

TACKLING INACTIVITY

What we know: Key insights from
our Get Healthy Get Active pilots.

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This report was published in November 2016. This report replaces the initial Learning Report for GHGA projects that was published in October 2014. A third report is due in 2017.

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Please note, the **Get Healthy Get Active** projects detailed in this report were originally promoted as **Get Healthy Get into Sport**.

GHGA projects are evaluated by a range of academic partners, including:

Brunel University London, British Heart Foundation National Centre for Physical Activity and Health (BHFNC) at Loughborough University, CFE Research, University of Wolverhampton, Oxford Brookes University, University of Surrey, University of East Anglia, Newcastle University, University of East London, University of Derby, Sheffield Hallam University, University of Salford, Kings College London, Nottingham Trent University, Edgehill University, University of Central Lancashire, Canterbury Christchurch University, Middlesex University, University of the West of England.

FOREWORD

Tackling inactivity is a key feature of our new strategy.

And for us, it's a natural progression from the work we've already done to explore how we engage and support inactive people to become active.

In 2012 we commissioned a review into if – and how – sport can engage inactive people. The report recommended that while there was some evidence available, there was a need for further research. So we introduced a series of pilot projects designed to reach inactive people and change their behaviour.

We kick-started the 'Get Healthy Get Active' fund which to date has invested £13.8m into 33 independently-evaluated pilot projects. These projects would serve to give us fresh insight and build evidence for how we can tackle inactivity. They have started to explore if and how sport and physical activity projects can be designed to improve public health, reduce health inequalities and manage or prevent long-term health conditions.

We have learnt so much already and this report attempts to summarise key learning from April 2013–August 2015 across a broad range of projects. They test everything from the role of health care professionals and volunteers, to how we might include physical activity in healthcare pathways or change

attitudes to physical activity. The projects have not only provided us with a wealth of insight – but have transformed so many lives. We would like to thank the many people that have supported the delivery of the Get Healthy Get Active projects.

Our long-term ambition is to make physical activity the norm and decrease inactivity on a large scale. But we can't do it alone. There is already so much great work to tackle inactivity happening now. And there is a wealth of guidance and learning from other organisations and physical activity professionals.

We hope you'll find the inactivity insight pack a valuable and complementary resource as you come to plan your own strategy, projects or services to tackle inactivity. We will continue to learn and share further insight as these projects develop. We look forward to working alongside partners on the delivery of this important work.



Sarah Ruane
Strategic Lead for Health

PROGRAMME GOALS

The Get Healthy Get Active projects are designed to support inactive people to increase their physical activity levels. We want to learn about what works and what doesn't and explore if sport can play a role in tackling inactivity and improving the nation's health.

When we talk about 'sport', we mean everything from traditional team sports – football, hockey, basketball etc. – to individual activities such as running, gym and fitness classes, and recreational cycling. This can be everything from informal, non competitive activities or adapted sports to more structured, competitive opportunities.

The Get Healthy Get Active projects tend to focus on non-competitive, informal physical activity in various community locations. This is driven by their audience insight.

This report highlights the impact of the projects so far, and also sets out some of the key lessons we've learnt.

The Get Healthy Get Active projects aim to engage with over 300,000 people to find those who are inactive, and support over 27% of those who were previously inactive to take part in at least 30 minutes of sport and physical activity per week.*

* This does not include walking.



Number of inactive people the GHGA projects will support to become active

GET HEALTHY GET ACTIVE: AN OVERVIEW

A handy overview of the Get Healthy Get Active projects

Length of projects

Partners were given funding to deliver projects which were 2–3 years in length. Some projects enabled the participants to take part for the full lifetime of the project whereas others enabled participants to take part for shorter lengths of time such as 10 weeks.

Projects collect baseline and follow-up physical activity level data at specific time points – usually after three, six and 12 months. This enables them to understand how an individual's physical activity behaviour has changed for up to a year, as recommended in the Standard Evaluation Framework for Physical Activity.

Locations

Locations are diverse and chosen based on the audience and the outcomes they are seeking to achieve. They include community venues, leisure facilities, sports clubs, healthcare facilities, workplaces and at outdoor locations.

How people were recruited

The projects use a variety of recruitment methods – sometimes more than one. Of the 33 projects, at least two-thirds include referrals or 'signposting' from health professionals.

Clients are usually 'referred' when they've already had a consultation with their health worker and there's been a transfer of health-related information with the physical activity specialist. 'Signposting' usually means directing a new client to a programme they are interested in or would benefit from.

Nearly a third of the projects include referrals or signposting from other sources, such as slimming clubs, schools and community organisations etc. And almost half include self-referrals.

Projects have also used media, social media and word-of-mouth approaches to recruit.

How projects targeted specific audiences

All projects were designed to target audiences who were least likely to be active. For example, by recruiting those within certain demographics such as men aged 40–60, women during or after pregnancy or from certain geographical locations or through certain settings e.g. workplaces.

“Projects led by national health charities such as MIND are using physical activity to help those who use their services.”

Several projects target people who have, or are at risk of having, specific health conditions. For example, projects led by national health charities such as Macmillan Cancer Support, the British Lung Foundation and MIND (the mental health charity) are using physical activity to help those who use their services.

Inclusion criteria

All projects aim to engage inactive people aged 14 years or over. Project organisers were asked to follow our evaluation guidance to identify people who are inactive. A screening question called the “Single Item Measure” was used to ask people’s level of activity in a week.

Most projects use the short International Physical Activity Questionnaire (IPAQ) for collecting baseline and follow-up data. Those who select 0 (meaning they are doing less than 30 minutes of moderate physical activity per week), were accepted onto the projects.

VARIETY OF AUDIENCES

Here are some examples of our GHGA projects showing how we're working with a huge variety of audiences and organisations in a range of settings.

Drug or alcohol misuse – Lancashire Sports Partnership are using sport as a way to improve the outcomes for inactive people in recovery from drug or alcohol misuse.

Dementia and learning disabilities – Sefton Metropolitan Borough Council are focusing on supporting inactive people with dementia or learning disabilities into sport.

Older people – Active Norfolk are targeting older people living in sheltered and residential accommodation.

Women during and post-pregnancy – Kingston upon Hull City Council’s Us Mums and Us Mums To Be project is helping inactive women during pregnancy and post-pregnancy to benefit from an active lifestyle.



Exclusion criteria

Exclusion criteria for each of the projects have been developed based on local priorities and the qualifications and experience of the staff.

There can be some inaccurate self-reporting through the Single Item Measure. Some people who select 1 or 2 (suggesting they do 30–60 minutes of activity per week) might still be accepted onto the project if their more detailed IPAQ score suggests that they are actually inactive.

Only the three non-targeted ‘universal’ projects can accept those who are already active. This allows us to compare if the targeted approaches are more successful in recruiting inactive people.

Project activities

The projects provide access to a range of informal and formal physical activities – including sports such as swimming, running, cycling, boxing, athletics, rugby, football, climbing etc.



PROJECT IMPACT SO FAR

Project attendance, delivery records and the IPAQ was used to understand the impact of the projects. The figures shown relate to April 2013 - August 2015.

Figure 1: The conversion rates for all of the GHGA projects



Total no. of **people** engaged in all GHGA projects:

145,749

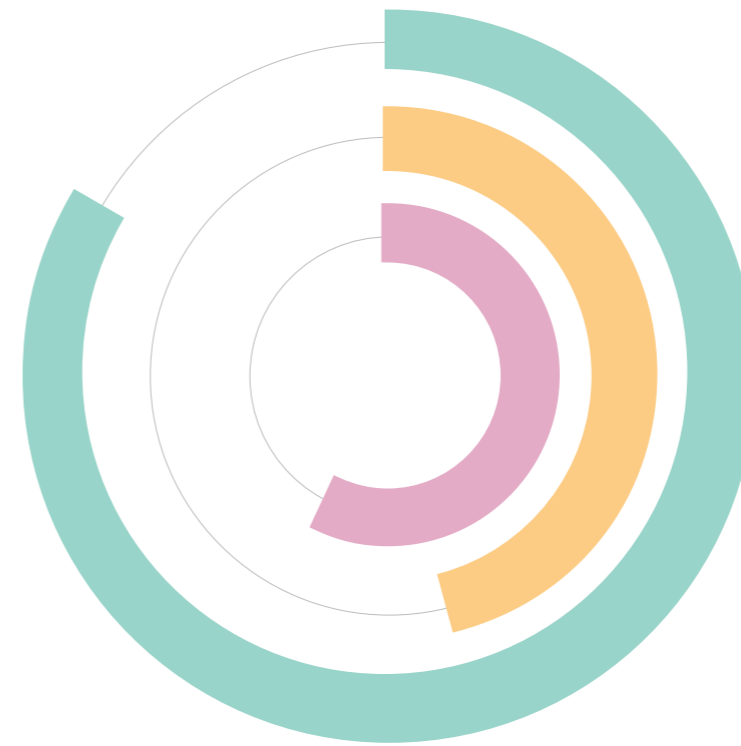
48.5% of people (70,778) classed as **'inactive'**

41% of those people (28,885) **became 'active'**

57% of those people (16,464) **still 'active'** after 3 months

It's essential to engage with lots of people to find those who are inactive and ready to change. Of the 145,749 people we talked to, 77,778 (48.5%) were inactive and 28,885 (41%) were ready to change.

Figure 2: The conversion rates for GHGA projects purely targeting inactive people



Total No. of **people** engaged in targeted GHGA projects:

44,055

75% of people (33,137) classed as **'inactive'**

46% of those people (15,217) **became 'active'**

57% of those people (8,674) **still 'active'** after 3 months

34.5%

of all those engaged in the targeted projects were inactive people who were then helped to take first steps towards becoming active (15,217 out of 44,055). That's significantly above our 27% aim.

Projects which used recruitment methods that purely targeted inactive people found that 75% of those they initially engaged with were inactive, with 46% being ready to change and start getting active. This illustrates the power of appropriate targeting in comparison to universal projects when tackling inactivity.

259

GPs and health professionals trained to support the delivery of the projects

420

qualifications gained by sports coaches and volunteers

553

workplace health champions have been trained to support employees to get more active

4,966

workplaces involved in sporting activities through sign-up to the Workplace Challenge programme

Analysing the different types of intervention

The emerging findings suggest the following elements combine to influence the uptake and impact of projects:

- the recruitment methods (referral processes, use of patient records etc)
- the intensity of the initial support and engagement given by professionals, coaches and volunteers
- the activities on offer and how they meet the experiences wanted by the audience.

The influence and impact of different types of interventions will be considered as we continue to learn from these projects.



Case study:

Strengthening delivery through partnerships Kingston upon Hull City Council's 'Us Mums and Us Mums To Be'

Most of us are aware of the wonderful and chaotic disruption that a newborn baby can bring to a home. Even if we haven't experienced it ourselves, we're likely to know people who have been through it. Old habits go out the window and new ones are developed.

The 'Us Mums and Us Mums To Be' project in Hull is designed to support women at this unique point in life to get active and improve the health and wellbeing of their loved ones, as well as themselves.

The project works with a range of partners – including midwives, health visitors, children's centres and community groups who are supporting mums-to-be, mums and families – to help direct people to specially-tailored

activities that will create supportive, fun, active social groups for them.

The project removes the hassle factor for new mums by encouraging them to get active with their babies, children and wider families during sessions, with no need for babysitters or crèches. In fact, a lot of the sessions are aligned to activities that mums are already attending – for instance, baby-weighing or toddler sessions at their nearest children's centre – helping to embed their new activity habits even further into mum-based routines.

Participation in sport at the three-month follow-up point

As mentioned, a participant's physical activity and sport levels are measured using the International Physical Activity Questionnaire (IPAQ) at baseline, then after three months, six months and 12 months.

When asked three months after they start, an average of 57% (16,464) of previously inactive people engaging with projects are active in sport for at least 30 minutes per week. (This data is taken from the interim and final evaluation reports from projects – the range is between 49–65%.)

As a comparison, in NHS 'stop smoking' targets, a conversion rate of 50% or more has been considered successful for 'four week quit rates', where self-reporting approaches are used to measure whether someone hasn't smoked in the previous four weeks.^{1&2}

In the case of one particular GHGA project – the County Durham Sport Move into Sport project – at least 1,919 (77%) participants have become sports club members through the programme.

The physical activity findings are based on the latest follow-up data. Collecting this data has been a challenge for a lot of projects, and methods are still being developed to increase follow-up response rates (which range from 15–80%).

Physical activity participation – activity level change at three and six-month follow-up

The data shown in this section is taken from the interim and final evaluation reports for individual projects. It represents analysis from IPAQ data at three and six-month follow-up points. This data identifies changes in behaviour over and above the sporting sessions offered by the projects. These are interim findings and are likely to change by the end of the programmes.



The emerging findings suggest that engaging and participating in projects offering sporting activities, designed to meet audience needs, has a significant impact on the amount of weekly physical activity undertaken (away from the sports sessions) by previously inactive people up to three months after initial engagement.

The IPAQ data so far has shown significant average increases in wider physical activity levels across the projects. This is ranging from 214–813 metabolic equivalent of task (MET) minutes per week at three months. This is a value that takes into consideration the time engaged in an activity and the intensity of it. This includes increases in all types of physical activity, not just sport.

This could have significant implications for health, given that every 1 MET increase in aerobic capacity is associated with a 13% reduction in all-cause mortality and a 15% reduction in cardiovascular events.^{3&4}

Individual projects have reported a range of outcomes in their interim and final evaluation reports, as shown below.

Leicester-shire and Rutland Sport

Inactive people in New Parks Ward in Leicester and Greenhill Ward in North West Leicestershire are supported to become more active through combining tailored one-to-one mentoring and group-supported delivery of sports in their local communities.

- Preliminary results suggest that participants tend to be more active after three and six months relative to baseline.
- The physical activities participants try during the sessions with their mentor seem to impact on the types of physical activities they choose to do once the mentoring sessions have finished. Participants often chose to engage in physical activity at the gym.
- Overall, participants reported enjoying the one-to-one mentoring sessions, and some indicated they would not have started to do sport or physical activity without these sessions.

CSP Network Workplace Challenge

The Interim Evaluation Report (June 2015) for the programme highlights that participants frequently said activity levels decreased once the national eight-week challenge had ended, suggesting initial spikes in activity may be harder to maintain. The project's steering group is considering how to address this.

- Overall there was a significant increase in the proportion of inactive individuals reporting taking part in 1 x 30 minutes of sport between baseline and three month follow-up (40.5% and 59.7% respectively).
- There was a significant increase in mean total minutes per week of physical activity reported overall, and by inactive and active participants between baseline and three-month follow-up.
- Active individuals logged more activities on a weekly basis than inactive individuals but the average number of activities logged per week declined each week in both groups over the eight-week period.

ukactive's Let's Get Moving programme

The Let's Get Moving programme implements brief interventions and motivational interviewing support for inactive people in primary care settings, to support them in taking up activity.

At 12 weeks after the motivational interview point, the programme measured:

- 240% increase in the total sporting sessions attended per week
- 220% increase in the number of individuals completing 1 x 30 minutes of sport
- 68% increase in walking (MET minutes per week)
- 53% increase in moderate physical activity (MET minutes per week)
- 80% increase in vigorous physical activity (MET minutes per week)
- 73% increases in the total physical activity (MET minutes per week)

County Durham Sport's Move into Sport project

The Move into Sport project worked with local sport and activity providers to help them deliver sports sessions that effectively targeted and engaged people who are inactive and at risk of cardiovascular disease and Type 2 Diabetes.

- 82% have reported an increase in total physical activity after three months.
- An increase in participation in sport from 0.93 days per week average at baseline to 1.8 days of sport at three months.
- Hours of sport have increased from 38 minutes at baseline to 62 minutes at three months.
- 1,919 previously inactive people took out a sports club membership to help them maintain their behaviour change in the longer term.



Case study:

Macmillan Cancer Support – Get Healthy Get into Sport programme

“I was diagnosed with prostate cancer in April 2013 and put on a course of hormone therapy in preparation for radiotherapy. I was feeling very fatigued and was apprehensive about the hormone treatment making this worse. It was suggested that I get referred via the Macmillan staff onto the Get Active Feel Good scheme.

I attended a session at the Hamar Centre and they gave me some advice on ways to start getting active. I came away feeling it was very manageable – but at that stage I didn't really act on it. Looking back, I think the reason was possibly mental more than physical – for me personally, it was just the wrong time...

I underwent extensive radiotherapy, and afterwards I was very weak. I started to use a home exercise bike, beginning slowly and setting myself targets. I felt I was making progress but suddenly relapsed. I spoke to my GP and consultant who convinced me that I needed a supervised exercise programme tailored to meet my needs.

I enrolled at the excellent 'Lifestyle' gym at Radbrook, under the exercise referral scheme, and have been attending three days a week for just over a month now. As soon as I started I began to feel the benefits physically, and can see and feel a difference in my legs.

Just as importantly, though, it has helped enormously in transforming my mental and emotional state. I have set myself a goal of going on a cycling holiday in Scotland with my brother next year, which I am now sure I can do. Two or three years ago it was never going to happen.

I suppose it's possible I might have found my way to this point without the programme, but it's very unlikely. I cannot overstate how much the help, guidance, encouragement and support I've received has benefited me mentally and emotionally, as well as physically. I am very grateful.”

Participant in the Shropshire Get Active, Feel Good Macmillan project

Leeds City Council's Let's Get Active programme

The Leeds Let's Get Active project provided a programme of gym, swim and exercise-for-free sessions at certain times in the city's leisure facilities, with increased community activity offers in the most deprived communities.

The project also considered how to improve the take-up of specialist exercise referrals offers in the city.

- 80% of participants identified as inactive at baseline were no longer classified as inactive at follow-up.
- An additional 799 MET minutes of physical activity per week at three-month follow-up.

There were statistically significant reductions in sitting time from baseline (296 minutes/weekday \pm 193.7) to follow-up (257 minutes/weekday \pm 211.7), $t [956] = 5.275$, $p < .001$, $r = 0.17$. This change represented a small average effect: participants were sitting for around 39 minutes less per weekday at follow-up.

Active Norfolk's Fun and Fit Norfolk

The Fun and Fit project provides inactive people with ten-week programmes of a variety of sports in a phased approach. Recent programmes have had up to 70 different ten-week sessions for people to choose from.

The project's interim findings show that:

- Participation in the Fun and Fit programme was associated with significant increased average weekly physical activity across all participants at ten-week* (+813 MET minutes) and six-month follow-up (+659 MET minutes).
- The greatest average increase in weekly activity was observed in participants with low baseline activity levels at ten-week*, (+792 MET minutes) and six-month follow-up, (+669 MET minutes), compared to baseline.

*End of programme



Case study:

Scalability of delivery: County Sports Partnerships Network Workplace Challenge

The CSP Network Workplace Challenge, being delivered across England through the County Sports Partnerships, is an example of a project that has been scaled up over its initial two years to maximise delivery and effectiveness. It has used a phased approach to bring 37 CSPs into the programme.

It provides an online platform and app alongside national and local challenges to support and encourage employees to get active. Workplace Challenge Champions are trained in partnership with the British Heart Foundation's Health at Work programme to support delivery of workplace activities.

CSPs organise inter-workplace activities and events, and provide a bespoke offer to businesses in their area to develop workplace physical activity and access local opportunities for participation.

The CSP network provides national co-ordination and support for all CSPs who have signed up to deliver the challenge, and engages with national/strategic partners to develop and deliver the programme.

This support includes:

guidance on how to maximise the delivery of the workplace challenge in their area (including case studies from those delivering it successfully)

- marketing support
- training on the functions of the online platform
- training for Workplace Challenge Champions
- an annual conference
- training and learning opportunities for staff delivering the challenge.

This helps make sure delivery is consistent, while supporting and sharing innovation, and helping the network to scale-up the programme.

The interim evaluation has found significant increases in activity and sports levels of participants, and improvements in mental wellbeing, absenteeism and presenteeism in previously inactive people.

The scalability of the programme is planned by bringing on board new partners through an 'invitation to partner' process, and developing specific workplace health and activity offers for national and local employers.

Return on investment

Many of the projects plan to do economic analyses to determine the return on investment for their interventions. Two projects have done this so far.

The County Durham Sport Move into Sport project used a locally developed economic analysis tool that indicated a final return of £2.43–£3.64 for every £1 invested.

The Black Country Consortium's assessment has indicated an interim return on investment of £3.18 for every £1 invested in their community asset-based approach to sport.

Longer-term future for projects

Four projects have already secured, or are close to securing, long-term funding to sustain the activities well beyond our funding.

- Leeds City Council have secured an additional year of investment from Public Health to continue project delivery.
- Suffolk County Council have received £30,000 of funding from Public Health to bridge the gap between the project end and the new commissioning contract for lifestyle services.
- Active Norfolk are in advanced discussions with Public Health commissioners regarding investment into the successful elements of the programme.
- The County Sports Partnership Network (CSP Network) Workplace Challenge have secured £30,000 funding from Public

Health England for a bespoke offer and platform for their staff. They've also secured £30,000 from the Department for Culture, Media and Sport for a similar Civil Service Workplace Challenge.

The CSP network are looking to roll out this business development model in future years and have launched an invitation to partner. It's hoped it will be possible to collaborate with a range of organisations to help more workplaces to be active, and to grow and sustain the Workplace Challenge.

Scalability of projects

Two projects have built on their initial results and made the first steps towards scaling up to deliver similar projects in other areas of England and the UK.

- Macmillan received Sport England funding to deliver a model in six areas, and this has now been scaled up by the charity in a further 36 UK areas, using investment from the charity and local partners. Estimates for investment total £1.8 million.
- ukactive are scaling their delivery model up to other parts of the UK, including Essex, Birmingham and Kent.



Case study:

Engaging with the NHS

The ukactive Let's Get Moving pathway took into account insight from health professionals about the challenges and barriers they have in talking to patients about physical activity. These were namely lack of time in appointments, lack of knowledge, and prioritising the complex needs of patients when they present at an appointment.

This suggested that expecting busy GPs and other health professionals to be in a position to deliver a 'brief intervention' to patients (a five-minute motivational chat about exercise, for example) might be unrealistic.

Working with the practice managers at surgeries, ukactive developed an approach that saw Community Exercise Professionals (CEP) embedded in the surgeries as part of a wider multi-disciplinary health team that patients could access.

ukactive developed an information management policy with the NHS, to gain permission from the Information

Commissioner's office, the head of Information Governance at Public Health England, the local clinical commissioning group Caldicott Guardian, and Commissioning Support Unit head of Information Governance, in order to access patient registers and send a letter to patients diagnosed with hypertension.

17,000 letters were sent out over two years, with the CEPs making follow-up phone calls to patients (if they had not opted out of being contacted). Ten practices were involved in the project with 9% of patients taking up the offer of an appointment with the CEP.

The CEPs used motivational interviewing techniques to support people (and their families) to explore their feelings towards getting active, and the benefits they'd want to see – and to plan specific short, medium and long-term goals to help them get active. Support was offered to people throughout the first 12 weeks of their journey to get active.



FINDINGS AND LEARNING

This section summarises the themes emerging from all projects funded to date. It separates learning from the first year of activity (for both Round 1 and Round 2 projects) from newer themes that have emerged as the Round 1 projects complete their second year of activity.

The learning builds on the initial findings from the first year of activity (published in a summary report by Sport England in Oct 2014). Findings come from monitoring reports completed by the projects.

- Round 1 projects received initial funding around April 2013, and have submitted monitoring and evaluation reports in August 2013, January and July 2014, and January and August 2015.
- Round 2 projects received initial funding from April 2015 and submitted their first monitoring reports in August 2015.

Methods

The monitoring forms received from Round 1 and 2 projects were converted to text documents and loaded into the HyperResearch qualitative analysis software⁵. All forms were read and coded according to the emerging themes and those reported on previously in the 2014 report. These were then combined into the principles shown in the next section.

The bullet points in this section describe themes or emerging findings that are common across a number of projects. Where this is not the case (for example, where an interesting finding is noted by only one project) this is stated.

The aim is to present not only the measurable impacts of the projects so far but also the process evaluation issues that the projects have identified as being important. Careful consideration of these can help to influence future delivery of the projects, and could influence the design of future sport and physical activity programmes

Community engagement

First year of delivery

- Project staff have been shown to be gaining the trust of communities, often through working with other trusted community organisations and delivering sports sessions at community activities that people are already engaged with. For example, parents and toddlers sessions, faith groups, mental health support groups etc.
- Tailoring of marketing and the ‘sport’ offer is crucial – for instance, the use of the word ‘sport’ may be off-putting.
- Communities need to be defined by people locally – sometimes it may mean a small number of streets rather than a ward or mapped location.
- Taster sessions are a useful recruitment tool for projects.
- Mass mail and online sign-up systems have been effective methods of recruitment.
- Social media and word-of-mouth are key recruitment tools.
- ‘Social bonding’ approaches have been useful. These are social events such as coffee mornings designed to engage inactive people and increase confidence prior to moving them into activity opportunities.
- Motivational interviewing techniques delivered to family or friendship groups rather than individuals are proving useful in improving success and boosting recruitment.

Second year of delivery

- Building community trust is crucial for success of the project, but this takes time. It's about creating relationships and rapport with your audience and people they come into contact with, and making sure you have the right kind of visibility and behaviours to become trusted.
- Uptake is improved if they do not use the word 'inactive' in marketing material.
- Promotional materials that reflect 'people like me' are effective in engaging with inactive people. For some projects this has included using real people photographed in recognisable places.
- Sport and physical activity is not a priority to the groups we are targeting, so we have to capture imaginations and use other opportunities to engage these groups in activity. One of the most effective ways of increasing participation in the programmes is through targeting existing groups, e.g. parents groups, elderly lunch clubs etc, to offer activities they would like. Activities can be 'tagged on' to other community activities such as walking football or female-only dance and Zumba.
- Targeting sessions at specific groups – according to age, gender, family set-up – and marketing the activities using appropriate media, messages and images, can help engagement and recruitment.
- The complex needs of participants will continue to present challenges – for instance, cultural or language barriers. But they can be tackled by using trained and experienced activators and volunteers, and by using data and insight to shape delivery.
- Volunteers who have been the most successful in the programme are those that are seen as 'just like me', and developed from the targeted communities. Using volunteers in marketing has proven to be an effective way to engage with people and create social norms.
- It can be very helpful to develop a peer network amongst the volunteers. This can develop a greater team ethos and a reward structure to help retain and develop volunteers.

Resources and images may need to be developed to target specific groups and communities at a hyper local level. This helps make the local communities feel they are part of the programme, and encourages word-of-mouth promotion.

Focused, targeted recruitment drives can help to drive up participant numbers at key points of the year – for example, one successful drive was carried out at New Year.

- Recruitment and retention of inactive people remains a challenge. The social aspect of the programme has proved to be a key factor for this target group.
- Attitudes towards physical activity have altered, and participants now regard it as enjoyable and necessary. But this is not formally measured.
- The investment of time and effort by the activators and those working on the projects is crucial to ongoing success.
- Expectation of the number of people who could be proactively engaged in the first year of the programme and encouraged to begin sport has been too high and has had to be moderated. Reviewing approaches and progress regularly is important to help ongoing delivery planning.
- Workplaces with a real commitment from management, champions and employees have been more effective at engaging employees with physical activity.

There is definitely not a 'one size fits all' model that can be applied everywhere. Delivery needs to be tailored to those being targeted.

- Simple improvements to marketing can dramatically increase participant enquiries. For instance, one project achieved this through modifying the introduction letter and making it less wordy, more inclusive and by including a second page that visually shows participants what the project is and how they can get involved.



Screening and monitoring

First year of delivery

- Over-reporting of activity levels is common with the self-assessment Single Item Measure, when answers were subsequently compared to the International Physical Activity Questionnaire (IPAQ).
- The IPAQ appears to be best completed during one-to-one time with participants.
- The consistency of data collection is challenging, especially where a range of volunteers and staff are responsible for collecting data.
- Low literacy levels and English not being a participant's first language have been a challenge for some projects. Some projects are translating the IPAQ, training staff, and producing videos to overcome the challenges of using IPAQ.
- Accessing follow-up data is a challenge. To date, response rates range from 15–80% at three months and 33–71% at six months. Various solutions are being found to this, including increasing staff capacity for follow-up processes.
- Accelerometer data is being gathered by at least four projects to provide objective

measures and comparisons to the IPAQ self-report tool.

- Many projects are looking into the reasons for drop-out to help them respond better to the needs of inactive people.
- Regular 'real-time' evaluations mean project managers can make assessments and changes as the project progresses, which helps maximise impact and make delivery systems more efficient.
- Gaining ethics approval has been easier than anticipated in most cases. (An 'ethical approval' process has to be gone through before research is undertaken, to make sure of participants' informed consent and to cover data protection issues.)
- One project reported the usefulness of a data-sharing agreement that focused on anonymised data that could be transferred to the university without the need for a data protection agreement.



Case study:

Active Norfolk's approach to measuring behaviour change and understanding impact.

Active Norfolk have a close working relationship with the University of East Anglia who are delivering the evaluation and research for the Fun & Fit project. They have used their monitoring and evaluation information to guide future delivery and maximise impact of the approaches they are taking.

They have used data on the effects that the project is having on behaviour change to provide evidence of impact to public health and clinical commissioning group commissioners. This has resulted in their project receiving an additional investment from public health funds to sustain the

successful parts of their project, and diversify their offer to specific target audiences.

The findings from the programme have been presented at a number of conferences regionally, nationally and internationally.

They have used the learning from GHGA to develop a standardised evaluation approach across all physical activity programmes they are delivering and commissioning, so they can better understand the impact of programmes for their partners and potential investors. This approach has aided strategic positioning and helped lever-in additional investment from partners.

Second year of delivery

- There is a need to focus on retaining participants in projects at this stage to maintain participation rates.
- Use of bespoke websites for registration and data collection has solved some of the key issues raised during the co-design process (where service users, coaches and volunteers are involved in the design of the experience). This, in particular, avoids the inconvenience of lengthy form-filling at sessions.
- The use of IPAQ continues to be challenging and has been called a “barrier to success” by a couple of projects. In particular, these projects report that people find it cumbersome to complete, and that it gets in the way of people starting their activity programme. Some communities feel threatened by being asked for the information and suspicious as to how the data will be used. Some projects have tackled this through training of interviewers so they can stress the importance of the monitoring and how it will be used.
- Screening is still a challenge: in one project, the screening criteria to find inactive people were more stringent than traditionally used in local exercise referral programmes. This meant that a third of people who would previously have been referred to exercise were unable to access the programme as they were not classed as inactive.

Some groups of people appear to be hostile towards people or organisations that they are unfamiliar with, and do not want to provide data. This issue has been tackled through sensitive, well-trained staff.

- The use of accelerometers in some projects has provided interesting evaluation information. For instance, in one project, accelerometer data shows higher increases in weekday activities (but not weekends), suggesting that there may be too much focus on weekday activity within the programme and there is a need for projects to provide more activities at weekends or provide support to participants about how to exercise at weekends. But collecting baseline accelerometer data has been challenging, with some of the monitor equipment lost or not returned.
- Individual relationships are important: in one project there was a large increase in people attending six-week reviews, due to one instructor who has built up a strong relationship with participants and colleagues.

- Approaches that have been implemented to improve response rates have included:
 - improving processes to make sure officers are aware when follow-up calls need to be made
 - shortening the length of the survey
 - sending out an email/hard copy of the survey if a telephone survey is unsuccessful
 - using mentors to support the telephone surveys, as they have built a relationship with the participant.
- Making it compulsory to enter IPAQ data on data management systems can lead to lower levels of missing data.

There needs to be close working between the academic partner and delivery partners at the start to make sure any data issues are ironed out early. The time commitment required to collect data should not be underestimated.



- Evaluation data is invaluable for making the case to the council that the programme represents value for money, and can be sustainable in the longer term.
- Collecting clinical indicators can be a challenge because processes vary between GP surgeries. This is being tackled through attempting to automate and simplify the process by which GPs are reminded to collect this information.
- Some projects have received a low response rate when collecting follow-up data. Capturing data from hard-to-reach groups may require new approaches, such as incentivisation for engaging in follow-up data collection and attending focus groups (e.g. vouchers for free sessions, local shops). This is being tested by several projects.
- Having secure plans in place as alternatives to phone calls is recommended for projects when completing follow-up – for example, paper questionnaires, e-mails, drop-in sessions.

Project development

First year of delivery

- Using community insight has been crucial for delivering projects effectively to inactive people. It has made it possible to understand community wants and needs and develop experiences that people want to engage with.
- Understanding the needs of coaches, and providing training to meet these, produces better project delivery.
- Recruiting specialist staff can be a significant challenge – for example staff trained to the right level to deliver specific activities to their target audience (e.g. pregnant women).
- Projects benefit from a pilot phase to help iron out initial problems.
- Flow diagrams and participant journey approaches have been useful in understanding the participant experience, and understanding potential drop-out points at the design phase of projects. It means plans can be put in place to reduce the risks of drop-out from projects.
- One project has developed a quality assurance and grading system for activities to make it clearer to participants which activities may be most suitable for them.

Second year of delivery

- Project delivery can be significantly improved by putting a lot of the administrative aspects online. Project websites can:
 - help participants find and book onto courses
 - collect participant data
 - send automated follow-up
 - provide an activity search database to support participants.
- In one project, an 'Impact Committee' has helped to independently scrutinise programme performance. This has helped to galvanise partners, focus interventions and produce specific results.
- Use of students as volunteers was not successful in one project, due to the delay between recruitment, training and deployment – as well as the transient nature of students. Working with people from the local community who stay with the programme over the longer term and grow with the project has been a more successful approach.
- It can be helpful to give the instructors more autonomy and allow them to decide the most suitable referral pathway for a participant, rather than always leaving this to the referring health professional.
- During year two, projects are becoming more recognised in local communities, so numbers are increasing. This is primarily through word of mouth – recommendations from people who have enjoyed the project – along with gradually increasing profile.
- As projects often have many partners, it has been invaluable to hold partner meetings, workshops or learning events.

Participant insight from projects

First year of delivery:

- Key themes to help understand the perspectives of inactive people include:
 - memories of sport
 - attitudes to sport
 - experiencing sport and physical activity
 - hooks and triggers for sport.
- Anxiety, lack of confidence and fear of exceeding physical limitations are very real concerns for inactive people.
- Communities want informal, flexible sessions at venues that are not seen as 'scary'. They should be led by 'someone like me' and not people 'parachuted in'.
- Words like 'sport', 'exercise' and 'health' might need to be avoided in favour of words like 'energise', 'feel better', and 'happy' in marketing material.
- Projects should support families who want to be active together.
- Low-cost 'pay and play' opportunities are wanted by communities.
- Activities need to be 'on the doorstep' and reflect perceived community borders.
- Activities should be adapted to the individual's circumstances and needs rather than expecting them to attend existing provision.
- Market segmentation analysis (grouping participants by their background, needs or preferences) has been helpful in identifying popular activities.
- Patience and perseverance need to be balanced with understanding what is not working.



Second year of delivery

- There are mixed findings about the use of market segmentation: although many projects have found it useful, one project that directly compared approaches found that using market segmentation did not result in more or better referrals.
- Insight from one project has shown that barriers exist for people to move from initial engagement through supported activity to sustained activity within a traditional sport club structure.
- It can be helpful to stamp or brand activities with project logos so people know they are 'beginner-friendly'.
- In many communities, sports participation is way down peoples list of priorities. More important issues can include poor literacy, health and social housing, along with English not being a first language.
- In some cases, the reasons for low retention rates are often nothing to do with sport or activity, but more social issues such as benefits, housing etc. This complexity has resulted in lower levels of participation than expected – but also helped us become 'insight rich'.
- There's still a need to develop a greater understanding of how hard-to-reach individuals engage with marketing. They may see and hear a range of opportunities, but we need to understand how they experience these messages and interpret the opportunities against their real-life experiences.
- Understanding peoples activity journeys is important when developing an understanding of how to meet peoples needs. This includes an understanding of past and current experiences that contribute to inactivity, and the 'hooks' or 'triggers' that are important in (re) engaging people in activity.

Detailed insight work is important in areas where there are problems reaching specific groups – such as men, ethnic minorities and people from deprived areas.

Working with the NHS

First year of delivery

- Early involvement of GPs is vital in getting their buy-in to using the pathways developed by the projects.
- Bringing in partners who are skilled in engaging with GPs has helped broker relationships faster and more effectively for some projects.
- The use of GP project champions has proved useful in bringing on board other GPs and practices.
- The integration of services can be complex but it's more likely to lead to long-term success. It's worth noting that for this to work, the sport element needs to be fully integrated in the service offer, and not viewed as a bolt-on.
- It's important that the sport and physical activity sector are realistic about what can be implemented through primary care, because GPs are so busy and may struggle to find time to refer patients. In some cases the practice manager or a nurse may help complete the paperwork for the referral when a GP identifies a patient who would benefit.
- Patient records can be a useful recruitment tool.
- Delivery so far suggests that embedding sport/activity professionals into health settings seems to be an effective tool in supporting patients to get active, rather than purely embedding sport and activity into health professionals' approaches. For example, having an exercise professional within a GP practice to support patients using motivational interviewing techniques has been an effective way of recruiting people to an intervention through primary care (rather than training GPs and health professionals to undertake this part of the physical activity pathway, which is difficult because of their busy roles).
- Attending GP practice meetings and training opportunities has been useful for engaging with health professionals.
- The perceptions of health professionals can skew which activities they refer/signpost to. Experience so far suggests they often recommend swimming over other sporting activities, as they feel comfortable with what that entails.
- Referral league tables can be a useful tool to encourage 'healthy' competition between referral routes.

Second year of delivery

- Projects have become involved in wider public health campaigns e.g. the Leeds Smart Swaps Campaign to support wider lifestyle interventions and maximise the benefits for participants.
- Providing talks for health professionals and the public at health support groups can increase referrals to projects.
- Health professionals and Practice Managers are incredibly busy people and many of the projects are continuing to put time into making engagement with the projects as easy as possible for them. For example combining referral information into a single form, supplying them with a 'how to' guide; asking for an alternative point of contact from the Practice Manager to make regular contact with.
- There are ongoing challenges to recruit GP surgeries to refer to the projects, mainly due to a feeling that involvement would substantially increase the workload for the GPs and surgery staff. One successful approach has been to secure support from high level physicians at the Clinical Commissioning Group who can start the conversation and open doors.



Partnerships

First year of delivery

- Consistency and quality of communications with partners is crucial to the success of the projects.
- The use of memorandums of understanding and service level agreements to agree delivery can help projects hold partners to account.
- Local turbulence in structures and staff capacity has been a challenge for several projects.
- Projects should not be afraid to ask partners to make compromises or consider different models.
- High-level political support can boost a project's visibility.
- Significant value can be added by widening partnerships during delivery.
- Minimising duplication and maximising outcomes across partnerships has been a key focus.
- Partnership growth and expansion is a key feature of successful delivery.
- New partnerships are still being developed by projects to enhance delivery. In several cases this has seen increased investment levered into the projects through sponsorship, expansion plans or alignment to research and public health funds.

Second year of delivery

- Some partnerships have come under pressure, especially in areas where there have been significant cuts to local authority budgets. This results in fewer opportunities for the project to refer to.
- Newer partnerships have been established with national governing bodies (NGBs) that have prioritised grassroots and targeting inactive participants. This allows for courses to offer an immediate exit route from the programme and onto regular activity into local communities to support participants in sustaining activity levels.
- Undertaking action planning and impact-assessment sessions – which review existing priorities and develop new ones – can galvanise key partners and improve programme outputs.
- Evaluation of the projects also appears to benefit from strong partnerships. One project stressed the importance of collaborative partnerships between evaluation and delivery leads – and the need to have at least a six-month collaborative development phase included in the front end of the project.
- There is great benefit in establishing broad links across a wide range of services, such as mental health and weight management. Taking a multi-disciplinary approach helps create a two-way referral pathway from the project (and back again). This has led to an increase in referrals to specialist services.
- Sometimes effort has to be put into re-energising organisations and individuals who have stopped referring.
- Having a lot of partners involved in the project is a challenge, especially making sure everyone is following the processes/pathways developed. It can help to have shared learning events to understand roles and responsibilities.

Training

First year of delivery

A range of training packages have been developed and delivered by the projects that focus on behaviour change, and how best to support inactive individuals – and those providing sessions for them. A full list is available in Appendix C.

A number of projects direct volunteers towards existing courses, including:

- introduction to fundamentals of movement
- first aid
- safeguarding
- how to deliver engaging sessions to adults
- basic strength and conditioning
- brief intervention training
- making every contact count
- the coaches' influence on the participant journey.

Training delivery so far has found that:

- The delivery of training and learning needs assessments should be carefully positioned as an assessment of what would support and help people do their jobs more efficiently. This will help make sure professionals do not perceive that their ability to do their job is being questioned.
- Participants engaging with some projects have been identified as having underlying mental health conditions. Coaches have requested additional training so they are able to support these participants appropriately.
- Social media approaches can be useful for longer-term support to people that are being trained through the programme.
- Working with County Sports Partnerships has allowed additional funding to be aligned from coach bursary schemes, to further support the training requirements of people working on the programmes.

Second year of delivery

- A lot of the volunteers have no relevant qualification when they contact the projects, so the support and mentoring needed has been substantially more than expected. Support packages, which reflect the higher level of need (for volunteers from the targeted communities, often in areas of social deprivation) have had to be developed.
- Retaining volunteers is an ongoing challenge. Projects have reported a high turnover, particularly in the first year of delivery.
- In one project the long waiting time before deployment was a de-motivating factor for some volunteers. To counteract this, volunteers were offered the chance to assist others while waiting to get trained and qualified.
- Training needs are varied, and include (in addition to what's mentioned above):
 - marketing and segmentation
 - data collection
 - basic health understanding
 - cancer rehabilitation
 - psychology, cancer and physical activity
 - motivational interviewing
 - first aid in sport.



Delivery of sessions

First year of delivery

- Seasonality of delivery can be a challenge, with participants wanting to wait for spring and summer before engaging with outdoor activities.
- Fitness, running, cycling and swimming appear to be the most popular activities for a number of projects.
- It's easy to underestimate the level of support and time it takes to engage, work with and progress volunteers.
- It can be a challenge for a local sports club's capacity to meet high volumes of delivery.
- Low baseline levels of fitness can make it difficult to pitch the sessions at the right level. Coaches have to be adaptive to meet the needs of those attending.
- Some NGB product offers do not necessarily cater fully for the needs of inactive people and at-risk target groups that GHGA projects are working with. Many have proved able and willing to adapt and merge products to better meet the needs of inactive people when working in partnership with the projects.



Second year of delivery

- Offering family-focused courses has been popular in one project. Attendance was high and feedback suggested that delivering family courses enabled more adults to attend without childcare issues.
- It's important to be aware of what sports clubs can offer and what their priorities are. Some projects have found that sport clubs often do not have the capacity to deliver project sessions on top of their normal schedule, and in some cases they are situated away from where the target audience are, or are willing to travel to. They also sometimes want all participants to pay, which creates another barrier.
- Swimming remains a popular activity across the projects. In one project, the use of swimming coaches rather than fitness instructors enabled participants to receive technical coaching, which allowed participants to swim an increased number of lengths, with a positive impact on their fitness.
- Bringing some classes and programmes in-house (being delivered by the organisation leading the project rather than commissioned out to external deliverers) has improved communication between the coaches and the coordinator, and seen an increase in the numbers of people completing follow up appointments to talk about their progress.
- Some success has been seen in working through children's athletics clubs and directly targeting the parents and members of the club with generic fitness sessions.
- Building on the success of a Santa Fun Run, one project organised a local Colour Fun Run. Participants reported that they enjoyed the social element of this event, and for a number of them it was the first time they had entered a running event.
- Cycling has proved problematic in some projects, especially outside the summer months.
- The whole notion of 'one size fits all' does not work when engaging people in areas of greatest levels of deprivation. It's important to move towards working with more local organisations that are already established and working within these areas.
- It's important to be flexible – for example, there was a lot of restarting throughout one project as participants struggled with injuries or issues which stopped them mid-way through the programme. Restarts were allowed and a flexible approach was needed for health issues.

IMPROVING THE EVIDENCE BASE

The learning from the Get Healthy Get Active projects is continually evolving. We hope the evaluation and research areas being explored by the projects will continue to help address key research issues – including:

- monitoring and evaluation of physical activity projects, including the use of tools like the Single Item Measure and IPAQ tools. Although these tools can be problematic, they're still the most appropriate for this specific task
- effective recruitment and engagement methods for sustained behaviour change
- recruitment and retention rates for sport and physical activity projects
- understanding different delivery mechanisms and effectiveness in delivering behaviour change
- understanding how to best support sports deliverers when reaching out to inactive people
- the impact of engaging in sport on overall physical activity levels
- health and psychological impacts of participating in sport
- the effectiveness of geographical targeting
- the feasibility and effectiveness of sport within medical pathways
- effectiveness of incentives
- cost-effectiveness and return on investment for the approaches.

Appendix A

See Appendix A for a full list of the research questions being considered by the project research teams.

While it's too early in the programme delivery to provide answers to these questions, further reports at a project and programme level will try to provide clarity on our findings in these areas as the research is completed.

Appendix B

Appendix B provides a list of the tools being used to determine the health outcomes of the projects. Please note, projects have selected the most relevant tools for their particular research question, and no one project uses all of these.

CONCLUSIONS

and 10 principles for developing projects and services to tackle inactivity

The project learnings provide useful insights into the approaches needed to successfully engage inactive people and support them to become and remain active.

We've considered the learning emerging from these projects, along with other similar approaches (such as the 'Make your Move'

projects funded by Sport England through Sporta), and we've developed the following 10 key principles.

We hope that these can help as guidance when designing projects and services to effectively target and support inactive people to get active.

Principle 1: Understand the complex nature of inactivity

Most people tend to have an inconsistent, sporadic approach to physical activity.

If we want to meet the needs of inactive people we need to understand their motivations and their barriers to activity - to see the world from their viewpoint. That will help us understand the different actions we need to take to support people to become active.

For example, people classed as 'inactive' might be doing no activity at all in a week. Or they might be doing just less than the required 30 minutes of moderate-intensity activity. Or they might be taking part in low-intensity activity, such as leisurely/ slow walking.

So different approaches will be needed to encourage and support these people into moving away from these inactive behaviours to taking up more than 30 minutes of moderate intensity activity per week.

Principle 2: Use behaviour change theories

Behaviour change is a journey. There are many theories that can help us support people better, and help them create new habits. These include rational, slow-thinking, as well as reflexive, gut-instinct-thinking approaches. Different circumstances require different approaches.

The results of the GHGA projects so far show that when our interventions are based on behaviour change theory, they are more likely to be effective.

For instance, the Macmillan Physical Activity Pathway uses the 'COM-B' model of behaviour change (it stands for capability, opportunity, motivation – behaviour). They use this alongside their own audience insight, and working with health professionals, to help determine the best ways to support people living with (and beyond) cancer to become more active. Their approach includes motivational interviewing, peer support and social-based activities.

Principle 3: Use audience insight

Understanding the wants and needs of communities has been vital to the success of the GHGA projects. Community insight shows us how to remove barriers to activity, and helps us to understand what might support the audience you are trying to reach in becoming active.

For instance, the Black Country in Motion project found that geographical constraints in certain communities meant people would not travel outside of their perceived community boundaries. So the project had to work at a micro-level to make sure sessions were available at the right locations to attract the target audience.

Principle 5: Develop and work in quality partnerships

There is strength in developing quality partnerships. Working in partnerships has been crucial to the success of the GHGA projects so far.

People's needs can be complex, and partnership approaches can meet those needs more effectively. There's growing evidence that physical activity can play an important role in a range of health, social, educational and economic outcomes. A lot of public, private and voluntary sector agencies could achieve their objectives by supporting people to get active.

For instance, a lot of GHGA projects have created mutual signposting systems with local community partners – pointing participants to each other's activities – to maximise the benefits for people and increase recruitment to the activities.

Principle 4: Reframe the message

For many inactive people the term 'sport' is viewed negatively. Many of the GHGA projects have found that re-framing their messages has increased their success in recruiting inactive people.

We need to use community insight to 'promote sport by another name' using imagery and wording that creates emotional connections with people.

The Active Norfolk 'Fun and Fit' project uses imagery and wording that focuses on 'wanting to enjoy the good things in life', 'spending time with the family', 'a catch-up with friends', or 'an energiser before work or going out', as part of their marketing strategy.

Principle 6: Make sport and activity the norm

Most of us want to fit in with the people around us and do what they do. Real change occurs through changing social norms in communities – so, for example, it becomes normal for individuals, families and communities to be active, and unusual to be inactive.

Building trust is vital. GHGA projects have been using social media, community champions, activators and peer supporters to deliver messages that highlight how good the projects are for the target audience.

We know word-of-mouth is a key recruitment route for projects, and the experience that projects are offering needs to be high-quality to maximise the effects of this.

Principle 7: Design the offer to suit your audience

We shouldn't expect inactive people to fit in with what's normally offered by sports providers.

We need to make the customer journey easy and rewarding from the start. For instance, taking activities to existing community groups, where people feel safe and comfortable, can encourage them to take up the activity.

Principle 9: Measure behaviour change and impacts

If we want to demonstrate the value of what we've achieved, we need to show that the participants have actually changed their behaviour, not just that they've initially attended our programmes.

One of the reasons why four of the projects have secured sustained funding after the initial project period, and two projects have been able to scale-up their delivery, is that they have been able to demonstrate the impact they've had on physical activity behaviour and wider health outcomes.

Principle 8: Provide support for behaviour change

People can make or break the activity experience. The best programmes succeed because they have well-trained, friendly, enthusiastic, empathetic staff and volunteers. They can offer long-term support and feedback to participants that celebrates people's achievements and progress, and helps them plan for relapses.

The Lancashire 'Challenge through Sport' initiative supports people in recovery from alcohol and drug misuse to get active using peer support approaches. These provide a high-quality experience for people new to activity by increasing confidence, ease and enjoyment for participants in the sessions.

Principle 10: Scale-up what works and make it sustainable

When we've found something that works we need to share the evidence widely, and think about how it can be rolled out.

This should be accompanied by the development of protocols, methods and manuals, so it can be replicated elsewhere, and by sourcing longer-term funding so it can live beyond existing project funds.

The Macmillan Physical Activity Pathway has grown from an initial six pilot sites to a further 36 sites across the UK. These are being evaluated nationally to determine plans for future scale-up of the programme.

Appendix A

A The range of research questions addressed by projects

The current projects focus on a wide range of research questions. They're listed here by project:

Round One

Organisation	Research question(s) addressed
ukactive	<ol style="list-style-type: none"> 1. Uptake to pathway. 2. Transition from MI (motivational interview) to community sports pathway. 3. Attendance at, and retention within, community sports pathway. 4. Long-term sustained behaviour change via 1x30 minute session of physical activity per week.
London Borough of Barking & Dagenham Council	The health and psychological impact of providing supported access to community sports sessions for inactive participants across Barking & Dagenham and Thurrock.
Norfolk County Council (Active Norfolk)	<ol style="list-style-type: none"> 1. What is the most effective method for recruiting inactive people into sport? 2. Which of the recruitment methods is best at recruiting participants who later demonstrate greater increased participation in sport (1st measure) and physical activity (2nd measure) at 3, 6, and 12 months? 3. Which of the recruitment methods tested is most cost-effective?
Leeds City Council	<ol style="list-style-type: none"> 1. Can a free or discounted offer, combined with a supportive environment, get people who are currently inactive to be active for 30 minutes, once a week? 2. Can a free swim or gym offer, geographically-targeted based on deprivation and limited to particular times of day, generate significant additional activity, and at a more acceptable cost in terms of lost income, than a universal or age-targeted offer? 3. Does a free swim or gym offer generate significant new additional paid activity, in addition to the free sessions, in a local authority leisure centre setting? 4. Can a free multisport offer, delivered in a community setting, generate significant additional, sustainable activity?

Organisation	Research question(s) addressed
	<ol style="list-style-type: none"> 5. Can we increase the usage of the Bodyline Access Scheme cards by increasing the number of participating agencies actively engaged in the scheme and by creating a supportive pathway for new participants? 6. What are the most effective enabling factors in encouraging participating GP practices to talk to patients about being physically active? 7. What are the most effective enabling environmental and social factors for inactive people becoming active in sport for 30 minutes, once a week? 8. CS1 – how effective is a healthy lifestyle outreach service linked to a GP practice in getting inactive people to be active in sport for 30 minutes, once a week? 9. CS2 – how effective is a 12-week programme using one-to-one motivational interviewing techniques, with participants setting their own goals, in getting people active for 30 minutes, once a week?
Brunel University London	<p>What are the processes, costs and outcomes of designing and delivering a Health and Sport Engagement (HASE) programme in local community contexts?</p> <p>HASE will employ an interrupted time series study design that uses observations at multiple points before and after the community sports 'intervention' (or interruption). This study design attempts to detect whether the HASE sport projects have had an effect on engaging sustained participation in sport by inactive people, 1 x 30min/week, and health and wellbeing outcomes significantly greater than any underlying trend.</p>
Surrey County Council	RCT trial comparison of a traditional 12-week gym-based GP referral for exercise with an alternative 12-week sports-based programme.
Black Country Consortium Ltd	PhD study: taking into account impact and cost-effectiveness, does a person-centred, community-led, geographically-targeted intervention increase the participation in sport of inactive people in areas of high health inequalities and low participation, compared to other 'universal' sports interventions?
Oxfordshire Sport & Physical Activity	<ol style="list-style-type: none"> 1. What is the effectiveness of the 'payment by results' model? 2. What is the effectiveness of the incentive scheme for increased and longer-term participation? 3. What is the effectiveness of the additional support given to change behaviour?

Organisation	Research question(s) addressed
	<ol style="list-style-type: none"> 4. What is the impact of the programme on physical activity levels in the sedentary population? 5. What are the direct costs of the incentive scheme?
Macmillan Cancer Support	<ol style="list-style-type: none"> 1. The impact of participation in physical activity and sport on health and wellbeing of people living with and beyond cancer (PLWBC). 2. The critical success factors that contribute to encouraging PLWBC to become more active long-term. 3. The critical success factors that contribute to effective implementation of the Let's Get Moving Pathway across health and leisure settings.
County Durham Sport	<p>What support is needed for existing sporting providers to help them understand the needs of the least active?</p> <p>Key elements of the research include:</p> <ol style="list-style-type: none"> 1. Define the lived experience of people at risk of developing cardiovascular disease. 2. Deliver a participant and professional (sports club) development pathway for sport for health. 3. Establish the feasibility, acceptability and fidelity of a participant and professional pathway for sport for health. 4. Establish the feasibility, acceptability and fidelity of a participant and professional educational development pathway for sport for health.
Leicestershire & Rutland Sport	<ol style="list-style-type: none"> 1. Assess the extent to which community engagement through the programme is effective at engaging the inactive in sport. 2. Assess the effectiveness of the programme in increasing participation in sport and physical activity. 3. Assess whether one-to-one mentoring influences experiences of and adherence to participation in sport and physical activity. 4. Explore whether the engagement of family members or friends facilitates adherence to sports participation. 5. Determine whether engagement in the programme leads to participants achieving at least 1 x 30 minutes of sport per week. 6. Determine whether engagement in the programme leads to an increase in total physical activity in the short and longer term. 7. Determine whether engagement in the programme has wider benefits for participants, including improved physical and mental wellbeing and changes in other lifestyle behaviours such as diet and smoking. 8. Explore the wider impact of the programme in engaging volunteers (community sport champions) in the delivery of community sport. 9. Appraise the relative success of different aspects of the programme to inform future delivery.

Organisation	Research question(s) addressed
Suffolk County Council	Does sport promotion in a health improvement service increase overall levels of physical activity one year later?
CSP Network	<ol style="list-style-type: none"> 1. Understand the role of the workplace in providing opportunities for the inactive to be active. 2. Understand how inactive employees can be engaged in sport and physical activity through the workplace. 3. Identify the needs and interests of inactive employees in relation to sport and physical activity opportunities in the workplace. 4. Understand the experiences of those involved in delivering the programme, including key partners, CSP workplace leads and workplace champions. 5. Understand the potential benefits to businesses (reduced absenteeism, increased staff morale etc.) of providing opportunities in the workplace for inactive employees to be active. 6. Understand participants' experiences of the project (both inactive and active employees). 7. Identify patterns of participation and understand which activities are the most popular for inactive employees when promoting physical activity and sport through the workplace. 8. Assess the impact of the project on participation in sport and overall physical activity levels in inactive and active employees.

Round Two

Organisation	Research question(s) addressed
Sefton MBC	<p>Primary research questions/evaluation aims:</p> <ol style="list-style-type: none"> 1. Achievement of 1 x 30 minutes physical activity per week. 2. Time spent in light and moderate-to-vigorous physical activity. 3. Time spent being sedentary and duration of sedentary bouts. 4. Functional fitness (i.e. leg and arm strength, flexibility, aerobic endurance). 5. Quality of life. <p>Secondary research questions/evaluation aims:</p> <ol style="list-style-type: none"> 1. Falls risk and confidence in maintaining balance (for older adults at risk of falls). 2. Body mass index. 3. Knowledge, understanding, and perceptions of physical activity and its relevance to health and wellbeing. 4. Cost-effectiveness. 5. Programme fidelity. <p>The research aims to increase participants' health and wellbeing through:</p> <ul style="list-style-type: none"> • Increasing engagement in physical activity. • Reducing sedentary time. • Improving functional fitness. • Enhancing quality of life indicators including mental health.
Tameside Sports Trust	<ol style="list-style-type: none"> 1. The impact of the exercise referral programme on the level of physical activity (determined by frequency, intensity, time and type) undertaken by the participants and at the differing time points in the programme. 2. Changes in participant expenditure, e.g. medication, allied health professions, to determine cost-effectiveness of using exercise as a form of treatment. 3. Adjunct changes to participant lifestyle/health/satisfaction. 4. Reasons for drop-out/non-adherence.
South Somerset District Council	<p>Research aims and objectives are explicitly linked to the RE-AIM framework (Glasgow et al, 1999), using it to assess the following:</p> <ol style="list-style-type: none"> 1. Reach (e.g. intervention engagement participation rates and participant characteristics). 2. Effectiveness (e.g. changes in primary and secondary outcomes relating to physical activity, sport, psychological variables, quality of life). 3. Adoption (e.g. setting/staff participation and characteristics). 4. Implementation (e.g. intervention delivery and costs). 5. Maintenance (e.g. long-term follow-up and sustainability of the intervention).

Organisation	Research question(s) addressed
Everton in the Community	<ol style="list-style-type: none"> 1. How can a multi-agency, community-focused programme be used to increase the proportion of inactive men aged 35–50 living in North Liverpool to become physically active at least once per week through participation in one of eight identified sports? 2. How can the brand of a professional football club be used to effectively engage men living in areas of high socio-economic deprivation to become physically active? 3. What contribution can a sports-based programme make to the adoption of healthier lifestyles which contribute to the reduction of key health conditions (e.g. Type 2 diabetes, musculoskeletal conditions, obesity, isolation and loneliness, poor mental health and cardiovascular disease)? 4. What kinds of sports, for which kinds of men, living in what kinds of social circumstances, lead those aged 35–50 to become physically active?
Community Teachsport	<ol style="list-style-type: none"> 1. To what extent are sports-based activities involving mentors/sports coaches and referrers effective in increasing physical activity? 2. What proportion of people referred to sports-based activity (intervention group) and other physical activity (comparison group) take up the intervention? 3. What proportion of people referred who take up the sports-based physical activity (intervention group) or other physical activity (comparison group) maintain and/or increase their levels of physical activity at i) after 3 months ii) after 6 months iii) after 12 months? 4. What elements of GP, school, pharmacy and community group referrals or signposting arrangement are essential for moving inactive people to being active through i) sports-based activities ii) other physical activities? 5. What processes at the individual level between mentors, sports coaches and the inactive person are essential for successful uptake of sports-based activity intervention that can get inactive people active. 6. What processes at the individual level between community workers and the inactive person are essential for successful uptake of physical activity by inactive people in the comparison group?
Active Norfolk	<ol style="list-style-type: none"> 1. Determine the effectiveness and cost-effectiveness of the Mobile Me programme, and identify any active elements of the processes by which the intervention operates.

Organisation	Research question(s) addressed
	<ol style="list-style-type: none"> How effective is the provision of a programme of tailored sporting provision ('the programme') at reducing the prevalence of inactivity among residents of sheltered housing who are classified as inactive ('the participants')? How effective is the programme at improving functional status and reducing fall risk among the participants? How effective is the programme at reducing the amount of time the participants spend sitting? How effective is the programme at improving wellbeing, increasing social interaction and reducing loneliness among the participants? What are the components and processes of the programme that are most associated with its effectiveness? What is the cost-effectiveness of the programme measured in terms of the changes in QALYs ('quality-adjusted life years', where 1 QALY = 1 year in perfect health)?
Rotherham MBC	<ol style="list-style-type: none"> The extent to which Active for Health Sport and Physical Activity Pathway is effective and cost-effective in supporting and sustaining inactive individuals into physical activity opportunities/sport. Impact of Active for Health on quality of life, patient activation and motivation. Feasibility and acceptability from the participant and practitioner perspective. Cost-effectiveness of the Active for Health sport and physical activity pathway. To understand the cost-effectiveness of the programme we propose to employ health service utilisation analyses using pre- and post-intervention data based on a minimum 12-month period (6 months prior to intervention and 6 months after intervention).
University of Hertfordshire	<ol style="list-style-type: none"> How effective is a delivery model using exercise specialists, buddies and tailored sports programmes (delivery model A) at increasing and sustaining physical activity levels in inactive individuals at risk of CVD, or with mild-to-moderate mental health problems, compared to a model using exercise specialist support only (model B)? How does the relative effectiveness of delivery models A and B differ between individuals with CVD risk and those with mild-to-moderate mental health problems? (Note: some with CVD risk may have a mental health problem not recorded) What are the components of delivery models A and B that are particular drivers of their effectiveness, and what are the barriers that prevent these models from achieving their potential? What is the relative cost-effectiveness of delivery models A and B?

Organisation	Research question(s) addressed
Lancashire Sports Partnership	<ol style="list-style-type: none"> To what extent is the project able to increase the amount of time that recovering drug and alcohol users spend being physically active, as measured by the IPAQ tool? To what extent does the project impact on the wellbeing of recovering drug and alcohol users, as measured by the Cantril Ladder Scale?
Community Sports Trust (CIC)	<ol style="list-style-type: none"> To examine if the Fit4life project has increased the quantity of sport and physical activity undertaken by inactive patients diagnosed with Type 2 diabetes. To examine if the Fit4life project has enhanced the health and wellbeing of inactive patients diagnosed with Type 2 diabetes.
University of Derby (PhD research)	<ol style="list-style-type: none"> To investigate changes in physical activity awareness and behaviour in Derby city in response to the implementation of the 'Derby: a City on the Move' project. To monitor changes in physical activity behaviours between 2016–2018 for Derby city residents. To assess the effect of a physical activity promotion training programme on health professionals in the Derby city. To examine the effect of a 12-month physical activity promotion programme on changes in physical activity choices, health and fitness of target groups within Derby city.
Kingston Upon Hull City Council	<ol style="list-style-type: none"> Determine to what extent the intervention has been effective in a) reaching and engaging the target group and b) helping them to increase and maintain their level of physical activity. Undertake a process evaluation (identifying good practice and areas for improvement) to improve programme delivery and ensure it becomes sustainable. Determine to what extent the intervention has been effective in improving the following 'secondary' outcomes among the target group: <ul style="list-style-type: none"> improved diet improved mental health and wellbeing increased social capital greater understanding of healthy lifestyle behaviours increased confidence.
Sport in Mind	To explore whether physical activity participation has an impact on activity levels, wellbeing and self-esteem in people with mental health conditions.

Organisation	Research question(s) addressed
Tottenham Hotspur Foundation	<p>Shape up with Spurs aims:</p> <ol style="list-style-type: none"> 1. For participants who complete the programme to achieve a reduction in weight and waist circumference at 10 weeks. (Weight, BMI and waist circumference will be taken at pre, 5 weeks and post-programme.) 2. For participants to show an increase in participation in sport/physical activity at 10 weeks. 3. For participants to continue engaging and regularly attending sport/physical activity sessions at 6 and 12 months. <p>Secondary research questions:</p> <ol style="list-style-type: none"> 4. To investigate whether the programme workshops help diet and lifestyle choices, using the number of fruit and vegetables consumed each week as a measure at 10 weeks, 6 and 12 months. 5. Has there been an impact on participants' family members as a result of the individual's lifestyle changes? 6. Are participants accessing other sport and/physical activity sessions in Haringey? 7. If participants do not continue with regular participation in activity/exercise, what is the reason for the drop-out?
London Borough of Bexley	<ol style="list-style-type: none"> 1. What is the impact of the inclusion of structured peer activities on increasing regular sport and physical activity for adults at risk of Type 2 diabetes? 2. To demonstrate the impact of a targeted sport and physical activity programme on helping prevent or reduce the onset of diabetes for adults at risk of Type 2 diabetes.
Herefordshire Council	<ol style="list-style-type: none"> 1. How successful has the project been in achieving sustained physical activity behaviour change for participants from sedentary to minimum of 1 x 30 min per week? 2. Throughput of people in the projects, the activities that people go on to do, including identifying the percentage of people participating in sport activities (as defined by Sport England). 3. To what extent has the implementation of the pathway improved outcomes and experiences for participants? Including improvements in quality of life, identify what additional improvements there are in people's health and wellbeing as a result of getting active (using the outcomes star). 4. What partnerships are needed, which professionals need to be bought in and what processes are required to ensure that the pathway is run in the most effective way? 5. To what extent has behaviour change evidence of best practice been utilised?

Organisation	Research question(s) addressed
	<ol style="list-style-type: none"> 6. What are the skills, competencies and roles needed in order to ensure effective delivery of the model? To what extent are these in place within this project? 7. Do different approaches work in different situations and if so why? 8. What are the main challenges for the project and how were these/are these being overcome? 9. What activities are popular with participants, and why? 10. Who are the participants in terms of market segmentation insight? 11. What key lessons have been learnt while implementing the pathway? 12. What factors are important in attracting sustainable funding for the project and why? 13. What resources, tools and processes need to be in place for the model to work well?

Health charities

Organisation	Research question(s) addressed
MIND – Mental Health	<ol style="list-style-type: none"> 1. The relationship between sport and mental health recovery. 2. The effectiveness of our 'peer navigator' model for encouraging sustained sports participation. 3. The reach of our national communications campaign. 4. The impact of online peer support on mental health. 5. The impact of online peer support on sports participation.
British Lung Foundation	<ol style="list-style-type: none"> 1. To what extent does the 'Keep Active Keep Well' programme support inactive people with lung conditions, to exercise more often and to take up sporting opportunities? 2. Outcomes collected will measure the impact of 12-week motivational interviewing/lifestyle programme (KAKW) by: <ul style="list-style-type: none"> • physical function and psychological and psychosocial wellbeing (EQ5D, PAM, CAT, Shuttle Walk and MRC scale) • patient acceptability and experience of the programme, as well as programme impact measured through evidence of behavioural changes made • practitioner experience of the Keep Active Keep Well programme. • treatment fidelity in the delivery of behaviour change techniques (Abraham and Michie, 2011).

B

Appendix B

The tools and measures used to capture health outcomes

The tools and measures being used by the projects to capture health outcomes include the following:

Outcomes	Tools
Behaviour changes	IPAQ Motivation for Physical Activity Measure – Revised (MPAM-R) Motivation to be active BREQ-2 Scottish Physical Activity Questionnaire Accelerometers (sample)
Fall risk	Short functional capacity test BHF fitness MOT Stand up and go
Functional fitness	Senior Fitness Test
Wellbeing	General Health Questionnaire (GHQ-short version)
Quality of life	Euroqual EQ-5D, validated WHO Quality of Life (WHOQOL-short version) SF36 Older People's Quality of Life questionnaire.
Mental wellbeing	Warwick Edinburgh Wellbeing Scale, validated Cantril Ladder Scale, validated
Increased social interactions and decreased loneliness	Single item loneliness question from the English Longitudinal Study of Aging (ELSA)
Self-esteem	Rosenberg Self-Esteem Scale
Patient activation	Patient activation measure (PAM)

Outcomes	Tools
Improvements on physiological measures (may only be measuring a few of them)	BMI Blood pressure Resting heart rate Waist circumference Waist to hip ratio Body fat percentage Cholesterol Fasting blood glucose HPA1c and c-peptide concentrations Grip strength test to assess hand and forearm strength, a predictor of cardiovascular incidents
Other lifestyle	Smoking behaviour Smoking behaviour – The Fagerstrom Test Alcohol behaviours Alcohol behaviour – the AUDIT Diet FACET Fruit and Veg consumption
Changes in medication (may be condition-specific)	Changes in expenditure on medication by patients (self-reported) Change in medication (self-reported)
Changes in health condition	Diabetes Illness Representations Questionnaire (DIRQ) Cancer status Effects of Cancer – FACIT Fatigue Scale (Version 4) Health Service use 1) Hospital inpatient admissions and duration, 2) Hospital outpatient visits, 3) Community-based services (ie GP, community physio) contacts and contact time.
Workplace health	Reduced absenteeism Increased staff morale
Return on investment – cost-effectiveness	MOVEs Health service utilisation analyses using pre- and post-intervention data SROI Local ROI tool



Appendix C

Types of training developed and delivered

The following training packages have been developed and delivered by GHGA projects:

- Behaviour change training in partnership with a clinical psychologist to support the workforce in engaging with inactive people (Fun & Fit Norfolk).
- Fundamentals of movement for adults/ adaptive exercise for inactive adults (Fun & Fit Norfolk), which gets coaches to try taking their sessions 'back to basics' to better accommodate inactive people.
- How and why to refer inactive people to sport workshop for health professionals (Brunel University London, HASE).
- Knowledge exchange between health and sport personnel (Brunel University London, HASE).
- Project-specific training for leisure centre and community sports deliverers (Leeds Let's Get Active).
- Project-specific training regarding marketing, targeting and project procedures for clubs (Move into Sport, Country Durham Sport).
- Briefing sessions for clubs and organisations to support them in engaging with NHS and public health commissioning.
- CSP Training for Workplace Challenge delivery and engaging with workplaces (CSP Network Workplace Challenge).
- CSP Network Workplace Challenge Training for Champions (CSP Network Workplace Challenge). This has been developed and delivered in partnership with BHF Health at Work.

- CSP Network Workplace Challenge Conference held in 2014 (CSP Network Workplace Challenge).
- Black Country in Motion Induction programme for volunteers, including a YouTube video to train them in how to deliver IPAQ.
- The BHFNC has developed a day-long bespoke training course for sports deliverers to support them in working with inactive people. The course has been developed following training and needs analysis. 24 individuals have been trained through the programme during the initial piloting period.

The following training packages have been delivered by projects:

- Make Sport Fun workshop (several of the projects).
- Motivational Interviewing (ukactive, Leicestershire & Rutland Sport, Oxford City Council).
- Royal Society for Public Health level 2 qualification delivered for sports coaches (Fun & Fit Norfolk).
- Royal Society for Public Health Level 2 award in understanding health improvement for Sport Coaches (Brunel University London, HASE).
- Online disability in sport course (delivered by Interactive for the Brunel HASE Project).

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⁴ Kodama S, Saito K, Tanaka S, Maki M, Yachi Y, Asumi M, et al. Cardio-respiratory fitness as a quantitative predictor of all-cause mortality and cardiovascular events in healthy men and women: a meta-analysis. *Jama*. 2009;301(19):2024–35. Cited in Leeds Beckett University (2015) Leeds Let's Get Active Final Evaluation Report.

⁵ <http://www.researchware.com/products/hyperresearch.html>

