

Get Healthy Get Active

What We've Learnt So Far

April 2013 – July 2014



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

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Get Healthy, Get Active

Learning from Round 1 Project delivery April 2013 – July 2014

1.0 Executive Summary

1.1 Introduction

Following the publication in 2012 of a systematic review commissioned by Sport England, undertaken by the BHF Health Promotion Research Group into the ability of sport to engage those who are least active, we initiated the Get Healthy Get Active Fund to:

- improve the evidence base for the role sport plays in engaging inactive people (those undertaking less than 30 minutes of physical activity per week) by funding pilots which successfully introduced inactive people to weekly participation in sport;
- produce the right type of information and data that is of interest to those commissioning public health programmes;
- implement the recommendations in the report.

In March 2013 we awarded £6.3 million into 15 Get Healthy, Get Active projects. This investment is matched by £5.2 million in funding from Local Authority, Charities and Clinical Commissioning Groups.

The portfolio of projects aims to:

- support inactive people to increase physical activity levels through participating in sport;
- provide evidence regarding how sport can contribute to decreasing inactivity and improve public health and the prevention, management and treatment of long term conditions;
- reduce health inequalities.

The projects all have academic partners to ensure rigorous evaluation of the approaches that are being undertaken, including the collection and analysis of baseline and follow-up data using consistent, validated tools in line with the [Standard Evaluation Framework for Physical Activity](#). The projects include:

- Delivery of the Let's Get Moving Pathway/Physical Activity Care Pathway through sport
- Community Asset-Based Sports programmes targeting the inactive
- Exercise Referral Schemes with Sport as a delivery mechanism
- Universal Free offer programme targeted to people who are inactive
- Workplace Health through Sport

- Community Sport delivery with a focus on the inactive.

1.2 Impact

The learning from the 15 projects is continually evolving and this report aims to provide an overview of the key learning to date.

The interim impacts of the projects are very positive and provide a significant step forward in providing the evidence base for the ways in which sport can play an important role in getting inactive people active. Between April 2013 and July 2014, the Get Healthy, Get Active projects achieved the following impacts:

- 67,426 people have been engaged with Get Healthy, Get into Sport projects, 25,231 of whom were classified as inactive by the Single Item Measure Screening Tool or equivalent*
- 9,639 inactive people have taken up sport and are now participating each week (>1 x 30 minutes of activity through sport)
- 979 people have been retained as active for at least 1 x 30 minutes of sport per week three months after engaging in the projects.
- 263 participants have transferred into sports club members (County Durham Sport's, Move into Sport Project)
- Involved 3005 workplaces are involved in sporting activities through sign up to the Workplace Challenge Programme
- 259 GP's and Health Professionals have been trained to support the delivery of GHGIS projects.
- 132 qualifications have been gained by coaches who want to support inactive people to get active
- Created 201 workplace health champions, 50 new volunteer coaches and 26 community champions.

The conversion rates for behaviour change suggest that 37% of those initially engaged with projects were classed as inactive through the Single Item Measure. In total 38% of inactive people went on to become active at 1 x 30 minutes of sport per week. This information is useful to aid target setting for future projects and is something that will be tracked throughout the programme's delivery.

Initial behaviour change data suggest significant increases in physical activity levels from baseline to three months after engaging with the project; up to 946 additional metabolic equivalent minutes (METs) of physical activity are being seen per week at the three month follow-up stage. **These findings three months after initial engagement suggest that engaging and participating in a sports project has had a significant impact on the amount of weekly physical activity that previously inactive people undertake. So investing in sports projects can effectively increase wider physical activity levels.** Behaviour change data for six and twelve month follow-up stages will be made available during 2015.

1.3 Learning from the Projects

If you are considering developing projects to target inactive people in your community, we recommend that you consider the following principles that we have learnt from the Get Healthy, Get Active pilots delivery to date:

- 1) Undertake and utilise community insight in developing your projects to ensure that your project is led by the needs of potential participants. Consider how insight can continue to be gained throughout project delivery to ensure that the changing and evolving needs and motivations of communities are taken into account.
- 2) Utilise Memorandums of Understanding and Service Level Agreements to support you to govern partnerships for the projects. This will aid you in weathering local turbulence in structures and staff capacity and ensure that organisations are as committed to the project as the individuals originally involved in the programme.
- 3) Consider how the presence of Activators, Mentors, Buddies and Champions could add value to your delivery and support inactive people to engage in your project.
- 4) Sessions targeting inactive people should be adaptive and based on needs identified within focus groups, market segmentation and latent demand information for the localities that you are working in. Activity provision should fit individual's circumstances rather than fitting them to existing provision.
- 5) Think through the most effective and efficient means of gaining follow up data up to 12 months after engagement with the project. Be realistic about the capacity requirements for this; taking into consideration who is best placed to undertake follow up; the protocols for this; budgetary requirements and efficiencies of potential methodologies.
- 6) Consider the training and support needs of Coaches and Volunteers who will be working with inactive people and implement approaches to support them in how to adapt sessions, employ behaviour change principles in their practice and pitch sessions at the right level for those attending sessions.
- 7) Be realistic about what can be delivered through Primary Care. Ensure that time, effort and capacity is built into delivery plans to successfully build relationships with health colleagues if your project focuses on sport being recognised as a solution to the problems of inactivity and chronic disease. Consider whether embedding sport and activity professionals into Primary Care settings may be a more effective recruitment method than health professionals referring and signposting for your project.
- 8) Continue to build your partnerships throughout the delivery of the project. This can enable further investment to be leveraged, aid sustainability, support expansion and develop new areas of research and evidence.
- 9) Utilise real time evaluation data approaches to maximise impact and enable efficiencies and improvements to be made to delivery systems. For example, refining recruitment systems, determining drop out points and methods to minimise this, etc.

1.4 Improving the Evidence Base

We hope that the evaluation and research themes being explored by the projects will support the following evidence bases to be expanded and developed:

- effective recruitment and engagement methods for sustained behaviour change;
- understanding different delivery mechanisms and effectiveness in delivering behaviour change;
- the impact of engaging in sport on overall physical activity levels;
- health and psychological impacts of participating in sport;
- how effective geographical targeting can be;
- the feasibility and effectiveness of sport within medical pathways;
- effectiveness of incentives;
- understanding how to best support sports deliverers to deliver to inactive people;
- cost effectiveness and Return on Investment for the approaches



2.0 Introduction

In 2012 the BHF Health Promotion Research Group at Oxford University undertook and published a systematic review into the ability of sport to engage those who are least active titled [“Improving Health Through Participation in Sport: a review of research and practice”](#). The report provides evidence that sport can engage inactive people at an individual or group level, with increased success when targeting those willing and ready to change their behaviour. Current UK practice suggests that sport can reach inactive people especially if the programmes include appropriate targeting, are properly marketed, planned and delivered appropriately to the needs of the target group(s) by empathetic motivating leaders. The report details 17 recommendations for promoting health through sport.

We initiated the Get Healthy Get Active Fund to support the implementation of these recommendations and improve the evidence base for the role sport plays in engaging inactive people and producing the right type of information that is of interest to those commissioning public health programmes.

In March 2013 Sport England invested £6.3 million into 15 Get Healthy, Get Active projects to provide evidence of the role that sport can play in getting inactive people active (those undertaking less than 30 minutes of physical activity per week). Sport England’s investment is matched by £5.2 million in funding from Local Authority, Charities and Clinical Commissioning Groups.

The portfolio of projects aims to:

- support inactive people to increase physical activity levels through participating in sport;
- provide evidence regarding how sport can contribute to decreasing inactivity and improve public health and the prevention, management and treatment of long term conditions;
- reduce health inequalities.

The projects all have academic partners to ensure rigorous evaluation of the approaches that are being taken including:

- Delivery of the Lets Get Moving Pathway/Physical Activity Care Pathway through sport.
- Community Asset Based Sports programmes targeting the inactive.
- Exercise Referral Schemes with Sport as a delivery mechanism.
- Universal Free offer programme targeted to people who are inactive.
- Workplace Health through Sport.
- Community Sport delivery with a focus on the inactive.

3.0 An overview of the projects involved in the portfolio

3.1 Length of Interventions

The projects differ in length from two to three years, with individual interventions ranging from 10 week initial programmes to other projects that provide participation opportunities for the lifetime of the project. Projects provide follow-up data at specific time points, relevant to their delivery – this is usually at three and six months post initial engagement with the project. In some cases projects provide up to 12 months follow-up on behaviour change measures for physical activity.

3.2 Settings

The projects within the portfolio are delivered in a range of settings, depending on the outcomes and approaches being used to target inactive people. These include:



Primary care settings



Leisure facilities



Outdoor



Workplaces



Community Venues



Sports clubs

3.3 Participant Recruitment

The projects utilise a range of recruitment methods to develop the evidence base with regards how to effectively engage and support inactive people into sport:

- eight projects utilise self-referral within their recruitment;
- ten utilise referrals or signposting from health professionals (Primary Care and Public Health);
- four utilise referrals or signposting from other sources such as slimming clubs, community organisations etc.

3.4 Targeting of Participants

All projects focus on reducing health inequalities within their targeting of participants. Several of the projects target those with specific health conditions. For example the Macmillan Physical Activity Care Pathway project focuses on people living with and beyond cancer. The UK Active Let's Get Moving Back into Project focuses on those on GP Practice Cardiovascular Disease (CVD) registers. County Durham's Move into Sport project focuses on those with an increased risk of CVD and Type 2 Diabetes. The London Borough of Barking & Dagenham project focuses on those with a Body Mass Index (BMI) 28+.

Other projects focus on targeting geographical areas where health inequalities are high and participation is low, such as The Black Country Consortium's Black Country in Motion project and the Leicestershire and Rutland Sport's Get Healthy Get into Sport project.

3.5 Inclusion Criteria

All participants are over 14+ years of age and aim to engage inactive people.

Projects were asked to follow Sport England evaluation guidance, using the Single Item Measure (or equivalent) for screening and International Physical Activity Questionnaire (IPAQ) for baseline and follow-up. Early on it was agreed that there could be some flexibility when using the Single Item Measure as, during focus groups and the early testing phases, it became clear that participants were over-reporting their activity levels. The use of IPAQ has enabled any over-reporting or under-reporting of activity levels within the screening tool to be measured and considered within evaluation approaches.

Health conditions as mentioned above are also included within some projects' inclusion criteria.

3.6 Exclusion Criteria

Exclusion criteria for the projects are individually developed, aligned to the staff within the programme and their qualifications and experience. People rating two and above on the Single Item Measure screening tool are ineligible for the majority of the projects and are signposted onto other local activities. PAR Q's are used by a number of projects to screen for contraindications to exercise.

3.7 Activities

The projects provide access to a range of informal and formal sporting opportunities that have been developed to support inactive people into sport. Sports delivered to date include swimming, running, cycling, boxing, netball, archery, table tennis, athletics, gymnastics, rugby, football, climbing, fitness dance, yoga etc. Ten of the projects have

Sessions targeting inactive people should be adaptive and based on needs identified within focus groups, market segmentation and latent demand information for the localities that you are working in.

an element of motivational interviewing/counselling within them completed by health professionals, physical activity professionals or trained community members.

3.8 Measuring Impact

All projects have been asked to adhere to the [Standard Evaluation for Physical Activity](#) in their evaluations. All projects within the portfolio are being evaluated through partnerships with a range of academic partners, including Brunel University London, British Heart Foundation National Centre for Physical Activity and Health (BHFNC) at Loughborough University, University of Wolverhampton, Oxford Brookes University, University of Surrey, University of East Anglia, Newcastle University and the University of East London.

There are a range of research questions and identified tools being used to determine impact across the projects. These are included at appendix A.

The Sport England Evaluation Guidance determined that IPAQ would be the recommended tool to determine behaviour change in participants.

The following tools are being used to determine further impact (this is determined by the research methodology for each project):

- Focus groups
- Questionnaires (including validated health tools in some cases)
- Interviews
- Accelerometers (UK Active Let's Get Moving and County Durham Sport Move into Sport methodology)
- Physiological measurements

Several projects have developed online web platforms and apps to support the signing up of participants to the programme and support the gathering of follow-up data.

3.9 RCT Trials within the Portfolio

Active Surrey's Get Healthy Get into Sport project is an RCT trial comparing a traditional 12 week gym based GP referral for exercise with an alternative sports-based 12 week programme. The trial has been registered with the Comprehensive Local Research Network under the NHS portfolio and has been registered for an International Standard Randomised Controlled Trial Number. The project is also part of the MRC-START trial at Manchester University, evaluating methods of encouraging participation in trials.

Active Surrey's Get Healthy Get into Sport Programme

"Once I had taken the first step to take part in this research programme, I found it was one of the most positive decisions I could have made. After not taking regular exercise (other than the usual day to day activities) for some years, it makes you feel good in yourself. I am taking part in the Aqua Fit and the Circuit courses, they certainly make you feel more relaxed and you sure seem to sleep better. The courses are very well run and Sian is an excellent instructor and they are designed well for various age groups so you get out as much as you put in. Overall it is a very good programme and is very enjoyable as most of us are all in the same boat, but above all it makes you FEEL GOOD."

Participant on the programme



4.0 The impact of the programme April 2013 – July 2014

Between April 2013 and July 2014 the Get Healthy, Get Active projects have achieved a range of impacts highlighted in the diagram below.



4.1 Participation Impacts

- 67,426 people have been engaged with Get Healthy Get into Sport Projects, 25,231 of whom were classified as inactive by the Single Item Measure Screening Tool*.
- 9,639 inactive people have taken up sport to get them to >1 x 30 minutes of activity through sport
- 263 participants have transferred into sports club members (County Durham Sport's, Move into Sport Project)
- 3005 workplaces have been involved in sporting activities through sign-up to the Workplace Challenge Programme

*Please note that two of the projects (Leeds Let's Get Active and the CSPN Workplace Challenge) provide a universal offer with specific targeting to inactive people within the approach. These projects alone provide 44,592 of the figure for engagement with the projects. This has a significant effect on the conversion rates for the programme.

4.2 Qualifications to enable and support delivery

- 259 GP's and Health Professionals have been trained to support the delivery of GHGIS projects.
- 132 qualifications have been gained by coaches who want to support inactive people to get active
- Created 201 workplace health champions, 50 new volunteer coaches and 26 community champions.

Impact of the Leeds Let's Get Active Programme on Community Members

"I just wanted to feedback a really positive story regarding the gym cards. We have a client who has been on an ATR and in and out of alcohol treatment for many years. He feels that the Gym card has been the single most helpful thing to help him stop drinking and stay stopped in all that time. He has a history of mental health problems and feels that he is really aware of how exercise can improve his mental health now and has found it better than any mental health treatment. Since getting a gym card he has been going daily and has benefited and now intends to keep accessing the gym through Leeds Let's Get Active."

Service Manager, ADS Leeds.

"As a manager of an Acquired Brain Injury Unit, Osman House in Scholes, may I take this opportunity to thank the staff of John Smeaton Sports Centre for the first class experience enjoyed by one of our service users today as part of the 'Leeds Let's Get Active' programme. A free offer for all is a fantastic way to promote health and wellbeing and a superb initiative in itself. However, when you add to that the way our staff came back full of praise for how the centre looked after our service user, going all the way to ensure the scheme works for everyone in an inclusive way, it becomes an even more important initiative."

Service Manager, Osman House, Brain Injuries Rehabilitation Trust.

4.3 Longer Term Impact: Participation at three months

It is recognised that gaining follow up data for participants is a challenge. Projects have response rates ranging from 15 – 61%. The numbers given in this section are for the number of people that projects have evidence are still participating and it is recognised that this is likely to be an under representation due to aforementioned challenges with follow up data collection. Projects continue to develop methods to increase the response rates at follow up.

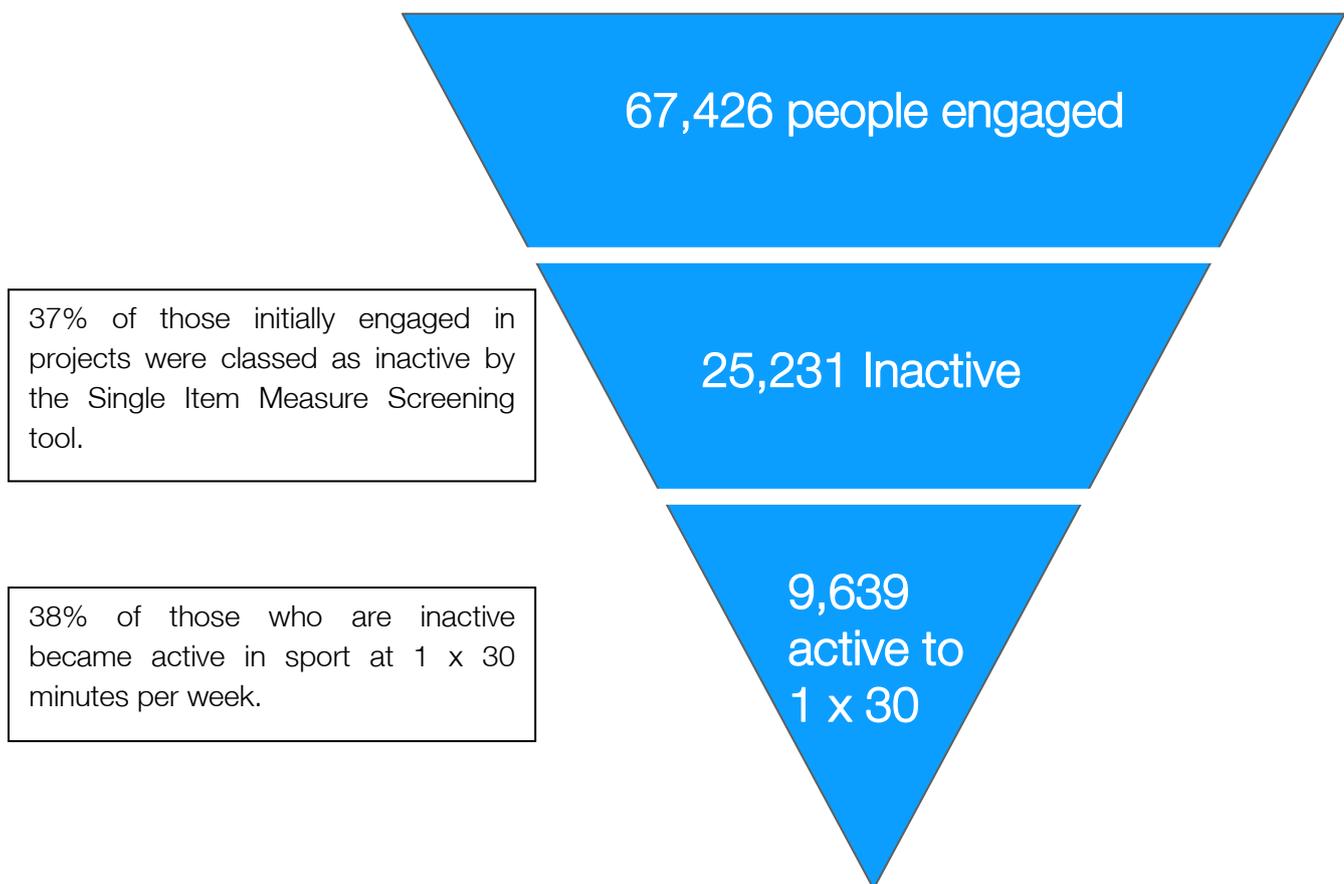
The projects have evidence that:

- 979 people have been retained as active for at least 1 x 30 minutes of sport per week three months after engaging in the programme

4.4 Behaviour Change

The interim findings that this report presents are positive and provides a significant step forwards in providing the evidence base for how sport can play an important role in getting inactive people active. A particular source of interest is the flow of participants from initial engagement to actual participation in regular sport.

The figures provided to date indicate the following ratios:



This will continue to be tracked throughout the programme as it may provide an approach to developing targets for programmes targeting inactive people in future.

Individual projects have backed up this approach with examples including the CSPN workplace challenge finding that 25.1% of those registering for the programme are inactive, with 65% moving into 1 x 30 minutes of sport and the Leeds Get Active

project finding that 38% of those they engage are inactive (Single Item Measure screening tool), with 38% attending at least one sports session.

UKActive Let's Get Moving Programme

“Anthony’s GP had talked to him about his increasingly sedentary lifestyle and the impact that it could have on his health. Team sports had been his previous motivation to keep fit and healthy so that he didn’t let his team mates down but since hurting his back he had stopped these. He had tried individual sports but found them boring so had stopped exercising.

I used motivational interviewing techniques to discuss Anthony’s activity levels and the things that make it hard to get active and how these can be got around, supporting him to plan his goals and minimise relapses.

As a result he has started to do more activity with his family, taking his son to play 9 holes of golf and vigorously walking between the holes, using the cross trainer and treadmill at the gym and playing tennis.

He has also started rugby training again once a week, using his individual activities to support him in getting back to team sports. He has reported that his shape has changed and is generally feeling really good. He said that people shouldn’t put things off till later and should focus on making activity the norm”.

Community Exercise Professional, Salisbury House Surgery

4.5 Behaviour change at follow up points for individual projects

The projects are beginning to deliver details of the impact that they are having on changing physical activity and sport behaviours within the people they are working with. It should be noted that these are interim findings and are likely to change significantly by the end of the programmes.

For example the CSPN Workplace Challenge found that:

- Overall there was a significant increase ($p < 0.001$) in the proportion of inactive individuals that reported taking part in 1 x 30 minutes of sport between baseline and 3 month follow up (33.1% and 57.6% respectively).
- There was a significant increase ($p < 0.001$) in mean total minutes per week of physical activity reported overall and by inactive and active participants between baseline and 3 month follow up.
- Active individuals logged more activities on a weekly basis than inactive individuals but the mean number of activities logged per week declined each week in both groups over the 8 week CSPN Workplace Challenge period.

The Interim evaluation report for the programme highlights that participants in the programme frequently reported that activity levels decreased once the national eight week challenge had ended, suggesting initial spikes in activity may be harder to maintain. The projects' steering group are considering how to address this.

ukActive's Let's Get Moving programme reports the following increases in activity at the 12 week post Motivational Interview point:

- 215% increase in the total sporting sessions per week
- 187% increase in the number of individuals completing 1 x 30 minutes of sport
- 72% increase in walking (MET minutes per week)
- 133% increase in moderate physical activity MET minutes per week
- 301% increase in vigorous physical activity MET minutes per week
- 133% increases in the total physical activity MET minutes per week

County Durham Sport's Move into Sport project has reported the following data for their current sample:

- 82% have reported an increase in total physical activity after 3 months.
- An increase to 1.8 days of sport at 3 months (baseline being 0.93 days from respondents.)
- Hours of sport have increased to 62 minutes at 3 months (baseline being 38 minutes at baseline.)

Leeds City Council's Leeds Let's Get Active programme has reported the following data:

- 79% improvement on Health Enhancing Physical Activity category.
- Additional 946 Met minutes per week at follow up
- Over 35% reduced amount of time spent sitting in a day (sedentary behaviour)

Active Norfolk's Fun and Fit Norfolk programme has reported the following data:

- 71% of phase one and 67% of phase two participants were participating in sport 10 weeks after engaging with the project.
- Participants with low levels of physical activity at baseline have an average increase of 821 Mets/week 10 weeks after engaging in the project. This is equivalent to reporting one hour and 45 minutes more vigorous physical activity a week than at baseline. Or three and a half hours more moderate physical activity a week.

These initial findings suggest that engaging and participating in a sport project has had a significant impact on the amount of weekly physical activity that previously inactive people undertake up to 3 months after initial engagement. So investing in sports projects can effectively increase wider physical activity levels.

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 shortly afterwards in preparation for undergoing pelvic radiotherapy later in the year. As I was feeling very debilitated and unnaturally fatigued as a consequence, I was apprehensive about the possibility of the hormone treatment exacerbating this. It was suggested to me that I get referred via the Macmillan staff for participation in the Get Active, Feel Good programme.

I attended a session with Greg at the Hamar Centre who talked to me about my situation and gave me some advice on ways to start getting active. I came away feeling that what had been suggested was well within my compass to manage.....But at that stage I did not really act on the advice in any meaningful way. Looking back I think the reason for my lack of response was possibly mental more than physical. Although upon diagnosis I had determined to adopt and maintain a positive outlook to my situation in the knowledge that I could be cured... but I could not dismiss from my mind that I "had cancer". For me personally I think this was the wrong time to be thinking in those terms.....

I underwent extensive radiotherapy and found that on completion of the treatment I was very weak. My legs had no strength at all and my right knee started to give me intermittent pain I gave myself a target of making a serious effort to get stronger in the New Year.... In the meantime I struggled on, feeling pretty awful and (so my wife and daughter tell me) being distinctly moody....

I started to use a home exercise bike, beginning slowly and setting myself targets. I felt that I was making progress but suddenly relapsed and couldn't even look at the exercise bike, let alone get on it. I spoke to my GP and Consultant who allayed my fears.... This transformed my mental outlook and convinced me that I needed to improve my physical fitness through a supervised exercise programme tailored to meet my needs..... I enrolled at the excellent "Lifestyle" gym at Radbrook under the exercise referral scheme where Kim is based and have been attending 3 days a week for just over a month now..... As soon as I began attending 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 whereas it was never going to happen 2 or 3 years ago.....

I suppose it is possible that I might have found my way to this point without the help of the programme but I think it very unlikely. The help, guidance, encouragement and support that I have received have been of enormous value. I cannot overstate how much it has benefitted me mentally and emotionally as well as physically, and I am very grateful."

Participant in the Shropshire Get Active, Feel Good Macmillan Project

5.0 Learning from the Projects

5.1 Community Engagement

- The presence of Activators, Mentors and Community Champions in communities appears to be key to gaining the trust of communities.
- Embedding projects within other community activities can be a critical recruitment tool, for instance, working with faith groups to develop sporting activities for their members.
- Tailoring of marketing and the “sport” offer is key.
- Use of the term sport may be off-putting for the inactive target group. Projects have had to develop different ways of thinking to market their activities effectively to this group.
- Community boundaries are not always what they may seem on the map. Individuals in communities can perceive their community to be a small number of streets rather than a ward or mapped location. Projects have had to consider this within the approach they take to delivering sessions.
- Taster sessions are a useful recruitment tool for projects, giving people the opportunity to come and try activities before signing up for greater involvement.
- Mass mail out techniques have been effective at engaging and recruiting inactive people.
- Online sign up systems can be efficient and effective approaches to engage with inactive people, particularly when projects are multi-site in their delivery.
- Automatic communication triggers can be a useful tool for engagement.
- Social Media and Word of Mouth are key recruitment tools. >59% of recruitment for some projects has been through word of mouth with >16% hearing about the projects through social media.

Brunel University London HASE Project: Somali Men’s Five-a-side Indoor Football

The Brunel University London HASE project has developed a five-a-side indoor football project for young Somali men (aged 18-24 years). They worked in collaboration with a local community organisation, the London Urban Youth Network, which focuses on developing social cohesion projects for predominantly Somali groups but also a wider network of BME communities. There is a limited amount of evidence about the participation patterns of BME communities in sport and physical activity generally and in terms of Somali people more specifically. This project takes place in an indoor sports hall in Hounslow on a Monday night (9.00pm-11.00pm). It has been attended by more than 60 participants and has had to set limits on participation because those numbers are beyond the capacity of the venue. The project leader has developed a system of attendance based on teams, so any team of 6 players can attend and play but there must be a full team. This has resulted in a regular attendance of 36-42 players. Conversations with the project leader have identified that engagement in the project contributes to both increased physical activity amongst the young men (to 1 x 30/ week from 0 x 30/week) but also impacts positively on self-confidence and sociability, and is having an effect on reducing unhealthy behaviours (including drinking alcohol and chewing tobacco).

- Refining recruitment systems can see increases in the number of inactive people engaging with project of >15%.
- Social bonding approaches, such as using community coffee mornings to engage inactive people and enable them to develop confidence in attending venues and in meeting new people, can be a useful precursor to sporting activities.
- Family and Friend based Motivational Interviewing is proving useful in enhancing success and boosting recruitment.

5.2 Screening and Monitoring

- Over reporting on activity levels is common within the responses to the Single Item Measure.
- The International Physical Activity Questionnaire (IPAQ) appears to be easier to complete for projects that have one on one time with participants than those where initial contact is made at sports sessions in the community.
- The consistency of data collection is being monitored by projects particularly where a range of volunteers and staff are responsible for collecting data. This is to ensure that the quality of the data is high to ensure academic rigour in the evaluations undertaken.
- Low literacy levels and English not being a participant's first language have been a challenge for some projects. This is being overcome through translations of IPAQ, training for staff and volunteers and videos detailing how to answer the questionnaire.
- Accessing follow-up data is a challenge. To date response rates range from 15 – 61%. A range of solutions being found to this including increasing staff capacity for follow-up processes.
- Accelerometer data is being gathered by two projects to provide objective measures and comparisons to the IPAQ self-report tool.
- Many projects are identifying the reasons for drop out within participants as part of their follow-up processes to aid projects to respond better to the needs of inactive people.
- Real time evaluation is beneficial to maximise impact and enable efficiencies to current delivery systems to be made.



5.3 Project Development

- Undertaking community insight adds vital information to a project's development. It should be recognised that this insight often provides a snapshot in time and that the needs and motivations of communities are constantly evolving and diversifying over time.
- Understanding the needs of coaches and providing training to meet these enables stronger project delivery.
- The use of a pilot phase of the project delivery and data collection is helpful in ironing out challenges to delivery early on.
- The use of flow diagrams and participant journey approaches has helped a number of projects identify project requirements and determine inputs to gain the desired outcomes.

A Participant's perspective from the Fun & Fit Norfolk Project

"I recently attended the 10 week course coached by Janis Baker, as part of the fun and fit programme run by Active Norfolk. The course was extremely well organised and Janis was an exceptional coach, delivering the programme at a suitable pace for us all. The 10 weeks went so quickly and everyone has enjoyed it so much that we have organised ourselves to continue the group. I personally had played a little as a teenager but had not had any formal coaching to speak of, just what I had picked up from other players. I was also a lot thinner and fitter at that time and I did have reservations as to whether I would have been able to still play. With this course though, I felt I had nothing to lose, it was free, it was being organised as a programme for people that presently did little exercise and was supported by a qualified coach. I am so glad that I did the course as it rekindled my love of badminton that I had in my youth and it has also inspired my children to play and they seem to get as much enjoyment out of playing as I do. I have learnt a lot from Janis, especially tips on my footwork, which has helped me cover the court much better. I also have to say the other girls in our group were also all fantastic and made the course fun and enjoyable. I would highly recommend this course to anyone and hope that future courses can be arranged"

Participant in the project

5.4 Insight from Projects

- Research from Brunel University London has indicated that there are 4 key themes to understanding inactivity;
 - memories of sport;
 - attitudes to sport;
 - experiencing sport and physical activity;
 - hooks and triggers for sport

- More informal, flexible sports sessions at venues that are not seen as scary are wanted by communities.
- Sessions that are led by “someone like me” and not people parachuted in are wanted in communities.
- A sporting offer that supports families to be active together (broad definition of “family”) is a key engagement tool.
- Low cost, pay and play opportunities are wanted by communities.
- Doorstep activities that take into account perceived community borders aids engagement with inactive people.
- Fit activity provision to the individual’s circumstances and needs rather than fitting them to existing provision.
- Initial Market Segmentation data analysis has on the whole been reflective of the most popular activities for those being engaged.
- Anxiety, lack of confidence and fear of exceeding physical limitations are very real concerns for inactive people.
- Patience and perseverance need to be balanced with understanding what is not working and adapting delivery to support inactive people better.

The Black Country Consortium’s Approach to Utilising Insight to Influence Planning and Delivery for the Black Country in Motion Programme.

Building on the evidence base which was used to select the Black Country in Motion Zones, focusing on areas of high health inequalities and low participation, the Project Team was adamant that initial delivery should be driven by meaningful insight with residents in each of the 8 Zones.

Coventry University Research Solutions (CUREs) was contracted to understand the sport related behaviours in the zones, including the barriers and the enablers to sport that exist amongst specific demographic groups, particularly those who do not routinely take part in sport or have low participation levels.

The insight gained from the Focus Groups and On-Street questionnaires provided the programmes Activators with compelling information into the targeted communities. As expected, common themes have been presented across the Zones such as cost, historical issues such as experience at school and parental responsibilities and Enablers included being fun and having a supportive environment. Emerging specific themes also began to be identified such as groups operating within their own microcosm such as perceived geographical constraints set by individuals.

This provided an invaluable starting point for the Activators in determining who to engage, the volunteer recruitment programme and also the importance of building trust and respect from people in the Zones. This helped the Activators to deliver some of “quick wins” such as working with local leaders to agree for Bhangra to be delivered in Smethwick. It also identified that only small in-roads could be made into some of the long term views generations have held.

Responding to this initial insight has enabled the Activators to build respect and trust by many people in the Zone, evidencing “you said, we did” type of actions. But it also helped the Activators recognise that Insight is constant, understanding and responding to the barriers and motivations is a must if we are to see sustained participation in sport.

5.5 Working with the NHS

- Early involvement of GPs is critical in getting their buy in to using the pathways developed by the projects.
- Bringing in partners who are skilled at engaging with GP's has helped broker relationships faster and more effectively for some projects.
- The use of GP project champions has proven useful in bringing on board other GPs and Practices.
- The integration of services can be complex but can better enable sustainability if it is possible to achieve. It is noted that for this to be successful the sport element needs to be fully integrated in the service offer and not viewed as a bolt on.
- It is important that we as a sector are realistic about what can be implemented through Primary Care.
- Delivery to date suggests that embedding sport/activity into health settings appears to be a more effective tool than embedding health into sport sessions
- Attending GP Locality meetings and Training opportunities can be a useful tool for engaging with Health Professionals.

BHFNC Active Newham Project: Training Health Professionals

The BHFNC and partner, Intelligent Health, have trained 127 Health Professionals to discuss physical activity with their patients as part of the Active Newham project. The results of the training showed that:

- 1/5 of GPs and Nurses were aware of the current UK physical activity guidelines pre-training.
- The majority acknowledged that it is their role to promote physical activity but most are not routinely screening their patients unless linked to an existing medical condition
- Current practice varies, with a lack of time the most common reason for not discussing physical activity with patients
- Post training 76% of Primary Care Staff felt more confident in advising patients about physical activity
- Trainers need to adapt the training to meet the needs of health professionals regarding the setting and timings for delivery.

- Patient records can be a useful recruitment tool but be aware of over-estimating the number of people with conditions who are inactive when modelling targets.
- The perceptions of health professionals can skew which activities they refer/signpost too. Delivery to date suggests that they often recommend swimming over other sporting activities.
- Referral league tables can a useful tool to encourage "healthy" competition between referral routes.
- Time, effort and capacity is needed to successfully build relationships to enable sport to be recognised as a solution to the problems of inactivity and chronic disease management.

- Providing feedback to Health professionals is a key part of the referral process.
- The removal of QOF points for physical activity has not negatively affected recruitment to programmes to date.

The Perspective of a Referrer to the Oxfordshire Sports Partnership's GO Active, Get Healthy Project

"The forms are eye catching, easy to use. The service is valuable, and we are all very clear here on the benefits of exercise and the clear value of encouraging people into activities. There is a huge amount of evidence around the benefits of regular exercise, particularly to combat depression, which is something that many of our service users suffer from. Please do carry on the good work!"

Banbury Early Intervention Hub

5.6 Partnerships

- Consistency and quality of communications with partners is critical to the success of the projects.
- The use of memorandums of understanding and SLAs to agree delivery can aid projects in holding partners to account.
- Local turbulence in structures and staff capacity has been a challenge for several projects .
- Don't be afraid to ask partners to compromise or consider different models
- High level political support can boost a project's visibility but often needs to be managed carefully.
- Significant added value has been developed through widening partnerships during delivery.

Thurrock Council's Portfolio Holder for Health's comments on the Active Sport 4 Life project delivered by the London Borough of Barking and Dagenham in partnership with Thurrock Council

The active sport for life program has truly been life changing for some of the participants at The Martial Academy, Tilbury. The academy is situated in one of the most deprived wards in the UK with 41% of children growing up in poverty. This is a reflection of the overall picture in Thurrock where a staggering 70.1% of adults are classified as overweight or obese! The active sport for life program has given an opportunity to many participants that would not have traditionally considered sport or healthy lifestyle. The results from the classes offered on the program at The academy have been for some life changing. One member has lost 7stone, one has lost 4 stone and many gave lost 1-3st. In addition to weight loss, blood pressure has in many cases reduced substantially. All participants report better quality of life, more energy and a feel good factor. We look forward to adding more classes to continue to improve the health and life chances of Thurrock residents.

Councillor Barbara Rice (Portfolio holder for Health)

- Minimising duplication and maximising outcomes across partners has been a key focus.
- Partnership growth and expansion is a key feature of successful delivery.
- New partnerships continue to be 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.

CSPN Workplace Challenge Partnership with Bucks Public Health

The Bucks CSP team have secured £20,000 of match funding for the workplace challenge intervention from partners in Bucks Public Health. This funding will support businesses on targeted industrial estates to encourage employees to be more active in and around their working day.

The workplace challenge has been linked to a priority in Buckinghamshire's physical activity strategy to make the case for investment into the delivery of the programme. By working in partnership with the county's sustainable travel team and business network, a small steering group has been formed to work up ideas to engage with businesses locally. The group are tasked with working with businesses on targeted industrial estates to encourage both more active travel and general workplace activity. The support is likely to be around ideas and resources to get employees building activity into their working day, such as suitable routes close to the business park to have a lunch time or after work stroll, jog or cycle. Or maybe encourage standing or walking meetings instead of the traditional sedentary meeting. As well as signposting to NGB contacts who can support those interested in returning to or trying a new sport. All participants will be asked to register on the CSPN Workplace Challenge website and log the activity they take part in.

“The partnership and additional funding has already allowed us to join up other resources in the county such as the sustainable routes £1000 grants and investment by the healthcare trust to engage with their employees.”



5.7 Training

There have been a range of training packages developed and delivered by the projects that focus on behaviour change and how best to support inactive individuals and those providing sessions for inactive people. A full list is available at appendix b.

A number of projects are signposting volunteers to existing courses, including introduction to fundamentals or movement, first aid, safeguarding, how to deliver engaging sessions to adults, basic strength and conditioning, brief intervention training, making every contact count and the coaches' influence on the participant journey.

Training delivery to date 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 to ensure that 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 to ensure that they are able to support these participants appropriately.
- Social media approaches can be useful in enabling longer term support to people that are being trained through the programme.
- Working with County Sports Partnerships has enabled additional funding to be aligned from coach bursary schemes to further support the training requirements of people working on the programmes.



5.8 Delivery of Sessions

- 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.
- Do not underestimate the level of support and time it takes to engage, work with and progress Volunteers.
- Taking activities to existing groups is a useful way to develop new sessions.
- Local Sports club capacity to deliver high volumes of delivery can be a challenge.
- Low baseline levels of fitness can make pitching the sessions at the right level difficult. Coaches need to be adaptive to meet the needs of those attending.
- Current NGB product offers do not necessarily cater fully for the needs of inactive people and at-risk target groups GHGA projects are working with. Many have proven able and willing to adapt and merge products to better meet the needs of inactive people when working in partnership with the projects.

The Move into Sport project in County Durham's work with Sports clubs to deliver sessions targeting inactive members of the community

Easington Hares delivered a successful 12 week running course in Chester-le-Street, which attracted 38 people, 35 of whom completed the course. The success in terms of recruitment apparently came from a local slimming world group who encouraged its members to join. As a result the group are going to continue with a weekly run and are looking to constitute themselves as 'Chester-le-Street running group.

Durham City Cricket Club delivered two courses this summer attracting 20 participants. Bryan Stone, the club secretary, reports that most of those completing the course have now played some competitive matches for the friendly side, a couple have played for the third team and one participant has played for the second team. They have even arranged a regular net session themselves at the club on Wednesday evenings as all are so keen to improve their skills to be able to play in matches for the club.

6.0 Improving the Evidence Base

The learning from the initial Get Healthy Get into Sport projects continually evolves. We hope that the evaluation and research themes being explored by the projects will support the following evidence bases to be expanded and developed.

- Effective recruitment and engagement methods for sustained behaviour change.
- Understanding different delivery mechanisms and effectiveness in delivering behaviour change.
- The impact of engaging in sport on overall physical activity levels.
- Health and psychological impacts of participating in sport.
- How effective geographical targeting can be.
- The feasibility and effectiveness of sport within medical pathways
- Effectiveness of incentives.
- Understanding how to best support sports deliverers to deliver to inactive people.
- Cost effectiveness and Return on Investment for the approaches.



8.0 Conclusion

The information contained in this report should help you to understand what is currently being delivered through the Get Healthy Get Active programme and the impact that they are having on the physical activity levels of those participating.

If you are considering developing projects to target inactive people in your community we recommend that you consider the following principles that we have learnt from the Get Healthy Get Active delivery to date.

- 1) Undertake and utilise community insight in developing your projects to ensure that your project is led by the needs of potential participants. Consider how insight can continue to be gained throughout project delivery to ensure that the changing and evolving needs and motivations of communities are taken into account.
- 2) Utilise Memorandums of Understanding and Service Level Agreements to support you to govern partnerships for the projects. This will aid you in weathering local turbulence in structures and staff capacity and ensure that organisations are as committed to the project as the individuals originally involved in the programme.
- 3) Consider how the presence of Activators, Mentors, Buddies and Champions could add value to your delivery and support inactive people to engage in your project.
- 4) Sessions targeting inactive people should be adaptive and based on needs identified within focus groups, market segmentation and latent demand information for the localities that you are working in. Activity provision should fit individual's circumstances rather than fitting them to existing provision.
- 5) Think through the most effective and efficient means of gaining follow-up data up to 12 months after engagement with the project. Be realistic about the capacity requirements for this, taking into consideration who is best placed to undertake follow up; the protocols for this; budgetary requirements and efficiencies of potential methodologies.
- 6) Consider the training and support needs of Coaches and Volunteers who will be working with inactive people and implement approaches to support them in how to adapt sessions, employ behaviour change principles in their practice and pitch sessions at the right level for those attending sessions.
- 7) Be realistic about what can be delivered through Primary Care. Ensure that time, effort and capacity is built into delivery plans to successfully build relationships with health colleagues if your project focuses on sport being recognised as a solution to the problems of inactivity and chronic disease. Consider whether embedding sport and activity professionals into Primary Care settings may be a more effective recruitment method than health professionals referring and signposting for your project.
- 8) Continue to build your partnerships throughout the delivery of the project. This can enable further investment to be leveraged, aid sustainability, support expansion and develop new areas of research and evidence.
- 9) Utilise real time evaluation data approaches to maximise impact and enable efficiencies and improvements to be made to delivery systems. For example refining recruitment systems, determining drop out points and methods to minimise this etc.

Appendix a – The Range of Research questions being addressed by the Projects

The current projects focus on a wide range of research questions

- What is the most effective and cost effective method for recruiting inactive people into sport? (Fun & Fit Norfolk, Norfolk County Council).
- 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 (Black Country in Motion, Black Country Consortium).
- Understand how inactive employees can be engaged in sport and physical activity through the workplace (CSPN Workplace Challenge).
- Determine whether an integrated sport and physical activity healthcare pathway is effective at increasing physical activity and sports participation in the short and longer term (Active Newham, BHFNC).
- What support is needed for providers to help them understand the needs of the least active (Move into Sport, County Durham Sport).
- Can a free or discounted offer combined with a supportive environment get people who are inactive to be active for 30 minutes once a week? (Leeds Let’s Get Active).
- Assess whether one-to-one mentoring influences experiences of and adherence to participation in sport and physical activity (Get Healthy, Get into Sport, Leicestershire & Rutland Sport).
- What is the effectiveness of the Payment by Results model? (Go Active, Get Healthy, Oxfordshire Sports Partnership).
- Does sport promotion in a health improvement service increase overall levels of physical activity 1 year later? (Suffolk Get Healthy, Get into Sport, Sport Suffolk).
- Have the HASE sport projects had an effect on engaging sustained participation in sport by inactive people 1 x 30 / week? (HASE, Brunel University London).

APPENDIX b - Types of Training Developed and Delivered by GHGA Projects

The following training packages have been developed by 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) that gets coaches to think about 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 (CSPN Workplace Challenge)
- CSPN Workplace Challenge Training for Champions (CSPN Workplace Challenge)
- CSPN Workplace Challenge Conference held in 2014 (CSPN 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 a 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)
- Macmillan physical activity care pathway training (Macmillan)
- 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)