

A photograph of two men standing on a rocky outcrop, looking out over a vast forest landscape. The man on the left has a beard and is wearing a black cap and a black hoodie. The man on the right is wearing a grey cap, glasses, and a camouflage jacket. The background shows a dense forest of trees with some autumn-colored foliage, under a cloudy sky.

NATIONAL RECOMMENDATIONS FOR PHYSICAL ACTIVITY COUNSELLING

*– implementation, cooperation
and evaluation*

PHYSICAL ACTIVITY COUNSELLING EXPERT FORUM

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THE RECOMMENDATIONS IN A NUTSHELL

The national recommendations for physical activity counselling support the development of high-quality physical activity counselling in municipalities and regions. The recommendations provide guidance on how to build the service chain of physical activity counselling and harmonise the quality of the content of the counselling process. The recommendations were drawn up by the Physical Activity Counselling Expert Forum coordinated by the Adults on the Move program (see page 25).



In order to provide high-quality physical activity counselling, the recommendation is that this counselling be client-oriented, interactive and goal-oriented. The aim of the counselling is to influence the factors affecting physical activity behaviour and thereby increase the client's physical activity. It is also important to bear in mind that physical activity counselling is part of holistic lifestyle counselling, which also takes into account other lifestyle factors, such as nutrition and sleep. The counsellor must have an appropriate degree in health or sports studies.

Care must also be taken to ensure that the physical activity counselling process is defined. The process proceeds in steps and involves several meetings, including an initial meeting, a final meeting and contacts in between. The steps of physical activity counselling that have been identified as effective are the baseline assessment, information exchange, goal setting, plan making, and monitoring and feedback.

The counselling process is part of a more extensive service chain, where those who are too sedentary for their health are reached and identified, their physical activity is discussed and they are referred to physical activity counselling and encouraged to engage in independent and/or guided physical activities.

The recommendations divide the evaluation of physical activity counselling into the evaluation of the implementation of the process and the evaluation of its impact. The areas of evaluation of the implementation of the process are 1) reaching the target group, 2) client engagement, 3) implementation of the steps of physical activity counselling and 4) usefulness of physical activity counselling. The areas of evaluation of the impact of counselling are 1) the impact of physical activity counselling on the ability to change physical activity habits, 2) the impact on physical activity and 3) the impact on sedentary behaviour. The recommendations include indicators defined for the areas of evaluation.

Cooperation practices in the physical activity counselling service chain must be agreed on between the operators involved. All operators in the service chain have their own roles and agreed-upon practices to ensure a high-quality and seamless service chain.


Based on the recommendations, practical tools and training will be developed in the future to support physical activity counselling in practice. The liikuntaneuvonta.fi website provides background information alongside the recommendations and a material bank to support the work of physical activity counsellors.



1 RATIONALE FOR THE RECOMMENDATIONS

The national recommendations for physical activity counselling were drawn up by the Physical Activity Counselling Expert Forum (see page 25). The forum is coordinated by the Adults on the Move program. The aim of the recommendations is to increase the quality, impact and consistency of physical activity counselling in municipalities and regions nationwide. They help establish a physical activity counselling service chain and specify what the physical activity counselling process should include. The recommendations are based on research and good practices and experience from field work.

Sanna Marin's Government Programme and national policies, the Report on Sports Policy and the Government resolution on the promotion of well-being, health and safety support the promotion of lifestyle counselling. In 2020, the Council for Choices in Health Care in Finland (Ministry of Social Affairs and Health) published the recommendation '*Factors supporting lifestyle changes when using methods for providing lifestyle counselling and supporting self-management of health to reduce the risk of diseases caused by an unhealthy diet and insufficient physical activity*'. The national recommendations for physical activity counselling support these recommendations for lifestyle counselling.

 **The national goal is for every municipality to provide physical activity counselling in accordance with these recommendations and for everyone to be supported in finding a physically active lifestyle.**

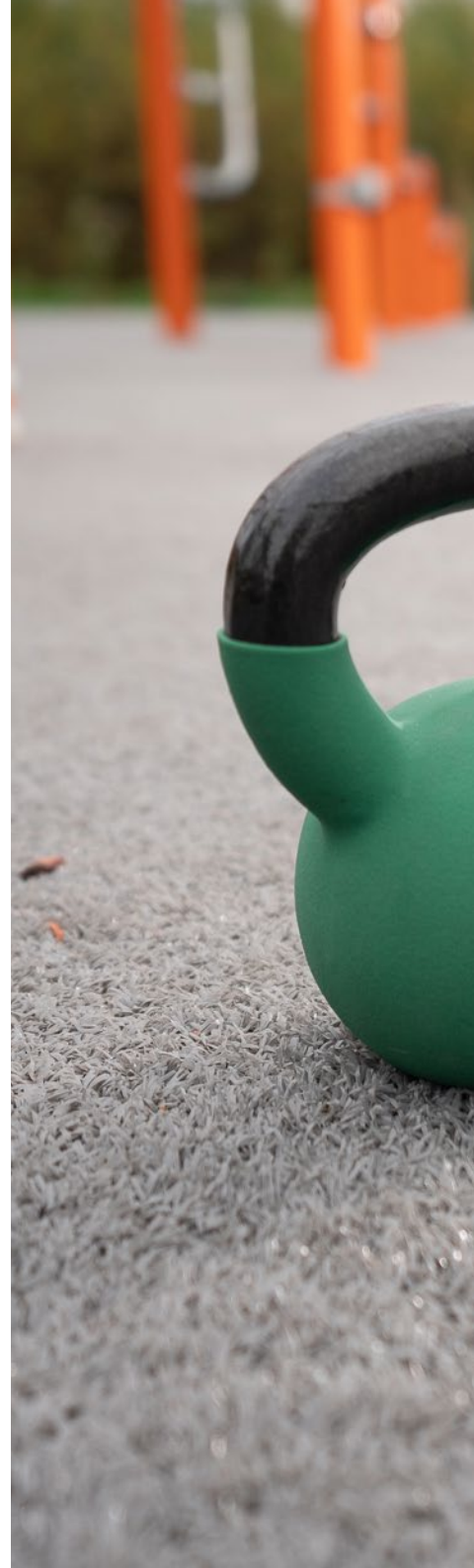
Finnish people are not sufficiently active. Too little physical activity increases the risk of developing long-term illnesses, the treatment of which places a heavy burden on healthcare services. Too little physical activity and poor fitness lower the quality of life and increase the risk of premature death. Excessive sitting and other sedentary behaviour is also harmful to health (Current Care Guideline, 2016). The cost of insufficient physical activity for health is at least 3.2 billion euros per year in Finland (Vasankari and Kolu, 2018). At a municipal level, this means costs of tens or even hundreds of millions of euros per year (Tampere City Region, 2019).

Because the effects of insufficient physical activity are significant, supporting physical activity must be part of the prevention, treatment and rehabilitation of lifestyle and long-term diseases (Current Care Guideline, 2016). Physical activity counselling is a way to increase the physical activity of the population. Lifestyle changes are particularly beneficial for people at increased risk of developing long-term diseases (Ministry of Social Affairs and Health, 2020). Sufficient physical activity increases health and well-being and the ability to work and function, thereby reducing the use of healthcare services. The benefits of physical activity counselling therefore extend beyond individuals to the whole of society.

2 RECOMMENDATIONS FOR PROFESSIONALS

These recommendations are intended for the providers and developers of physical activity counselling. As high-quality physical activity counselling requires multidisciplinary cooperation, the recommendations apply to a wide range of occupational groups. The recommendations guide the development of the physical activity counselling process and the establishment of a service chain in which those who are not active enough for their health are reached and identified, their physical activity is discussed and, if necessary, they are referred to physical activity counselling (Figure 1).

Physical activity counselling is usually provided by municipal sports services or by health services as part of lifestyle counselling (see Chapter 4). Healthcare services play a significant role in reaching the target group. Local associations and adult education centres play an important role in providing low-threshold sports services, alongside municipal sports services and private service providers. The field of operation of physical activity counselling can also include employment services, Liikkujan Apteekki pharmacies, public health organisations and parishes, for example.



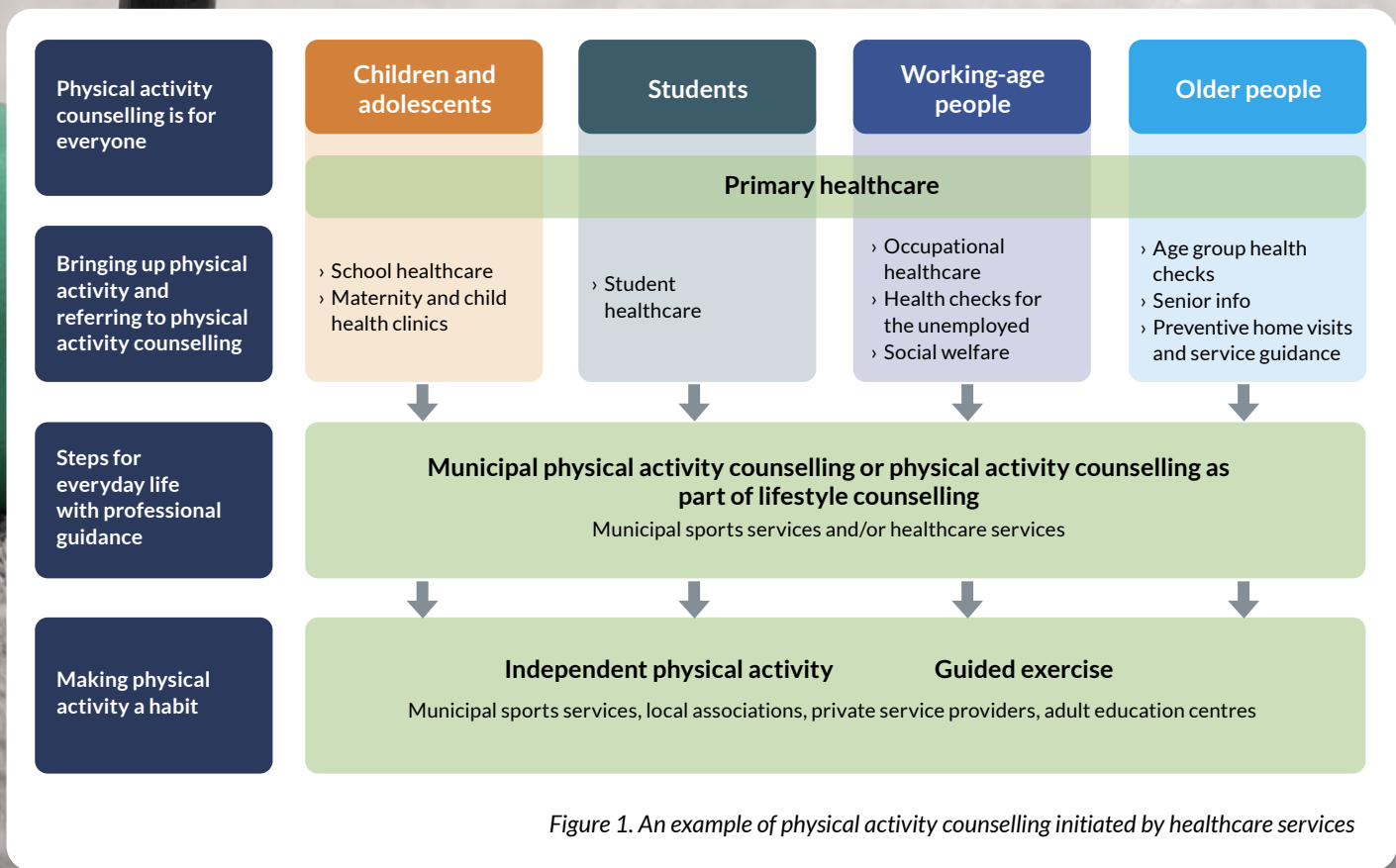


Figure 1. An example of physical activity counselling initiated by healthcare services



3 PHYSICAL ACTIVITY COUNSELLING PROCESS

3.1 PHYSICAL ACTIVITY COUNSELLING MUST BE OF HIGH QUALITY

Physical activity counselling is individualised guidance on how to lead a physically active lifestyle, provided by a physical activity or healthcare professional. During the counselling, the client is examined as a whole, and attention is paid to not only physical activity but also other aspects of their lifestyle. The client's needs, wishes and goals determine the duration and content of the counselling process. The counselling includes discussion on what physical activity means to the client. The counsellor supports the client in identifying their strengths and potential and helps them find their preferred forms of physical activity. With the counsellor's help, the client sets realistic goals for themselves on how to increase their physical activity. During the process, the counsellor supports and monitors the client and the achievement of their goals.

Important starting points for physical activity counselling include the following:

- › client orientation
- › interactivity
- › goal orientation.

3.2 THE COUNSELLOR MUST HAVE SUFFICIENT KNOWLEDGE

The professional providing physical activity counselling must have a broad knowledge of the health effects of physical activity and the health disadvantages of low physical activity, as well as an understanding of the process of behavioural change. Examples of common basic qualifications found suitable for a physical activity counsellor include sports instructor and physiotherapist (Kivimäki et al., 2018). Important qualities and skills for a counsellor include the following:

- › Good interaction skills: the ability to listen, show support and give feedback
- › Basic knowledge of how healthy lifestyle factors, such as nutrition, mental well-being and sleep, support physical activity
- › A strong understanding of how physical activity supports the health and well-being of the client as a preventive and restorative measure
- › Knowledge of the impact of diseases on physical activity and the effects of physical activity on diseases
- › An understanding of the factors influencing behavioural change and the human being as a psychophysical whole
- › An ability to use and interpret health indicators and their results

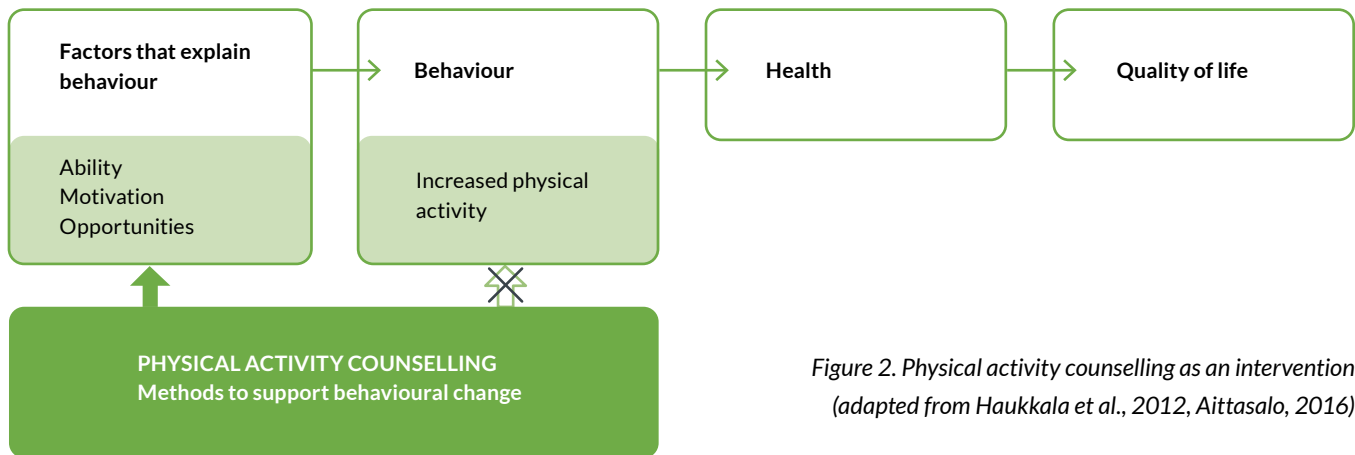


Figure 2. Physical activity counselling as an intervention (adapted from Haukkala et al., 2012, Aittasalo, 2016)

3.3 PHYSICAL ACTIVITY COUNSELLING MUST BE GOAL-ORIENTED

The aim of physical activity counselling is to support the client in achieving a more physically active lifestyle. The counselling aims to increase the client's ability, motivation and opportunities to be more physically active. The aim is therefore not to directly influence the client's physical activity, but to support a more permanent change by influencing the factors behind their behaviour. The counselling uses a variety of methods to strengthen the client's capacity to adopt a new, more active way of life. The aim of increasing physical activity is to achieve positive health effects and improve the quality of life (Figure 2).

3.4 PHYSICAL ACTIVITY COUNSELLING MUST BE INDIVIDUALISED AND PHASED

The content of physical activity counselling is based on the needs and abilities of the client. As physical activity counselling is always individual and tailored to the needs of the client, the number or duration of meetings cannot be predetermined.

However, there should be several meetings, as lifestyle change takes time and involves several steps (Ministry of Social Affairs and Health, 2020). In most cases, the physical activity counselling process takes 6–12 months (Kivimäki et al., 2018). The process includes an initial meeting, a final meeting and contacts in between. The contacts can be face to face, remote discussions by phone / other communication platforms or emails.

Physical activity counselling follows the 5A principle, which has been shown to be good practice in counselling to increase physical activity (Estabrooks et al., 2003). The physical activity counselling process includes the following steps: baseline assessment (Assess), information exchange (Advise), goal setting (Agree), plan making (Assist) and monitoring and feedback (Arrange) (Table 1). By going through all the steps, the aim is to influence the client's motivation, ability and opportunities to increase their physical activity. There is no need to go through the steps after the baseline assessment in order. Instead, they are dealt with in a client-oriented way – at every meeting if necessary.

Table 1. Steps in the physical activity counselling process (adapted from Estabrooks et al., 2003, Aittasalo, 2019 and Ministry of Social Affairs and Health, 2020)

Step	Baseline assessment (Assess)
Content	<p>The baseline is assessed by listening to the client. It is important that the client leaves the discussion feeling empowered. The following topics should be discussed with the client:</p> <ul style="list-style-type: none">› Life situation› The client's own assessment of their current habits of physical activity (highlighting the positive)› The client's perceived needs for change and the factors preventing and facilitating change› Ability, capacity, motivation, opportunities, resources, illnesses, other lifestyle factors, physical activity skills, previous experience, attitudes and knowledge, personal values and motives that support increasing physical activity
Step	Information exchange (Advise)
Content	<p>Information must be provided in a client-oriented manner and in relation to the client's situation, needs and values. The discussions must emphasise that the focus of the counselling is on increasing physical activity, not just exercise. The discussions can provide information on topics such as the following:</p> <ul style="list-style-type: none">› What is health-enhancing physical activity and what are the effects of too little physical activity.› What is a sufficient amount of physical activity.› How other lifestyle factors (e.g. sleep and nutrition) can support the client's goals.
Step	Goal setting (Agree)
Content	<p>Through interaction, the professional supports the setting of the client's goal and provides the means for it. A good goal is:</p> <ul style="list-style-type: none">› Set by the client themselves, individualised and based on their needs and baseline situation.› A sufficiently small and short-term goal to start with. The goals can be modified once the previous ones have been achieved.› Specific, measurable, achievable, relevant and timely (SMART).

Step**Content****Plan making (Assist)**

A plan to achieve the goal is drawn up under the client's direction. When drawing up the plan, the following need to be taken into account:

- › The plan is realistic, time-bound and feasible.
- › The plan can include e.g. the types of physical activity, their strenuousness and duration, and where, when and with whom they take place.
- › The plan is flexible and must be updated regularly.
- › The plan includes the methods for monitoring its realisation. The client is provided with the means to monitor their physical activity and identify the feelings generated by physical activity (a physical activity diary, an activity tracker, such as a pedometer, smartphone or smartwatch).

The counsellor encourages and supports the client in making the change. The client usually also faces adversity when making a change to their physical activity. Good ways to provide support include the following:

- › Helping the client identify obstacles to physical activity and find solutions to them.
- › Providing the client with tools and ways to increase physical activity and find suitable services and forms of physical activity.
- › Giving regular positive feedback in relation to the goals.

Step**Content****Monitoring and feedback (Arrange)**

Monitoring is part of the physical activity counselling process and every counselling session. The counsellor and client agree together on how the counselling process will proceed and how it will be carried out. The following matters need to be taken into account when planning the monitoring:

- › Several meetings are required. More frequently at the beginning and more sparsely towards the end.
- › Meetings can take place face to face, over the phone or e.g. using digital platforms.
- › Monitoring data is recorded systematically and clearly. A patient information system should be used for recording, so that all professionals involved in the process can follow its progress and the changes made by the client.
- › Monitoring and feedback reinforce the client's experience of self-efficacy.
- › The aim of regular positive feedback is to reinforce the client's feeling that they are capable of change.



3.5 GOOD PRACTICES IN PHYSICAL ACTIVITY COUNSELLING

The methods used in physical activity counselling vary according to the needs of the client. The client's readiness to increase their physical activity varies, which needs to be taken into account in the counselling process. Physical activity counselling can either use individual methods or combine several methods that are known to increase physical activity. The methods aim to influence the factors behind the client's

behaviour, such as ability, motivation and opportunities. (Linnansaari and Hankonen, 2019.) No one method is superior to another (Michie et al., 2009), and combining several methods produces the best results (Ministry of Social Affairs and Health, 2020). Methods often used in physical activity counselling include a motivational interview, an approach based on values and acceptance and impactful communication during patient encounters.

4 THE PHYSICAL ACTIVITY COUNSELLING SERVICE CHAIN CAN ONLY BE BUILT THROUGH COOPERATION

The service chain established around physical activity counselling is one of the main factors that distinguishes it from other services aimed at increasing physical activity. In the service chain, those who are too sedentary for their health are reached and identified, their physical activity is discussed and they are referred to physical activity counselling. The physical activity counselling process motivates the client to adopt a physically active lifestyle and increase their physical activity through guided and/or independent physical activity (Figure 3).

A service chain is only effective if its parts work seamlessly together. A connection must be established between the operators in the service chain to ensure that the client receives adequate support and opportunities to change their lifestyle. The system does not work if physical activity is addressed but the guidance practices are not clear. This is why it is important to coordinate the parts and roles of the service chain.

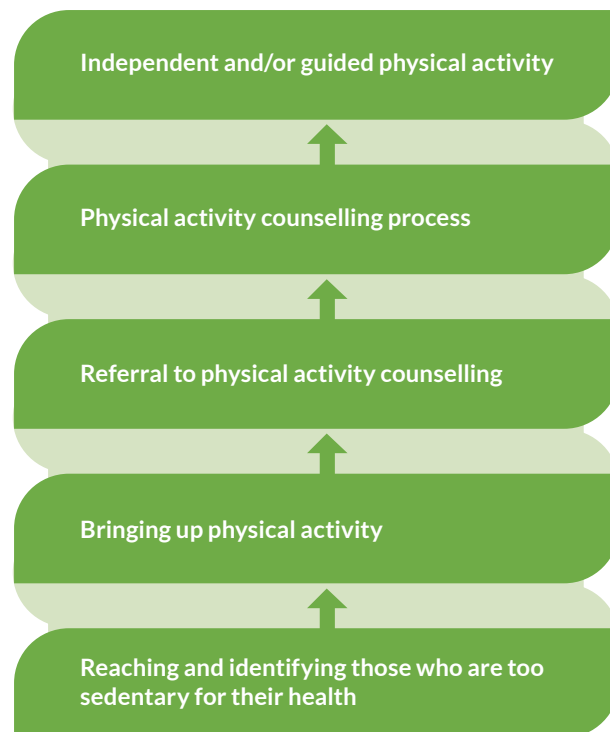


Figure 3. Physical activity counselling service chain

Physical activity counselling is part of holistic lifestyle counselling

Physical activity counselling is a preventive well-being service provided by the municipality and part of the lifestyle counselling provided by the region. The service includes guidance on leading a physically active life, increasing physical activity and adopting other healthy lifestyle choices (Figure 4).

It is the responsibility of the municipality to ensure the seamlessness of the service chain and the availability of physical activity counselling. The physical activity counselling process can either be carried out by the municipality's sports services or social services and healthcare. Physical activity trials and physical activity counselling start groups can be provided by sports services, local associations and private service providers. Other operators that can reach local residents can also help with reaching out to clients. The more operators that are aware of and share information about the physical activity counselling service, the better.

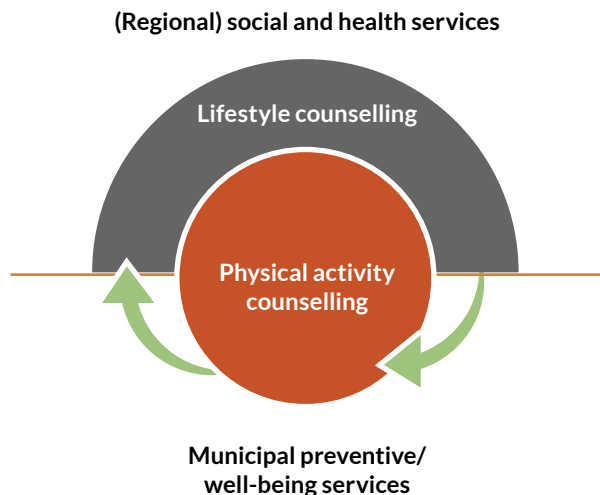


Figure 4. Physical activity counselling is part of lifestyle counselling

A seamless and high-quality service chain is characterised by the following features:

1. The physical activity counselling service chain is defined.
2. The target group for physical activity counselling is jointly agreed on and known to the operators in the service chain.
3. The roles and cooperation practices of the operators involved in the service chain have been agreed on.
4. Bringing up physical activity is supported by strengthening skills and making it part of the operating culture.
5. A clear policy for referral to physical activity counselling has been established and documented.
6. Physical activity counselling is provided on an individual basis, professionally and following recommendations.
7. The flow of information between operators in the service chain is smooth and has been agreed on.
8. The recording practices of client data between social and healthcare services and sports services have been agreed on and the recording method has been defined. The aim is to use a patient information system, which supports multidisciplinary cooperation and information flow.
9. The physical activity counselling service has information about low-threshold exercise groups, and it is easy to refer clients to them.
10. Local associations that offer exercise activities have been engaged to provide low-threshold exercise.

5 EVALUATION OF PHYSICAL ACTIVITY COUNSELLING

5.1 PHYSICAL ACTIVITY COUNSELLING MUST BE EVALUATED

The monitoring and evaluation of the physical activity counselling process guide the activities, ensure their quality and help improve them. The needs of stakeholders must be taken into account when planning the evaluation (Figure 5):

- › The evaluation provides **the client** with feedback on their progress. Monitoring changes makes the results visible to the client and supports motivation.
- › By evaluating the impact of the counselling, **the professional** can examine whether the counselling is bringing about the desired changes and supporting the client's progress towards the goals set.
- › Evaluation also makes the need for physical activity counselling and its impact and effectiveness visible to **decision-makers and management**. Verifying the impact of physical activity counselling helps establish the service and secure its resources.

Figure 5. The significance of the evaluation of physical activity counselling for different target groups (adapted from Aittasalo, 2020)

Clients

Feedback on one's activities

Professionals

Performance, development of activities

Management and decision-makers

Justification for activities, resource management, strategic choices





5.2 RECOMMENDATIONS FOR INDICATORS

The evaluation of physical activity counselling is divided into

- 1) the evaluation of the implementation of the process and
- 2) the evaluation of its impact.

The purpose of the evaluation of the implementation is to verify that the counselling has been carried out as planned. It provides guidance on reviewing the quality of the counselling and improving the activities. The impact evaluation verifies the changes in the target group brought about by the physical activity counselling process and examines whether the counselling is achieving its objectives.

5.2.1 Indicators to evaluate the implementation of the process

When evaluating the implementation of physical activity counselling, it is important to take into account the perspectives of both the organisation and the client. The following evaluation questions and indicators are used to examine whether the counselling process has been carried out as planned from the perspective of the client and the organiser (Table 2).

Table 2. Recommended areas and methods for evaluating implementation

EVALUATION OF THE IMPLEMENTATION OF THE PROCESS		
Area of evaluation	Evaluation method/indicator	Notes
Reaching the target group	Compile statistics on whether the client is in the target group or not.	The target group for the counselling is determined locally. The more precise the definition, the easier it is to assess whether the physical activity counselling is reaching the clients in the target group. Reaching the target group also requires strong and targeted client marketing. The operators who identify clients and refer them to the counselling must be aware of the criteria defined.
Client engagement	<p>Compile statistics on the realisation of agreed-on visits and the reasons for unrealised visits.</p> <p>Compile statistics on whether the client followed the counselling process all the way through.</p>	Statistics on the realisation of agreed-on visits provide information on how many times the average client attends the physical activity counselling and how many clients complete the process. By examining the reasons why people do not complete the process, the process can be improved to better meet the needs of the target group.
Implementation of the steps in the physical activity counselling process (5A)	<p>Record the topics covered during each meeting.</p> <p>Compile statistics on whether the visit included any of the steps in the process (baseline assessment, information exchange, goal setting, plan making, monitoring and feedback).</p>	<p>By compiling statistics on the completion of the different steps, the quality of the physical activity counselling process can be assessed.</p> <p>It is also important to record the reasons why a step was not completed. This will increase understanding and opportunities to improve the quality of the counselling.</p>
Usefulness of the physical activity counselling	<p>How useful was the physical activity counselling for you?</p> <p>1 = not useful at all</p> <p>2 = somewhat useful</p> <p>3 = useful</p>	The experience of usefulness reflects the client's satisfaction with the counselling and their experience of having their individual needs taken into account. This question asked at the end of the counselling process provides valuable information for the counsellor, and the average rating of all clients can be used in marketing the service, for example.

5.2.2 Indicators to evaluate the impact of the process

When evaluating the impact of physical activity counselling, it is important to focus on the goals. The aim of the counselling is to support the client in achieving a more physically active lifestyle. Changes in behaviour must therefore be made visible. The following evaluation questions and indicators examine whether the counselling has had the desired effects on the target group's behaviour and the factors behind it (Table 3).



Table 3. Recommended areas and methods for evaluating impact

EVALUATION OF THE IMPACT		
Area of evaluation	Indicator	Notes
<i>The impact of physical activity counselling on the client's ability to change their physical activity habits</i>	<i>To what extent did the physical activity counselling support you in adopting a physically active lifestyle? 1 = not at all 2 = to some extent 3 = a lot</i>	<i>Physical activity counselling aims to influence the factors behind the client's behaviour, such as ability, motivation and opportunities. It is important to measure whether the counselling increases the client's experience of their ability/motivation to change.</i>
<i>Impact on physical activity</i>	<i>Objective measurement of daily step count: At the beginning of the counselling process, the client measures their daily step count for a week, for example with a pedometer or a mobile app. The measurement is repeated at the end of the process. Statistics are compiled on the average weekly step count. OR How much physical activity do you get in a typical week? Include both light physical activity and vigorous and strenuous physical activity at home, work, hobbies, etc. _____ hours _____ minutes</i>	<i>The increase in physical activity is primarily determined by measurement. If it is possible to integrate a step count analysis at the beginning and end of the process, this will provide more accurate information on the increase in physical activity than the subjective estimate. It is important to use the same meter for the initial and final measurement. If an objective measurement is not possible for the client, the subjective estimate is used.</i>

EVALUATION OF THE IMPACT

Area of evaluation	Indicator	Notes
Impact on sedentary time	<p>Objective measurement of sedentary time: At the beginning of the counselling process, the client measures their daily sedentary time for a week, for example with a mobile app or an activity tracker. The measurement is repeated at the end of the process. The average sedentary time during the week is recorded.</p> <p>OR</p> <p>How much time do you spend sitting and lying down during a typical day? _____ hours _____ minutes</p>	<p>The amount of sedentary time is primarily determined by measurement. If it is possible to integrate a measurement of sedentary time at the beginning and end of the process, this will provide more accurate information than the subjective estimate.</p> <p>Looking at the reduction in sedentary time allows even small changes in daily activity to be taken into account.</p> <p>If an objective measurement is not possible for the client, the subjective estimate is used.</p>

5.2.3 Complementary indicators add value

The nationally recommended indicators (Tables 2 and 3) provide answers on the implementation and impact of physical activity counselling. However, there may be differences in the implementation and target groups of the counselling between implementing parties. Indeed, local needs must be taken into account when drawing up the indicators. In addition to the recommended indicators, other indicators can be used to support the locally defined process and its objectives, as well as those of the client.

The aim of physical activity counselling is to support the client in making a lasting change to achieve a physically active lifestyle (Figure 2). The increase in physical activity achieved through physical activity counselling can have a positive impact on the client's health and quality of life. It is almost impossible to prove whether the change is the result of physical activity counselling. However, it is possible to locally assess the changes in the health and well-being of the target group (Table 4).

When designing effective supplementary indicators, it is important to bear in mind the following points:

- The indicators are selected to verify the desired objective.
- The set of indicators covers the needs of stakeholders (clients, the provider/developer of physical activity counselling, decision-makers).
- The measurement must not take up an excessive amount of time from working with clients or overburden clients.
- The indicators selected must be sensitive enough to detect changes.
- The indicators must be carefully selected and those whose results cannot be used must be discarded.

Table 4. Examples for assessing changes in health and well-being

EXAMPLES OF INDICATORS RELATED TO HEALTH AND WELL-BEING	
Area of evaluation	Indicator
Perceived health	How would you rate your current state of health? 1 = poor 2 = fairly poor 3 = average 4 = fairly good 5 = good
Perceived physical fitness	How would you rate your current physical fitness? 1 = poor 2 = fairly poor 3 = average 4 = fairly good 5 = good
Perceived work ability	Let's assume that your work ability scored 10 points when it was at its best. On a scale of 1 to 10, how would you rate your current ability to work? 0 means that you are currently unable to work at all. _____ points
Self-assessed quality of life	Examples: 15D, EuroHIS-8, EQ-5D, RAND-36, WHOQOL-BREF
Self-assessed mental well-being	WHO-5

5.3 RECORDING AND STATISTICS MUST BE PART OF THE EVALUATION OF PHYSICAL ACTIVITY COUNSELLING

When planning recording and statistics, it is important to take into account the needs and practices of the operators involved in the service chain, the transfer of data between operators in the service chain, data usability and data protection. A systematic common practice for recording and statistics must be agreed upon. It is important to agree on the roles of the operators, i.e. who is responsible for recording and statistics, and what information is recorded and compiled into statistics in healthcare services and sports services and how. The operators in the service chain must be familiarised with and committed to recording and statistics.

In order to provide high-quality physical activity counselling, using a patient information system is recommended. The use of

a patient information system supports the flow of information between healthcare services, sports services and the client. If no patient information system is available, it must be considered how the recording and statistics are carried out to ensure the best use of the data.



5.3.1 Recording

Good and accurate recording supports the quality of the counselling. After each client contact, the counsellor records the matters discussed and the client's current situation. Based on the records, the counsellor can recall what has been agreed on and discussed with the client. The counsellor may also change in the middle of the process, making the records all the more important.

The following should be recorded during the physical activity counselling process:

1. Baseline assessment

- › The client's life situation
- › Factors affecting health and physical activity
- › The client's description of current physical activity habits
- › Reasons for admittance (the client's perceived needs for change)
- › The factors preventing and facilitating change

2. Information exchange

- › What issues have been addressed or provided guidance/ advice on
 - o Health-enhancing physical activity
 - o Impact of low physical activity
 - o A sufficient amount of physical activity
 - o Other lifestyle factors to help achieve the goal

3. Goal setting

- › The physical activity goal set by the client

4. Plan making

- › Physical activity plan (e.g. the types of physical activity, their strenuousness and duration, and where, when and with whom they take place) and its updates

Recording

Qualitative and descriptive content notes of client meetings and contacts. Their purpose is to document information about the content and progress of physical activity counselling from the client's perspective.

5. Monitoring and feedback

- › Future meetings and methods of contact (e.g. face to face, by telephone)
- › Changes made by the client
- › A summary at the end of the counselling (a summarised description of the counselling process), which can be sent to the client or stored in the Kanta archive.

5.3.2 Statistics

Statistics are quantitative records that can be used to monitor how the client is progressing towards their goals and evaluate the impact of the counselling, among other things. Regular summaries/ reports based on the statistics support the analysis of the quality of the counselling and the needs of stakeholders (see Figure 5).

The statistics cover all the recommended areas for evaluating the implementation and impact of physical activity counselling (Tables 2 and 3).

Additionally, the statistical reports can look at issues such as the following:

- › Number of clients: number of people who have started counselling
- › Client profile: age, gender, employment status
- › Reach: number of people referred to counselling vs. number of people who started counselling
- › Referral source: which party has referred the client to counselling or if they have sought the service themselves
- › Counselling method: how was the meeting realised (by phone, face to face, etc.)
- › Changes in selected indicators (= impact)
- › Proportion of people who drop out of counselling

Statistics

Quantitative records of e.g. the number and duration of client meetings and contacts, and the results of the selected indicators.

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