).

The staff's feedback collected on changes noticed on mental health of the participants was overwhelming, but there are a few extracts that summarise these observations:

*"Yes, it was hard to really put it into words, it was ...you have to see it to believe it, some of the people, were visibly a lot happier at the end of it, they looked as if they really were enjoying themselves and were more talkative and having a laugh about things, whereas they probably wouldn't have done that because sometimes the focus on a lot of what we do can be quite negative, so it tends to be a bit...kind of traumatic sometimes. Whereas this was actually the opposite, it was a really enjoyable experience and a shared experience as well with people that they did know, so it had not got that...it had a big impact on their mental health. That's something they all, all agreed on...It was really, really very positive, more than I'd imagined it would be, put it that way. I thought there would be a few grumbles and things and there really weren't any at all." (S11)*

Another staff member observed a clear shift in their mood: "I just saw such a shift in their – particularly one of them has had such a heaviness because of everything that's happened to her and she's been a very angry women but, oh my god, it was like "wow, what happened to you" because she was so buoyant and it was just so brilliant and she said every time I think about it, I'm laughing, I feel giggly and joyful and that was just, that was like music to my ears" (S09).



An additional really powerful account of the changes observed in the general wellbeing of the participant can be read in this account:

*“And for me it was just massive, that as we were able to do just a general reflective feedback session at the end of the puncture repair thing, it was massive that [name] felt able to have a bit of a laugh because he is a young man who has experienced so many challenges and himself admits that he basically never leaves the house. I mean, because of the difficulties that he’s had with his health and the way that he feels very uncomfortable in the community and we sat laughing in a community space, in a busy community environment and he seemed able to communicate and have fun. I was just like ‘this is amazing, this young man had genuinely not gone out to do anything in a group ... must have been since school, so we’re probably talking four or five years. (S12)”*

Together with their mental health and wellbeing, the level of confidence seemed to have gone up in participants:

*“their confidence is through the floor, 90% of the time. And just being involved with Velocity and having the confidence to turn up, we’ve just had fun; we’ve all had a bit of a laugh. She’s gone, ‘I really enjoyed this, this is great, I want to do more of it.’ And that was it (S12)”*

Attendance to the session was mentioned as one barrier to this project, as some of the groups might experience difficulties in overcoming their anxiety to either leave the house or doing something new. But as this staff member suggests: “One thing I would say, working in mental health, a big part of our problem here is that people cancel a lot because they are anxious or whatever but I felt there was a great turnout every week, people turned out, that is quite unusual in this job, so that shows they were enjoying it and wanted to participate” (S08).

Using cycling as a way to gain access to new places or to some independence has brought a positive impact on their mental health: “I noticed that as well, also being like them; I came from the same background and I also wasn’t sure whether I should do that. But then that’s one of the things I really wanted to explore because I wasn’t allowed to do it at home. So that was something that - a box I definitely, emotionally, I wanted to tick. And I think it’s the newly acquired power that they felt they can experience places on their own with their bike, without having to be with their families.” (S05).

### *Cycling in the future*

The data collected is providing a strong message on the desire of participants to continue with the cycling (where possible) and to include this activity in their daily practice. One user has mentioned cycling on daily basis during the lockdown period, and adds:

*“Well I’m doing it everyday now, so yes. But I will ask my SW to get me on to more sessions, I like it. I want to do it and I want to keep it going now.” (P32)*

Similarly, another participant states they will continue using their bicycle to go to shops for example, saving them getting the bus (P30). With the correct equipment, this participant is interested in pursuing cycling:

*“INT: Okay great. Are you wanting to carry on with cycling? And if so, how could you do that now?”*

RES: *I do have a bike....I'd be looking into to getting a seat thing to put the baby on the back. My bike is more a tire bike, there's no suspension on it. So I don't know how appropriate that would be to have a baby on the back, with going up and down curbs or on country bumpy roads, or anything like that. And obviously I can't go on my bike without the baby.*

INT: *But you're going to look into it?*

RES: *But yes I would like to continue." (P28)*

This participant for example mentions the desire to be out on the bikes with her daughter, also because cycling is free:

“INT: *That's the plan, is it?*

RES: *That's the plan. And then also get my daughter more involved because she likes riding on her bike but I think she would be a lot more eager to go out on it and go further and work harder if we could do it together. So I'd really like to do that. Maybe for the summer, I'm hoping I'll be able to get one and get out.*

[...]

*Yeah. It's also good I think because it opens more ideas of things to do that don't cost money when we're in a position that we don't have much at the moment. So to go out for a whole day and just take a picnic, it's not going to cost us so less travelling in the car, no using petrol. So it would save money too." (P26)*

In one case, the programme has encouraged a participant to continue with cycling, and they are in the process of applying for funding to purchase a bike:

*"Yes, as I stated above I am in the process of finding my own bike and will definitely be out cycling to places and invest in a bike rack to go on my car so me and my partner can go on cycling holidays."(P31)*

Other participants have mentioned to have the seed planted to get a bike, and therefore are looking at ways of achieving that:

*"Yes, thinking about it, it would be good to just have a bike in town. And I hadn't really thought about that until the Velocity thing. So yes, it's planted a seed for me in that way." P15)*

Another participant expressed a similar interest in getting a bike:

“INT: *Would you like to have a bike in the future?*

RES: *Yeah, probably.*

INT: *Well that sounds positive.*

RES2: *You did mention to me you were thinking about it when you were on the cycles because you were really taking to it. That's something we can look into as well, make that part of your plan, definitely make that happen." (P18, S06)*

Financial strain might be a limiting factor, but the determination of one interviewee to continue

cycling is remarkable:

*“INT: Have you been able to get your own equipment because you are wanting to go cycling?”*

*RES: Well that’s something I need to say that for – I’m wanting proper stuff for it now because I’m feeling quite serious about it, I really, really enjoyed it. And my daughter, I’m going to save up to get her a better bike too. So...I’ll be getting...I’ll have to get things bit by bit and that way I can do it properly.”*

*(P25)*

### *Other impacts*

When the weather was too harsh to be outside, the team arranged sessions indoors teaching cycling related skills. Again, this aspect of the program was very well received:

*We went indoors to the aqua dome and learnt how to repair a puncture (take a wheel of and change the inner tube etc ) it was amazing , I thoroughly enjoyed myself I had never done anything like it , and I am now very confident on fixing punctures... my little brother got one a few weeks ago so I was able to put my new skills to the test and I did it myself so I was quite chuffed if I do say so. (P31)*

Learning these skills gave the participants new skills and confidence to deal with these minor issues themselves: “Yes, we replaced the tyres, including the little bike wheel thing itself in the middle, which was fun.” (P17).

On a similar note, another attendee mentions the acquisition of practical skills and general knowledge:

*RES: We’ve obviously been given advice, things like that.*

*INT: Practical knowledge?*

*RES: Yes, practical knowledge, yes, absolutely. The things I learnt in the six weeks, I wouldn’t have had a scoobies, so yes, lots of practical stuff. Knowledge of the areas, things like that. Yes, absolutely. (P25)*

In addition to learning skills to maintain their own bikes, the interviewees said their knowledge of their local area has increased.

*“And one of the really good things about it was seeing places that I live right next to that I just didn’t really know were there. So we went down to the canal and..I live over there and I’ve never been here before! So yes, just realising that there’s so many places so close by where you can feel like you are not in a city, and Inverness is quite a small city anyway but you can really feel like you are in the countryside.” (P26 )*

Although P32 stated the routes learned are too far from their home, he/she “learned to know new places in Inverness and appreciate the beauty just outside the town centre.”

An interviewee said that with this new knowledge they will be able to be active as a family:

*INT: Yes and you were saying also you now know these routes?*

*RES: Exactly, places I haven't been to. The drive out to Ord hill and just taking our bikes with us, I would never have been able to do that before if I hadn't got the opportunity to do this. So once the better weather comes in, we're going to be away, we're off. We'll be on our bikes, it's going to happen, I just need to get a bike. But I'm working on it! (P25)*

### *Support staff and participant relationship*

Cycling together in a small group with their clients also improved the relationship between staff and clients. It showed the clients that their support workers "[are] not just good at everything, we can't just jump on a bike and be able to do it first time, it's good for them to see that 'oh [name] and [name] couldn't do that...' we have to work up to that. [Cycling] It breaks the whole thing of 'them and us', which we're trying to get away with in everything" (S03). It was also an opportunity for staff to get to know better their clients: "they would talk about when they were cycling when they were younger and stuff to do with that, which we would never had known if we weren't out on the bikes" (S03). In this respect, the cycling was a break from the normal routine of working with clients: "I think as well, sometimes when you work with people who are quite often are in crisis, you are doing a lot of work with them, it's very 'right, we've got to get a, b, c, ' done, whereas that just gives you more of a relaxed environment, it's just different to maybe your day-to-day working with them" (S07). The importance of seeing them in a different context, and the relevance of the neutrality of it as well was highlighted:

*"Yes, you see them in a different context and they see you in a different context, it helps the general rapport that you've got with them when you are working with them on a day-to-day basis, that was a very positive – I could see that would work really well". (S11).*

Sharing the experience in the same ways was another sentiment expressed by a couple of staff members:

*"RES: it really helped that the first session the weather was awful, that was an immediate leveller; everybody was wet, everybody was cold, everybody had the potential to be miserable but nobody was.*

*INT: That's true.*

*RES: It was just this 'everyone is in the same boat here, nobody is going to be particularly brilliant about this', there was no ego whatsoever...yeah." (S12)*

Another support worker highlighted the relevance of "the women also just to be women, we were all just women cycling together, which was nice. I wasn't teaching them anything, [name] wasn't getting them to jump through any hoops. We were just doing a completely neutral activity where we were neither more professional or worse, do you know what I mean?" (S09).

Staff recognised the importance of leading by example, and their own motivation in carrying out the activities: "I think the clients were more motivated because we were motivated to do it. We weren't saying 'oh we'll do that this week', so they weren't saying that either (S02)". There has to be a mixture between "matching their energy, be out there" and "bribing" with a cup of tea or a slice of cake" (S06).

### *Impact on support staff*

Some mention their own experience: "You always felt better afterwards, coming back, because we would normally go out about one o' clock until three, half past three on a Thursday afternoon and

we'd come back and sometimes about three or four you are getting tired, because you are on a twelve hour shift. But then after coming back you are like "oh, when can we do that again?" (S03). This was also true for support staff who were to accompany every cycling session: "we were, in the beginning kind of just told "you are going on a cycle group on Thursday" and I'm not even allowed..."oh, what?! Are we really?" Actually it turned out it was the best thing, honestly, it was amazing" (S02).

Unexpectedly also staff members experienced positive changes in their own personal lives. One person suggested that they were able to overcome their own fear of cycling:

*"Definitely, before then I was cycling for six years because I had an accident on the bike and I stopped cycling. I think I had a phobia of cycling in public on the main road and so I felt I was very rusty in terms of cycling and when I started cycling with --- and the other member of the team, they were very reassuring and the intense time that we had training, really made me feel that I can actually cycle again and it restored my confidence in cycling" (S05).*

Two staff members of the same organisation decided to continue cycling together in their own spare time:

*"Well, I've continued to carry on the regular cycling since doing it. Myself and my colleagues, we go out every week now on a weekly basis for a cycle. And it's quite long distances sometimes, so just on a personal level it's certainly improved my health and wellbeing and the fact that obviously it just reminds you that actually it does help if you've got somebody there with you, it's a bit of encouragement then, isn't it, rather than convincing yourself that's what you should be doing, it's a bit more of a social thing. And a bit more fun, really. So yes, on a personal level, that's certainly helped me" (S11).*

## Factors of success

### *Bespoked team*

One of the clear factors of success identified by all participants was the team running the project. The feedback was unanimous with regards to Bespoked team members. The participants have mentioned a few different aspects of their work that had a positive contribution towards their achievements. The quote below gives a good summary of the overarching comments, that positive energy and genuine interest in people make a difference:

*I think that the answer for that is similar to...most of these things and it's about the people that lead the project, I think a large percentage of that is about the people that are leading it. If you had another couple of people and it wasn't --- and ---, maybe there wouldn't be that sort of feedback, I don't know. Like, I see the benefits from getting people together and getting out and that's well documented, we know that there is positive impact from that. But what makes it extra special is if you've got really genuine energetic, nice people leading it and if they've got the skill to bring people together and get that...group feeling like they are...bonding and they are enjoying it, then there's a lot of skill in that, yeah.( P16)*

The genuine interest in each individual and faith in their ability to make progress was highlighted as something being particularly important for people affected by mental health issues, as in other organisations some? staff members had lower expectations and interest in people. The team always

demonstrated acceptance of the different abilities across the groups, without putting people under pressure to achieve specific distances or speed whilst out on the bike:

*“I don’t know, I suppose...the people doing it would always come in with the same attitude. Like --- and ---, whether they were just really accepting of everyone’s different abilities and there was no pressure to go faster or work harder, and they were always really...not like praising you but when you go all the way up the hill without stopping, that was brilliant, that was really nice. [...] it was really clear that you just do as much as you wanted to do and you could go as slow as you wanted or push yourself a bit harder and that was just really nice to feel free.” (P26)*

The personalities and the attitude towards the activity, and the sessions in general made the participants want to be part of it. Their patience and level of understanding was greatly appreciated, and could be seen as empowering: the cycle leader ‘*made you feel you can do whatever you wanted*’(P19). A few interviewees mentioned the cheerful and fun element brought by the Bespoked team “the team make it fun, --- is funny, they don’t laugh at me. They make it fun. (P24). Similarly to the previous quote, this participant felt she ‘could do it’.

Another powerful comment from one of the participants, explaining how the energy of the team helped maintaining the motivation to attend the sessions:

*“The ladies at Velocity are so lovely it’s unreal, they really are. And they just lift your spirits, the way that you are feeling when you first go in because there’s some weeks I’ve just wanted to collapse because of some of the stuff I’ve been through, even the day before there’s been days that it’s just been terrible and I thought I don’t want to not go, and they just lift your spirits, they are so lovely. You’d have a wee chat at the start, about something good that’s happened with your week, something that’s made you happy so you have that at the start.” (P25)*

In addition to the feedback provided by participants about the Bespoked team, the support staff have provided comments that range from the professionalism with which they have treated every participant; the attention to safety, safeguarding and confidentiality of each group; the inclusivity in their approach and personability. Their work has been appreciated and praised:

*“The way that --- and --- interacted with each other and then with the participants was exemplary, in my opinion. I’ve facilitated loads over the years, I’ve always worked with children and young people in a multitude of arenas but the way the co-facilitated and engaged with those young adults was excellent. And the light-hearted nature of what we were all doing was just so good. It wasn’t elitist, it wasn’t silly, it was pitched at entirely the right level and they were so willing to adapt and be versatile and it would be interesting to know what the participants thought about that. I think for me, that was the key in making people feel welcome” (S12).*

Another point made by staff was:

*“INT: what do you think worked well?*

*RES: Well the ladies are very friendly, that run it; --- and ---, they are just very warm, they are welcoming, they are encouraging, they are just really good people that are running it, they seem to be able to hook people in, I think. They are engaging and they thoroughly enjoy it and because they are so into it, it kind of spreads that feeling, doesn’t it?*

*INT: Yes, okay. So very much the team is a factor in it?*

*RES: Oh yes, definitely. Because it's good fun, they were good fun, the ladies, so you look forward to seeing them." (S08)*

One example was given by staff, where one of their participants refused to get on the bike because he did not feel he could do it. Bespoked team were "literally were down on their hand and knees almost begging him to get on the bike [...] he did, in the end he loved it [...] they are really good at supporting them to overcome their personal barriers" (S02)

### *Bespoked organisation*

#### **Session structure**

Interview data suggest quite a few factors of success in the organisation of the sessions. To start with during the first session normally the groups had the chance to get to know each other and to understand what the activities would look like across the six weeks.

*"Well first the group came here for the first time, then they just talked – we all introduced each other and we got to know each other first, which was good, we took it slowly; we didn't rush to get there and get it done, it's done properly. And then I think that helped, definitely because the people were feeling – were quite slow to open up or be a bit anxious so I think that definitely helped." (P17)*

In addition, during this session participants had the chance to test a bike and this was positive:

*they had cones and I cycled around it, so they could see how confident I was on a bike and how well I got on in that. And then afterwards even though I already knew how to cycle, I would be confident in the group and the group was quite motivating. (P23)*

The provision of bikes, gear, transport and hot drinks was very appreciated across the whole cohort of interviewees.

*INT: Is it important that Velocity provide all the equipment and everything?*

*RES: Yes. I think it's very important. Some of the people didn't need it but I know three of us there, myself included, wouldn't have engaged with the project if the equipment wasn't provided. (P16)*

Transport and organisation of bikes was also seen as a potential hurdle that the project completely eliminated. However, if participants decided to take their own bike, the team was willing to help with arranging each session. Weather was an obvious concern, as most sessions took place during winter months, and having access to waterproofs took pressure off staff:

*RES2: And when you talked about the weather, you were confident they would provide waterproofs and things and (...) if you needed them.*

*RES: Yes, that was really good as well." (P23)*

*INT: Did the fact it was bad weather and you still went ahead with it, did that make any difference, did that feel...?*

*RES: Apart from feeling maybe a slightly little bit colder, apart from that, no, because the ladies, they give you your jacket, they give you all your waterproofs, if you want it on top of your own clothes. They give you everything you need, if you don't have it, they can supply it. It's fantastic. (P25)*

Another welcomed aspect of the cycling session was the tea/coffee break:

*Just chilling on the beach. I mostly go for the ten minutes breaks so I can just have a coffee and talk to people! (P18, S06)*

The combination of the break and socialising whilst out on the bike was positive: "Well, they stopped for biscuits and tea and coffee and when we stopped they talked about cycling and it was really good. (P23); "Well it was just really relaxed and we'd always have a plan of where we would stop and have a cup of tea and have a chat and that" (P26). Even staff members enjoyed this aspect of the sessions, as it brought them together: "I quite liked that we all stopped and had a cup of tea in the middle of it and everybody carried a little bit, so there was a little bit of teamwork going on as well" (S08).

The "bespoked" aspect of the project was also noticed by the participants, as decisions around routes or activities were made as the programme was taking place. For example for one participant, the normal bike did not work, and she was offered a trike. This allowed her to enjoy the experience (P19).

The gear provided by Velocity was noticed as a contributing factor to the success of the project: "I thought it was absolutely fantastic that we could just turn up in trainers in our cas clothes, there were warm coats, there were gloves, there were hats, there was no excuse for us not to do it (S09)". Another staff member noted that the provision of gear allowed anyone, independent of their financial resources?, to join the sessions: "And also I suppose the fact that velocity give all the equipment, that's probably what makes it work really well, that people don't have to shell out a lot of money to join initially" (S08). Similarly, another member of staff suggested that the provision of all the gear took pressure off participants and staff themselves:

*"It was very professionally run and all the equipment had been checked out and especially the hats and waterproofs and all the rest of it was all available, which I think made a good difference to everyone. You know, you didn't have to worry about the impact on people who can't afford to buy expensive stuff or even just (having) to factor all that. So that was good, that was all taken care of" (S11).*

### *Partnership with organisations*

The presence of staff during sessions was appreciated by the participants:



*I think it was good having [name] there, she's one of the workers. It was good having her there because she's a really supportive person anyway but I feel now that I've done it, the three sessions, I would feel more comfortable to go in a group without that extra support.* (P26)

### Partnership

A staff member of one organisation mentioned the importance of overcoming the practical aspects of doing activities like Bespoked, and referred to partnership work:

*"I think there's been lots of talk about it in the past and I think a lot of the problems were who is going to do it, how are we going to do it, when are we going to do it, how are we going to fit this in to what we already do, who is going to do the risk assessments and everything. But having a group that do that activity, you know, and organised rides like this, at the weekend do a partnership thing that we can become involved with, I think that really helps a lot and it broadens people's horizons" (S11).*

Another staff member, with a personal interest in cycling, spoke about creating a partnership:

*"So unbeknown to me, when I started because my background is sport and outdoor education and stuff, I had contacted Velocity because I've used them in previous jobs and I really like them and I love biking and I said, "look, this is current job with [name], I'm sure there's going to be a partnership here, I'm just letting you know I'm in post." (S12)*

Many of these reasons tie in with the desire to provide the clients with new skills, and opportunities. For example in gaining confidence and furthering their community integration: "this is just about giving them that first step before kind of going into the links, into the community themselves; just to build their confidence and independence and stuff as well" (S07). Other staff are advocates of the health benefits exercise – and cycling in particular – can offer to their clients: "exercise is so good for your mental health" (S08). The ethical implications of using a bike instead of a car were also mentioned: what I hoped for was that people would realise what a great exercise cycling is and especially in the current climate where people are trying to use cars less and be a bit more environmentally friendly and be a bit healthier. For me, cycling ticks all the boxes (S08)". Velocity created an opportunity to go out, and that in itself gave the staff a tool to increase the opportunities for the person: "[...] we were like "that's a marker of success" actually, who cares whether she got on a bike or not, the fact is, she came out of her house. Because there was a reason to because we had made this into, with Velocity, they had made it something for them to do, a reason for them to get up, a connected group and a connected space to just learn and be distracted from their normal lives" (S12).

### Type of intervention

The Bespoked Outreach project aims to increase individual's mental and physical well-being through supportive, regular group cycling sessions outdoors. The intervention presents a combination of different elements: the physical activity – cycling; being outdoors – taking groups on routes outside; and the social aspect - doing this in a group.

As part of the evaluation we wanted to unpick the different elements of the programme, to better understand whether some aspects had more value than others for the participants. A couple stated that all elements were equally important for the success of Bespoked:

Also:

*I'd say they're all important. Because I wouldn't have thought of doing something like this and like cycling told what the actual benefit was. And getting outside as well is good. (P29)*

### Cycling

Cycling was seen as another crucial aspect of the programme, and many of the participants have suggested that other sports or activities would have not achieved the same impact. For example, cycling was seen as more approachable than running:

*INT: Has the cycling added anything at all?*

*RES: I would say yeah, I don't think I would've joined a running group. I think cycling is slightly easier and appealing maybe. There's just something about being on a bike isn't there. Probably wouldn't have joined a running group I don't think. (P28)*

Another respondent adds something similar:

*"I think – some people are maybe not great at running, I think cycling can be easier for people, let's face it. I...it depends on your health as well, I've got a gammy foot so it would be hard for it if it would be running or whatever, so cycling would obviously be better. Aye. The cycling...you can go...everywhere, just go on your bike and just go!" (P25)*

Cycling is "good for your mind and your body, you can go further afield. It is a practical mean of transport too. This participant can use the bike to see family and shorten the time of travel (P20 – 22). Similarly, another participant says:

*"Yes. I suppose it was more fun than just walking and you can travel further as well." (P29)*

At the question on the impact on physical health one participant made a connection between their desire to be out more and to embrace this activity:

*"I am now wanting to be outside more, I have a new found love for cycling. I am currently in the process of finding funding for my own bike so I can go out with my parents, siblings and partner." (P31)*

When the weather was too harsh to be outside, the team arranged sessions indoors teaching cycling related skills. Again, this aspect of the program was very well received:

*"We went indoors to the aqua dome and learnt how to repair a puncture (take a wheel of and change the inner tube etc ) it was amazing , I thoroughly enjoyed myself I had never done anything like it , and I am now very confident on fixing punctures... my little brother got*

*one a few weeks ago so I was able to put my new skills to the test and I did it myself so I was quite chuffed if I do say so.” (P31)*

Learning these skills gave the participants new skills and confidence to deal with these minor issues themselves: “Yes, we replaced the tyres, including the little bike wheel thing itself in the middle, which was fun.” (P17).

On a similar note, another attendee mentions the practical skills and general knowledge:

*“RES: We’ve obviously been given advice, things like that.*

*INT: Practical knowledge?*

*RES: Yes, practical knowledge, yes, absolutely. The things I learnt in the six weeks, I wouldn’t have had a scoobies, so yes, lots of practical stuff. Knowledge of the areas, things like that. Yes, absolutely.” (P25)*

In addition to learning skills to maintain their own bikes, the interviewees said their knowledge of their local area has increased.

*“And one of the really good things about it was seeing places that I live right next to that I just didn’t really know were there. So we went down to the canal and ... I live over there and I’ve never been here before! So yes, just realising that there’s so many places so close by where you can feel like you are not in a city, and Inverness is quite a small city anyway but you can really feel like you are in the countryside.” (P26)*

Although P32 stated the routes learned are too far from their home, “I also learned to know new places in Inverness and appreciate the beauty just outside the town centre.”

Another participant said that with this new knowledge they will be able to be active as a family:

*“INT: Yes and you were saying also you now know these routes?*

*RES: Exactly, places I haven’t been to. The drive out to Ord hill and just taking our bikes with us, I would never have been able to do that before if I hadn’t got the opportunity to do this. So once the better weather comes in, we’re going to be away, we’re off. We’ll be on our bikes, it’s going to happen, I just need to get a bike. But I’m working on it!” (P25)*

The activity of cycling was celebrated over other potential activities. It is seen as a sport that has practical implications, such as the distance covered, but a joyful side that reminds people of their childhood. For example one staff member suggested that a running and walking group did not take off in the same way as cycling did:

*“People feel that they can get a further distance with less effort or something, it’s not such an effort as running, you get to sit in a saddle and sometimes you don’t even have to peddle, you’ll keep moving whereas with walking and running, there’s more effort required, I think. Or they perceive there’s more effort, whether there actually is or not, I don’t think there is more effort needed for them.” (S08)*

Similarly, someone else mentioned the importance of the liberating feeling that comes with cycling:

*“You are making more headway, more progress. And the women are talking about “well I could just cycle into town” so it was really fuelling their imagination. And there was something about self-propelling, I think cycling – it’s really liberating, much more than walking because we walk*

*everywhere anyway, you know, but this is just like check me out, I can move distance and I'm doing it just myself, for these women I think that's really important." (S09)*

The reminiscence of childhood is another aspect that gives cycling an advantage over other activities, a connectivity: "I just think that sort of connectivity as well within the group of sharing each other's victories, I think cycling brings out that inner child, that delight, that kind of can-do attitude, there's something really liberating about whizzing down a hill and having the wind through your hair, it's very carefree. We had some beautiful days (S09).

### *Outdoors*

Being outdoors was considered another key element of the intervention:

*"RES: It being outside. Absolutely outside. If it was just a case of cycling round somewhere it wouldn't have the same impact. It needs to be outside.*

*INT: Why is that?*

*RES: It's like it's given you freedom. Yes, it's like you can breathe again. Yeah. Quite exhilarating, everything, it just...getting to see everything, see new places, it has to be outside."*

Being outside made a difference, as it allowed the participant to appreciate the landscape, feel the fresh air:

*"INT: And how does it compare to the other things you've done? You said you were doing Zumba and body balance?*

*RES: Yes, I think it helps. As you are cycling along you look around you and you can see the landscape and it's really nice to do that." (P23)*

Another interviewee gave a reason for liking the outdoors:

*"INT: So what did you like about the outdoor aspect?*

*RES: Just the fresh air! [Laughs] I don't know it just makes you feel good, doesn't it, being outdoors." (P28)*

Another participant mentioned the positive impact of 'feeling the wind in your face' as something that helped relaxation and peace of mind. (P19). Being outside is good, and doing a similar in a gym would not work in the same way (P20 - 22). The combination of the novelty of doing something outdoors and exploring new areas was seen as positive:

*"INT: So, thinking back about the cycling sessions you've had, what do you like best about the cycling activity?*

*RES: I've enjoyed this kind of getting out and about. I like seeing new places in Inverness, because they are places I wouldn't necessarily have – haven't been before, so I enjoyed that side of it." (P15)*

*And:*

*"INT: Why is being outside important?*

RES: *I suppose it's not something we do as much now. Because if you do to groups and stuff a lot of the - all the groups are inside. Nothing is outside, if you know what I mean.*

INT: *And what do you get being going outside? What's the benefit then if you think it's important?*

RES: *Just fresh air. Seeing different places that you haven't seen before that are right on your doorstep." (P29)*

Being outdoors and exploring new places, in addition to having a clear destination helped getting a clear sense of achievement (P32). Another responded:

*"It is made me feel a better person getting outside which means so much." (P31)*

With the cycling, also the outdoors aspect was deemed as important for the success of the project. In some of the previous quotes the factor of "fresh air" is already presented, but in addition to that there is the opportunity to observe the surroundings: "I think being outside is part of it too, you are taking in stuff around you, I mean...like the beauty of the area that we live in and I think a lot of the time by the end of it, people feel quite grateful that we live in such a nice place and it kind of helps people to keep the (confidence) in their lives (S08)". The outdoors brings in an element that cannot be taught: "Yes, that's it, they loved that. And I think definitely because they were out in the elements, that brings a learning and a teaching that you can't provide, no amount of personal development..." (S09).. Organising an activity outside also offers the chance to learn something in a different space: "if we're going to try and do stuff to promote people's wellbeing, we think it's best delivered away from the clinical environment where they keep coming for their various treatments, to try and differentiate for them that there is life beyond their [situation], sort of thing (S12)".

### *Social aspect*

Another important benefit was the social aspect linked to attending these sessions. Some participants found that the cycling reduced their feelings of social isolation and that they could actually talk to other people: "I found that people were fun to talk to" (P14). One interviewee mentioned social interactions within their groups and with new people:

*"I think for me personally, I think it was more the social side, to be honest. I was always going to the gym, that wouldn't bother me so much, just to get the exercise and outdoors as well so I think that for me right now, the social aspect is to have that...that goal in the day and to meet up with people, I think that was, for me, the most important thing." (P27)*

The social aspect of the Bespoked sessions was a driving force for another participant, he wanted to be part of a group, talk and learn about bicycle security. The diversity from the normal routine was welcomed:

*"INT: What did you like about the cycling groups? What do you think worked well for you?"*

*RES: Just that it was quite a small group. All the other ladies were lovely. It was nice to have a wee chat, you know, "how are you doing?" and whatever, then just get on the bike. Just go*

*[...] How important was that side of it?"*

*RES: Yeah very important. Because I spend every day just me and my boy, and as lovely as he is it's nice to see the adults." (P28)*

An important factor in delivering the cycling sessions was the group setting. Participants reported that they have developed skills "in getting along with a group, that sense of togetherness" (P13) and that they have been encouraged by other group members when the cycling got difficult (P12). Helping each other to face challenges was mentioned "Yes, it was good teamwork." (P23). The camaraderie, the relaxed atmosphere and chance to learn from the group were also mentioned (P20 - 22). The importance of each other's support, and the sense of belonging to a group were identified as very positive. Being together as a group increased the confidence of one of the participants:

*"It's been so lovely to get together as a group it has built on my confidence so much which was a big issue which was so important to me." (P31)*

Creating a sense of shared connection, a sense of community provided beneficial impact:

*"INT: Have you noticed any benefit from the cycling? Physical, mental or maybe social benefit?"*

*RES: I'd say not necessarily – I'd say physically, not really because I did quite a lot of exercise anyway, that wouldn't make a big difference to me. But socially, it's been nice to meet new people, spend time with [name] and mentally it's been nice – it feels nice to just have that community connection and, because Velocity seems like it's one of the most successful social enterprises up here, what they've done at the café and stuff like that, and so yes, it's nice to feel part of that in some small way." (P15)*

As already commented on the tea/coffee breaks, participants appreciated the social connections taking place then:

*"Socially as well at the end of the sessions we would sit down for a drink and they would ask us how we found the session. Also they would talk to us a bit about what we would be doing the following week." (P30)*

Staff also observed that new friendships were forming in the groups: "It's like new friendships as well, like at [organisation], it's people that you would never expect to socialise with another client' (S02) and that participants were benefiting from supporting each other: 'And it's great as well to think that people might think that they can help people, that they've got abilities, they've not just always receiving, that they are able to help others and inspire others, yeah' (S04). Getting the groups together, in a different context was important, but creating new connections through shared victories, was the successful part:

*"they don't know everything but obviously we're connected because of some bad stuff that they've experienced. So there's a sort of trust that they already have, I think, as a group, they all have very different stories but they are very for each other, there's no side that if they fell off someone would laugh or anything, do you know what I mean? Which in an open group they might not know" (S09).*

Another staff member mentioned how it was not so much the physical benefits, but "just really expressing how much he'd get from it socially so he was just going on about how good he was, how fit he was and we were going, 'well yeah, we know that but it's going to benefit you...' as I was saying, he doesn't go fast, he slows down and chills out with the guys and actually gets involved in the group (S06)." The sessions improved the relationships within the group, creating a connection and an encouraging environment (S07). One unexpected level of social engagement was with strangers

passing by as they were cycling along the canal: “We’re going to go along this path it’s quite busy for dog walkers, just be aware you might need to slow down. People would stop and say hello, where are you off to, that sort of thing, and that’s social interaction otherwise they probably wouldn’t have had. Yeah. You don’t get that in the gym so much, do you? Or (...) hall, in and out, do your whatever you are going to do and then you leave” (S11).

## Barriers

### *Practical barriers*

The participants only identified a few initial barriers to participation to Bespoked, and seemingly they have been almost always overcome. There are practical barriers, like work or personal commitments and then there are social and perceived barriers that participants have highlighted. Some participants mentioned work or university as a limitation: “Yes, unfortunately I work different days every week so it’s really just luck...” (P26). Another actual challenge that some participants have mentioned is childcare, together with work: “Well, the same as me – work, would be a big one. I’d only do two days a week, other women might work more days. And there’s the kids, as long as the kids are in school there’s not going to be a barrier but if they have young ones, like some of them do, then it would be a childcare issue. So that could be a barrier for them.” (S11) In line with this comment, staff have said that: “Because these are single parents now. They may have family members that, I know one of the women who couldn’t come to the first three but was really keen (S09). One person has raised a concern around her faith “[...] it’s me personally because I am a Muslim woman with cover. I wasn’t like confident that this suits me, but once I was on the bike, I felt, no, this is not – I can ride a bike” (P10). For one group staff noted that there might be a geographical barrier in accessing services “they are not very mobile because they have lot of responsibilities and restrictions. So I don’t think – I’m pretty sure they would say no, now and then but I think if the cycling group was in [place], I think they would join because they are very keen” (S05).

### *Physical health barriers*

Health issues and the level of fitness were points that could have held the participants back “I am deaf in one ear however I let them know at the start so they know that when cycling to be on one side of me so I can hear them better” (P30). At times the personal level of fitness was mentioned (P06&P04), or not being comfortable with a bike:

*“INT: And did you have any worries or concerns about joining the group?”*

*RES: Just that I hadn’t been on a bike for years, so I found it a bit difficult at first.*

*INT: Okay. So, you were just a bit worried about the cycling because you hadn’t been on a bike?*

*RES: Yes.*

*INT: And you said you found it a wee bit difficult?*

*RES: Yes, the first time I went on the bike. But after that I got the hang of it again”. (P29)*

Or simply laziness “the time of the day, I am lazy sometimes, that’s why, you know? I thought it was early, about nine, but no, it’s at two, so it’s all fine, you know?” (P01).

Staff members have mentioned more tangible physical health barriers. People with mental health diagnosis might experience some physical challenges: “they do have poorer physical health because of the medication, because they are not getting out, all these things, so I think it’s scary for them, the thought of having to walk up a hill or go on a bike. It is scary!” (S07)

### *Personal barriers*

The needs and complexity of the clientele was potential obstacle mentioned by support staff: “That’s a tricky one. Yeah, there are...it could be that they don’t have – sometimes childcare is an issue, or it could be that we just...just the nature of their lives, it can be a wee bit chaotic at times, they don’t have...you sometimes forget they don’t have a good system of managing appointments and dates and things that they have to attend (S11)”. Not knowing what to expect was a challenge that one user described (P20 - 22). Confidence was mentioned as a hurdle to overcome (P31), or a lack of self-esteem (P05). With that came also came the discomfort of riding in public (P10) or as part of the group (P06). The fear of not being able to complete the tasks is another point that was highlighted by one staff member: “So they were very looking forward to do it and very keen to do it. But they also had their fear of falling, fear of being embarrassed about what other people are going to say if they fall, if they don’t learn fast enough (S05)”.

The motivation for some people could have been the limiting factor “it’s really hard for people to engage, that’s a barrier, because of their motivation and their mood and stuff like that (S07)”.

When the group setting was mentioned, it was generally speaking referred to as something positive, but one participant mentioned apprehension about “holding the group back, I was concerned about being slow (P02)”. Staff talked about the challenge of cycling across the Kessock bridge, as it is a place associated with feeling suicidal and can bring up strong emotions (S08). In relation to that, a very personal and emotional barrier was discussed during one interview:

*INT: And did you have any worries about taking part?*

*RES: It was actually about going to certain areas with different memories coming back, things like that, that was...emotionally that was kind of bothering me, but I knew I had to go through different things to try and be alright to be able to do the group and I knew that was going to help me in the long run so I can do something like that again.*

*INT: So in advance, you knew “I’m going to such-and-such...”*

*RES: I knew I was going to remember a lot of things, even some childhood things but yes, it’s like when we went to the islands, memories of myself and my husband walking down and getting married, I knew I had to do all that sort of thing.*

*INT: But you got through all that.*

*RES: Uh-huh.*

*INT: That...as you say...that that helped?*



RES: *It did. Once you've done it, "I've done it now, I'm going to be fine now." (P25)*

Overcoming anxiety and fear of joining a new group was something described as a barrier:

*"INT: But with the cycling you would be kind of open-minded to it?"*

*RES2: I think from my perspective, you were probably – I don't know if it's fair to say – quite hesitant about doing group activities or stuff that is sports related, is that fair to say?"*

*RES: Yeah.*

*RES2: So this was quite a big step for you, joining this group and I think it's maybe got over that fear a little bit more that if I suggested something else to you know, I think you'd be more inclined to go along, is that fair to say?"*

*RES: Yes.*

*RES2: That was my feeling anyway, from it, was that it helped break down a little bit, maybe the anxiety around joining groups about going". (P18, S06)*

## Improvements suggested

The portion of the interviews that produced the least amount of data was around improvements to the programme. Most of the participants said there was nothing they would change, and that actually it was all beyond their expectations.

*"INT: Okay. So you could use it. And is there something that you think should be done differently for the sessions?"*

*RES: I don't think so, I think it was perfectly done. I mean, the people were friendly, the area was great, I learnt fairly quickly so it was well taught." (P17)*

The few changes suggested were around the length of programme:

*"INT: There wasn't anything you'd change about that?"*

*RES: Well, obviously the number of sessions. I knew it was just a limited time to see if they could get funding and what not. Obviously I'd like it to continue. A weekly thing, with no ending! [laughs]" (P28)*

And:

*"INT: do you think that would be okay, is that...enough, too many?"*

*RES: Six is good but to be honest, I would love it if it was every day of the week, to just carry on throughout the whole year. I think I would go every single session I could go to if it was on all throughout the year but that's a lot to ask.*

*INT: That certainly answers the question about would you carry on cycling?"*

*RES: [laughs]*

INT: *Would you recommend it to others?*

RES: *Definitely.” (P26)*

Another point made was about adding a lesson on road safety, and the way communication was handled at points during the organisation of the session is something that was flagged up by one user:

“INT: *And is there anything that could be improved with that?*

*Nothing obvious. The only small thing would be...like...it might be good for me if the time-keeping was quite strict. I guess if you were picking points, the communication of where we are meeting, stuff like that, just to have that clear would be good. Me and --- ended up at the wrong place one time, so just I guess a little bit of having the times. My time is quite pressurised sometimes, so just having it...like a strict amount of time and a little bit more communication just to clarify where we’re meeting, would be kinda good. But it’s not that big a deal. Looking for little things to help improve.” (P15)*

One point, not directly linked to the execution of the programme, but was the possibility of finding out more information for the future sessions on social media:

“INT: *So if you have got a Facebook account yourself, you can see where they are going and who is joining.*

RES: *I can see that would be difficult for people that are struggling just to....with mental health and stuff like that. Especially as social media can be quite toxic.*

INT: *Yes, a bit daunting as well.*

RES: *But some kind of connectivity that would then lead on might be a good way for directing people.” (P15)*

### *What could be changed?*

Only a really small amount of feedback was given on what could be changed about Bespoked. One person mentioned the organisation of the trips and the timings of the decisions around when and where to meet proved to be challenging at times. This is because they work part-time as well, and to be able to complete their own work they needed more clarity:

*I think for me, because I only work Tuesday to Friday and Tuesday I’m just away down the road with lots of – (...) and Aviemore what have you, for me...there was a little bit of confusion about where we were going to meet because obviously that’s dependent on weather and who was coming and I think from...Velocity’s standpoint, I don’t see these women week in, week out, so it’s not like I can...and I’m not here either, so there are a lot of variables, so I might get a text from --- about ‘oh we’re going to meet at this place’ and then I don’t hear back so those are things, I don’t know, if we did the project again I would probably try to be a bit more on that (S09).*

The other point raised a few times was the length of the project: “I mean maybe more weeks, instead of six weeks, maybe twelve weeks, of possible or whatever they can offer (S05)”.

## The views of the Bespoked team

### Impact

During two focus groups with the Bespoked team, the interviewees identified the impact the project had on their participants. They were listed as a noticeable improvement in general fitness; a greater sense of belonging; higher self-esteem; and discovering new abilities or new interests.

*So just seeing themselves differently and seeing others in their community differently, seeing that they can be welcomed and a part of something bigger.*

The increased sense of confidence on the bike, and the confidence to be in a group has also been noticed by the team. Throughout the sessions participants have become less withdrawn, and have been able to consolidate friendships within their groups. In addition to that, the team has noticed not just a positive sense of achievement on the bikes, but also the newly discovered ability to commit to a project and follow that through.

*"[...] I would never have believed how many people would cry whilst getting their certificates."*

The confidence of the team to work with people with any abilities, and to have an unwavering belief in the potential of what people can achieve had a great impact on the participants well-being:

*"I think so many of the people that we had worked with have kind of – it seems really sad to say, but maybe...or we just have pretty low self-esteem and self-belief and I think to have people really, really enthusiastic and have that just complete unwavering belief that we can do this and we are going to do it altogether and it's going to be fine, I think helps them believe in themselves a little bit more."*

## Factors of success

### Partnership

The point that has been made unanimously by the team is that the partnership work with other organisations and their staff was the biggest factors of success. Working with the staff that know their clients best, and having them present during the sessions, gave them, the clients and the support staff reassurance. This reassurance helped to consolidate the work to support people who were potentially vulnerable and lacking confidence. Forming these relationships was identified as a slow process, that required time and a lot of organisation. As described above, this lengthy process had a positive impact. Velocity's policy of having support staff present at the cycling session was deemed very important, particularly in the context of mental health recovery.

Another factor of success identified was the group size. The ratio of Velocity staff to participants was fairly balanced. The team normally worked with four to six participants and two support staff. The support staff were there because of their existing relationship with the clients, their awareness of the participants' background, their medications and mental health. However, in the group management they needed to be taken into consideration, as they might have needs on their own.

The network of support around the team delivering the programme was another factor of success for Bespoked. The physical and mental investment in the groups depended on the needs of each, and “at the end you can feel a little bit worn out so it’s really nice to have another person there to bounce off of and to debrief with and just emotionally support each other because sometimes you are dealing with pretty high-tariff needs and issues and you would maybe feel it would be quite overwhelming, I think, if you were by yourself to hold all that”.

Tailoring the sessions, which was embedded within the Bespoked approach to delivering the cycling programme, was considered another factor of success by the team. Adjusting the routes to the needs of each group, with the aim of providing a sense of achievement at the end of it represented a success. This in turn helped the confidence of the organisation and of the participants when taking part in other cycling groups. The ability to “connect and to tune in to a whole range of people’s needs, to anticipate their thoughts and taking a group of people who are feeling scared and nervous and out of their comfort zone and to coax and encourage them to try something that is terrifying and to see the...the development and to reflect back on those developments and the progress, it’s such a different set of skills than ‘let’s go for a bike ride’”.

The coffee break and having spare gear was another positive aspect highlighted by the team, as it helped participants to be re-energised, warmed up and ready to complete the cycling route.

## Barriers

### *Barriers to participation*

The interviewees have discussed a few barriers they have encountered during the year of existence of this project. One of the first challenges to participation highlighted is mental health. Some people might experience side-effects from medications, which could also cause changes in sleeping patterns and therefore make attendance difficult. Being flexible with the timing of the sessions to enable adjustment along the six weeks course can help overcome this barrier. Childcare can represent another obstacle for some of the participants, but where possible the team has tried to arrange help to manage this difficulty.

Additional practical barrier to participation can be the lack of encouragement by some support staff. If staff see attending the sessions as a challenge, due to time or other commitments this can have negative repercussions. Also shift work can be a constraint that makes it difficult for staff to join. At times staff struggle finding the balance between their responsibility towards their clients, and the enjoyment in taking part to the cycling session.

### *Challenges in the delivery of the project*

The challenges were also in the set-up, as not all organisations have a clear group they can offer this activity to. They might have much more dispersed clients, and this requires support staff to communicate clearly, in an engaging way about it. In situations like this, if the staff member has not fully appreciated the benefits of this project, it can become a barrier in delivering the sessions. Groups that have a wide range of abilities, or that never met before can present practical issues when delivering the project.

In one particular case it was not possible to get started with the project. On a conceptual level the management was on board with joining this project, but on a practical level staff members did not have capacity to take this on. Staff shortages and lack of time from staff were two barriers Velocity encountered when delivering the project.

During the delivery of the project there have been issues with the partnership agreement, that in due course was amended to identify with more clarity the responsibility of each partner. With these changes, also the consent and confidentiality forms have been modified in order to allow Velocity to pass on information to the Cycle to health team (if agreed by the participant). This enabled an easier transition between projects.

### *Improvements*

The team has highlighted the limited amount of time they have to deliver the project, build and maintain relationships with organisations and for their own development. Throughout the course of the project they would have liked to attend more training to support their work. They worked across three days, and they felt that it would have been beneficial for the project to have funding to cover the cost of more working hours per week. Having more material resources, such as a van, own suite of bikes and kits would help the delivery of the project. With that comes the desire to have funding to be able to cover a higher number of sessions, for a longer period of time.

Keeping the impact going is also an aspect that the team would like to improve on. The ability to help in providing participants with access to funds to get bikes, or to have free or affordable bikes is an aspect that would help their sustainability in the long term.

The partnership work was a very discussed issue during both focus groups with the team. The work behind forming these relationships took longer and more investment than initially anticipated. The project had a delayed start due to this issue, but it eventually paid off in the second half of the year:

*“Yes, it’s really easy to forget how much legwork it took to get those relationships, but actually when I think back to it now, it took a lot of legwork to build those relationships and I had to hassle a lot of people! I was a complete nag!”*

One of the organisations that took part in second half of the year took about eight months to get started. After they took part, they expressed an interest in offering this project for longer.

One point that has been mentioned at different stages of the project is the length and availability of funding to maintain the programme. The work that has been done to create these links with the organisations is paused until new funding is available. The potential loss of these relationships and the momentum with the project will be rather negative.

The sustainability of the project was both a challenge and a factor of success. Some staff have wanted to continue with the delivery of some cycling sessions within the organisations. But in other organisations Bespoked has tried, where possible, to support individuals to get bikes, either free or at affordable rates. In some organisations staff members have expressed the desire to get the “cycle guide leader” qualification to maintain the results already obtained.

## SOCIAL RETURN ON INVESTMENT (SROI)

Social Value is the value that stakeholders experience through changes in their lives. Some, but not all of this value is captured in market prices.

SROI was developed from social accounting and cost benefit analysis and is based on seven principles which provide the basic building blocks for anyone who wants to make decisions that take this wider definition of value into account ([Principles of Social Value](#)).

The Principles can be distinguished by their focus on what underpins an account of social value, and on the questions that need to be addressed so that the information can be used to better inform decisions.

The seven principles of social values are:

1. **Involve stakeholders** - Inform what gets measured and how this is measured and valued in an account of social value by involving stakeholders. Stakeholders are those people or organisations that experience the change as a result of the activity
2. **Understand what changes** - Articulate how change is created and evaluate this through evidence gathered, recognising positive and negative changes as well as those that are intended and unintended.
3. **Value the outcomes that matter** - Making decisions about allocating resources between different options needs to recognise the values of stakeholders. Value refers to the relative importance of different outcomes. It is informed by stakeholders' preferences.
4. **Only include what is material** - Determine what information and evidence must be included in the accounts to give a true and fair picture, such that stakeholders can draw reasonable conclusions about impact.
5. **Do not overclaim** - Only claim the value that activities are responsible for creating.
6. **Be transparent** - Demonstrate the basis on which the analysis may be considered accurate and honest, and show that it will be reported to and discussed with stakeholders.
7. **Verify the result** - Ensure appropriate independent assurance.

[Social Value UK](#)

The key principle of SROI is that it measures change in a way that is relevant to the people that are experiencing it.

The SROI, undertaken as part of this project, demonstrates that £2.08 of social value has been created for every £1 invested in the Bespoked programme.

Our SROI analysis has not been submitted for independent review.

## Scope and stakeholders

### *Scope*

The Bespoked Outreach project aims to increase individual's mental and physical well-being through supportive, regular group cycling sessions. The project works with groups of people who live in the Highlands and are receiving support through an existing organisation.

The programme delivered is a series of cycling sessions for small groups where participants in each group are normally all receiving support from the same organisation.

The first group session is an initial meeting where the project is introduced and individuals have the opportunity to either try a bike for the first time or check how capable they feel on the bike if they already have experience of cycling. The Bespoked team notes everyone's cycling level and the subsequent series of cycling sessions are tailored to the needs of each group. Staff from supporting organisations also generally participate in the cycling sessions. Data collection for the SROI analysis took place between September 2019 and May 2020.

Eleven full programmes were delivered to 9 organisations, with sessions for a further three organisations curtailed due to the COVID-19 pandemic. The full programmes delivered ranged from 4 to 9 weekly sessions (excluding the initial meeting). While three sessions were delivered in two of the curtailed programmes, and two sessions delivered in the remaining curtailed programme.

We have adopted a primarily evaluative approach to the SROI analysis. The analysis considers the value created for 1 year as a result of the Bespoked Outreach Project.

The participating organisations are detailed in Table 3 below

Table 3

<b>ORGANISATION</b>	<b>BRIEF DECSRIPTION</b>	<b>CLIENTS</b>
<a href="#">Aonach Mor</a>	A small NHS psychiatric community based ward for people with schizophrenia	Adults
<a href="#">Befrienders Highland</a>	A small voluntary organisation working to improve the lives of people who are socially isolated and experiencing mental ill health and memory difficulties or dementia, and carers. Working with adults, aged 18 and over, across the whole Highland Region of Scotland.	Adults Carers
<a href="#">Calman Trust</a>	Works with young people who have experienced homelessness and joblessness, many of whom have come through the care system and have involvement with the criminal justice system.	Young people
<a href="#">Highlands Immigrants and Refugees Association (HiMRA)</a>	Works with refugees and asylum seekers	Adults
<a href="#">Inverness Centre for Mental Health Recovery (CMHR)</a>	Works with people who have mental health issues and/or complex needs.	Adults
<a href="#">Kinmylies Lodge</a>	Provides residential care for and works with people with mental health issues, head and brain injury, drug dependency, self-harming and challenging behaviour	Adults
<a href="#">One Stop Shop</a>	Support for adults with autism	Adults
<a href="#">UHI Community Link</a>	A part-time course designed for people recovering from mental health and other difficulties that have affected their lives.	Adults
<a href="#">Women's Aid</a>	Supporting women, children & young people experiencing domestic abuse	Women Young people
<a href="#">Teenage cancer trust<sup>5</sup></a>	A cancer care and support charity in the UK that exists to improve the cancer experience of young people aged 13–24	Young people
<a href="#">Keltic Care<sup>5</sup></a>	Providing support to 115 individuals living with mental health difficulties to become more independent.	Adults
<a href="#">Family Centre<sup>5</sup></a>	(Based in Merkinch) providing support to families with babies, infants and young children as well as families who face multiple risk factors	Families

<sup>5</sup> Bespoke sessions curtailed due to COVID-19



## Stakeholders

The main beneficiaries of the Bespoked programme are the programme participants.

Support staff from the participant organisations also took part in the cycling activity, however direct outcomes for staff were not mapped for the SROI analysis. Qualitative analysis has explored the role of support staff in the programme.

The numbers of participants by organisation is shown in the Table 4 below

Organisation	Total number of participants who engaged with the Bespoked programme <sup>6</sup>	Number of participants who attended all sessions of the intervention
Aonach Mor	3	2
Befrienders Highland	4	2
Calman Trust <sup>7</sup>	5	4
Highlands Immigrants and Refugees Association (HiMRA)	6	3
Inverness Centre for Mental Health Recovery	3	2
Kinmylies Lodge	5	2
One Stop Shop	3	1
UHI Community Link	5	2
Women's Aid	4	0
Aonach Mor/Inverness Centre for Mental Health Recovery <sup>8</sup>	3	2
Teenage Cancer Trust	2	Curtailed due to COVID-19
Keltic Care	5	Curtailed due to COVID-19
Family Centre	4	Curtailed due to COVID-19

Table 4

For the purpose of the SROI analysis, it was originally intended that only those participants who attended all the sessions available to them would be included. However, for the participant groups in question, attendance at all sessions was sometimes challenging and qualitative analysis had shown positive benefits for those who had engaged with but had not attended all sessions.

For these reasons the criteria for inclusion in the evaluation was that participants needed to have engaged with the programme (i.e. attended the initial meeting and one further session) and have consented to take part in either a one-to-one interview or a focus group.

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<sup>6</sup> Defined as attending the initial meeting plus at least one other session

<sup>7</sup> Two programmes were run for Calman Trust

<sup>8</sup> Mixed group from two different organisations

## Outcomes and evidence

### Outcomes

Outcomes for participants were mapped based on analysis of one-to-one interviews and focus groups or group meetings. Due to COVID-19 restrictions some interviews took place over the phone, while other individual feedback was obtained through e-mail.

Outcomes mapped were the same for those who had completed all sessions and those who had attended a minimum of the initial meeting and one other session.

<b>Stakeholder</b>	<b>Outcome mapped</b>
Participant	Increased self-confidence/self-esteem from the sense of achievement of learning a new skill (cycling/bike maintenance) or rediscovering a previous skill. Enhanced by the Bespoked team taking account of each person's ability
Participant	Increased self-confidence to be in a group setting by using pre-existing cycling skills. The cycling nature of the group activity allowed participants to be together while still being physically separate on their bikes
Participant	Increased self-confidence to go out and do other things by having taken part in a group activity
Participant	Improved mental wellbeing due to the sense of freedom that cycling provided as opportunity to get away from normal life and activities
Participant	Increased sense of independence and positivity for the future due to learning to cycle and/or becoming more aware of the opportunities provided by cycling.
Participant	Increased general sense of motivation (purpose) by having regular, planned sessions. The sessions provided something to look forward to.
Participant	Increased sense of connection with others and the local community by being part of a group
Participant	Increase in physical fitness because of the nature of the group (cycling)
Participant	Increase in sense of wellbeing due to being in the outdoors

## Inputs

### *Capital, set-up and running costs*

		<b>Financial Value</b>
<b>COSTS</b>	Intervention planning and organisation	5,548
	Recruiting and liaising with participating organisations	4,086
	Running the intervention	17,706
	Recruitment costs	346
	Temporary staff costs	331
<b>TOTAL</b>		27,917

### *Outputs*

The output from the investment was the delivery of eleven full programmes were to 9 organisations, with sessions for a further three organisations curtailed due to the COVID-19 pandemic.

The full programmes delivered ranged from 4 to 9 weekly sessions (excluding the initial meeting). While three sessions were delivered in two of the curtailed programmes, two sessions were delivered in the remaining curtailed programme.

### *Evidencing Outcomes*

The number of stakeholders achieving each mapped outcome was determined based on primary data gathered from participants during one-to-one interviews or interviews in a group setting. Due to COVID-19 restrictions some interviews took place over the phone, while other individual feedback was obtained through e-mail.<sup>9</sup>

Health and wellbeing surveys before and after the programme had been completed for a number of participants however this data was unavailable at the time of analysis due to COVID-19 restrictions. Outcomes have therefore been evidenced largely on the basis of interview and focus group transcript. Secondary data from research sources was used where appropriate.

The SROI analysis considered data from fifteen participants who attended all available sessions, and seventeen participants who had engaged with the programme but not attended all sessions. A breakdown of outcomes mapped with participant numbers is shown in Table 5.

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<sup>9</sup> Paper copies of questionnaires and interview notes for 3 participants were kept securely in the research office and were not accessible at the time of undertaking the SROI due to COVID-19 'lockdown' restrictions, although they had been included in the thematic data analysis.

Table 5

Outcome	Number of participants reporting outcome		Source
	All session participants	Other engaged participants	
Increased self-confidence/self-esteem from the sense of achievement of learning a new skill (cycling/bike maintenance) or rediscovering a previous skill. Enhanced by the Bespoked team taking account of each person's ability	7	10	One-to-one and group Interviews
Increased self-confidence to be in a group setting by using pre-existing cycling skills. The cycling nature of the group activity allowed participants to be together while still being physically separate on their bikes	1	5	One-to-one and group Interviews
Increased self-confidence to go out and do other things by having taken part in a group activity	9	5	One-to-one and group Interviews
Improved mental wellbeing due to the sense of freedom that cycling provided as opportunity to get away from normal life and activities	4	9	One-to-one and group Interviews
Increased sense of independence and positivity for the future due to learning to cycle and/or becoming more aware of the opportunities provided by cycling.	4	3	One-to-one and group Interviews
Increased general sense of motivation (purpose) by having regular, planned sessions. The sessions provided something to look forward to.	4	3	One-to-one and group Interviews
Increased sense of connection with others and the local community by being part of a group	8	11	One-to-one and group Interviews
Increase in physical fitness because of the nature of the group (cycling)	9	9	One-to-one and group Interviews
Improved wellbeing due to being in the outdoors	1	8	One-to-one and group Interviews

### *Valuing outcomes*

It was not possible to determine revealed or stated preferences with the participants, so the financial values of the mapped outcomes were determined based:

- Academic and grey literature research; and
- Financial valuation information from other SROI and economic studies.

The Bespoked programme aims to increase individual's mental and physical well-being. There are many aspects of the programme which have been linked to enhanced mental well-being, which introduces a risk of double counting. Where we have felt a change in mental well-being has been brought about by multiple facets of the programme for a given individual, we have counted the element that was seen as the most significant for that person.

## Financial Proxies

The following financial proxies were used to value mapped outcomes:

<i>Outcome</i>	<i>Financial proxy description</i>	<i>Value per individual</i>
<b>For Participants</b>		
Increased self-confidence/self-esteem from the sense of achievement of learning a new skill (cycling) or rediscovering a previous skill. Enhanced by the Bespoked team taking account of each person's ability	Cost of learning a new skill (£20 for 2-3 hours essential cycling skills) 3 sessions per person <a href="https://www.cycling.scot/what-we-do/training/essential-cycling-skills">https://www.cycling.scot/what-we-do/training/essential-cycling-skills</a>	£60
Increased self-confidence to be in a group setting by using pre-existing cycling skills. The cycling nature of the group activity allowed participants to be together while still being physically separate on their bikes <sup>10</sup>	Value of being a member of a social group (£1850 pa – so £462.50 for 3 months) <a href="http://www.globalvaluexchange.org/valuations/8279e41d9e5e0bd8499f5dd2">http://www.globalvaluexchange.org/valuations/8279e41d9e5e0bd8499f5dd2</a>	£462.50
Increased self-confidence to go out and do other things by having taken part in a group activity	Cost of confidence and assertiveness training <a href="https://www.nesta.org.uk/documents/853/realising_the_value_-_economic_model_for_commissioners_-_1.01.xlsx">https://www.nesta.org.uk/documents/853/realising_the_value_-_economic_model_for_commissioners_-_1.01.xlsx</a>	£632
Improved mental wellbeing due to the sense of freedom that cycling provided as opportunity to get away from normal life and activities	Value of quality adjusted life year (QALY) for a moderate mental health problem <a href="https://www.nesta.org.uk/documents/853/realising_the_value_-_economic_model_for_commissioners_-_1.01.xlsx">https://www.nesta.org.uk/documents/853/realising_the_value_-_economic_model_for_commissioners_-_1.01.xlsx</a>	£1252
Increased sense of independence and positivity for the future due to learning to cycle and/or becoming more aware of the opportunities provided by cycling.	Cost of Positive Psychology Short Course, module Hope, Optimism and Resilience <a href="http://www.globalvaluexchange.org/valuations/8279e41d9e5e0bd8499f5ad2">http://www.globalvaluexchange.org/valuations/8279e41d9e5e0bd8499f5ad2</a> This financial proxy has been used to value Increased peace of mind and feeling more optimistic about the future	£195

<sup>10</sup> Although the same financial proxy has been used for both of these outcomes they have been applied to different individuals

Increased general sense of motivation (purpose) by having regular, planned sessions. The sessions provided something to look forward to.	Motivation course <a href="http://www.globalvaluexchange.org/outcomes/8279e41d9e5e0bd8499f0699">http://www.globalvaluexchange.org/outcomes/8279e41d9e5e0bd8499f0699</a>	£325
Increased sense of connection with others and the local community by being part of a group <sup>10</sup>	Value of being a member of a social group (£1850 pa – so £462.50 for 3 months) <a href="http://www.globalvaluexchange.org/valuations/8279e41d9e5e0bd8499f5dd2">http://www.globalvaluexchange.org/valuations/8279e41d9e5e0bd8499f5dd2</a>	£462.50
Increase in physical fitness because of the nature of the group (cycling)	Annual local leisure centre adult membership (High Life Highland membership £242.20pa) <a href="https://www.highlifehighland.com/join-high-life/">https://www.highlifehighland.com/join-high-life/</a>	£242.20
Improved wellbeing due to being in the outdoors	Gardening (as a hobby) from the HACT social value calculator. <a href="https://www.hact.org.uk/value-calculator">https://www.hact.org.uk/value-calculator</a>	£1411

## Establishing Impact

When establishing the impact that a particular activity has had consideration needs to be given to what else might have been part of the change experienced by stakeholders including:

- **Deadweight** which refers to the change that would have happened anyway.
- **Attribution** which refers to the change attributable to others
- **Displacement** which refers to the displacement of other positive activity

Consideration also needs to be given to how much an outcome that extends into the future (past the year of investment) will drop off over time.

For this analysis values for deadweight, attribution, displacement, and drop-off have been based on interviews with participants, as well as academic and grey literature.

Cycling is an intrinsic part of the programme. Participants were asked whether they felt that the cycling component was key to their decision to take part. This has been factored to give a deadweight of 0%.

The SROI analysis has only considered the value created for 1 year so drop-off on subsequent years is not relevant. However, where an intention to continue cycling has been expressed, this would be accounted for in drop-off if a longer timescale has been used.

A number of support staff who participated in the programme expressed the intention to start up cycling groups for their organisations. This would also be factored into drop-off for longer term value calculation.

## Social Return Calculation

The SROI analysis of investing in the Bespoked intervention revealed an SROI ratio of 1:2.08 which means that for every **£1 invested, £2.08 in social value was generated.**

The Social Value Impact Map developed is included in Appendix III.



## CONCLUSIONS AND RECOMMENDATIONS

*"It's like it's given you freedom. Yes, it's like you can breathe again. Yeah. Quite exhilarating, everything, ... getting to see everything, see new places" (P25).*

Velocity is an Inverness social enterprise which promotes cycling as a way of helping people adopt healthier lifestyles, encourage sustainable travel and improve emotional well-being. Funded by the European Social Fund as part of the Social Investment Fund, their 'Bespoked' project aimed to develop and test an innovative outreach service to address the mental well-being needs of vulnerable groups such as people with enduring mental health conditions. By delivering cycling sessions in familiar, safe places within the community and tailoring the groups to specific needs, Velocity wanted to address disadvantage and extend the well-being benefits of their original 'Cycle to Health' initiative to a wider range of people. Aiming to overcome barriers to participation, the project focused on developing an effective and workable model to market to the NHS and the Third Sector as a social prescribing intervention. The cycling project was developed in the context of the increasing recognition of the link between physical activity and mental well-being which is currently reflected in Scottish Government policy including its Mental Health Strategy 2017-2027. The UHI evaluation aimed to determine the efficacy of this particular intervention, to gauge the range and level of any positive or negative impacts and to make recommendations for its further development as a social prescribing model. The research team conducted qualitative interviews with participants and associated support workers to determine the effect of these groups on health and well-being as well as to explore factors for success, barriers and potential improvements. In total 35 people out of 52 active participants from the 14 cycling groups, delivered to 12 different organisations, have taken part in the evaluation as well as 12 support staff. Detailed data analysis has been presented in the report and a summary of the themes is given in Appendix I. Working in partnership with Velocity and taking an action research approach allowed feedback from participants to shape the intervention. Towards the end of the project, Bespoked and UHI had to respond to the COVID-19 outbreak and the subsequent implementation of social distancing measures and 'lockdown'. For Bespoked, this meant having to cancel the remaining cycling sessions with three groups from the week beginning 16<sup>th</sup> March in order to comply with social distancing requirements. For the evaluation, the research team arranged interviews by telephone and VC.

Data analysis clearly indicated that the impact of the cycling groups was overwhelmingly positive. Although some participants found their physical health had improved, the greatest impact was seen in mental health and well-being. Interviewees commonly reported increased self-confidence, self-esteem and motivation as well as feeling more relaxed and less stressed. The effect is described by one participant:

*"I was apprehensive because I thought I would have panic and stuff, but no it was all gone and I felt this sense of achievement that was new and strong ... now I use my bike to go around the block every day" (P32).*

For several individuals greater self-confidence made them feel more able to take up other activities or join a new group. A few participants described feeling a sense of freedom or 'normality' or simply said that cycling had 'cleared' their head. These self-reported effects were endorsed by support staff observations as in this example:

*"one of them has had such a heaviness because of everything that's happened to her ... but, oh my god, it was like 'wow, what happened to you' because she was so buoyant and it was just so brilliant and she said 'every time I think about it, I'm laughing, I feel giggly and joyful' and that was just, that was like music to my ears" (S09).*

Increased cycling skills and self-confidence opened up the possibility of continuing cycling either as a regular leisure activity or a mode of transport to facilitate independence. The Bespoked team also gave information about the local area and safe cycling routes. Some support staff also noted that their relationships with participants had improved as a result of joining in with the sessions, which acted as a 'leveller' and broke down the idea of 'us' and 'them'. The sessions had a personal impact on a few staff by helping them overcome their own fears or leading them to go cycling in their own time.

Several factors for success were evident from the thematic data analysis. Firstly, the Bespoked cycle leaders were cited as key to delivering the positive impact of the project. Described by one participant as *"beautiful ladies ... patient, intelligent, considerate and really good at what they do"* (P19), the leaders were widely praised for being approachable, friendly and supportive as well as energetic and enthusiastic, motivating participants and making the sessions fun and enjoyable. One interviewee describes the difference this made to her:

*"Sometimes you just can't be bothered going out and doing it, but by the time you do it, you are just so glad you've done it. And it's just been fantastic. The ladies at Velocity are so lovely it's unreal, they really are. And they just lift your spirits, the way that you are feeling when you first go in, because there's some weeks I've just wanted to collapse because of some of the stuff I've been through" (P25).*

Establishing successful partnerships with the organisations was another important factor determining the project's success and one that required extensive preparatory work by the team. Ensuring support staff were on board by giving them information and meeting with them beforehand meant staff could 'sell' the cycling sessions and recruit participants for the Bespoked team. In addition, the presence of staff on rides helped to support the participants and enhance the safety of the groups. Support staff were also important in recruiting appropriate participants as well as identifying and mitigating risks beforehand. The Bespoked team felt strongly that the attitude and motivation of staff also helped participants feel motivated and engaged. The fact that all the bikes, accessories and waterproof clothing were supplied for free by the team was appreciated by both staff and participants. Keeping the number in each group small (usually 4 maximum) and having a high staff to participant ratio were also important to ensure the team could both manage the group and cater for each individual. Another important factor was the structure of each group. Initial meetings enabled everyone to get to know one another, try out bikes and receive detailed information on what would be involved. Some interviewees specifically mentioned the

check-in/out opportunity at beginning and end of sessions, which provides a space to acknowledge how they are feeling and highlight any benefit.

The sessions provided a non-judgemental environment where people's shared backgrounds and experiences fostered both trust and acceptance. A sense of camaraderie developed, where participants were helping and encouraging each other, and this nascent team-working helped to nurture a sense of community and connectedness. This was described by one participant:

*"It was nice to be there as a group and I think seeing your group members going on it motivates you to be like that. And the group helps you to get on with it and it's good teamwork" (P23).*

The intervention can be broken down into three parts, namely the social side, the type of activity and the outdoor element, and this combination appeared to be particularly successful. The social element of joining a group helped to reduce social isolation, increase self-confidence and enhance social skills. The choice of cycling as opposed to another physical activity was important as it acted as both a significant 'challenge' but also an 'achievable' goal. It offered an important opportunity to learn or improve cycling skills, acquire new knowledge about the area and learn new skills such as repairing a puncture. The acquisition of new skills helped boost self-confidence and a sense of achievement. Several interviewees said they would not have joined a walking or running group. Cycling also offered a greater sense of achievement because the group could go further in the time available than on a walk. For a few it offered the opportunity of greater independence as a mode of transport. Being outdoors was deemed to be a very important factor for many interviewees, linking exercising in the 'fresh air' with a sense of well-being and freedom.

Although both participants and staff were extremely positive about the intervention, it was evident that there were barriers to participation. For some these were practical obstacles such as a lack of childcare or the timing of sessions being incompatible with work, education or appointments and these remained barriers for certain individuals. For others there were physical or mental health issues which made it difficult for them to participate. As a result of the type of conditions experienced, anxiety, a lack of self-confidence or the effects of medication could act as barriers and affect attendance. It was evident that the Bespoked team tried to overcome these kinds of obstacles by encouraging and supporting people to take part. They also tailored sessions to enable people at different levels of ability and confidence to take part, even taking at least one person for individual sessions to teach them to cycle. Although the weather was often cited as a barrier, it was also experienced as a challenge which could be overcome. Some of the more difficult challenges were due to unsurmountable workforce issues within the partner organisations like staff shortages, requiring cover for staff joining cycle rides and staff availability because of part-time working and rotas.

When asked what they would like to improve about the groups, the vast majority of interviewees said there was nothing they would change. The most common 'improvement' suggested was to increase the

number of sessions and therefore the opportunity to cycle. There were single instances of suggestions concerning tailoring the team's language to a particular group, improving communication over the location of cycle rides and using social media. Staff also suggested offering 'taster' sessions so participants' fears could be allayed and trying to sustain participants' motivation in between cycling groups by providing workshops and linking in more with Velocity social rides. However, the level of satisfaction with the cycling groups was extremely high amongst both participants and support staff. Interviewees often said they would recommend the sessions to other people.

Although the Bespoked team themselves were also, on the whole, very satisfied with the way the groups had worked and believed they had had a very positive impact, there were some challenges for service delivery which are outlined as follows:

- time taken following up organisations and contacting staff in part-time working hours (3 days a week)
- difficulties arise if staff have fixed views of participants and are not encouraging
- some participants do not belong to regular groups who already know each other, so they are facing an additional barrier of joining a new group of people
- attendance rates
- accommodating the diverse range of abilities within each group. The team noted that participants understand these differences, giving them an important opportunity to encourage each other
- supporting each individual while managing the whole group
- supporting staff during cycle sessions
- lack of resources e.g. van and equipment shared with other Velocity projects.

However, the team did not suggest that these issues had had any significant impact on their ability to deliver the sessions successfully over the course of the project.

As the project was unable to progress to the next stage of European Social Fund funding as originally hoped, it was not possible to measure its sustainability and impact over a longer time. At the end of the project the team had a 'waiting list' of 10 organisations who want to be involved in the cycling sessions in the future if further funding is obtained. At the time of writing, Bespoked had not managed to find further funding and the project had therefore had to finish.

## Recommendations

Evidence gathered for this evaluation indicates that this has been a highly successful project, particularly in terms of increasing self-reported mental well-being in a range of ways amongst its participants. A number of factors determining its success have been described including the skilful facilitation, the particular type of activity, being outdoors, the structure and tailoring of groups as well as the strong partnerships built with organisations and the key role of staff in supporting the sessions.

If this intervention is extended and replicated in other areas, the following points should be taken into consideration based on the evidence gathered in this evaluation.

### *Professional experience and skills of leaders*

The team not only had cycling leadership qualifications but had professional backgrounds in health care, social care or counselling. Successful facilitation of these sessions requires a high level of skill and knowledge combined with experience of working with vulnerable people and groups. Personal qualities are very important and one of the team cited *“their unwavering belief in the potential of what people can achieve”* as a key factor in their success. While observing professional boundaries and responsibilities, the team believe they are able to bring a sense of authenticity to the relationships established with participants and organisations. The skills and experience required to deliver this intervention must be a consideration for the recruitment of cycle leaders if extended to other areas.

### *Team and group structure*

Having a team of two leaders is very important so they can support each other and provide the key ‘bespoked’ nature of the intervention. This, in combination with keeping the groups small, helps the leaders to manage and motivate the whole group while simultaneously supporting each individual and meeting their particular needs.

### *‘Bespoked’ approach*

Tailoring the group rides to both group and individual needs is embedded in this approach. The sessions have been successful because they have been well-prepared and tailored to each group’s needs in terms of session timing, routes and goals as well as to each individual’s level of ability and confidence, which means they can feel safe and supported. Goal setting and challenges are therefore appropriate and realistic to ensure participants are not put under pressure but gain a sense of achievement, which is fundamental for increasing self-confidence.

### *Resources*

The free provision of bikes and equipment is essential as it enables anyone to participate and takes away the burden of providing gear and clothing from organisations and support staff. In addition, if the team had more paid working hours and access to their own dedicated equipment (currently shared with other projects), then they would be able to increase the delivery of sessions, establish a greater number of partnerships and maintain these relationships with organisations more easily. More working time would also enable them to follow up participants after their initial sessions and facilitate transition to other groups.

### *Partnership with organisations*

Taking the time to establish successful working relationships with the partner organisations was an essential ingredient. This meant staff were clear about the aims of the programme and the team were able to allay staff fears and anxieties before recruiting and engaging any participants. If staff 'buy in' to the programme at this early stage, then their initial concerns are less likely to be passed on to the individuals taking part. This also instils a sense of 'ownership' amongst the staff who are being asked to invest their time in the programme.

### *Data sharing and confidentiality*

One of the lessons learnt in the first half of the project was about risk assessment and data sharing. At the December group discussion, the team raised the issue of staff not always sharing relevant details about participants. In order to overcome this, they introduced a new data sharing agreement with partner organisations to clarify roles and responsibilities, ensuring the team had adequate information on which to base risk assessments and facilitate referrals to 'Cycle to Health'. This change was not implemented as a result of encountering any specific difficulty but because the team felt, as the groups developed, that greater data sharing would enhance the safe delivery of sessions.

### *Location and route-planning*

The team felt Inverness had been a particularly good location for the cycling groups with its easy access to off road, car free areas which was an important element for many of the groups, particularly at the start. If it were to be replicated elsewhere, careful consideration and preparation of suitable routes is essential. This includes choosing suitable places to take a break, which gives people an important opportunity to talk. One of the team believed this contributed to the creation of positive memories and also encouraged a connection with the wider community.

### *Implications for delivery in a rural area*

The team led one group in an outlying rural area with a population of 5,366 (2018)<sup>11</sup>. Although the group was completed successfully, it did present challenges because of the additional travelling time to the new location given the team's limited working hours each week. In addition, transporting the bikes and the rest of the kit effectively took these shared resources away from Velocity's other projects for longer than usual, so this had to be agreed beforehand. Operating in a new area meant the team had to take time to research and familiarise themselves with appropriate new routes. However, there was an existing group of people living within the small town and the groups could meet at a known central location. It was not a sparsely populated area with a dispersed community, which would have presented greater challenges when it came to recruiting participants and organising sessions.

With more time and resources, the Bespoked team envisaged developing the intervention in the future as follows in order to maximise benefits for participants and, critically, to make the impacts more sustainable over the longer term.

### *Transition to cycling in the community*

Following their experience of delivering the programme, the team suggested extending cycling courses to increase the participants' confidence and integrating with Cycle to Health by including visits to Velocity in group sessions. These developments would be in line with comments made by participants about wanting more sessions and by support staff about sustaining the impact over the longer term.

### *Following up groups*

Another suggestion to increase sustainability was being able to offer a 'return day' to previous groups, which the current working hours and this project's emphasis on delivery to new groups (to test the pilot) did not allow time to do.

### *Training for support staff*

Bespoked would also like to offer training to support staff to upskill them and enable them to continue to offer cycling within their organisation.

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<sup>11</sup> [statistics.gov.scot, https://statistics.gov.scot/atlas/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Ffid%2Fstatistical-geography%2FS02002017](https://statistics.gov.scot/atlas/resource?uri=http%3A%2F%2Fstatistics.gov.scot%2Ffid%2Fstatistical-geography%2FS02002017)

### *Training for Bespoked staff*

Although it was evident from group discussions that the team worked very well together and felt supported, they did express interest in having more formal supervision i.e. more opportunities to de-brief and deal with any arising emotional issues. They also thought being offered and having time to attend more training would be helpful as this is currently difficult to fit into their three days a week. The team had found training on personality disorder particularly useful. This need for training, given the diverse range of mental health conditions and other issues encountered, should be built into the support framework for cycle leaders.

### *Marketing*

With more time, the team also felt they would be able to 'market' their cycling sessions to more organisations and service providers as well as the wider community. With this aim they produced a 15-minute film featuring the leaders and some support staff as well as the voices of participants. It will be used to showcase Velocity's work and broaden understanding of their projects.

The evaluation data indicates that this has been a highly successful intervention for participants, support staff and for the Bespoked team. In addition, the SROI analysis of the intervention revealed an SROI ratio of 1:2.08 which means that for every £1 invested, £2.08 in social value was generated. Interviewees have reported impacts on mental well-being in particular in terms of increased self-confidence, self-esteem and motivation as well as feeling more relaxed and less stressed. Many have expressed the wish to continue cycling and to buy a bike. The team have signposted participants to the WheelNess project in Inverness which can help people get free access to a bike and is targeted particularly at people on low incomes and with health issues<sup>12</sup>. However, within the timeframe of this evaluation, it has not been possible to gauge how or if these impacts can be sustained over a longer period. If there was further funding, it would be useful to investigate ways to maintain and build on the benefits reported by participants over the longer term as well as explore and test Bespoked's suggestions for developing the intervention. However, the evaluation data suggests that the Bespoked project has created a very firm foundation in terms of its ethos, structure and facilitation methods and is in a strong position to build on its success in this first year. Participant feedback indicates that the Bespoked outreach project has developed an effective and workable model to improve mental well-being amongst some of the most vulnerable groups in Inverness. The combination of physical activity, being outdoors and the social character of the cycling groups together with its skilled group leadership and 'bespoked' approach has had an impact on the self-reported mental well-being and physical health of participants which has been endorsed by staff observations.

In order to be delivered successfully, this type of 'Bespoked' intervention requires highly skilled and experienced leaders who are backed up with sufficient resources in terms of equipment and paid time. In

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<sup>12</sup> <https://www.cyclinguk.org/community-outreach/wheelness> (last accessed May 2020).



this way they can deliver the tailored programme which has been shown here to be highly effective in increasing a sense of mental well-being and providing an opportunity to socialise and exercise outdoors. The intervention fits with current evidence and Scottish Government policy on the effect of physical activity and engaging with the natural environment on mental health and well-being. Given both its relevance and efficacy, this innovative outreach model could therefore be extended in Inverness as well as rolled to other areas with the aim of benefiting a diverse range of participants subject to stigma and social disadvantage.

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## APPENDIX I

### Summary of Findings

A summary of the main findings on impact, factors for success, barriers and improvements is outlined below.

#### **Impact**

##### ◆ *Physical health*

- increased physical fitness e.g. now being able to ride up a hill
- improved sleep.

##### ◆ *Mental health*

- Improved mood (feeling happy)
- increased motivation
- increased self-confidence and self-esteem
- feeling more relaxed and less stressed
- a sense of freedom
- goal-setting and sense of achievement
- feeling able to take up other activities or join a new group
- increased independence.

##### ◆ *Lifestyle change*

- increased cycling skills and confidence to continue cycling as a new regular leisure activity or mode of transport e.g. to go the shops or gym
- new knowledge gained about the local area and safe cycling routes.

##### ◆ *Impact on support staff*

- personal impact e.g. overcoming fears, increasing cycling in their own time; professional impact e.g. improved relationship with participants and having an extra activity to offer participants.

#### **Factors for success**

##### ◆ *Bespoked cycle leaders*

- positive, supportive, approachable, energetic, enthusiastic
- highly skilled group facilitation
- professional backgrounds in health and social care.

◆ *Team structure*

- having a team of two leaders so they can support each other.

◆ *'Bespoked'*

- tailored to each group's needs in terms of session timing, routes and goals
- tailored to each individual's level of ability and confidence
- keeping individuals feeling safe and supported
- no pressure on participants but supported to challenge themselves.

◆ *Fun*

- enjoyable activity
- something new to break up routines.

◆ *Bespoked organisation*

- extensive preparatory work with organisations to form successful partnerships
- all bikes, equipment and waterproof clothing supplied at no cost to participants
- linking into Velocity Cycle to Health social rides.

◆ *Partnership*

- Relationships with organisations helped get staff on board so they could recruit participants and 'sell' the cycling sessions to participants.
- staff presence on rides helped to support participants and enhance safety
- staff recruiting appropriate participants
- staff discussing and mitigating risks
- staff attitude and motivation helped participants feel motivated.

◆ *Group structure*

- small number in group (usually 4 maximum)
- high staff to participant ratio.

◆ *Session structure*

- initial meetings enabled everyone to get to know one another, assess cycling skills/try out bikes and provide information on what was involved
- check-in/out opportunity at beginning and end of session
- regular mid-session tea-break allows participants to talk.

◆ *Social element*

- reducing social isolation

- helping social skills and confidence
- leading to friendships outside the cycling sessions.

◆ *Shared experience*

- non-judgemental environment
- shared backgrounds fostered trust and acceptance
- camaraderie, helping and encouraging each other, sharing challenges, working as a team
- nurturing sense of community and connectedness.

◆ *Cycling*

- presents both a significant 'challenge' but is an 'achievable' goal
- opportunity to learn to cycle or improve cycling skills
- acquisition of new knowledge about the local area e.g. cycling routes
- acquisition of new skills e.g. puncture repair
- greater sense of achievement e.g. going further in the time available than on a walk
- mode of transport leading to greater independence
- link to childhood and reminiscence.

◆ *Being outdoors*

- being outside in fresh air linked to sense of well-being
- fostering sense of freedom
- opportunity to seeing new things, landscapes and places.

## **Barriers**

◆ *Practical*

- inconvenient timing with work, education, appointments
- lack of childcare.

◆ *Physical health*

- physical fitness, health conditions.

◆ *Mental health*

- effect of medication
- lack of self-confidence
- lack of self-motivation
- anxiety or self-consciousness about cycling ability or joining a group
- personal associations and memories.

◆ *Level of cycling ability*

- not used to cycling or unable to cycle.

◆ *Weather*

- Some groups took place over autumn and winter months and weather cited as a barrier but also experienced as a challenge which was overcome.

◆ *Organisational*

- Staff time – needed cover if joining cycle rides
- staff availability – some working part-time/on rotas
- staff shortages.

◆ *Delivery challenges*

- time taken following up organisations and contacting staff in part-time working hours
- some staff have fixed views of participants or are not encouraging
- some participants do not belong to regular groups who already know each other
- attendance rates
- accommodating the range of abilities within group
- supporting each individual while managing the group
- supporting staff during cycle sessions
- lack of resources e.g. van and equipment shared with other Velocity projects.

## **Improvements**

◆ *Number of sessions*

- increase the number of sessions.

◆ *Tasters*

- offer 'taster' sessions so participants' fears can be allayed.

◆ *Maintain participants' motivation*

- providing workshops and linking in more with Velocity social rides.

◆ *Communication*

- tailoring language to group (1 example)
- clearer communication over location arrangements, (1 example)
- using social media

## APPENDIX II

### Evaluation documentation

1. Project Information Sheet
2. Consent Form
3. Data Privacy Notice
4. Interview Schedules.

### 1. PROJECT INFORMATION SHEET

**Project title:** Bespoked Cycle to Health

**Research department/team:** Division of Rural Health and Wellbeing, University of the Highlands and Islands (UHI).

#### ***Invitation***

Thank you for taking time to read this form. We would like to invite you to take part in a research study which involves being interviewed and/or participating in discussion groups. Before making any decision it is important that you understand why the research is being done and what your role will be. Please read the following information and feel free to contact us if anything is unclear or if you require further information.

#### ***What is the purpose of this research?***

The aim of this study is to collect and understand participants' experiences of the Bespoked Cycle to Health sessions run by Velocity and to assess the impact of taking part on individuals' health and well-being. Velocity is testing a new 'outreach' model as a way of delivering its cycling sessions. This research will help to develop this pilot by assessing whether it is effective, involving participants and evaluating the impact.

#### ***Why have I been asked to take part?***

You have been asked to take part because you have agreed to participate in the Bespoked Cycle to Health sessions.

#### ***Do I have to take part?***

No. It is up to you whether to take part. If you do decide to take part, you will be given this information sheet to keep and asked to sign a consent form. You are free to withdraw at any time and without giving a reason. You can refuse to answer any question we ask.

#### ***If I agree to take part, what will I have to do?***

A researcher from UHI will arrange a convenient time to interview you at an agreed location. You will be asked to sign the written consent form (attached). You will be asked a series of questions designed to gather your experiences as a participant and to identify what works well and what does not work well about the cycling sessions. This will last



between 30 and 60 minutes. You may be asked to be interviewed more than once over the course of the pilot. You will also be asked if you would like to take part in discussion groups with other participants. The discussion groups will involve participants in the design of the future cycling sessions to improve the scheme. Agreeing to be interviewed at the start of the project does not mean you have to take part at any other stage. You do not have to be involved further if you do not wish to.

***How will my contributions be used?***

The researcher will take notes during the interviews and discussion groups. With your permission, your interview and discussion group will be audio-recorded to keep an accurate record of what has been said. Only members of the research team will have access to the recordings. Your name will not appear on the transcripts. You may request a copy of the interview transcript. The researchers will examine the notes and recordings from all of these interviews and discussion groups. They will pick out themes to be used in the writing up of the project findings. All quotations will be anonymised. The information will be used to produce a report, which will evaluate the outreach project and make recommendations on how it might be rolled out to other areas. The report and research findings may be used to produce articles for publication in peer-reviewed journals, conference posters and presentations. All recordings, transcripts and consent forms will be kept on SharePoint, UHI's electronic filing system. Only the project research team will have access to them.

***What will happen to my personal information?***

All the personal information we collect will be kept confidential. The University has strict rules to make sure that all information arising from research is safely stored and does not reveal personal information about you. The information is held on SharePoint, UHI's electronic filing system. Personal information is held for five years after the publication of the research results and is then destroyed. You will not be identified in any associated reports, publications and conference presentations. Any quotations would be anonymous.

***What are the possible disadvantages and risks in taking part?***

There are no foreseeable risks associated with the research. The interviews are for research purposes only and will have no bearing on your individual health or wellbeing. If you do feel uncomfortable, upset or threatened in any way please let the researcher know and we will stop the interview and/or get help if required.

***What are the possible benefits of taking part?***

You will not obtain any immediate direct benefit from participation in the research.

***Who is carrying out this research?***

The research is being led by Dr Sara Bradley, Research Fellow from the University of the Highlands and Islands. A Post-doctoral Research Assistant, employed by the University, will also be working on the project. The project is funded by the European Social Fund as part of the Social Investment Fund.

***What do I need to do if I want to withdraw from the research project?***

If you wish to withdraw from the research project, you can tell the researcher during an interview or discussion group and/or contact Dr Sara Bradley, Research Fellow from the University of the Highlands and Islands (contact details below).

***What if I have questions or want further information about the project?***

If you have any questions or require further information, please contact:

Dr Sara Bradley, UHI Rural Health and Wellbeing, Centre for Health Science, Old Perth Road, Inverness, IV2 3JH. E-Mail: [sara.bradley@uhi.ac.uk](mailto:sara.bradley@uhi.ac.uk). Tel: [REDACTED].

If you have a query that you feel cannot be addressed by the research team, please contact the UHI Research Office Administrator: Tel 01463 279000, email: [ro@uhi.ac.uk](mailto:ro@uhi.ac.uk)

**Thank you for taking the time to consider participating in this study. Your contribution to the project is greatly appreciated. Please keep this information sheet.**

**2. CONSENT FORM FOR RESEARCH PARTICIPANTS**

**Project title:** Bespoked Cycle to Health

**Research department/team:** Division of Rural Health and Wellbeing, University of the Highlands and Islands (UHI).

**Please read our project information sheet before completing this form. Please initial the boxes below:**

1. I confirm that I have read and understood the Participant Information Sheet dated 8<sup>th</sup> May 2019 (V1.2) for the above study.
2. I confirm that I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
3. I agree to be interviewed and/or participate in a discussion group.
4. I agree that the interview or discussion group can be recorded using an audio device.
5. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason and without any consequences.
6. I understand that any identifiable information about me, which is gathered in the course of and as the result of my participating in this project will be: (i) collected and retained

for the purpose of this project and (ii) accessed and analysed by the researcher(s) for the purpose of conducting this project.

7. I understand information that identifies me will not be made public and I will not be identified in publications, project reports and conference presentations.

8. I agree to be contacted for further information if required.

**I agree to take part in the project named above.**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### 3. PRIVACY NOTICE

#### **University of the Highlands and Islands: Bespoked (Cycle to Health)**

It is important to us at the University of Highlands and Islands that we protect your privacy. This statement explains the information we collect during the research, why we collect it and where we disclose it.

#### **This privacy statement relates to the following process:**

University of the Highlands and Islands research for the Velocity Bespoked (Cycle to Health) project.

#### **Your information will be used for the following purposes:**

The University of the Highlands and Islands is participating in the Bespoked (Cycle to Health) project, which is a pilot project run by Velocity (Inverness). The University of the Highlands and Islands is carrying out the research and evaluation. This project will pilot a new outreach cycling intervention to improve health and well-being.

The information received will be used to produce a report which will evaluate the outreach project and make recommendations on how it might be rolled out to other areas. The report may be used to produce articles for publication in peer-reviewed journals, conference posters and presentations.

**Our legal reasons for using the data are:**

Use of the data is necessary for the purposes of legitimate interests pursued by us or by a third party (in respect of us interviewing you or holding discussion groups as part of this research, analysing the results and writing the report).

The processing is undertaken under the legitimate interest of the University of the Highlands and Islands. The legitimate interest(s) of the controller or third party is:

To evaluate the outreach pilot and help to develop an intervention to improve the health and well-being of participants.

**Sharing of data:**

Only the research team will have access to personal data (e.g. name, contact details) relating to any individual.

**Your data will be retained for the following length of time:**

The personal data will be retained for up to five years, but there is no set retention period.

**The following rights are rights of data subjects:**

- The right to access your personal data
- The right to rectification if the personal data we hold about you is incorrect
- The right to restrict processing of your personal data

**The following rights apply only in certain circumstances:**

- The right to withdraw consent at any time if consent is our lawful basis for processing your data
- The right to object to our processing of your personal data
- The right to request erasure (deletion) of your personal data
- The right to data portability

**You also have the right to lodge a complaint with the Information Commissioner's Office about our handling of your data.**

**The Data Controller of the information being collected is:**

University of the Highlands and Islands (UHI)  
Executive Office, 12B Ness Walk  
Inverness, IV3 5SQ  
Telephone: 01463 279000

For any queries or concerns about how your personal data is being processed you can contact:

- Data Protection Officer at UHI: [dataprotectionofficer@uhi.ac.uk](mailto:dataprotectionofficer@uhi.ac.uk)
- Dr. Sara Bradley UHI: [sara.bradley@uhi.ac.uk](mailto:sara.bradley@uhi.ac.uk)

**4. BESPOKED INTERVIEW SCHEDULEs**

**Participant Interview Schedule**

When was your last cycle session with Velocity? *How did it go? Where did you go?*

How many sessions have you gone to?

Why did you sign up for the cycling sessions?

Did the cycling sessions meet your expectations? *How?*

Did you have any worries about joining the group?

What did you like about the sessions?

What didn't you like?

Is there anything that could be changed or improved? *e.g. how the sessions are organised/structure/number of sessions?*

Did you have any problems taking part? *Barriers or challenges e.g. access, transport, confidence, joining a group?*

Has there been any effect on your physical health? *What difference has it made/what's changed?*

Were you physically active in the past? *Did you cycle in the past?*

Has there been any effect on your mental health/well-being? *What difference has it made/what's changed?*

Have there been any other effects or benefits? *Social or practical e.g. social contact, knowledge gained about bikes & cycling routes.*

Have you joined any other groups or taken up other new activities since joining the cycling sessions? *Has it made you want to try other new activities?*

How important are the different elements/parts that make up the cycling sessions:

- a) social element – getting together as a group,
- b) type of activity – the cycling as opposed to a walking group/other activity,
- c) being outside?

Will you carry on with the cycling? *What do you plan to do? e.g. getting your own bike, getting to places, shopping, leisure.*

Would you recommend the sessions to someone else? *Why?*

(If the cycling sessions were to be rolled out to other groups or in other places, what advice would you give?)

Any other comments?

## **Staff Interview Schedule**

How did you get involved in the cycling sessions?

What expectations did you have? Were they met?

How many sessions did you go to?

What impact, if any, did they have on participants' a) physical health, b) mental health?

Were there any other effects?

What impact was there on staff – personally and professionally?

What works well about the sessions?

What doesn't work well?

Could anything be improved?

Did the structure work?

How important are the elements that make up the sessions?

What are the challenges faced when delivering this kind of project? Challenges for support staff?

Barriers for participants?

Would you recommend it to others?

If it were rolled out to other groups or areas, what advice would you give?

Any other comments?

## APPENDIX III: Social Value Impact Map

SROI Value Map																			
This sheet is designed to help you develop your SROI analysis. If your analysis does																			
Stage 1			Stage 2										Stage 4						
Who and how many?		At what cost?		Outputs	What changes?		How much?			How long?		How valuable?			How much caused by the activity?				Still material?
Stakeholders	Inputs		Outcome description		Indicator and source	Quantity (scale)	Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start	Express the relative importance [value] of the outcome			Deadweight %	Displacement %	Attribution %	Drop off %	Impact calculation		
										Weighting	Valuation approach (monetary)	Monetary valuation							
Who do we have an effect on?	How many in group?	What will they invest and how much (money, time)?	Financial value (for the total population for the accounting	Summary of activity in numbers.	What is the change experienced by stakeholders?	Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.	Describe the average amount of change experienced (or to be experienced) per stakeholder.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	Sum of duration and	How important is this outcome to stakeholders? (e.g. on a scale of 1-10) (N.B. To make comparison between outcomes possible, your analysis should be	Describe the monetary valuation approach used to express the relative importance (value) of each outcome. (N.B. If your	How important is the outcome to stakeholders (expressed in	What will happen/what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
Programme participants who attended all session available to them (and for whom data was available)	15	Time			Increased self-confidence/self-esteem from the sense of achievement of learning a new skill (cycling/bike maintenance) or rediscovering a previous skill. Enhanced by the Bespoked team taking account of each person's ability		7		1		2		60.00	0%	0%	0%	0%	420.00	
					Increased self-confidence to be in a group setting by using pre-existing cycling skills. The cycling nature of the group activity allowed participants to be together while still being physically separate on their bikes		1		1		2		462.50	0%	0%	0%	0%	462.50	
					Increased self-confidence to go out and do other things by having taken part in a group activity		9		1		2		632.00	0%	0%	0%	0%	5,688.00	
					A sense of freedom from anxiety as cycling provided an opportunity to get away from normal life and activities		4		1		2		1,252.00	0%	0%	0%	0%	5,008.00	
					Increased sense of independence and positivity for the future due to learning to cycle and/or becoming more aware of the opportunities provided by cycling.		4		1		2		195.00	0%	0%	0%	0%	780.00	
					Increased general sense of motivation (purpose) by having regular, planned sessions. The sessions provided something to look forward to.		4		1		2		325.00	0%	0%	0%	0%	1,300.00	
					Increased sense of connection with others and the local community by being part of a group		8		1		2		462.50	0%	0%	0%	0%	3,700.00	
					Increase in physical fitness because of the nature of the group (cycling)		9		1		2		242.20	0%	0%	0%	0%	2,178.80	
					Improved wellbeing due to being in the outdoors		1		1		2		1,411.00	0%	0%	0%	0%	1,411.00	



## SROI Value Map

This sheet is designed to help you develop your SROI analysis. If your analysis does not use monetary

Stage 1		Stage 2				Stage 3							Stage 4						
Who and how many?		At what cost?		Outputs	What changes?	How much?			How long?		How valuable?			How much caused by the activity?				Still material?	
Stakeholders		Inputs			Outcomes	Indicator and source	Quantity (scale)	Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start	Express the relative importance (value) of			Deadweight %	Displacement %	Attribution %	Drop off %	Impact calculation	
Who do we have an effect on?	How many in group?	What will/did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)	Summary of activity in numbers.	Outcome description	Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.	Describe the average amount of change experienced (or to be experienced) per stakeholder.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	Sum of duration and outcome start	How important is this outcome to stakeholders? (e.g. on a scale of 1-10) (N.B. To make comparison)	Describe the monetary valuation approach used to express the relative importance	How important is the outcome to stakeholders (expressed in monetary terms)?	What will happen/ what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
Programme participants who did not attend all sessions but attended the minimum to be included in the SROI analysis, and for whom data was available.										Increased self-confidence/self-esteem from the sense of achievement of learning a new skill (cycling/bike maintenance) or rediscovering a previous skill. Enhanced by the Bespoked team taking account of each person's ability		10		1		2		60.00	0%
					Increased self-confidence to be in a group setting by using pre-existing cycling skills. The cycling nature of the group activity allowed participants to be together while still being physically separate on their own		5		1		2		462.50	0%	0%	0%	0%	2,312.50	
					Increased self-confidence to go out and do other things by having taken part in a group activity		5		1		2		632.00	0%	0%	0%	0%	3,160.00	
					A sense of freedom from anxiety as cycling provided an opportunity to get away from normal life and activities		9		1		2		1,252.00	0%	0%	0%	0%	11,268.00	
					Increased sense of independence and positivity for the future due to learning to cycle and/or becoming more aware of the opportunities provided by cycling		3		1		2		195.00	0%	0%	0%	0%	585.00	
					Increased general sense of motivation (purpose) by having regular, planned sessions. The sessions provided something to look forward to		3		1		2		325.00	0%	0%	0%	0%	975.00	
					Increased sense of connection with others and the local community by being part of a group		11		1		2		462.50	0%	0%	0%	0%	5,087.50	
					Increase in physical fitness because of the nature of the group (cycling)		9		1		2		242.20	0%	0%	0%	0%	2,179.80	
					Improved wellbeing due to being in the outdoors		8		1		2		1,411.00	0%	0%	0%	0%	11,288.00	

# SROI Value Map

This sheet is designed to help you develop your SROI

Stage 1		Stage 2					Stage 4													
Who and how many?		At what cost?		Outputs	What changes?	How much?			How long?		How valuable?			How much caused by the activity?				Still material?		
Stakeholders	Inputs	Financial value (for the total population for the accounting period)	Summary of activity in numbers.		Outcomes	Indicator and source	Quantity (scale)	Amount of change per stakeholder (depth)	Duration of outcomes	Outcomes start	Express the relative importance (value) of the outcome			Deadweight %	Displacement %	Attribution %	Drop off %	Impact calculation		
				Outcome description	Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.	Describe the average amount of change experienced (or to be experienced) per stakeholder.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	Sum of duration and outcome start	How important is this outcome to stakeholders? (e.g. on a scale of 1-10) (N.B. To make comparison between outcomes possible, your analysis should be consistent in the type of weighting used).	Describe the monetary valuation approach used to express the relative importance (value) of each outcome. (N.B. If your analysis does not use monetary valuation of outcomes, please use the Value Map (non-SROI) tab of this spreadsheet).	How important is the outcome to stakeholders (expressed in monetary terms)?						What will happen /what would have happened without the activity?	What activity would/did you displace?
Who do we have an effect on?	Who has an effect on us?	How many in group?	What will did they invest and how much (money, time)?	Financial value (for the total population for the accounting period)	Summary of activity in numbers.	What is the change experienced by stakeholders?	Describe how you will measure the described outcome (including any sources used)	Number of people experiencing described outcome.	Describe the average amount of change experienced (or to be experienced) per stakeholder.	How long (in years) does the outcome last for?	Does the outcome start in Period of activity or in the Period after?	Sum of duration and outcome start	How important is this outcome to stakeholders? (e.g. on a scale of 1-10) (N.B. To make comparison between outcomes possible, your analysis should be consistent in the type of weighting used).	Describe the monetary valuation approach used to express the relative importance (value) of each outcome. (N.B. If your analysis does not use monetary valuation of outcomes, please use the Value Map (non-SROI) tab of this spreadsheet).	How important is the outcome to stakeholders (expressed in monetary terms)?	What will happen /what would have happened without the activity?	What activity would/did you displace?	Who else contributed to the change?	Does the outcome drop off in future years?	Number of people (quantity) times value, less deadweight, displacement and attribution
Velocity (Bespoked Outreach Project)			Programme planning and organisation	5,548						1		2				0%	0%	0%	0%	0.00
			Recruiting and liaising with participating organisations	4,086						1		2				0%	0%	0%	0%	0.00
			Running the programme	17,706						1		2				0%	0%	0%	0%	0.00
			Recruitment costs	346						1		2				0%	0%	0%	0%	0.00
			Temporary staff costs	331						1		2				0%	0%	0%	0%	0.00

**Total** 28,017.00

**Total** 58,045.10

<b>Present value of each year</b>
<b>Total Present Value (PV)</b>
<b>Net Present Value (PV minus the investment)</b>
<b>Social Return (Value per amount invested)</b>

Calculating Social Return					
Discount rate		3.5%			
Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
420.00	0.00	0.00	0.00	0.00	0.00
462.50	0.00	0.00	0.00	0.00	0.00
5,688.00	0.00	0.00	0.00	0.00	0.00
5,008.00	0.00	0.00	0.00	0.00	0.00
780.00	0.00	0.00	0.00	0.00	0.00
1,300.00	0.00	0.00	0.00	0.00	0.00
3,700.00	0.00	0.00	0.00	0.00	0.00
2,173.80	0.00	0.00	0.00	0.00	0.00
1,411.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00
600.00	0.00	0.00	0.00	0.00	0.00
2,312.50	0.00	0.00	0.00	0.00	0.00
3,160.00	0.00	0.00	0.00	0.00	0.00
11,268.00	0.00	0.00	0.00	0.00	0.00
585.00	0.00	0.00	0.00	0.00	0.00
975.00	0.00	0.00	0.00	0.00	0.00
5,087.50	0.00	0.00	0.00	0.00	0.00
2,173.80	0.00	0.00	0.00	0.00	0.00
11,268.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00
58,405.10	0.00	0.00	0.00	0.00	0.00
58,405.10	0.00	0.00	0.00	0.00	0.00
					58,405.10
					30,388.10
					2.08

**15 May 2020**