

# TACKLING INACTIVITY

**A GUIDE TO SPORT ENGLAND'S  
APPROACH AND INVESTMENT**

**DECEMBER 2016**





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# INTRODUCTION

Tackling inactivity is a key feature of our new strategy *Towards an Active Nation*. In it we commit to triple the amount we invest in helping the people who are inactive become active. This is where we will have the greatest opportunity to secure the outcomes set out in the Government's new strategy *Sporting Future*:

- physical wellbeing
- mental wellbeing
- individual development
- social and community development
- economic development.

We will spend at least £265 million<sup>1</sup> to tackle inactivity as part of our five- year strategy. £120 million has been committed to creating a new, dedicated fund. In addition, a further £145 million of our local delivery, children and young people, workforce and coaching and facilities funding will directly benefit inactive people.

It's a natural progression from the work Sport England has already undertaken – for example through our Get Healthy Get Active projects. We already know that tackling inactivity is possible. Now we need to bring about change at scale, working with an even wider range of partners.

The purpose of this investment guide is to explain our approach to tackling inactivity, and to provide some general guidance to organisations considering applying for funding from us or seeking to work in partnership with us. We would also recommend reading [Sporting Future](#) and [Towards an Active Nation](#) to give some further context.

This guide will be supplemented by a series of more detailed documents as and when funding becomes available, starting in December 2016 with the publication of the [Active Ageing prospectus](#).

<sup>1</sup> This might fluctuate dependent on lottery income



# WHAT IS INACTIVITY & WHY DOES IT MATTER?

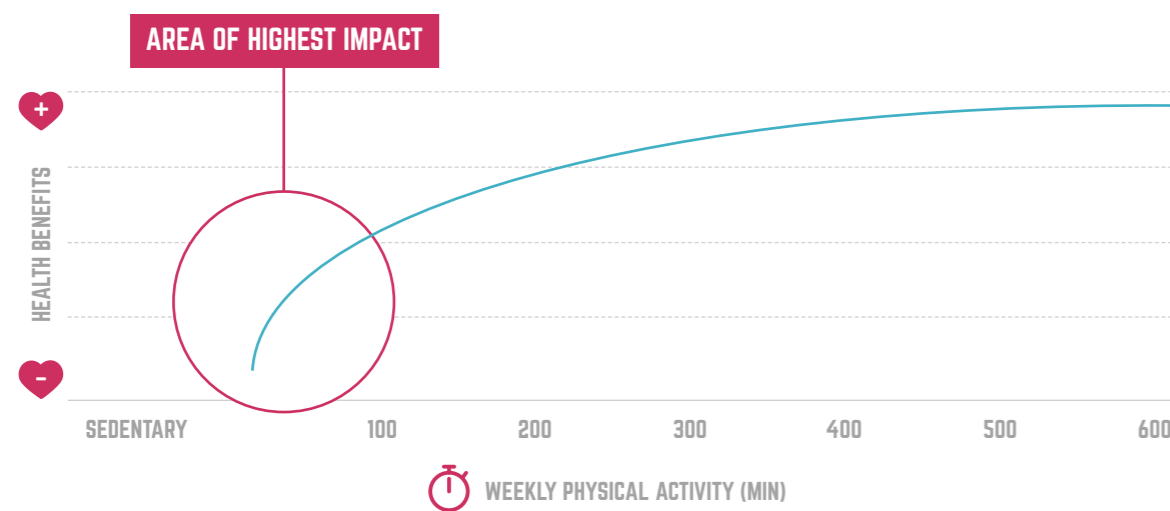
The Chief Medical Officer defines an inactive person as someone who, over the course of a week, does not achieve a total of 30 moderate intensity equivalent (MIE) minutes of physical activity. Breaking that down further:

- Moderate equivalent minutes. That means each 'moderate' minute – where you raise your heart rate and feel a little out of breath – counts as one minute. Any vigorous activity, where you're breathing hard and fast and your heart rate has increased significantly (you won't be able to say more than a few words without pausing for breath) counts for double. So each vigorous minute counts as two moderate minutes.
- The 30 MIE minutes can be achieved in one go or in chunks of at least 10 minutes across different days through a combination of physical activities.

At any one time, 29% of the adult population in England fails to achieve this minimum threshold (*Active People Survey 2015-16, 10Q2*). Low levels of physical activity is also not unique to adults and is also an issue amongst children and young people.

Being inactive can make a big difference to everyone's health: 1 in 6 adults in the UK die as a result of being inactive. The good news is that it only takes a small amount of regular activity to make a big difference – especially for those who are least active.

The dose response curve below shows how big the health gains are when someone moves from no to some activity, and they are also likely to benefit in other ways, for example increasing their mental wellbeing, or feeling more connected to their local community.



## WE WILL THEREFORE LOOK TO INVEST OUR TIME AND FUNDING INTO PROJECTS WHICH SPECIFICALLY TARGET PEOPLE WHO ARE INACTIVE.

In this context, the term project is used to describe a strategy or activity that is designed to have an impact on reducing inactivity. We also want to help to influence policy which can bring about behaviour change on a larger scale. For example supporting leisure centre providers to adopt a specific policy across all their facilities which might support inactive people by increasing accessibility or by providing tailored support.





# WHAT ARE WE TRYING TO ACHIEVE?

This is quite simple. Where we invest – in an area or in a particular project, we want to see the number of people who are inactive go down. Government shares that aspiration, and has set this as one of its key measures of success in its strategy Sporting Future:

‘KPI 2: Decrease in the percentage of people who are physically inactive’.

Helpfully, we are now all using the same definition of inactivity; someone who over the course of a week, does not achieve a total of 30 moderate intensity equivalent (MIE) minutes of physical activity.

We will therefore be using this to determine how we invest our funding.

## ALL INVESTMENTS TO TACKLE INACTIVITY MUST CONTRIBUTE TO DECREASING THE PERCENTAGE OF PEOPLE WHO ARE PHYSICALLY INACTIVE.

Projects that receive our investment need to contribute to some or all of the Government’s outcomes (as outlined in their *Sporting Future* strategy).

To achieve this, you’ll need to consider:

**Your target audience:** You’ll have identified a specific group to target. In many cases, this means the groups who will benefit most from the Government’s outcomes. For example, people facing disadvantage or those from certain ethnic minorities.

**Rationale:** Your plan should demonstrate how the project / intervention will help deliver some or all of the Government’s outcomes. It’s not enough to just expect to contribute to outcomes through your project – you need to show you’ve considered how each aspect of the programme will satisfy these goals.

**A long-term plan:** Develop a plan that shows the project’s outcomes will last. So not just short-term benefits, but lasting changes in behaviour. See our investment guide for more information.

To help potential partners to design projects to have the greatest contribution to outcomes, we have reviewed the evidence around what works. The diagram opposite shows the five outcomes, alongside some of the things a project might do to help people achieve them.

Over the next five years, we’re also aiming to understand more about people, who, for a variety of reasons, are not taking part in 30 minutes of physical activity a week. We want to understand their behaviours, attitudes, who they might be influenced by - and test how we can successfully reach, engage and change their behaviour.

By learning about what works (and just as much about what doesn’t work) we can refine and replicate the right approaches we and other partners take in the future to tackle this important agenda, and make a significant difference to many more people’s lives.

We know our partners and those delivering to this audience have learnt a great deal already and we want to build on this evidence with others. We want to prove that inactivity can be tackled at scale and get to a point where investment and a commitment to physical activity becomes the norm.

## WE WILL LOOK TO INVEST WHERE YOUR ORGANISATION’S STRATEGIC PRIORITIES AND CAPABILITIES ALIGN MOST CLOSELY WITH WHAT WE ARE TRYING TO ACHIEVE OVER THE NEXT 5 YEARS.



# UNDERSTANDING PEOPLE WHO ARE INACTIVE

It is important to remember that being inactive is a behaviour and that an individual's activity level does not stay at the same level throughout their life. Everyone has been inactive and active at some point in their life whether that is for a week, a month or year. Our habits can vary due to the stage of our life, a major event such as starting a new job or depending on whether it is summer or winter.

It is therefore very important not to stereotype or make assumptions about the people we are trying to reach. We know that whilst 29% of the adults in England are inactive at any one time, there are three distinct inactivity behaviours (*Active People Survey 2015-16, 10Q2*). We tend to jump to the stereotype of those who have taken part in no activity at all however this accounts for just 7% of the population. 19% of the population have taken part in over 30 minutes – and often much more – but not at the intensity required to benefit their health. This is explored further in our [inactivity insight](#).

## COMPLEX NATURE OF INACTIVITY

 **29%** OF THE ADULT POPULATION ARE INACTIVE.

**7%** **DOING NOTHING**  
3.1 million people  
(no activity at all in the last 28 days)

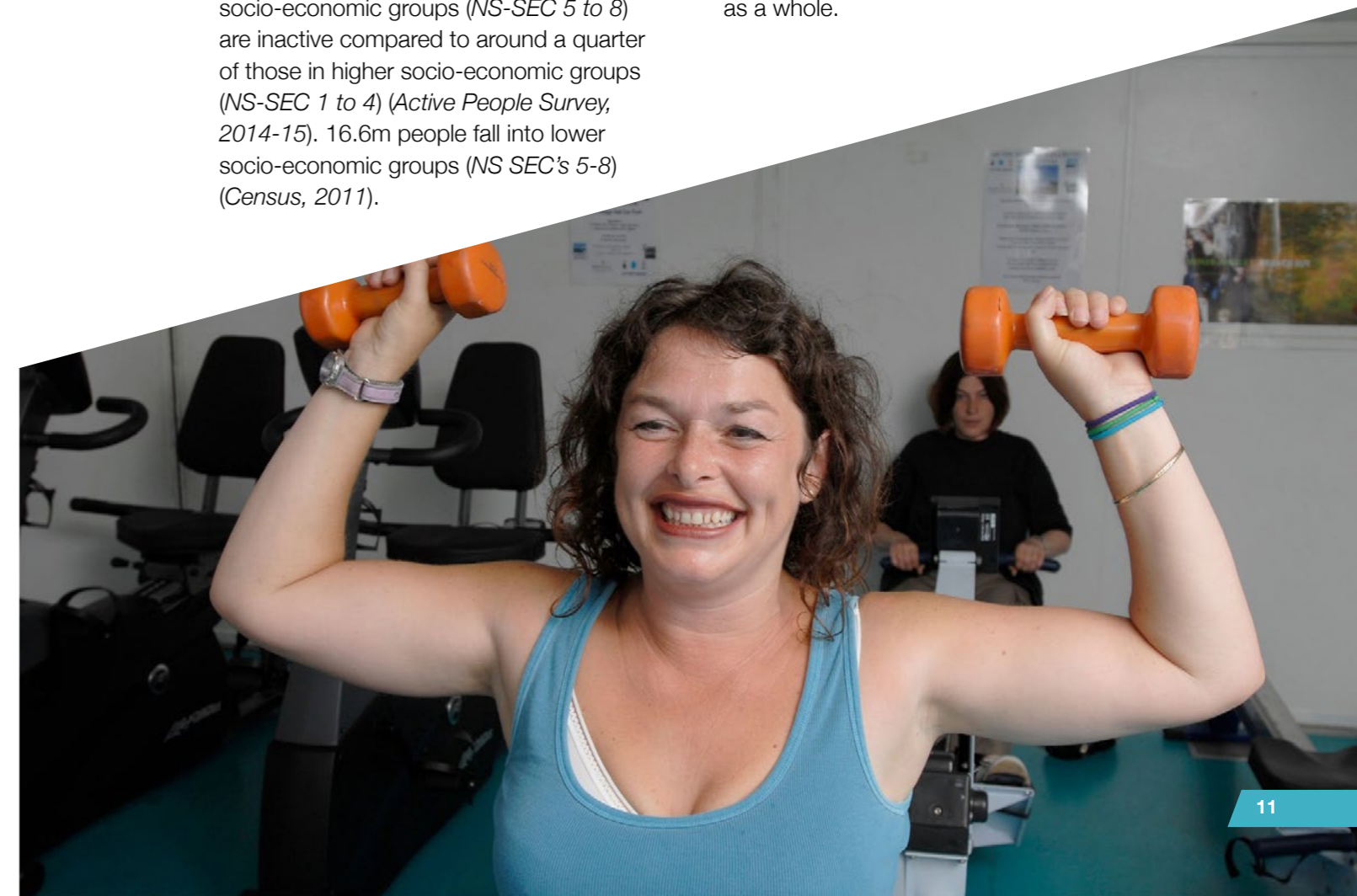
**3%** **NOT DOING ENOUGH**  
1.4 million people  
(some moderate activity but less than 30 minutes)

**19%** **MISSING THE INTENSITY**  
8.2 million people  
(only light intensity activity in the last 28 days)

We also know that there are some groups in society, often defined by their demographics who are much more likely to be inactive.

These are:

- **Disabled people** – Almost 1 in 5 people (9.4m people) in England have a long-standing limiting impairment, disability or illness. Disabled people are almost twice as likely to be inactive as non-disabled people (*Active People Survey 2014-15*).
- **Women and girls** - There are 1.55 million fewer women than men regularly playing sport and around a third of women are inactive, compared to only around a quarter of men (*Active People Survey 2015-16*). The gender gap, whilst narrowing, exists at every age group. Our research also shows that 75% of women would like to do more (*Active People Survey 2014-15*).
- **People from lower socio-economic groups** - Over a third of people in lower socio-economic groups (*NS-SEC 5 to 8*) are inactive compared to around a quarter of those in higher socio-economic groups (*NS-SEC 1 to 4*) (*Active People Survey, 2014-15*). 16.6m people fall into lower socio-economic groups (*NS SEC's 5-8*) (*Census, 2011*).
- **Those with or at risk of long-term health conditions** - Those with long-term health conditions are much more likely to be inactive than people without a long-term condition. Reducing physical inactivity can have significant impact both in terms of the reduction of risk of people getting diseases such as cancer, dementia, hypertension and obesity but also in the treatment and management of conditions such as type 2 diabetes, depression and many forms of cancer.
- **People from particular ethnic groups** - Around a third of people of Asian ethnic origin are inactive compared to only around a fifth of people who describe themselves as belonging to Chinese ethnic groups.
- **Older people** - As you get older, you're far more likely to become inactive; 42% of people aged 55 and over are inactive compared to 29% of the adult population as a whole.





By looking across the life course (from childhood to later life) we are also able to identify patterns of activity (and inactivity). For example, we know that population level inactivity increases with age, a higher proportion of eleven to fifteen year olds are inactive than five to ten year olds and that women who have recently had a baby are less likely to be active.

These patterns can help in identifying opportunities to change behaviour. There are many life changing moments such as entering employment, secondary education or retirement which can provide an opportune time to intervene when we are particularly open to certain messages or new experiences.

People also have different attitudes towards physical activity which can stop them from taking part. For example, some people are not interested in being active and do not consider it to be a priority in their busy lives. Others might consider themselves to be active but they don't do enough for it to benefit their health.

A child's attitude to physical activity is also complex. For children, physical activity can take many forms from sport to walking, fitness activities to play – and their attitudes to each can vary. Their attitudes can also be shaped by those around them – parents and peers in particular.

The insight, that we have gathered so far makes it clear that any work on inactivity must clearly define:

- the audience we are trying to target
- the specific behaviour and attitude we are trying to change
- the specific challenges and opportunities when supporting the audience to change their behaviour

**WE WOULD EXPECT ANY PARTNER IN WHOM WE INVEST TO BE ABLE TO DEMONSTRATE A DETAILED UNDERSTANDING OF THE ATTITUDES, SPECIFIC BEHAVIOURS AND WIDER NEEDS OF THE CHOSEN TARGET AUDIENCE.**

We have begun to learn more about tackling inactivity amongst adults through our Get Healthy Get Active fund which invested 13.8m into 33 independently evaluated pilot projects designed to engage and support inactive people to become active. Our Tackling Inactivity Insight Pack shares our learning (so far) about the audiences we are trying to reach and suggests the top ten principles for designing services and projects to tackle inactivity.

<b>Principle 1</b>	Understand the complex nature of inactivity
<b>Principle 2</b>	Use behaviour change theories
<b>Principle 3</b>	Use audience insight
<b>Principle 4</b>	Reframe the message
<b>Principle 5</b>	Develop and work in quality partnerships
<b>Principle 6</b>	Make sport and activity the norm
<b>Principle 7</b>	Design the offer to suit your audience
<b>Principle 8</b>	Behaviour change needs support
<b>Principle 9</b>	Measure behaviour change and impacts
<b>Principle 10</b>	Scale-up what works and make its sustainable.

**WE WILL ASK PARTNERS TO CONSIDER THE TEN PRINCIPLES FOR DESIGNING SERVICES AND PROJECTS TO TACKLE INACTIVITY.**



# APPROACH TO OUR WORK

There are a lot of complex and interrelated factors contributing to inactivity levels in England and there is no quick and easy solution to getting an inactive person more active for life. Our own insight and behavioural change approach confirms this. Therefore, efforts to change behaviour are more likely to be successful when multiple levels of influence are addressed at the same time.

**WE WILL THEREFORE SEEK TO INFLUENCE AND LOOK TO INVEST IN INDIVIDUAL LEVEL BEHAVIOUR CHANGE PROJECTS (SUCH AS INCREASING INTENSITY OF PHYSICAL ACTIVITY) BUT ALSO IN OPPORTUNITIES TO IMPACT WIDER SOCIAL, ENVIRONMENTAL AND POLICY FACTORS WHICH INFLUENCE AN INDIVIDUAL'S CHOICE.**

**FOR EXAMPLE THE PHYSICAL ENVIRONMENT SUCH AS COMMUNITY FACILITIES OR THE INTEGRATION OF PHYSICAL ACTIVITY INTO POLICIES.**

We want to invest in such a way that we will have the greatest impact on the strategic outcomes set by Sporting Future. We would welcome the opportunity to work with partners (new and old) where we seek the same outcomes. For example, you too might be seeking to have impact on physical wellbeing and would like to explore how this can be achieved in partnership and using sport and physical activity as a tool.

We will work with partners or groups of organisations that can help us to reduce inactivity. To do this we would like to speak to partners who can directly reach the audience we are trying to engage with. We also want to work with those that have experience of delivering to this group or might have a track record of successfully changing the behaviour of an audience (whether that's a physical activity related behaviour or not). In most instances, this will require and we would encourage a group of partners who have the relevant mix of skills.

We would particularly welcome those who have an appetite for change and are thinking innovatively about how we tackle inactivity. You might have new ideas that need developing or a project that needs refining and testing.

We will also work with those we fund in partnership. This might mean designing or re-shaping projects together, drawing on our respective experiences. Sharing insight and being open about what has and hasn't worked along the way will also be an important feature of any partnership we foster.

## **WE NEED TO LEARN AND SHARE- EVALUATION AND MEASUREMENT**

In order to succeed with tackling inactivity we will need to have a strong focus on learning and evaluation. This means that we will work with partners to put in place robust and consistent evaluation to help us measure and understand the impact of projects in reducing inactivity.

In the majority of cases this will involve collecting information about the numbers and types of people engaged by a project, as well as their activity levels prior to, during and after their involvement in the project. It will also involve some broader process evaluation to gauge how effectively a project has been implemented, including what has gone well, what could have been improved and whether the approach employed was the most appropriate for achieving the planned outcomes. Not everything will work but we need to test, refine and improve as we go in order to maximise impact. It is also very important that we work with partners to share our learning.





# OUR DEDICATED FUND AND PARTNERSHIPS TO TACKLE INACTIVITY

We have budgeted £120 million over the next four years to create a new, dedicated fund to tackle inactivity. It is anticipated that £20 million will be distributed each year for the next four years, and we have set aside a further £40 million which can be used to scale up or accelerate any work that proves to be particularly successful.

Our grants for tackling inactivity will be a combination of open (anyone can apply) and solicited (where we invite an organisation or a group of organisations to apply for funding). Our first round of open funding will be made available in December 2016 and is focusing on older people aged 55 plus.

## PUBLIC HEALTH ENGLAND

We are working closely with Public Health England who are also focused on:

- reducing the proportion of people defined as inactive
- increasing the proportion of people achieving the Chief Medical Officers physical activity recommendations (including weekly muscle and bone strengthening, and reducing prolonged sedentary time) and
- reducing inequalities in physical activity

It is for this reason that we have committed to working closely with them on this agenda and have made a number of joint commitments.

The first is to deliver a programme of work which will help to educate and upskill healthcare professionals including those working in primary care (those that provide health care in the community and are often the first point of contact when you are ill such as GPs or nurses), in secondary care (who tend to specialise) and across different types of professions (such as physiotherapists, midwifery or psychiatric nursing).

The purpose of the project will be to help these health care professionals to successfully promote physical activity to their patients. We know that those that visit healthcare professionals are much more likely to be inactive. 13% of the population see their GP every two weeks and 1 in 4 patients would be more active if advised by a GP or nurse. By changing the behaviour of a health care professional and giving them the skills to have a conversation with patients about physical activity could make a significant difference in tackling inactivity at scale.

As part of this piece of work, we will also explore how we better support the patient journey once a health professional has had a conversation with them, including how it connects to the physical activity and sport sector. For example, what support is required for patients to act on the advice and is there an appropriate physical activity offer for them.



The second is to lead physical activity message development and marketing activity to create a compelling environment that encourages everybody, especially people in under-represented groups, to meet the Chief Medical Officers' guidelines on physical activity. The two organisations have already begun to collaborate closely in the development, planning and learning from existing campaigns promoting physical activity, including PHE's Change4Life and One You campaigns, and Sport England's This Girl Can initiative. We will be exploring opportunities to develop and test different messages regarding becoming active to specific target groups and if a simple message to motivate the public around physical activity guidelines can be devised.

In addition, we will develop a collaborative programme of work with leading health charities with the aim to get more people at risk of, or living with long-term, conditions taking part in sport and physical activity.

## HEALTH CHARITIES

Over half of those that do no physical activity (not even light intensity) have a limiting illness or disability. Fifteen million people in England are living with one or more common long-term health conditions, a quarter of the population. Health charities, such as those that form The Richmond Group of Charities (RGC), has millions of contacts per year with people with long term conditions (or their colleagues, friends or family) who are likely to be inactive or have a less resilient physical activity habit.

Sport England and the RGC has committed to work together to support and motivate people to live healthy and long lives and help to prevent and manage long-term conditions like cancer, cardiovascular disease, lung disease and mental illness. We will be working collaboratively to test how we might use the charity's profile and national reach to act as an enabler to physical activity participation, and use the charity's local networks and expertise to shape a variety of physical activity programmes.



# OUR WIDER WORK TO TACKLE INACTIVITY

In addition to the dedicated fund, a further £145 million of our local delivery, children and young people, workforce and coaching and facilities funding will directly benefit inactive people.

It is important that tackling inactivity is considered a cross-cutting theme and a core part of everyone's work in order to make a real difference to inactivity levels across the country. For example, we know that where people live and work plays a big part in the choices they make about whether they take part in sport and physical activity and our local delivery pilots will have a particular emphasis on the inactive and under-represented groups.

We are devising separate investment guides for these areas of work which will provide you with further information.







Sport England  
21 Bloomsbury Street  
London WC1B 3HF

[sportengland.org](http://sportengland.org)

December 2016