

# **Moving at scale – Promising practice and practical guidance on evaluation of physical activity programmes in the UK**



### **About the ukactive Research Institute**

ukactive is the leading not-for-profit body for physical activity, working with over 4,000 members and stakeholders across the UK to get more people, more active, more often. The ukactive Research Institute supports this aim by helping to build an evidence base for the use of exercise and physical activity programmes in the improvement of quality of life, prevention, and management of disease. This is achieved by facilitating the capture and dissemination of data relating to all forms of physical activity in all environments. This includes utilising mixed methods, situation suitable research, collecting and collating evidence from a wide variety of data sources, engaging with stakeholders and conducting in-depth analysis on data from real world interventions.

We seek to use our unique position as the hub of the physical activity sector to disseminate data and key learnings to practitioners, operators, policymakers, local government and health agencies, and thereby ensure the real world and policy impacts of our research activity.

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# Foreword



In developing the national physical activity framework, Everybody Active Every Day, we looked at international evidence on 'what works' to increase physical activity at population, and it was clear that action needs to be evidence-based, measurable and consistent. This work and report is extremely welcome in highlighting promising practice and encouraging and supporting systematic evaluation of programmes to give us an understanding of what works, how it works and in what context.

Earlier this year Professor Stephen Hawking called for policies "based on peer-reviewed research and proper evidence". While he was talking about healthcare rather than public health and physical activity policies and actions, it echoed the message from the Sport Strategy, Sporting Future, on the need to use evaluation to take a critical eye on what we do and how we use our precious resources.

The original 2014 'Identifying what works' project challenged the sector in its commitment to monitoring and evaluating programmes. Public Health England has worked with partners including ukactive, the National Centre for Sports and Exercise Medicine, British Heart Foundation National Centre and the County Sports Partnership Network to support the system improve its approach and implementation of evaluation. It is clear from the progress demonstrated in this report that providers and commissioners have risen to that challenge.

This new work goes beyond the previous approach of benchmarking case studies to consider key challenges for evaluating programmes in 'real life' and practical steps to address them. We know that the level of evaluation needs to be appropriate to the size, type, resources, scale and capacity of an intervention, and this report supports the Standard Evaluation Framework and Sport England's evaluation framework to provide practical, realistic guidance on evaluation.

The challenge of systematic evaluation to inform evidence-based decision making and practice is for all areas of public policy. This work illustrates how the physical activity sector is leading the way and moving at scale on evaluation to take an evidence-based approach to make everybody active every day.

**Dr Justin Varney**  
**National Lead for Adult Health and Wellbeing**  
**Public Health England**

# Executive Summary

This project aimed to identify physical activity interventions in the UK, understand how evaluations are being undertaken to inform and support delivery, and to gauge the impact and progress made within the physical activity sector since the release of the Public Health England commissioned report 'Identifying what works for local physical inactivity interventions'. The assessment was of quality of evaluation and not intervention. The focus of this report is to provide practical guidance and support to those delivering projects and programmes across the UK on how to effectively evaluate their work and share learnings from the experience of others.

An open call across all organisations, groups and individuals working to increase physical activity in communities across the UK elicited 400 responses. These represented a wide range of programmes and projects delivered across multiple settings with varying participation rates and target populations. Projects and programmes entered into the review process were assigned a level based on the Nesta Standards of Evidence<sup>1</sup>, with evaluators considering the quality of evaluation as opposed to the quality or impact of the intervention.

It is clear from the responses received that much progress has been made since the first report. A higher proportion of projects and programmes are collecting data and embedding evaluation into their delivery, resulting in a higher standard of evidence on physical activity initiatives. There has also been an increase in the number of projects eligible for consideration for the higher levels (3, 4 and 5) of the Nesta Standards of Evidence highlighting the progress the sector has made towards evidence-based action. As part of this study 17 submissions were assigned a Nesta level 3 or above based on their quality of evaluation. This signifies progress in the physical activity sector since the 2014 study which identified two programmes as having reached Nesta level 3 and no programmes at level 4 or 5 based on impact of intervention.

On review of the 302 completed submissions the following findings were identified:

- Most commonly programmes had been running for 2–5 years (27%).
- Interventions were delivered most frequently in local authority leisure facilities (55%).
- 55% of interventions collected pre and post measures.
- 17 interventions used a control or comparison group during their evaluation.
- 12 of these 17 interventions were evaluated by independent external evaluators.

During the process it became apparent that in reality, for many programmes, evaluation at Nesta Level 3 or higher may not be an achievable or necessary goal. In light of this, advice is provided, in line with Sport England's Evaluation Framework, on what level of evaluation different types of projects and programmes should aim for based on factors such as size, type, resource, scale and capacity. Therefore, though evaluation should be considered for every type of intervention and investment decision, the kind of evaluation achievable will vary from intervention to intervention.

Following the moderation exercise that took place as part of the evaluation process two key areas were identified as challenges facing delivery bodies looking to achieve higher levels of evaluation: a lack of valid controls and or independent external evaluations. In light of these findings, it was determined that the most beneficial outcome of the process, and subsequently this report, would be to produce guidance to help improve the quality of evaluations and continue to drive towards the development, evaluation and implementation of evidence-based interventions to tackle inactivity in local communities. As a result, Chapter 5 of this report discusses:

- 1) What a control group is and why it is important?
- 2) What sort of control groups can be used?
- 3) The value in using an external evaluator (if appropriate).
- 4) The importance of considering evaluation at the earliest opportunity

When considering the evaluation processes put in place by local deliverers, it is clear the sector is taking steps in the right direction. The guidance and case studies discussed in this report have been provided to help drive continued improvement. For it is through supporting those looking to implement evidence-based physical activity interventions that the weaknesses detailed within 'Identifying what works for local physical inactivity interventions' can be addressed.

# Chapter 1: Introduction

This report follows on from Public Health England's 'Identifying what works for local physical inactivity interventions' report published in November 2014. It details the method and findings from the most recent open call to all organisations, groups and individuals undertaking work that is actively contributing to increasing levels of physical activity across the UK. This review was delivered by the ukactive Research Institute in collaboration with the National Centre for Sport and Exercise Medicine (NCSEM) and Public Health England (PHE).

The 'Identifying what works for local physical inactivity interventions' report took a rigorous look at the evaluation of programmes, and featured as part of PHE's, 'Everybody active, every day: a framework to embed physical activity into daily life'. All programmes submitted were ranked against the robust Nesta Standards of Evidence. The focus of this report is to provide practical guidance – informed by the examples submitted as part of this process – for those delivering opportunities for people to become more active across the UK. As a result, this report concentrates on the evaluation processes being implemented within physical activity projects and programmes. These are related back to the Nesta Standards of Evidence with a view to understanding the most appropriate evaluation methods for initiatives and to provide guidance on how these rigorous standards can most effectively be implemented across a variety of real world settings.

## 1.1 Background

Inadequate physical activity has been identified by the World Health Organisation as 'one of the leading risk factors for death worldwide'<sup>2</sup>. In the UK it has been cited as the fourth largest cause of disease and disability and contributes to 1 in 6 deaths<sup>3</sup>. It is within this context that the ukactive Research Institute and the NCSEM–Sheffield, commissioned by PHE, carried out a study in 2014 to identify evidence-based physical inactivity interventions in local communities in England.

A total of 952 survey responses were submitted and reviewed, making it one of the largest studies of its kind. All submissions were classified and ranked against the Nesta Standards of Evidence with the aim of identifying which initiatives – if scaled up – could have the greatest impact on the physical activity levels of the population and deliver the greatest individual, societal, and economic gains. The findings of this report indicated that there was a lack of evaluations in physical activity initiatives that met the rigorous standards required by Nesta and for PHE to feature as good practice as part of 'Everybody active, every day'. The majority of submissions entered into this process received a Nesta level 1 or 2. This was in part a result of studies not including control groups to demonstrate causality or independent evaluations required by Nesta levels 3, 4 and 5. Such a bold approach in calling for evidence in this area had very few comparators internationally. As a result, the outcome of no programmes reaching the requirements of 'proven' practice (level 5) in 2014 was unsurprising. However, much in the physical activity landscape has changed since the first review.

Since the publication of the first report, a number of significant documents have been produced by the Government, as well as private and public organisations, stating a commitment to tackling the rising tide of physical inactivity. The Department for Digital, Culture, Media and Sport (DCMS) released the first sport strategy in over a decade, *Sporting Future: A New Strategy for an Active Nation*<sup>4</sup>, with a focus on investing in initiatives that encourage underrepresented groups to become more active. *Towards an Active Nation*<sup>5</sup>, the subsequent strategy released by Sport England, outlined Sport England's commitment to invest more in tackling inactivity, including supporting underrepresented groups, and encouraging children and young people to engage in activity from as early in life as possible. It also showed a change in how Sport England will measure activity – with a shift towards broader data collection and an examination of the wider impact of programmes on five specific outcomes<sup>6</sup>. ukactive's *Blueprint for an Active Britain*<sup>7</sup>, advocated for an evidence-based framework for action, while the *Milestone Review*<sup>8</sup> encouraged organisations to invest in, and build on, evidence-based initiatives and best practice.

In November 2016, a second call was made following on from the 2014 review. In addition to repeating the process of taking a rigorous, objective look at local physical activity interventions to identify 'what works', the progress made in evaluating projects and programmes since 2014 was explored. A total of 400 survey responses were submitted, with 302 fully completed and included within the analysis. As a result of this review process, a guidance chapter has been included in this report which includes a commentary on the evaluation methods used in the projects and programmes looking at their implementation within a real world setting. This is to support those developing and implementing evidence-based physical activity interventions in local communities. Therefore,

while the first report sought out best practice in delivering physical activity interventions, this report focuses on best practice in evaluation and begins to look at the practical realities of meeting the standards set forth in the first report.

As part of this continuing programme of work, referred to in this report as the Promising Practice programme, it is our ambition to continue to conduct this study over the coming years. For it is through continuing to build a robust evidence-base on 'what works' that we can improve the standard of physical activity delivery across the UK, and support the wider commissioning of, and investment in, effective physical activity programmes.

## 1.2 Objectives of the study

The aim of this research was to 1) Identify 'promising practice' in local interventions to increase physical activity; 2) Understand how evaluation is being undertaken in physical activity interventions; 3) Identify key learnings to stimulate, inform and support local evaluation of interventions to enable routine identification and implementation of evidence-based interventions and; 4) Examine the progress that has been made in the sector regarding the collection of data and evaluation since the first study was commissioned.

## 1.3 Structure of this report

This report has the following structure: Chapter 2 provides a summary of the process used to identify and engage with stakeholders; Chapter 3 details the method; Chapter 4 looks at the evaluation process used to score projects and programmes entered into the study; Chapter 5 provides practical guidance for those delivering and commissioning physical activity interventions; Chapter 6 gives an overview of the findings of the report; Chapter 7 provides a number of case studies of programmes which have, or are in the process of, implementing a level of evaluation in line with at least the requirements of Nesta level 3; Chapter 8 presents conclusions to the study and finally Chapter 9 discusses next steps. This is followed by the appendices.

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  5. Sport England (2016) Towards an Active Nation Strategy 2016–2021. <https://www.sportengland.org/media/10629/sport-england-towards-an-active-nation.pdf>
  6. The five outcomes stated in the strategy are: physical wellbeing, mental wellbeing, individual development, social and community development, and economic development.
  7. ukactive (2015) Blueprint for an Active Britain. [http://www.ukactive.com/downloads/managed/ukactives\\_Blueprint\\_for\\_an\\_Active\\_Britain\\_-\\_online.pdf](http://www.ukactive.com/downloads/managed/ukactives_Blueprint_for_an_Active_Britain_-_online.pdf)
  8. ukactive (2016) Blueprint for an Active Britain: Milestone Review. <http://www.ukactive.com/policy-insight/blueprint-milestone-review>

# Chapter 2: Summary of Process

The process used for the second review followed a similar format to the study conducted in 2014. An open call was made to all organisations, groups and individuals undertaking work that is actively contributing to increasing levels of physical activity. This time, the assessment was of quality of evaluation and not intervention. The remit was also wider, inviting entrants from across the UK to take part in the study. Participants who had submitted entries to the 2014 study were also encouraged to enter.

Project partners – the National Centre for Sport and Exercise Medicine, Public Health England, the ukactive Research Institute and Sport England – disseminated the study across their networks via email, over the phone, in one-to-one meetings, on websites and through social media including Twitter, Facebook and LinkedIn. The Promising Practice programme was also subsequently promoted at Regional Roadshows delivered by the ukactive Research Institute in collaboration with the National Centre for Sport and Exercise Medicine and Public Health England. These are discussed in more detail within the Method section of this report. The study was also promoted at ukactive's National Summit 2016, held on the 9th November, where delegates were invited to register their interest in the review online. This event was attended by more than 570 delegates from over 278 organisations including local authorities, public and private health and fitness operators, charities, health institutions, children's activity providers, membership bodies, brands, media companies and policy makers.

As before, participants were invited to submit details of their projects and programmes online through a questionnaire hosted on the ukactive Research Institute website. The review opened on the 21st November 2016 and was closed at 5pm on the 9th January 2017.

Analysis was conducted by the ukactive Research Institute based on a pre-determined approach. This involved ranking projects and programmes against the Nesta Standards of Evidence. Moderation was carried out by a Classification Board comprised of senior academics with expertise in the areas of sport, exercise, and physical activity and a public health representative. Where required, additional information was requested from entrants to inform the key case studies.

It is important to state that the Nesta Standards of Evidence have been interpreted through a specific lens for the purposes of this report. The quality of the evaluation framework embedded within each project was the determining factor when assigning a Nesta level, as opposed to positive impact achieved by the project or its cost. The final report was written by the ukactive Research Institute in collaboration with Public Health England and the National Centre for Sport and Exercise Medicine. This process, specifically the creation of the guidance chapter and the moderation exercise, was aided by the aforementioned Classification Board and Sport England.



# Chapter 3: Method

## 3.1 Online survey

The standardised template created for the 2014 study was based on elements of the Standard Evaluation Framework for Physical Activity Programmes published by the National Obesity Observatory. This questionnaire was adapted for the second review. However, as many questions as possible remained the same to enable comparison. Both Sport England and Public Health England provided input during this process. The full questionnaire can be viewed in Appendix 2.

## 3.2 Incentives to take part

The study was promoted as an open call to all organisations, individuals and groups delivering physical activity interventions in the UK. Incentives for taking part included offering select projects and programmes the opportunity to:

- > Present a poster and or speak at ukactive's Regional Roadshows 2017.
- > Feature in reports to and with key stakeholders, including Public Health England and Sport England.
- > Use their submission as entry to ukactive Flame Awards 2017.
- > Feature in ukactive's quarterly Journal, which is circulated to a database of over 3,500 members.

## 3.3 ukactive Regional Roadshows

As part of this programme of work, the ukactive Research Institute hosted Promising Practice Regional Roadshows in five locations across the UK: Edinburgh, Manchester, Nottingham, Bristol and London. These events, which were sponsored by eGym UK, Alliance Leisure and Les Mills, took place in April and May 2017.

Former Paralympic champion, crossbench peer and ukactive chair Baroness Tanni Grey-Thompson, delivered the opening introduction at the majority of the events. Representatives from Public Health England and NHS Scotland spoke in England and Scotland respectively, although the Bristol and London events were slightly interrupted by the snap general election period of sensitivity.

The events provided delegates with the opportunity to hear about the Promising Practice programme and to gain insight from regional political representatives about their commitment to the physical activity agenda. The aim was to bring together those in a position to help shift the population towards becoming more active, more often, and to share ideas about how best to achieve the related health, economic and social benefits for local communities.

## 3.4 Identification process

Participants who were identified in the initial process in 2014 were considered a key target group for this second study. Additionally, desk-based research and analysis of ukactive's membership database was conducted. Public Health England's, Sport England's and the National Centre for Sport and Exercise Medicine's networks were also utilised. The review was exhibited at ukactive's National Summit in November 2016 to increase awareness in the physical activity sector.

## 3.5 Stakeholder engagement

Stakeholder analysis was carried out to identify target groups. These included potential participants as well as stakeholders who could support with disseminating the online survey and raising awareness of the programme. This was supplemented by the use of social media, which enabled a wider audience reach than through more traditional modes of communication such as email and telephone calls.

Those who submitted entries to the first study were contacted directly via email or over the phone, and encouraged to take part in the study to track the progress they had made in capturing data and evidencing the impact of their programme.

Reminder emails were sent in mid-December 2016, and ongoing calls were made to explain the programme to key stakeholders. A dedicated page to the programme was set up on the main ukactive website, and on the ukactive Research Institute website. A blog post was published on 20th December 2016, which examined the importance of building an evidence-base on 'what works' in getting more people active and encouraged organisations to take part in the study.

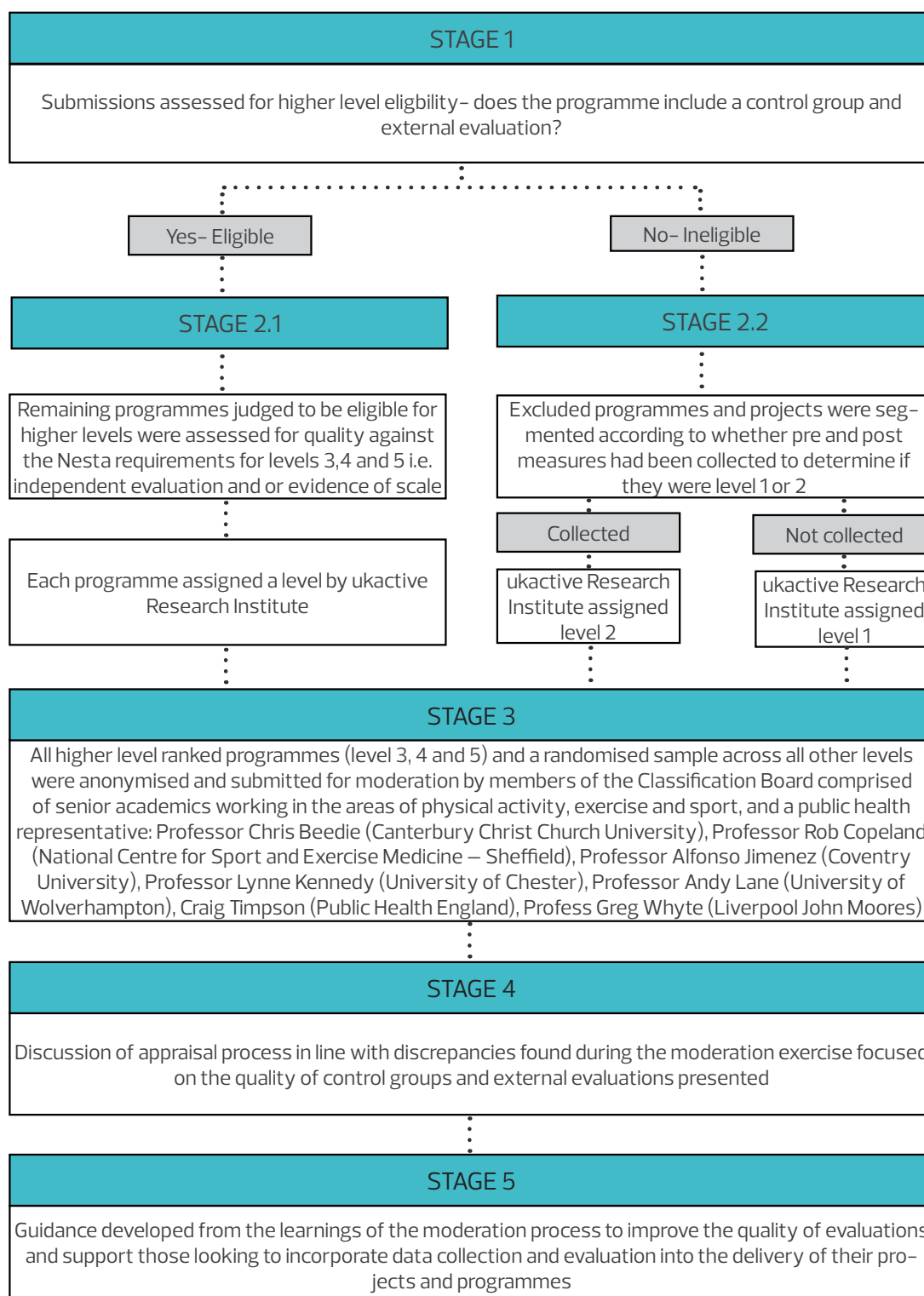
# Chapter 4: Evaluation

The below sections describe the evaluation process and strategy used to identify evidence-based physical activity interventions submitted to the study. The method was adapted from the process used in the 2014 study. It focussed on assessing the evaluation process of the projects and programmes, as opposed to evidence of impact.

A total of 400 submissions to the study were received, with 302 completed submissions assessed for inclusion as a case study in this report.

The following steps were taken to assign projects and programmes a Nesta level, and determine the most appropriate examples to include in this report.

Flow chart detailing steps undertaken to assess level of submissions:



# Nesta Standards of Evidence

## 4.1 Nesta Standards

The Nesta Standards of Evidence were developed to help global innovation foundation Nesta, and those using the standards, to confidently make decisions based on which projects and programmes are having a positive impact<sup>9</sup>. The Standards are on a scale of 1 to 5, with level 5 being awarded to interventions that have manuals, systems and procedures in place to enable them to be replicated elsewhere as well as meeting the criteria of levels 1–4.

### Criteria for obtaining each Nesta level

<b>Level 1</b> You can describe what you do and why it matters, logically, coherently and convincingly	<b>Level 2</b> You capture data that shows positive change, but you cannot confirm you caused this	<b>Level 3</b> You can demonstrate causality using a control or comparison group	<b>Level 4</b> You have one or more independent replication evaluations that confirms these conclusions	<b>Level 5</b> You have manuals, systems and procedures to ensure consistent replication and positive impact
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The Nesta Standards of Evidence were interpreted and used to score projects and programmes based on an assessment of the evaluation method used, rather than being based on evidence of positive impact, results or costs. Therefore, an attempt has been made to highlight projects and programmes that have created an opportunity for themselves to achieve higher levels based on the processes they have put in place. This is important to be aware of when reviewing the findings of this report, and is elaborated on in the guidance chapter (Chapter 5).

## 4.2 Evaluation stages explained

### Stage 1

To sort the responses that were eligible for higher levels they must have included a control group within their evaluation process. This criterion was directly questioned as part of the submissions process.

#### **Question 35: Has impact evaluation included a control group?**

*Note: A control group is defined as the group in a study that does not receive treatment (i.e. does not participate in the programme) and is then used as a benchmark to measure the results of the other tested participants.*

Table 1: Actions taken depending on inclusion of control group

Answer	Action
Yes (please provide details)	Included
No	Excluded

Within the submission survey, respondents who indicated that they had utilised a control group were asked to provide further details. These qualitative responses were analysed and insufficient control groups excluded. The programmes and projects to be included were then taken forward to the next stage.

### Stage 2

Having segmented the submissions into two streams (those eligible for the higher levels and those which weren't) all responses were compared to the relevant criteria to calculate a level for each programme.

#### Stage 2.1

The ukactive Research Institute further investigated the details of each of the responses deemed eligible for higher levels. This process involved checking who had conducted the evaluations of the projects and programmes (either internal, external or both). Those who had not been externally evaluated were provisionally scored as level 3 responses. Projects with external evaluations were checked for scalability. Successfully scaled projects were then provisionally scored at level 5 and those which were yet to be scaled were scored level 4. Projects that had steps in place to achieve higher levels (3,4,5) but had yet to complete them were assigned the lower level but noted as moving towards a higher level.

<sup>9</sup> Puttick, R. and Ludlow, J. (2012) 'Standards of Evidence for Impact Investing.' London: Nesta. <http://www.nesta.org.uk/publications/nesta-standards-evidence>

This is illustrated in the case studies within this report where a project or programme has been given a range of levels. All of these responses were then included within the sample of programmes and projects to be moderated by the Classification Board.

### Stage 2.2

The projects and programmes which had not implemented control groups were then separated into the programmes that had collected pre and post measures and those which had collected no measures or pre measures only. This criterion was again directly questioned. Respondents were asked to indicate which qualitative and quantitative measures they had collected pre and post as detailed below:

**Question 27. Did you collect any baseline measures about the health and wellbeing of participants including physical activity levels before the start of the programme?**

**Question 29. Did you collect any measurements at the end of the programme to measure whether the programme had made a positive impact on the health and wellbeing of participants?**

Table 2: Qualitative and Quantitative measurement options

Qualitative	Quantitative
Questionnaires	Physical activity levels
Focus Groups	Body Mass Index
One-on-one interviews	Blood Pressure
Diary logs	Cholesterol
None taken	Cardiorespiratory fitness
Other (please specify)	Psychological outcomes
	Mobility
	Recovery
	None taken
	Other (please specify)

Those collecting pre and post measures have the potential to track changes during the intervention and were therefore provisionally assigned level 2. Projects and programmes that only collected anecdotal or testimonial evidence that their programme was having a positive effect were assigned level 1. A random sample taking submissions from both groups (higher 3 – 5 and lower 1 and 2) were selected and submitted to the Classification Board for moderation.

### Stage 3

Each response selected for moderation was anonymised before being shared with at least two of the Classification Board. The assigned levels decided by the ukactive Research Institute were not known by the Classification Board to avoid influencing the moderation process. Each Classification Board member received programme details from 10 randomly chosen programmes which they were asked to compare against criteria for the Nesta Standards of Evidence.

The Classification Board then graded and commented on the responses they had received. Following the completion of this exercise, all moderated grades were collated and compared to the ukactive Research Institute scores. This process highlighted two fundamental queries:

1. What constituted a valid control group?
2. What constituted an independent external evaluation?

In light of these findings, it was decided that the most beneficial outcome of the process would be to produce guidance on these two key areas to help improve the quality of evaluations and continue to drive towards the development and implementation of evidence-based interventions to tackle inactivity in local communities. This can be found in Chapter 5 of this report.

### Stage 4

A roundtable discussion was held to confirm this approach and to obtain more feedback from those who had performed the review process. This led to the development of guidance as detailed in the following chapter.

# Chapter 5: Guidance

## Background

In 2014 the ukactive Research Institute, the National Centre for Sport and Exercise Medicine, and Public Health England introduced the Nesta Standards of Evidence to the physical activity sector through the 'Identifying what works for local physical inactivity interventions' report. This report, commissioned by Public Health England, applied a rigorous academic standard to evaluative processes, and found that no entries could be classified as meeting the requirements of Nesta levels 4 or 5. To reach these levels, impact has to be isolated following comparison with a control group and reported/assessed by an independent evaluation/research partner.

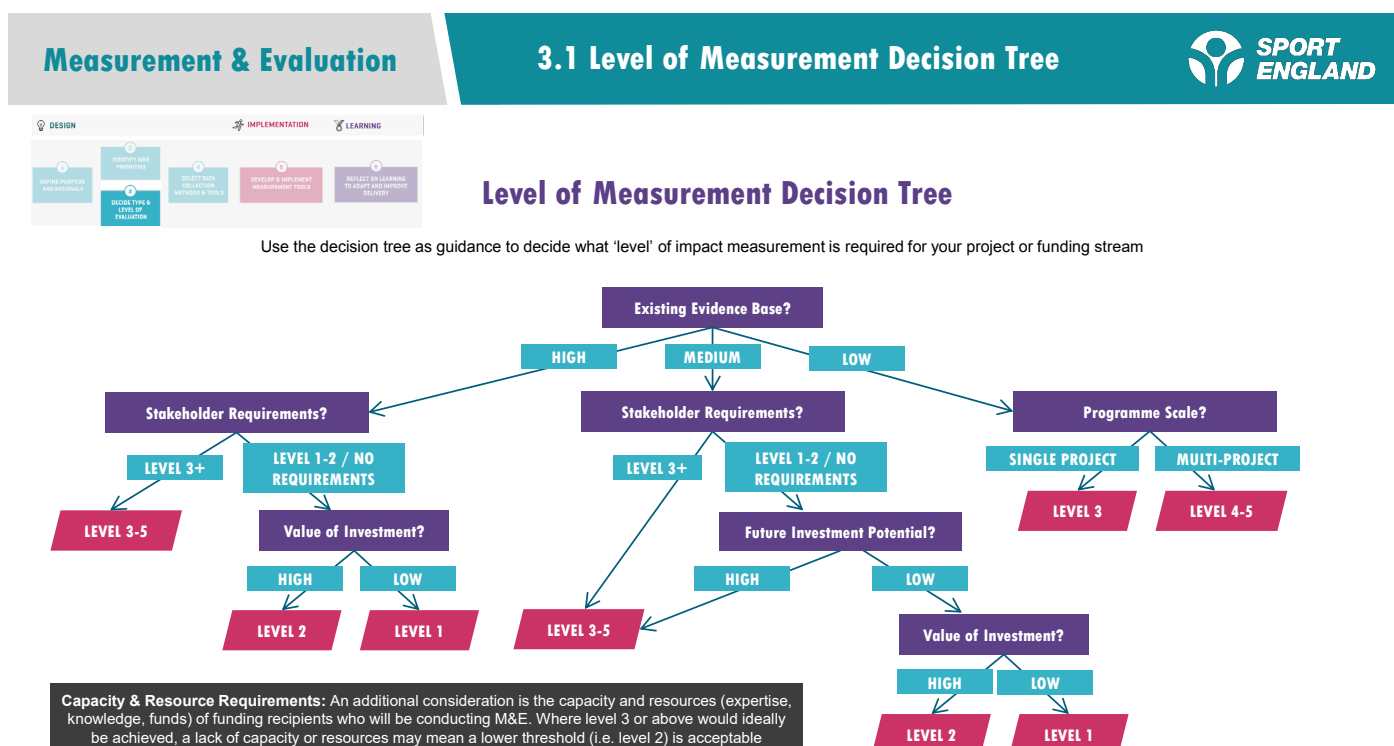
These standards are used by Nesta when allocating funding and to assess their innovations. Initiatives with higher levels of supporting data are able to access larger funding pots than those that, despite showing positive outcomes pre and post an intervention, cannot establish that their intervention is responsible for the change (causality) and thus can only be considered for level 2. These rigorous standards enable commissioners, investors, deliverers and stakeholders to have confidence in the data being reported, the causality of positive changes and that the impact described can be replicated (at scale when meeting level 5).

## 5.1 What level should I be working towards?

Unexplored in the previous report, however, was who should be aiming for which level of evaluation. Subsequently, Sport England have published an Evaluation Framework<sup>10</sup> which aims to help those delivering projects and programmes to embed the relevant evaluation steps to effectively fulfil their objectives and the demands of their funding streams while maximising value from measurement and evaluation within their available resources. The framework and accompanying online tool provides guidance on the design, implementation, and learning phases of evaluation.

Sport England has adopted the Nesta Standards of Evidence as a framework for considering the levels of impact measurement to be employed throughout funding streams, and has provided a process by which those delivering programmes can determine the level of evaluation appropriate and proportionate to the size and scope of their intervention. This is a function of the quantity and quality of evidence already existing to support a delivery model, the size of investment, stakeholder requirements, and whether or not the funding/intervention will be replicated.

Figure 1: Sport England Level of Measurement Decision Tree



**Capacity & Resource Requirements:** An additional consideration is the capacity and resources (expertise, knowledge, funds) of funding recipients who will be conducting M&E. Where level 3 or above would ideally be achieved, a lack of capacity or resources may mean a lower threshold (i.e. level 2) is acceptable

<sup>10</sup>Sport England (2017), Evaluation Framework - <https://evaluationframework.sportengland.org/>

The decision tree in Figure 1 taken from the Sport England Evaluation Framework provides a step by step guide through this process. However, while the decision tree format aims to clarify and help individuals and organisations think through some of the key considerations, Sport England acknowledge that judgements will often be somewhat less linear and clear-cut than this representation might suggest.

It is important to note a wide variety of factors can influence what level of impact measurement is needed for a specific project or funding stream. Good evaluations will not only meet the requirements of stakeholders and funders, but will also serve to help attract future funding, feed the promotion and marketing of programmes, and inform their development and continuous improvement.

Some pragmatic realities must also be understood when deciding the most appropriate level of evaluation. Sport England refers to the skills or capacity of programme deliverers as an important consideration in the decision relating to measurement and evaluation. It can often be challenging for deliverers to collect the required data or implement the design of expert evaluation partners. Therefore, despite best intentions, higher standards of measurement and evaluation practices cannot always be met. Control groups are a particularly prudent example of this.

Full details of Sport England's Evaluation Framework can be found [here](https://evaluationframework.sportengland.org/design-phase/decide-the-level-of-evaluation/) – <https://evaluationframework.sportengland.org/design-phase/decide-the-level-of-evaluation/>

## 5.2 What is a control group and why is it important?

In order to convince key stakeholders that a particular treatment is going to be effective, persuasive evidence is needed. Caution should prompt persons to look at the evidence being used to support the claim being made. For example, if an individual were to exercise and their mood improved, the individual would question whether this was due to the exercise performed or an alternative reason. With exercise, it can be unclear as to the true cause of the improvement in mood. It could be accounted for by one or more of the following reasons; people expecting their mood to improve, going to an exercise class with friends, an engaging instructor, or using the latest equipment – there are multiple possible options. Data from a control group is highly useful in this context. To understand if a treatment works, a second group can be used to compare data with where these factors are controlled for. This group should aim to contain participants resembling the group experiencing the intervention in many demographic variables but not the factor under study, thereby serving as a comparison group when treatment results are evaluated. The value of using a control group in evaluation is that researchers can identify if and why the treatment worked.

The notion behind a rigorously controlled study is to seek to mitigate against potential influences of other causal factors that are not those of primary interest or focus. For example, if the effect of the instructor was to be tested, then the same class would be delivered by two different instructors to consider whether the quality of instructor influenced a participant's change in mood. This process could then be repeated to isolate causality indicating the effectiveness of an intervention.

However, in practice the availability of resources and expertise may limit the necessity and applicability of such a rigorous control. Hence, many projects and programmes will operate either a wait-list control or chose not to deliver their intervention in one or more locations so as to compare the effect of their initiative against the outcomes observed in the control population. Examples of such control groups are detailed in the section below.

## 5.3 What sort of control group?

There are many different ways to generate control data. The closer the demographics and exhibited behaviours of the control group participants are to those receiving the treatment (other than the variables that you believe have an effect), the better. However, this will not always be possible. When evaluating a treatment, creativity in how control data is collected may be required. In field research, it is difficult to have multiple controls, but this does not mean that rigorous methods are not possible. To help illustrate this point, instances of applied studies which represent good examples of control data have been referenced below. An explanation as to why this data was appropriate in the context it was used has also been given.

Higher scoring interventions detailed in the case studies chapter of this report tend to be National programmes that are supported by expert evaluation units. When operating at such a large scale, areas not receiving the intervention can be utilised as a control for the intervention. In the case of Change4Life Sports Clubs (full case study available on page 25), 15 control schools were included in data collection and analysis to isolate the impact of the

programme. Although this appears to be a relatively small sample when compared to the overall participation levels of the programme, it still gives researchers the opportunity to assess whether changes in physical activity and lifestyle behaviours are as a result of the initiative or wider societal changes.

In Mind's Get Set to Go programme (page 29), a control group was formed using Mind service users who were not directly involved in the areas of Get Set to Go. This is particularly important given that all Mind users will be receiving some form of intervention. Therefore, to distinguish the actual impact of the Get Set to Go programme above and beyond the core delivery, it was critical that the control group were using the basic service as opposed to not receiving any type of intervention at all.

When children are participants this becomes even more important – given that as children grow and mature they will naturally improve their physical capabilities. This growth makes it very challenging to demonstrate the impact of a programme using just pre and post measures. The Buckinghamshire County Council & LEAP: Physical Literacy study (page 24) is a good example of when this was necessary. A wait-list control was used in local delivery to create rigorous evaluation without impacting upon service delivery. In this instance, training was provided to primary school teachers to help improve physical literacy outcomes in children. However, there was a two year roll out plan for training meaning that not all schools would be engaged in the first year. The benefit of this type of control group is that researchers have the opportunity to collect pre and post data in all schools – half receiving the intervention, half not – without withholding a potentially advantageous programme from the children.

Withholding a potentially beneficial programme in order to facilitate a control group is a widely acknowledged barrier for rigorous evaluation in community programming. 'Why should I divert money away from delivery when I can just concentrate on getting people more active?' – is a very valid question. This is why the first question asked in the Sport England decision tree (Figure 1) focuses on the current evidence base i.e. if there is well-established evidence to suggest that a specific intervention is going to work then it may not be necessary to control the evaluation unless required by stakeholders. If, however, the answer to that question is low there is a good chance an individual will be recommended to include some kind of comparator in the delivery of their service, especially if seeking further investment in the future.

Other examples that have overcome this issue include the Steps to Health (page 46) and Getting into Sport in Surrey (page 31) programmes. Researchers in the Steps to Health scheme again utilised the fact that there was a legitimate waiting list for entry onto the scheme and measured dependent variables in both those waiting and those participating in the intervention during the same 12-week time period. The fact that it was during the same time period is important given the way in which activity levels have been shown to fluctuate seasonally i.e. it would have been less rigorous to take patients from the waiting list, measure dependent variables over a given time period, and then provide the intervention.

Researchers evaluating the Getting into Sport in Surrey scheme utilised a 4-arm randomised controlled trial designed to test two types of GP referral intervention with the addition of a web based self-help tool. In this case, one of the arms was the 'usual treatment' i.e. the traditional exercise referral pathway offered to patients. It could therefore be determined whether or not the innovations were more or less effective than the current offer. This information could be used to inform future development and guide further investment.

The practical realities of delivering research in real world environments is discussed in detail by experienced evaluator Professor Andy Jones, who provides a number of key lessons gained through his experiences in section 5.5.

#### 5.4 Why use an independent external evaluator?

Having a project or programme impartially and credibly evaluated by an external research body enables stakeholders and investors to feel confident about the outcomes their intervention has achieved and the ability to replicate these results in the future. It mitigates against conflict of interest and undue influence while reducing the chance of bias in analysis, findings, and recommendations.

The role of the independent evaluator will vary based on the requirements and motivations of the specific stakeholders involved in the intervention. Key considerations when selecting an external evaluator will be what type of evaluation is needed, what the role of the prospective evaluator will be and the qualities they will need to possess. For example, a purely investigative research project may require researchers to observe and record the performance (positive or negative) of an intervention without intervening in its delivery, whereas an evaluation that

has built in feedback loops will focus on feeding in learnings to improve outcomes throughout the delivery of the intervention. Lessons learnt are a highly valuable part of the evaluation process. An independent evaluation can be used by deliverers as a tool to help inform and improve future delivery, as well as being a means of enabling accountability. Other factors to consider when assessing which evaluator to use will often include their understanding of the evaluation brief, evidence of experience and expertise, the proposed methodology, ability to project manage and provide quality assurance and value for money.

In order for the evaluation process to run smoothly, it is often helpful for the independent evaluators and the delivery team to develop the evaluation protocol collaboratively prior to the start of the project or, if possible, before applying for project funding. This enables expectations to be managed and appropriate evaluation funding to be budgeted for. The use of objective researchers with expertise in the field is recommended. Regularly reviewing the progress of the evaluation can also ensure challenges or issues are identified and tackled in a timely manner. Examples of independent external evaluators and their evaluation protocols can be viewed in the case studies chapter of this report.

As previously mentioned in this chapter, Sport England has provided guidance for those looking to develop a measurement and evaluation approach. This includes a process for assessing if an independent external evaluation should be conducted and where to start to find an appropriate evaluation supplier. This can be viewed [here](https://evaluationframework.sportengland.org/design-phase/decide-the-level-of-evaluation/) - <https://evaluationframework.sportengland.org/design-phase/decide-the-level-of-evaluation/>

It is worth noting that in some instances, commissioning an independent external evaluator may not be possible due to capacity, timescales or resource constraints. External independent evaluators are often costlier than in-house evaluation and may be more time consuming due to the need for cross organisation collaboration. In such cases a project may only be reasonably expected to achieve at most a level 3.

### 5.5 The importance of considering evaluation at the earliest opportunity

– Professor Andy Jones, Norwich Medical School

Evaluation should never be an after-thought and involving the evaluation team at the earliest possibility is always the best option. This ensures that the needs of the evaluation – to provide a high standard of evidence on the efficacy of the programme – and the delivery needs of the programme can be well matched. I sometimes get asked “How much will an evaluation of my physical activity intervention cost?” but in reality this is impossible to answer, as any programme could be evaluated for less than a thousand pounds or more than a million. The early interactions between the delivery and evaluation teams should involve a process of negotiation where the needs and budget of the deliverer are used to shape the protocol developed by the evaluator. Expectations should be realistic here – just as delivering high quality physical activity programmes is expensive, good quality evaluation also involves time and resources; as a ball-park figure, 10% of the delivery budget should be allocated for evaluation but this can be greater if the nature of the evaluation is particularly complex or involves considerable staff input, for example around data collection, or less if the evaluation is particularly straightforward.

Early involvement also ensures that the expectations of both the delivery and evaluation teams are aligned. I've never evaluated a programme that I haven't hoped is successful, but it's important to remember that if an evaluator external to the delivery team is being used, as is preferred practice, then not all their findings may be positive. Whilst this can provide useful learnings it can be difficult to stomach for those who have worked hard to provide the best possible experience for programme participants.

Getting both delivery and evaluation teams together as early as possible in the life of a programme also facilitates the design of a realistic protocol and ensures that the delivery team has a clear understanding of how to implement evaluation processes in the field. Key here is the development of a shared understanding of how the programme works and what outcomes it is aiming to achieve. Often these are only implied, so working together to create a logic model – a graphical description of what the programme aims to achieve and how it will achieve it – allows outcomes and processes to be made explicit. The protocol should then evolve from this model. Important considerations that should be discussed early on include whether a control population will be used to measure the counterfactual and, if so, how that population will be identified and recruited. The need to gain ethical approval to implement the protocol can also delay data collection and is another reason for an early start.

My experience is that bringing the evaluation team on board at the earliest opportunity, and if possible at the point of programme design, is the first step in a good working relationship. The learnings from my experience are:

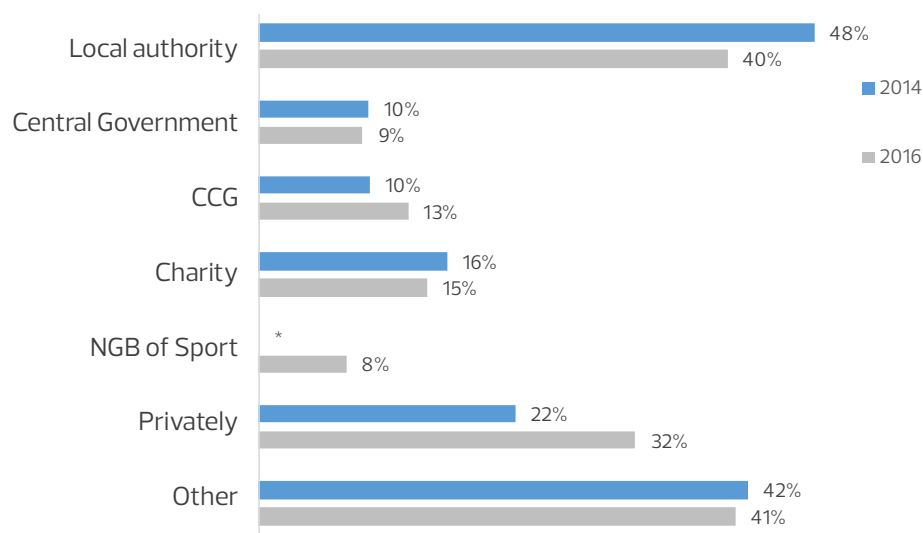


1. The evaluation team should be brought in as early as possible and if possible should work with the delivery organisation in developing the evaluation protocol, designing evaluation tools and applying for ethical approval.
2. The evaluation protocol needs to be realistic and commensurate to the expertise and resources available for delivery. It should be understood and agreed to by all delivery staff as well as the evaluation team prior to the start of the programme.
3. The protocol should be flexible enough to not over-burden delivery staff (and hence compromise the delivery of the programme) as well as being adaptable should circumstances surrounding the delivery of the programme change. Basing the protocol on an agreed logic model is a good start.
4. There should be regular reviews undertaken to ensure the protocol is being followed and to identify any problems at the earliest opportunity. Should negative findings arise these should be treated as a learning opportunity rather than a bad reflection on the programme.

# Chapter 6: Submission Overview

A total of 302 questionnaires were completed and assessed following the removal of duplicates and incomplete responses. These represented a wide range of physical activity projects and programmes being run across the UK. The figures below provide an overview of the range of programmes submitted with regard to setting, participation rates, funding bodies and location. The following section of the report compares the breakdown of this study's submissions to those entered in the 2014 review. This process has brought to light the large number of individuals, groups and organisations currently running physical activity programmes in the UK who are actively interested in being a part of this type of scoping work. It has also revealed the impact their projects and programmes are having on increasing physical activity levels across the country.

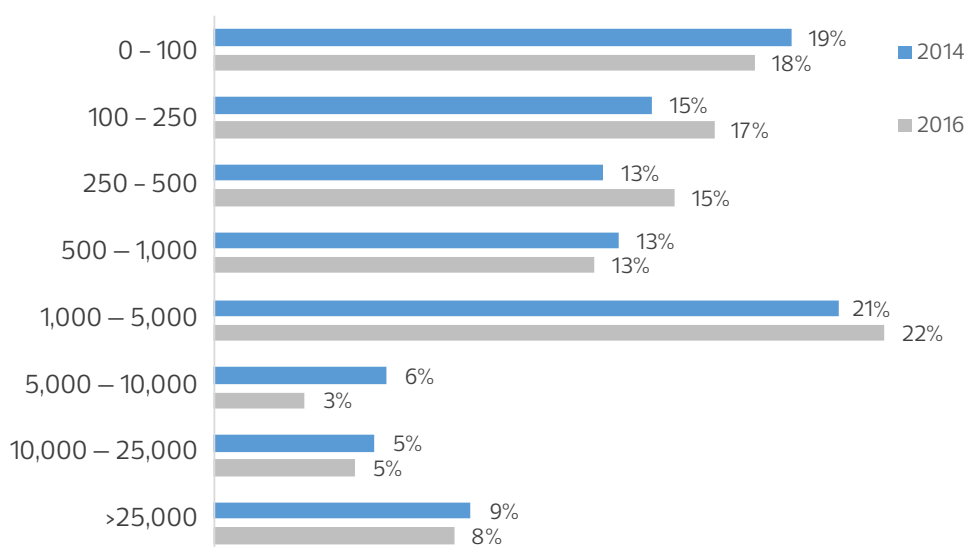
**Graph 1. Summary of funding types for physical activity programmes in the sample compared to 2014**



\* 'National Governing Body of Sport' was not given as an option in the 2014 questionnaire

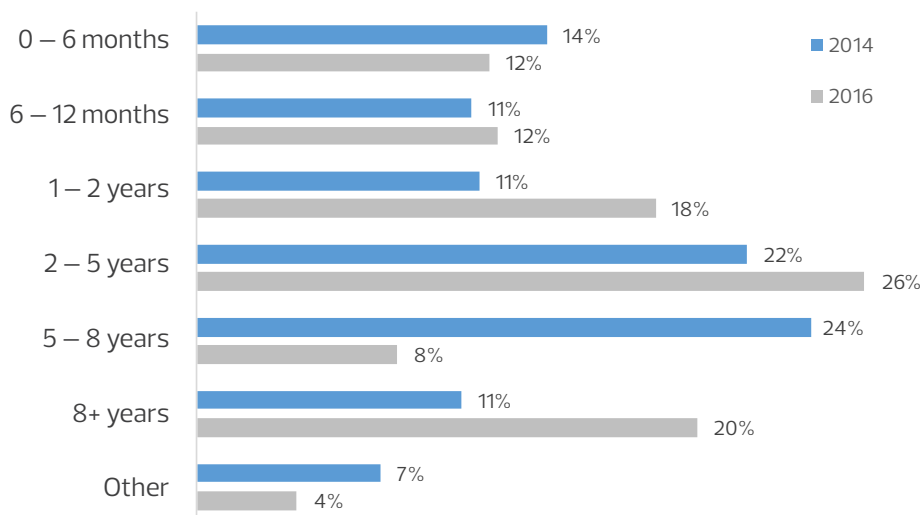
The three most common funding sources were once again 'Other', 'Local authority', and 'Privately' funded. However, the proportion of programmes funded privately has increased by 10 percentage points since the 2014 review. 'Other' has replaced 'Local authority' as the most common funding source. As a result of the large proportion of programmes selecting 'Other' funding streams further analysis was conducted to better understand the source of this funding. 45 projects and programmes that selected 'Other' received funding from Sport England. Common 'Other' funders included Educational Institutes, Public Health Teams, Leisure Operators and County Sports Partnerships.

**Graph 2. Summary of participation rates for physical activity programmes in the sample compared to 2014**



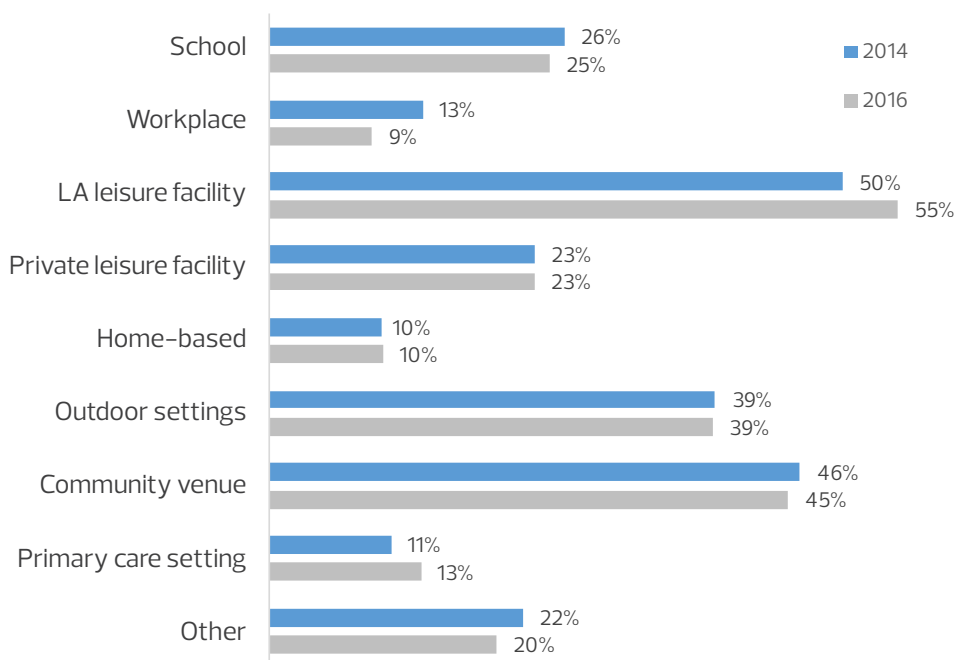
The number of participants engaged in individual projects and programmes has remained similar to the findings of the 2014 study. The largest proportion (22%) of programmes once again engaged between 1,000 and 5,000 participants. There was only a 0.6 percentage point decrease in the proportion engaging over 25,000 participants.

**Graph 3. Summary of how long physical activity programmes have been running in their current format compared to the 2014 sample**



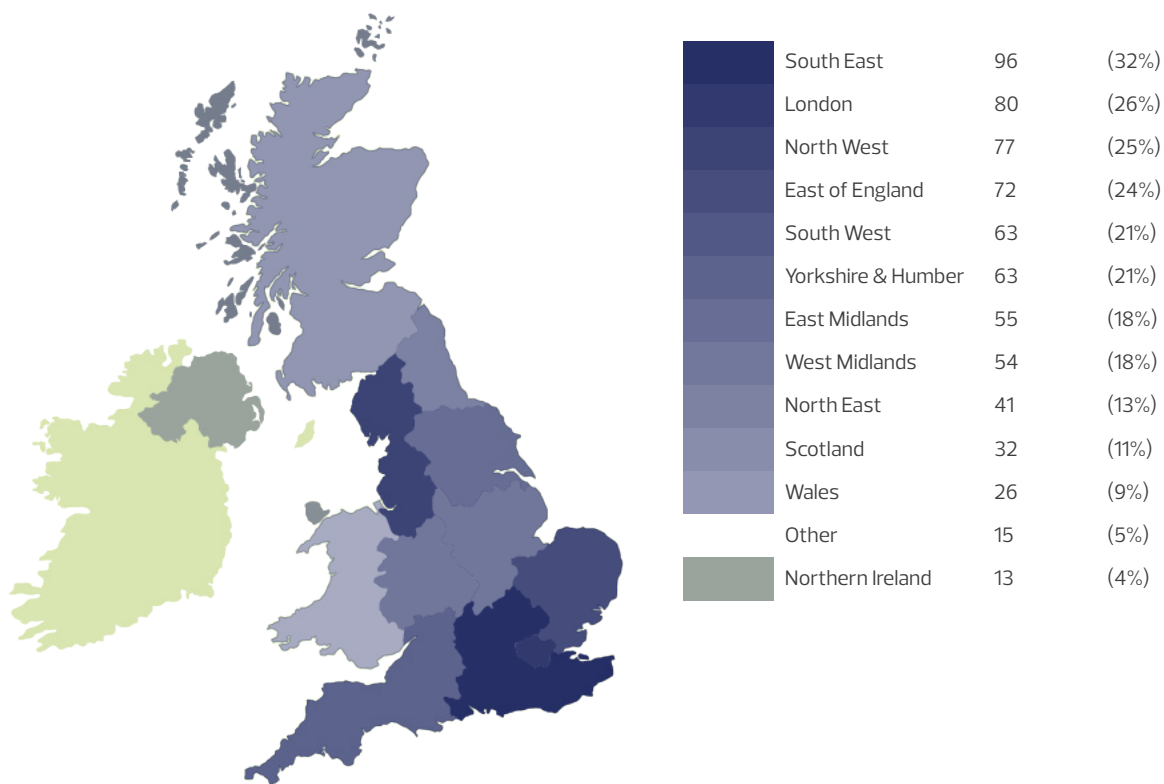
Since the release of the first report there has been a marked increase in the proportion of longer running programmes. However, to enable this growth there has been a large reduction in the proportion of programmes running between 5 – 8 years. The proportion of newly developed projects and programmes has remained relatively consistent, with a one-point difference in the percentage of programmes that have been running for less than a year.

**Graph 4. Summary of physical activity programmes' settings compared to the 2014 sample**



The programme settings have remained analogous to the previous study. However, there has been an increase in the proportion of programmes delivered in Local Authority (LA) leisure facilities – making this setting more predominant. The main decline has been in programmes reported as being delivered within a workplace setting (a decrease of 4 percentage points).

**Graph 5. Summary of physical activity programmes by region**



The above map shows that more of the programmes submitted to this year's process were delivered across multiple locations. This could in part be explained by the larger sample size in 2014 and the possibility that scalable programmes were more likely to respond to the second call to action.





It is evident from the responses received that much progress has been made since the first review. More projects and programmes are collecting data and embedding evaluation into their delivery, resulting in a higher standard of evidence in physical activity initiatives. This is illustrated in the 19 case studies included in this report.

# Chapter 7: Case Studies

This chapter of the report contains case studies which have implemented, or are in the process of implementing, a level of evaluation in line with at least the requirements of Nesta level 3. The following case studies have also been labelled based on which of the four domains listed in Public Health England's 'Everybody active, every day' report they relate to. This is explained in further detail below. A number of case studies have been classified across multiple levels. In these cases, the lower level represents the programme's current level, with the higher level indicating the range of levels achievable if future planned evaluation activity is successfully carried out. Of the 302 completed submissions, 150 met the evaluation process requirements for level 2: collecting pre and post measures, but failed to meet the requirements of higher levels. However, 5 programmes had put steps in place which, on completion, would enable them to reach higher levels. These projects and programmes have been listed in a table in Appendix 1.

## 7.1 Domains

In 2014 Public Health England released "Everybody active, every day" which detailed the evidence base for what works to get people active at a population-scale and highlighted a wide range of opportunities for organisations to contribute to this goal. The aim of the report was, and still is, to make being active every day the easy, cost-effective and 'normal' choice for every community. This runs across the life course, and requires support from local and national government and their partners to achieve the population-level shifts required. The report grouped opportunities for action into four domains: active society, moving professionals, active environments and moving at scale. The application of these domains to sport and leisure organisations are detailed in the following section. For each case study showcased in this report the domain(s) on which it has impacted have been identified by the associated icons.

<p><b>Active Society –</b> <i>creating a social movement</i></p> 	<p><b>Moving at Scale –</b> <i>making us active everyday</i></p> 
<p>The key objective within this domain was to help drive the take-up of physical activity on a national scale. To support this aim, deliverers are guided to target the inactive population and engage users in the design of locally embedded physical activity programmes. For those delivering programmes or projects within an educational setting, a specific focus must be to promote the benefits of a healthy lifestyle at a young age and maximise the imaginative use of their facilities such as playing fields, gyms, dance halls and swimming pools. Within businesses evidence-based interventions should be put in place to promote physical activity. Delivery can be supported by volunteers with the aim of generating community leaders that can help drive participation in ethnic minority, faith and disabled communities and organisations. Volunteers are also important in promoting the understanding of physical activity.</p>	<p>To achieve the aim of creating an evidence base to support positive change at every level sport and leisure providers need to establish robust systems to evaluate projects.</p> <p>This will require pre and post participation data collection as a minimum standard to assess participation and the results of wider outcomes. Those working within an education setting should promote understanding and dissemination of the evidence base.</p> <p>Workplaces, staff and volunteers should lead by example and become advocates for physical activity in the workplace.</p>
<p><b>Active Environments –</b> <i>creating the right spaces</i></p> 	<p><b>Moving Professionals –</b> <i>using networks</i></p> 
<p>Sport and leisure providers have a prerogative to identify and address barriers that prohibit equality groups from participating and accessing physical activity provisions. These barriers could be, amongst others, geographic, economic or physical.</p> <p>Providers and businesses are also encouraged to implement active travel schemes for their staff and customers as well as taking advantage of government schemes such as the national cycle to work scheme.</p> <p>An important part of creating an active environment is to provide opportunities for staff and volunteers that encourage physical activity throughout the working day.</p>	<p>This domain identifies the need to utilise the pre-existing network of professionals and volunteers who interact with the public every day. Informing and empowering this network to better understand behaviour change is key to getting the nation moving. For sport and leisure organisations this means supporting project managers, coaches and volunteers with training and guidance on the integration of behaviour change.</p> <p>These organisations must also offer the opportunity for staff and volunteers to develop their skills and improve their career prospects. Further training should be offered to staff to facilitate activity for those with disabilities to improve inclusivity. Within the educational setting it is important to train staff to understand the link between health and wellbeing and educational attainment. Workplaces should provide Learning &amp; Development opportunities for staff at all levels to improve their physical literacy. Training should be extended to volunteers and other key stakeholders within the community to promote a culture of "every contact counts" across all settings. The public's understanding of the need to be active every day is vital to getting the nation moving.</p>

# Active Bucks



**Target group:**  
Everyone, but eager to engage with residents living in areas of higher deprivation

**Region:**  
South East

**Setting:**  
Community venue and outdoor settings

**Location:**  
Buckinghamshire County Council Area

**Running length:**  
2 years

**Funding:**  
Local authority

**Participants/year:**  
1,000–5,000

**Activities:**  
Walking, dancing, jogging/running, group activity classes, resistance exercise, lifestyle activities e.g. gardening, sports, Yoga/Pilates/Tai-chi, chair-based exercises, falls prevention and strength and balance

## Level 4

- Captured pre and post data
- Countywide polling used as a control group
- External evaluation completed

## Overview

Following a Buckinghamshire County Council review, it was recommended that physical activity development be conducted through the framework of 19 Local Area Forums (LAFs) in Buckinghamshire. The outcome was the creation of Active Bucks, a two and a half year (May 2015 – September 2017) physical activity initiative that applies a bottom up approach to getting people moving. Residents of each LAF had the opportunity to have their say about what activities they would engage with in their area. By utilising both current and new partnerships across the county Active Bucks looks to build on the work physical activity deliverers currently provide in each area. A total of 14 providers were commissioned to deliver the LAF activities, creating new relationships between Buckinghamshire County Council's Public Health Team and local providers. In addition, two large providers were commissioned to deliver the Green Space activities. In order to remove the barrier of cost and engage the maximum number of residents, Active Bucks activities are offered for free or at a nominal cost (i.e. a maximum of £2 per person per session).

## Impact

The evaluation of the first year delivery of the project was published in a report by the ukactive Research Institute. Second year delivery is currently being assessed. Data collected as part of the four level evaluation process demonstrates that individuals of all ages regularly engaged in the initiative. To date, follow up data has been collected at 3 months with results showing that physical activity levels tracked over this time (n=18) have statistically increased (Z=-2.652, p=0.008), with 55.6% increasing their activity levels, and 38.9% remaining constant. Additionally, there are increases in mental wellbeing and social cohesion, especially when an individual is more active. In-depth focus group analysis reveals further positive effects on social cohesion, mental wellbeing and perceptions of physical activity.

## Qualitative Measures

Collected pre and post qualitative data from focus groups.

## Quantitative Measures

Physical activity levels, blood pressure, mental wellbeing (SWEMWBS) and social cohesion levels. All measures except blood pressure were repeated post programme.

## Evaluation

Evaluation was conducted by the ukactive Research Institute. The evaluation utilised a four-tier method which enabled an in-depth understanding of the impact and effectiveness of the programme. Level 1 data collection incorporated registration data including demographics, self-reported activity levels and awareness of Active Bucks. Level 2 collected total and unique attendance, while level 3 involved sending follow-up emails at 3, 6 and 12 months to track changes from baseline. In-depth data was collected at level 4 through focus groups, during which four key themes were discussed: social cohesion, perceptions of physical activity, mental wellbeing and awareness of the Active Bucks programme. To understand the impact, scale and effect of Active Bucks ukactive conducted polling across the whole county in 2015 and 2016. This acted as the comparison group from which causality could be inferred.

## Scalability

This programme is currently not delivered at scale.

## Future Work

The programme continues to run in the Buckinghamshire area, offering a wide variety of activities. Basic and in-depth data collection is currently ongoing. To evidence scalability, the programme framework could be delivered and evaluated in another county.

# Active Movement



**Target group:**  
Particular benefit for socially deprived areas

**Region:**  
London, East of England, South East

**Setting:**  
Community venue, outdoor setting, home-based, school

**Location:**  
Newbury, Berkshire  
Reading, Berkshire  
Slough, Berkshire  
Haringey, London  
Dagenham, Essex  
Ipswich, Suffolk

**Running length:**  
1–2 years

**Funding:**  
Private, charity, local authority

**Participants/year:**  
5,000 – 10,000

**Activities:**  
Non-sedentary behaviour and low-level activity integrated throughout daily routine at school and encouraged at home

## Level 4

- Pre and post data collected
- Cluster control trial used
- External evaluation completed

## Overview

Active Movement is a school based behaviour change intervention that looks to integrate low level activity and non-sedentary behaviour into the daily school routine. The aim of the programme is to encourage the development of active behaviours from a young age, to positively influence habits. It was devised by Dr Mike Loosemore, a world leading authority in Exercise Medicine. Individual participants are not charged but there is a fee for the setting to include communication, evaluation and implementation. Therefore, cost per participant for a secondary school equates to around £6 per year.

## Impact

The results are yet to be published, but the intervention has shown significant positive effects on specific outcomes including: increased activity levels (reducing sedentary behaviour) and increasing moderate/vigorous activity; reduced use of cars to travel to school; increase in family activity levels; improvements in attitude towards activity; improvements in education about health and well-being; a move towards health independence; improvement in classroom behaviour and concentration; improvements in inclusivity amongst those with special needs; an improvement in exam results in participating schools over the year of the active movement intervention; improvements in revision processes; improvements in collegiate behaviour; improvement in parent/teacher/pupil community interaction; movement towards participants taking personal control of their own health and improvements in nutritional behaviour. Hard exercise increased significantly  $P > 0.001$  and moderate exercise increased significantly  $P > 0.001$ .

## Qualitative Measures

Questionnaires, focus groups and one-on-one interviews.

## Quantitative Measures

Physical activity levels, Body Mass Index (BMI) and psychological outcomes.

## Evaluation

Active Movement was evaluated both in-house and externally. A quasi-experimental cluster control study was used to assess whether the school based intervention had an effect on the adiposity in primary school children from low socioeconomic areas in the UK. Participants from three year groups at an intervention and control school took part in the 8-month intervention from September 2016 – June 2017. Baseline data was collected from pupils at the beginning of the school year (September 16), with post intervention measures collected at the end of the school year in June and July 17. The intervention was implemented in the Seven Sister's ward in the London Borough of Haringey. The schools who took part in the study were recruited from the Lower Super Output Areas (LSOA) in the 5–10% most deprived in the country on the English Indices of Deprivation 2015. Outcome measures were waist circumference, BMI and waist-to-height ratio. Measures were taken by UK Disclosure and Baring service cleared trainers.

## Training

No qualifications are needed, however formal training is given to teachers at the beginning of the intervention and at a mid-intervention forum. This includes education on the risk of inactive behaviour and the benefits of reducing sedentary lifestyles.

## Scalability

The intervention was tailored to the school, however, it could be adapted to expand across other schools.

## Future Work

Follow-up work to determine longitudinal effect and long-term behaviour change.

# Physical Literacy – Buckinghamshire County Council & LEAP



**Target group:**  
The project initially looked to recruit areas of higher deprivation

**Region:**  
South East

**Setting:**  
School, early years

**Location:**  
Buckinghamshire  
County Council Area

**Running length:**  
2 years

**Funding:**  
Local authority

**Participants/year:**  
500 (approx)

**Activities:**  
Fundamental skills  
(e.g. running, throwing,  
catching, kicking,  
balance)

## Overview

The aim of the Physical Literacy in Buckinghamshire programme was to create appropriate resources and develop skills to enable early years and primary school key stage one teachers to improve physical literacy levels in Buckinghamshire. The objectives were to upskill staff in primary schools and children's centres, provide and signpost staff to relevant learning materials, monitor and mentor activity providers and explore the use of technology resources to support teaching. An education specialist was sub-contracted by Leap to develop the materials for use by trained staff.

The 2-year pilot programme was freely accessible to the school. However, it is envisaged that a fee will be charged to the school in future to access training to deliver the programme and receive all the resources.

## Impact

Overall, the Buckinghamshire Physical Literacy programme revealed increases in physical literacy scores in all participants, with intervention schools demonstrating a greater increase compared to the control schools. All areas of physical literacy positively increased, with the exception of running backwards. Kicking was an area that was greatly enhanced by the programme.

## Qualitative Measures

None.

## Quantitative Measures

Physical literacy skills: locomotor, balance, kicking, throwing.

## Evaluation

The ukactive Research Institute were commissioned to evaluate the programme. The aim of the programme was to improve physical literacy levels amongst early years and primary school children in Buckinghamshire. A measure of physical literacy was used to assess the impact of the teacher training, taken from the 'Physical Literacy Assessment for Youth' methodology developed in Canada. Tasks measured included locomotor, throwing, kicking and balance. The original methodology scored children on a scale of one to four, but in this instance the method was adapted to a one to ten scale to enable greater sensitivity and to allow assessors to be more specific.

A wait list control was used to assess impact of training in comparison to schools which received no intervention. Assessors were blind to whether or not schools were part of the control group or intervention. The Buckinghamshire Physical Literacy project produced increases in overall physical literacy scores, with higher increase's from participants receiving the intervention compared to the control.

## Level 4

- Captured pre and post data
- Wait list control group used
- External evaluation completed

## Training

Qualification in fundamental movement skills and experience delivering to this age group. Mentoring is offered in the school setting following training attended by staff.

## Scalability

The programme has yet to be delivered in an alternative location.



# Change4Life Sports Clubs – Youth Sport Trust



**Target group:**  
Inactive 7–9 year olds

**Region:**  
Across England

**Setting:**  
Primary schools

**Location:**  
National programme delivered in all English counties

**Running length:**  
5–8 years

**Funding:**  
Central Government – Department of Health

**Participants/year:**  
193,035 children participated in the programme across England in 15/16 academic year

**Activities:**  
Sports, group activities, dancing, multi-sport activities depending on the type of club the school is running, i.e. they are themed: – Adventure – Combat – Creative – Flight – Target

## Level 5

- Pre and post data collection
- Multiple external evaluations
- Control group used in 2014/2015 evaluation
- Scalable

## Overview

Change4Life Sports Clubs programme was introduced as a London 2012 legacy project in 2011. It aims to use the legacy of the Olympic and Paralympic Games to engage inactive children. The clubs were introduced into primary schools in 2011/12 and aim to increase the physical activity, health and wellbeing of less active 7–9 year olds through the provision of fun multi-sport themes and healthy lifestyle activities. Pupils are referred/recruited by adult professionals in school, or via self-referral.

The programme is funded by the Department of Health and delivered by the Youth Sport Trust in partnership with a network of School Games Organisers (SGOs) who implement the programme locally in primary schools.

## Impact

Change4Life Primary School Sports Clubs have a significant, positive impact on participants' activity levels, with a 67% increase in children achieving 60 active minutes every day (41,000 additional children meeting CMO recommended levels of physical activity). Inactivity among participants has decreased significantly, with almost 7,500 previously inactive children lifted out of inactivity over 12 weeks of participation in Change4Life Clubs.

Wellbeing and individual development has increased significantly, with participants reporting enhanced social and emotional skills and attributes after 12 weeks of the programme. While Change4Life Primary Club members are 'less active' at the start of the programme, by week 12, 30% are achieving at least 60 active minutes every day. This level of participation is consistent with the evaluation control, and exceeds the 21% of 8 to 10 year olds reported in the Health Survey for England 2012 to engage in 60 active minutes every day across the UK.

## Qualitative Measures

Diary logs, questionnaires, focus groups, one-on-one interviews.

## Quantitative Measures

Physical activity levels, social, emotional wellbeing and lifestyle behaviours (aligned to the multi-ability model for young people's development).

## Evaluation

External evaluation was carried out by The Centre for Sport, Physical Education and Activity Research (SPEAR) based at Canterbury Christchurch University in 2011/12, 2012/13 and 2014/15. The 2014/15 evaluation included control groups – 966 survey returns from 489 children in 15 control Schools with 477 repeated measures (MME~+/- 5%). A Lifetime Impact Evaluation of the Change4Life Sports Clubs (2011–2015) was released in 2015.

Data collection was taken from School Games Organisers through Ecorys and includes survey returns from over 7,500 participants in more than 500 Change4Life Clubs, and from just below 500 children from 15 control schools. Follow-up was conducted 12 weeks after participants finished the programme. Over 2,000 deliverers and SGOs completed surveys with data also collected via interview with 39 stakeholders and during 20 site visits.

Further evaluation was conducted in 2016. Its three main objectives were: 1) Demonstrate the wider impact of the Change4Life Sports Clubs; 2) Assess the value for money and return on investment of the Change4Life Sports Clubs; and 3) Capture good practice for embedding and sustaining the programme both locally and nationally.

### Training

No qualifications are required, but the majority of those delivering the programme are either teachers or teaching assistants. Training is provided for club deliverers, mentors and young leaders supporting the club(s) in their school.

### Scalability

The YST has a vast network of school-based sports clubs. The latest findings will be shared with the SGO network in order to support the implementation and sustainability of the programme in local schools, and to engage with wider stakeholders and commissioners.

Outcomes of the programme could be aligned to key strategies, policies and funding streams to maximise support, including the Childhood Obesity Plan.

# Empowering Coaching™ for Doorstep Sport – StreetGames



**Target group:**  
12–25 year olds living in areas of high deprivation (bottom 20% of IMD rankings)

**Region:**  
Across the UK

**Setting:**  
School, Local authority leisure facility, Outdoor settings, Community venue

**Location:**  
Towns and cities across the UK

**Running length:**  
1–2 years

**Funding:**  
Coca-Cola Foundation, Sport England and local match funding from partners such as local authorities and small community organisations

**Participants/year:**  
1,000–5,000

**Activities:**  
Walking, Dancing, Jogging / running, Cycling, Group activity classes, Sports

## Level 3

- Collected pre and post data
- Control group used
- In house evaluation

## Overview

Empowering Coaching™ For Doorstep Sport was a collaborative project between StreetGames and the University of Birmingham, funded by the Coca-Cola Foundation. StreetGames is a national charity dedicated to developing sport in disadvantaged communities and making sport accessible to young people regardless of their social and economic circumstances. Located within the University of Birmingham, Empowering Coaching is an operating division with the goal of being a sustainable social enterprise with a mission centred on the development, implementation and evaluation of theory- and evidenced-based educational materials and courses focused on promoting active and healthy lifestyles, skill development/excellence, optimal development and well-being, particularly in young people. The collaborative project explored the impact of developing and implementing a tailored version of the Empowering Coaching™ workshop to develop the skills of Doorstep Sport coaches and volunteers working with young people from disadvantaged communities. The aim of the Empowering Coaching™ training was to enable coaches to more readily promote a more positive and adaptive environment for the young people attending Doorstep Sport sessions, to have a positive impact on the young people's motivation, engagement and well-being. The study took place over a two year period between 2014–16 and involved coaches, volunteers and participants from 11 doorstep sport projects in the StreetGames network. During the study period over 70 Doorstep Sport coaches, leaders and volunteers were trained and research was undertaken with over 900 participants.

## Impact

Extensive quantitative and qualitative data were obtained via post-workshop feedback forms completed by 56 of the 72 coaches. Coaches were asked 17 questions on the quality and effectiveness of the workshop. These were scored from 1 strongly disagree to 5 strongly agree. All questions apart from 1 scored an average of above 4. Questions included: As a result of this workshop, I now understand why adopting the Empowering Coaching™ approach might be considered worthwhile (4.54), The workshop effectively explained how coaches could integrate the principles of Empowering Coaching into their own practice (4.47), As a result of this workshop, I would now like to commit to becoming a more Empowering coach (4.67), I understand how I could become a more Empowering coach (4.67) I feel confident that I could become an Empowering coach in my sessions(4.63).

On their return to their respective clubs, the trained coaches were asked to embed the Empowering Coaching™ principles in all of the sessions they facilitated during the intervention period, which lasted between 2–3 months. Baseline data was collected before the intervention, with questionnaires repeated afterwards. Around 500 completed the baseline survey and 900 the post intervention survey. The small volumes of young people completing both baseline and post measure with regards to the same coach, preclude the possibility of examining statistical significance. Participants were asked to rate their experiences on a scale of 1 (strongly disagree) to 5 (strongly agree).

Post-intervention qualitative data showed that coaches saw numerous positive effects of their empowering strategies on the young people in their Doorstep Sport sessions. They indicated that they had seen an increase in participant numbers, positive effects for the local community with regards to reduced antisocial behavior rates, and improvements in the behavior, engagement and self-confidence of the young people present at the sessions. The data also indicated that since receiving the training, coaches were more confident, and better able to reflect on their coaching practices and development as a leader, as the workshop allowed coaches to recap effective best practices, and learn new ideas to engage and interact with young people from disadvantaged communities.

### Qualitative Measures

Questionnaires, Focus groups, one-on-one interviews

### Quantitative Measures

Physical activity levels, psychological outcomes

### Evaluation

An external organisation was not involved in the evaluation, instead the evaluation was carried out by the Empowering Coaching™ unit within the University of Birmingham. The evaluation baseline measures from young people and coaches were obtained through questionnaires. Following this the bespoke Empowering Coaching for Doorstep Sport workshop was delivered to approximately 80 Doorstep Sport coaches and volunteers. After the workshop coaches completed questionnaires rating the quality and effectiveness of the sessions.

Follow up data was obtained from both the coaches and the participants 2 months following the action phase. Quantitative and qualitative data on a number of variables was collected, such as mental health, wellbeing, and functioning of the young people, current physical activity levels, plus participants' engagement with, and intentions to continue with the Doorstep Sport programme. Data was collected from approximately 1,000 young people. Quantitative and qualitative data on the health, wellbeing and coaching behaviours of approximately 125 Doorstep Sport coaches and volunteers were also obtained.

When examining the impact of Empowering Coaching™ for Doorstep Sport the responses of a control group comprised of leaders and young people whose coaches/ volunteers did not receive the training, was compared to responses of 'intervention arm' Doorstep Sport participants (and their leaders).

### Training

Most Doorstep Sport coaches have an NGB Level 2 qualification. The organisation is looking to develop CPD modules which further customise and extend the content of the programme.

### Scalability/ Future Work

Streetgames and Empowering Coaching™ at the University of Birmingham have mutually endorsed Terms of Agreement regarding ways forward in terms of extending their collaboration to other youth sport/physical activity programmes (besides Doorstep Sport). They are also working together to formulate a system for roll out of the Empowering Coaching™ for Doorstep Sport training to the StreetGames coaching force outside of the recently completed collaborative project and in regard to coaches/ leaders working within other programmes besides Doorstep Sport.

# Get Set to Go – Mind



**Target group:**  
Inactive people suffering from mental health problems

**Region:**  
Across England

**Setting:**  
Workplace, LA leisure facility, private leisure facility, outdoors, communities

**Location:** Local delivery via eight local Minds: Brent, Croydon, Dudley, Herefordshire, Lancashire, Rochdale, Middlesbrough and Tyneside

**Running length:**  
2–3 years

**Funding:**  
Sport England, BLF

**Activities:**  
Walking, dancing, cycling, swimming, classes, gym, condition specific classes, resistance exercises, lifestyle activity e.g. gardening, yoga/Pilates/Tai-chi, chair exercises, motivational counselling

## Level 3–5

- Collected pre and post data
- Control group used
- External evaluation in progress (to be completed autumn 2017)

## Overview

The primary aims and objectives of the Get Set to Go programme are to help people with mental health problems to get physically active in their local communities to support; mental health, physical health, confidence and self esteem and social support outcomes.

The programme takes place typically over a 12-week period with around 500–1,000 participants taking part in the programme on an annual basis. More than six sessions are delivered per week with participants taking part in 2–5 sessions per week on average. Participants are recruited to the programme through self-referral, referral through health professionals and by other third parties.

Some participants will have engaged in a range of activities or become volunteers on the programme to sustain their involvement. Many sessions are offered free of charge; however, some are subsidised with participants paying £2–3 per session. This supports transition post programme where charges are likely.

## Impact

An interim evaluation report was produced in Spring 2016 based on data collected by the Institute of Health and Wellbeing at Northampton University. This report included additional data taken from progress reports submitted to Sport England in May 2016. A final report will be published following the end of the 3-year programme in 2017.

The interim report stated that the Get Set to Go programme has engaged over 1,368 participants, with 790 (58%) completing the monitoring data and programme evaluation form. The sample was made up of 48% female, 52% male, with the majority aged between 41–50 years old. Over 25% of those completing the monitoring form did not take part in any sport or exercise when they joined the programme and 30% had not engaged in 30 minutes of moderate physical activity in the last week. Based on data from those who completed three-month and six-month follow ups (at the time the report was published in 2016), the number of days where participants engaged in 30 minutes activity increased for those engaged in local delivery and through Elefriends online peer support community. An increase in the number of days engaged in vigorous and moderate intensity activities for participants engaged in local delivery, a reported decrease in barriers to physical activity and increased feelings of wellbeing. An increase in local delivery participant sitting time was also reported, which may be attributable to additional activity undertaken by participants resulting in feelings of tiredness.

At the time the interim report was produced 114 volunteer peer sports navigators (PSNs), who help participants get physically active through a combination of one-to-one and group support, had been trained.

## Qualitative Measures

Questionnaires (online and paper), diary logs, focus groups.

## Quantitative Measures

Physical activity levels, mental wellbeing, social support and motivation.

## Evaluation

Evaluation is being conducted by the University of Northampton, examining the effectiveness of the Get Set to Go programme on improving participants' well-being across 8 local Minds.

The research objectives are to understand the relationship between sport and mental health recovery, the effectiveness of the peer navigator model for encouraging sus-

tained sports participation, the effectiveness of the national communications campaign, the impact of online peer support on mental health and the impact of online peer support on sports participation.

A survey (online and paper) is being used to collect information at 4 time points (baseline, 3 months, 6 months and 12 months) to assess participants' self-reported physical activity levels and exercise behaviour over time. Psychological outcomes will also be measured to explore the impact of increased physical activity. Focus groups are being run with a sample of participants, who are also invited to carry out a week long voice and picture diary.

The peer model embedded into the programme is being evaluated through interviews with peer navigators and researchers prior to the start of the intervention and a focus group at the end of the programme. Programme training will also be evaluated at the end of 2nd year delivery.

The study's control group is comprised of local Mind service users and Mind members who are not directly involved in the areas of Get Set to Go.

The final report is due in 2017.

### Training

Mind worked with Sport England to agree guidance for local Minds dependent on the type of sessions. For example, for pay and play no qualification is required, however, NGB qualification is required for "coached sessions". Where possible sessions are led in partnership with community partners who have the relevant qualification. The softer skills of coaches are as important as the qualification. Mental Health Awareness for Sport and Physical Activity (MHASPA) training is provided by local Minds. Continuing professional development opportunities are offered to staff delivering the programme including NGB and leadership qualifications, train the trainer for MHASPA. Other courses are offered as identified via appraisal processes.

### Scalability

Regional learning events were held in 2016 to share interim findings. Mind are in the process of launching a tool kit for mental health partners and a second series of regional events to share learnings. Work has been carried out to support Mind in Camden access funding from CCG and Swindon Mind to access Sport England Community Sport Activation Funding.

Mind are working with the eight local Minds and partners to sustain the programme at present and plan to scale up learnings to 32 new areas of England.

### Future Work

Mind plans to scale the programme to a further 32 local Minds, to develop a toolkit to support and continue to embed learning within the sector.

# Getting into Sport in Surrey: Hypertension 2000 Trial



**Target group:**  
Inactive people aged 18–74, diagnosed with having hypertension, suspected hypertension or high-normal blood pressure

**Region:**  
South East

**Setting:**  
Private leisure facility – Surrey Sports Park

**Location:**  
Guildford, Surrey

**Running length:**  
Completed

**Funding:**  
Trial funded by Sport England, intervention costs given in kind by Surrey Sports Park

**Participants/year:**  
469 participants were recruited during the course of the trial

**Activities:**  
Walking, swimming, group activity classes, gym-based sessions, sports

## Level 3

- Pre and post intervention data captured
- Control group used
- In-house evaluation completed

## Overview

This was a 12-week sports-based exercise referral programme, that offered an alternative to solo gym-based sessions. Participants were referred to the programme by health professionals and monitored by a qualified exercise referral specialist. Participants paid a gym fee of £3 per session, with a single one-off payment of £15 at the beginning of the 12-week programme.

Participants were given the choice of low-intensity activities such as walking football, swimming and AthleFit and joined classes that were already running at Surrey Sports Park (SSP). An on-line self-help tool was also provided to help people plan activities after their referral programme. This was available for 12 months following the 12-week intervention. 469 participants were recruited to the trial. The programme was delivered by the University of Surrey's Sports Park.

## Impact

The 4-arm randomised controlled trial (RCT) showed that participation in exercise referral programmes raised activity and levels of sports participation by more than 30 minutes per week for more than 40% of participants over a period of 12 months. Three of the four trial arms produced improvements that exceeded the criterion of increasing general physical activity by 100 metabolic equivalent minutes (METs) per week. The programmes generally were effective in producing a meaningful reduction in blood pressure over a period of 12 months.

## Qualitative Measures

One-on-one interviews, questionnaires.

## Quantitative Measures

Physical activity levels, Body Mass Index (BMI), blood pressure, psychological outcomes.

## Evaluation

Evaluation was carried out in-house by the University of Surrey. Its aim was to assess the long-term effectiveness of a 12 week sports-based programme compared to traditional gym based programmes and the efficacy of the self-help web tool to promote and support sports participation and healthy behaviour over a period of 12 months.

The study was a 4-arm randomised control trial (RCT) testing two types of GP referral intervention that were intended to increase physical and sporting activity among currently inactive 18–74 year old people with hypertension, suspected hypertension, pre-hypertension or high-normal blood pressure. The primary outcome measures were time spent in physical activity assessed in METs using the International Physical Activity Questionnaire (IPAQ short form). Secondary outcome measures included increased involvement in sporting activity and biomedical health outcomes including change in body mass index (BMI), and waist and hip measurement and reductions in blood pressure.

Of the 469 that started the 12-week exercise programme 291 (128 female) completed the full study through to the 12-month follow-up. Those who dropped out of the study were likely to be slightly younger, female, and less likely to be married or in a civil partnership. At baseline 15.6% of all participants reported doing 30 or more minutes of activity per week. By 12 months the figure had more than doubled to 40.1%. Criteria 5 required that 20% of the trial arm's participants reduced their blood pressure by 10mmHg. All four trial arms showed more than 20% achieving this target.

### Training

REPs accreditation and fitness qualifications were required by instructors. The exercise referral specialists had to be qualified and on site while classes were delivered.

### Scalability

The project has not yet been scaled. A low cost intervention such as this could be rolled out nationally by the NHS as an alternative to traditional gym-based referral.

### Future Work

Activity was measured using self-report measures because of limited resources. Future studies should employ objective measures to be more persuasive. Testing is also required amongst lower socio-economic and disadvantaged communities.





**Target group:**  
Inactive girls

**Region:**  
Nationwide

**Setting:**  
School

**Location:**  
National

**Running length:**  
2–5 years

**Funding:**  
Local authority, central government, clinical commission group, County Sports Partnership, Sport England and Sport Northern Ireland

**Participants/year:**  
10,000–25,000 (approx. 150 girls per school)

**Activities:**  
Walking, dancing, jogging/running, cycling, swimming, group activity classes, gym-based sessions, condition specific exercise classes, resistance exercises, sports, Yoga/Pilates/Tai-Chi

### Level 3–5

- Pre and post data collected
- RCT conducted (results pending)
- External evaluation (pilot) conducted
- Scalable

### Overview

The aim of the programme is to tackle lower participation in PE and sport, and improve body confidence, emotional wellbeing and resilience in girls. Target groups are identified through Girls Leading and Marketing teams (GLAMs), teacher identification and compulsory attendance if being delivered through PE at school. Girls are able to design their own physical activity offer. The programme was piloted in 2012/13 and has since been delivered across approximately 190 schools.

### Impact

The evaluation of the Girls in PE and Sport Pilot showed that girls happy with the way their body looks more than doubled from 25.4% in 2013 to 55.5% in 2014, while girls unhappy with the way their body looked more than halved from 36.5% to 15.6% in the same period. Girls who felt confident when taking part in PE lessons rose from 35.2% to 64%. The percentage of girls who look forward to PE rose from 37.65% to 71.4%, with more girls wanting to do more physical activity (45.4% to 66.5%). The number of days in the past week the girls took part in sport or physical activity outside of school increased by +14% (from 2.2 days to 2.5). Girls in KS4 saw an increase of +18%, KS3 +14%, BME +11% GLAMS +25%. The number of days in the past week the girls took part in 60 minutes+ of physical activity increased by +17% (from 3.0 days to 3.5). Girls in KS4 saw an increase of +26%, KS3 +16%, BME +14%, GLAMS +21%. The average minutes a day spent on doing physical activity in the past week increased by +14% (from 72 minutes to 82). Girls in KS4 saw an increase of +11%, KS3 +14%, BME +21%, GLAMS +26%.

### Qualitative Measures

Questionnaires, focus groups, one-on-one interviews, diary logs.

### Quantitative Measures

Physical activity levels, Body Mass Index (BMI), psychological outcomes.

### Evaluation

Women in Sport and Research as Evidence conducted an external evaluation of the pilot, with the aim to identify if it was achieving the following outcomes: improved well-being and physical activity levels, increased likelihood of lifelong involvement in physical activity, improved learning in and through sport and PE, schools meeting the needs of girls through sport and PE and greater priority given to PE and sport in schools. Online and telephone surveys were used to collect the views of participants, GLAMs and school leads. Telephone interviews and visits with 5 case study schools were conducted. A randomised control trial has been conducted by the University of Leicester, with results expected in late 2017. Clusters (schools) were randomised after all baseline measures were completed to receive either Girls Active or carry on with usual practice (control). Randomisation (1:1) was stratified by school size and proportion of non-White pupils. Schools randomised to the control arm were not given any specific guidance and were assumed to carry on as usual. A questionnaire was administered at each of the measurement time points to capture the school environment including what the schools offered to girls in KS3 outside the typical PE and school sports clubs. GALs (an activity day available to girls in some Leicestershire schools) and This Girl Can campaign were the only things mentioned by lead teachers in control schools.

### Training

No qualification is needed, but the majority of those delivering Girls Active are qualified PE teachers. A one day training course, GLAMs training for young leaders at conferences and camps, and networking opportunities for schools/teachers are provided.

### Scalability

The programme is currently being delivered nationally, and is being replicated and delivered in Northern Ireland.

# Inspire Programme – Premier Sport



**Target group:**  
School children

**Region:**  
Across England

**Setting:**  
Community venue, private leisure facility, local authority leisure facility, school

**Location:**  
125 towns/cities in England

**Running length:**  
2–5 years

**Funding:**  
Private funding from school budgets or parents

**Participants/year:**  
9 million (non-unique) visits to sessions/lessons

**Activities:**  
Sports, condition specific exercise classes, group activity classes, jogging/running, dancing, walking Tai-Chi

**Level 5**

- Pre and post data collected
- Control group used
- External evaluation conducted
- Scalable

## Overview

The Inspire Programme has been running since 2013 and offers schools tailor made suites of sport and activity options which are targeted towards achieving curriculum outcomes. It is designed to be inclusive, with complete activity structures to engage all pupils, from those not normally inspired by sport, through to the budding stars of the future. Premier Sport is the UK’s largest children’s coaching company of its kind, delivering more than 25,000 sport and physical activity sessions every month. As part of their Inspire Programme Premier Sport supports teachers in their curriculum delivery and provides parents with a service before, during, afterschool and during holiday periods. Premier Sport work with 2,200 schools each week which on average have 221 children per school meaning almost half a million pupils have access to their term time sessions and even more have access to their community holiday clubs. Over 5,000 sessions are delivered per week, working with more than 2,000 Primary Schools.

## Impact

The programme has been widely praised by the schools in which it is delivered. This is shown by 96% of schools saying they would recommend the programme to other schools and 97% of schools saying that the programme makes a positive impact on improving quality and breadth of PE & sport provision. It was also found that 93% of schools said their children make ‘good or outstanding’ progress thanks to the programme. The programme has also been shown to have positive effects on both cardio-respiratory fitness (CRF) levels and BMI. The external evaluation carried out by ukactive showing that CRF levels of students increased over the term and BMI improved.

## Qualitative Measures

Diary logs, focus groups, questionnaires.

## Quantitative Measures

Physical activity levels, cardiorespiratory fitness (CRF), BMI

## Evaluation

An external evaluation was conducted by the ukactive Research Institute with the aim of examining the CRF and BMI of children at a number of UK primary schools over one academic year. A total of 13 schools were involved in the study including 4 where the Inspire Programme was not running. Participants completed a 20 metre shuttle run test (20-mSRT) four times during a calendar year (Oct, Feb, June, Sep). This included data collection either side of the school summer break from July–Sep. CRF ( $VO_2 \text{ max ml.kg}^{-1}.\text{min}^{-1}$ ) was calculated using standardised prediction equations for children. To demonstrate both practicality and scalability of the protocol, testing sessions and data collection were conducted by appropriately trained and qualified personnel already operating in the schools and not by the research team, although the latter vetted this process. To demonstrate the impact of Premier Sport’s My Personal Best Challenge the fitness results were compared to a control. The relative  $VO_2 \text{ max}$  shows that fitness increased from Autumn 2014 to Spring 2015 before decreasing in both Summer 2015 and Autumn 2015. Although fitness reduced over the summer holiday period, those receiving the Premier Sport intervention did not see a reduction in fitness as large as those who did not receive the intervention. If weight is removed from the calculation to produce an absolute  $VO_2 \text{ max}$  we can see different results. Most importantly, that those involved in the intervention group saw fitness levels increase over the summer period, as opposed to a sharp decline in control schools.

## Training

Activity professionals must meet Minimum Operating Standard of Disclosure and Barring Services check, first aid, physical education and school sport (PESS) level 2, have sport specific qualifications and receive an internal induction.

Premier Sport have a stringent internal and external moderation system where all Activity Professionals must receive a minimum of 3 observations per year and intervention support where required. An annual National Training event is provided as are regional network meetings and support days.

### Scalability

There are 126 franchisees in England, deploying 1,000 Activity Professionals in over 2,200 schools. Barriers to scaling include financial resources, particularly if school budgets are cut.

# Suffolk- Get Healthy Get Into Sport - Thrive Tribe



**Target group:**  
Any person over the age of 16

**Region:**  
East of England

**Setting:**  
Community venue, outdoor settings, private leisure facility, local authority leisure facility, workplace

**Location:**  
Across Suffolk

**Running length:**  
2-5 years

**Funding:**  
Sport England

**Participants/year:**  
1,000-5,000

**Activities:**  
Chair-based exercises, Yoga/Pilates/Tai-chi, sports, gym-based sessions, group activity classes, swimming, cycling, jogging/running, dancing, walking

**Level 4**

- Captured pre and post data
- Control group used
- External evaluation completed

## Overview

The aim of the project, delivered by local healthy lifestyle provider Thrive Tribe, was to use healthy lifestyle services as a bridge into long term sustained physical activity. This project was part of a wider programme that received grant funding from Sport England's Get Healthy Get Active grant. The service aimed at improving the health of Suffolk residents using the following programmes: 1) stop smoking, 2) weight management, 3) health trainer.

Participants were self-referred, referred via health professionals and by other third parties. 2,602 clients were provided with at least one motivational appointment and an introductory session facilitated where appropriate. The programme ran from March 2013 - March 2016, with 60-70% of participants completing the full programme. No fees were charged.

## Impact

The programme has demonstrated some positive impact. Overall the intervention was effective at increasing physical activity levels and reducing sitting time for those inactive at baseline. 55% of participants were still active at 3 months, 45% active at 6 months and 40% at 12 months (compared to 24% at baseline), with over 2,000 clients retained in community sport. The programme was also effective at engaging harder to reach and disengaged clients.

Clients on average spent four times more energy on daily physical activity at 6 and 12 months compared to baseline. Higher long-term physical activity improvements were found in adult weight management clients as opposed to those from health trainer and stop smoking interventions.

## Qualitative Measures

Diary logs, one-on-one interviews and questionnaires.

## Quantitative Measures

Mobility, psychological outcomes, Body Mass Index (BMI), physical activity levels.

## Evaluation

Evaluation was completed by the University of East Anglia. The study aimed to evaluate the impact of Suffolk's Get Healthy Get into Sport programme on sport participation and physical activity levels in adults. A total of 4,142 IPAQs were completed across the three years with 3,185 deemed as eligible. Data was collected by the delivery team using the validated short version of the IPAQ. A randomised control group was set as protocol. Process evaluation was embedded throughout the project, with feedback provided as the project progressed. Change in activity levels was tracked through follow-up carried out at 3, 6 and 12 months.

## Training

The majority of staff had a basic understanding of nutrition, and a sport and activity background. In line with the Healthy Lifestyle Service development, Continuing Professional Development is encouraged and offered to all staff members.

## Scalability

The project has not been delivered elsewhere, however the project should be replicable in other areas.



**Target group:**  
No specific target group

**Region:**  
All UK

**Setting:**  
School, local authority leisure facilities, private leisure facilities, home-based

**Location:**  
UK wide

**Running length:**  
10+ years

**Funding:**  
Private

**Participants/year:**  
Over 25,000  
On average 3.2–2.6 participants attend 2–5 sessions per week.

**Activities:**  
Dancing, cycling, group activity classes, gym-based solutions, condition specific exercise classes, resistance exercises, Yoga/ Pilates/ Tai-chi – over 20 programmes offered in total

**Level 5**

- Pre and post data collected
- Control group used
- Multiple external evaluations completed
- Scalable

**Overview**

The primary objective of Les Mills' programmes is to support whole population-groups to increase physical activity levels, weight loss and social cohesion and inactive people to increase physical activity levels.

Participants are recruited to the programmes via self-referral and are referred to classes through their club/membership consultants and through word of mouth. There is no cost set by Les Mills, however membership fees and or costs are set by the individual facilities. Facilities are also required to pay a license fee to operate the programmes.

Over 25,000 participants take part, with 531,175.6 attendances (non-unique) per week across the UK.

**Impact**

The ability of the programmes to provide health benefits have been tracked by a multitude of studies. For example, Get Fit Together, a study conducted by Penn State University, followed 25 sedentary adults through a 30-week program of Les Mills™ classes including a mix of cardio, strength and flexibility. The results showed that the programme extended their life spans by an average of 3.6 years and reduced key cardiovascular risk factors.

During the 30-week study, 20 out of 25 study participants attended all workout sessions, indicating a compliance rate of 98.8 per cent. Further published studies include an assessment of a six-week High Intensity Interval Training (HIIT) intervention on the health benefits of already active adults such as reducing cardiovascular risk factors (Open Journal of Preventive Medicine), a study designed to determine the effect of 26 weeks of low-load high-repetition resistance training (BodyPump™) on active middle-aged and older adults (Journal of Science and Medicine in Sport), the effect of 8 weeks Les Mills GRIT on body composition and fitness (Journal of Sports Medicine and Physical Fitness), the effects of training group exercise class instructors to adopt a motivationally adaptive communication style (Scandinavian Journal of Medicine & Science in Sports) and the effect of Born to Move on motivation, enjoyment and fitness in 10–11 year olds (BMC Public Health).

**Qualitative Measures**

Questionnaires.

**Quantitative Measures**

Multiple physiological tests including submaximal oxygen consumption treadmill tests, fasting blood draws and iDXA scans, Polar RS400 heart rate monitors, bioelectrical impedance analysis, battery field tests.

**Evaluation**

An evaluation using Les Mills group exercise classes was conducted by Dr Jinger S. Gottshall into how perceptions of the activity, the social climate, and the self during group exercise classes regulate intrinsic satisfaction. The study was published by Jaclyn Maher et al in Frontiers in Psychology, 19 August 2015. The aim was to evaluate the characteristics of exercise classes that impact within-person changes in intrinsic satisfaction over the course of a group exercise programme. 29 community-living adults (18 women and 11 men) between the ages of 25 and 40 who were engaging in less than 30 minutes of physical activity per week for 6 months prior to the study started the study. 25 participants completed the entire 30-week programme of six group classes a week. Data collection was through questionnaires completed following the class. Maximum heart rate was determined using Polar RS400 heart rate monitors.

Evaluation was conducted by Pennsylvania State University in collaboration with Les Mills International into whether group fitness is effective in reducing cardiovascular disease risk factors in healthy adults. This paper was published in the Open Journal of Preventive Medicine, Vol.3, No.1, 132–140 (2013). The aim was to evaluate whether a multi-modal group fitness intervention could produce physiological health benefits. 25 sedentary adults (15 women and 10 men), aged between 25–40 years took part in the 30-week group exercise intervention. Data was collected at 3 time points from submaximal oxygen consumption treadmill tests, fasting blood draws and iDXA scans. The results showed statistically significant reductions in body mass, fat body mass percentage, total cholesterol, LDL-C, and triglycerides and elevations in oxygen consumption, lean body mass percentages, and HDL-C.

The results from this study indicate several characteristics of exercise classes overall (e.g., cohesion, instructor behaviour) and at the class level (e.g., cohesion, instructor behaviour, and perceived competence) that can be useful in enhancing intrinsic satisfaction within an exercise class.

Control groups were used in the following studies:

- 1) Eight weeks of a combination of high intensity interval training and conventional training reduce visceral adiposity and improve physical fitness: a group based intervention. C D Giannaki et al, The Journal Of Sports Medicine and Physical Fitness, Jan 2015.
- 2) Twelve weeks of BODYBALANCE training improved balance and functional task performance in middle-aged and older adults. Vaughan P Nicholson et al, Clinical Interventions in Aging 2014;9 1895–1904

Les Mills classes are also regularly tested for safety and effectiveness at the Penn State University Kinesiology department.

### Scalability

The programme delivery, training and partner support has been designed to be scalable. The programmes are licensed by 17,500 partners in 100 countries around the world, and delivered by 130,000 certified instructors.

### Training

Certified instructors deliver the programmes in private and local authority clubs and leisure centres. Level 2 Gym or Exercise to Music qualification or equivalent is the prerequisite to embarking on the Les Mills certification. Two Les Mills assessments have to be passed in order to be a Les Mills certified Instructor.

Ongoing education and upskilling is provided every 3 months as well as ongoing development education. Instructors are required to undertake CPD in order to retain certification.

### Future Work

Les Mills UK would like to increase the population samples tested when determining the effectiveness of the programmes and include control groups more frequently to add strength to the data.

# Physical Activity Behaviour Change Care Pathway – Macmillan



## Target group:

Those with a cancer diagnosis

## Region:

Across the UK

## Setting:

Local authority leisure facilities, private leisure facilities, home, outdoors, community venues, primary care settings, NHS sites

## Location:

14 different services across the UK

## Running length:

2–5 years

## Funding:

Local authority, Central Government, Clinical Commissioning Group, Charity, Privately

## Participants/year:

1,000 – 5,000

## Activities:

Specific to individuals but includes walking, cycling, swimming, gym, resistance exercises, lifestyle activity, yoga, chair-based exercises, fall prevention

## Level 2–5

- Collected pre and post data
- External evaluation commissioned
- Control group study planned for 2017/18

## Overview

The Macmillan Physical Activity Behaviour Change Care Pathway aims to embed physical activity into the Cancer Care Pathway for those who have received a cancer diagnosis in order to support them to become and stay active at an intensity that is right for them. Each individual receives person centred, long term behaviour change support over a minimum of 12 months. Services are run in partnership with stakeholders including public health, leisure providers, acute care and primary care.

The intervention includes:

- > 30–60 seconds of brief advice to introduce the benefits of activity, delivered by healthcare professionals at all opportunities.
- > 5–10 minute interventions to explore benefits of exercise and options available in more detail.
- > 30–60 minute interventions to assess individual needs, motivations and barriers and find appropriate community based activities.
- > Behaviour change support over 12 months.

## Impact

Overall, data has been received on 3,336 participants. The national evaluation has reported the following to date (on 14 of Macmillan's services). Physical Activity levels (SPAQ)– there was a statistically significant increase in sport and physical activity participation among participants. Increases in sport and physical activity were observed between baseline and three months, with levels staying constant between three, six and twelve months. Activity levels in the oldest age category (75%) appear to show the most notable changes, with those inactive decreasing from 18% to zero, and those most active increasing from 65% to 89%.

Quality of Life (EQ5D–3L)–noticeably improved between baseline and three months; three and six months and between six and 12 months. Trends were similar for male and female participants. Respondents generally report improvements in measures regarding self-care, their usual activities, pain and anxiety.

Health self-assessment– statistically significant improvement in self-assessment of health, between baseline and three months, increasing steadily across the remaining sampling points from three through six to twelve months. Qualitative research highlights people think that the service will help reduce fatigue and improve confidence.

Fatigue (FACIT): overall decrease in fatigue, with overall FACIT score increasing from 31.9 at baseline to 41.0 for those reporting data at 12 months. Here a higher score is an indication of less fatigue. However, the progression was not smooth, with the overall average 3 month score being 35.3 and the overall average 6 month score being 32.6. Further statistical analysis is required on paired samples to determine whether any of these changes are statistically significant within this sample.

Self-efficacy: small overall improvement in self-efficacy scores. Overall scores rose from 30.1 at baseline, peaking to 31.8 after six months, but then decreased to 31.1 after 12 months. With each increment between sample points being relatively small, none of these are suspected to be significant, though further testing is required to confirm.

## Qualitative Measures

Questionnaires, focus groups, one-on-one interviews, diary logs, ethnographic research

### Quantitative Measures

Physical activity levels, psychological outcomes, mobility, recovery, fatigue, self efficacy.

### Evaluation

An external evaluator CFE Research has been commissioned to evaluate the implementation of the physical activity behaviour change care pathway. This process evaluation is taking a mixed methods approach and will identify the optimum processes for embedding the approach locally. It will use a range of methodologies including stakeholder and service user interviews, ethnographic research and analysis of the data collected. 14 of the services in total are part of an externally commissioned process and impact evaluation. These are Luton, Shropshire, Dorset, Berkshire, Manchester & Sheffield (Phase 1) and Guys and St Thomas', Hertfordshire, Lincolnshire, Ards & North Down, Antrim & Newton Abbey, Aberdeen, Edinburgh and Cardiff (Phase 2). There is currently no control group running but Macmillan are looking to run a control trial in 2017/2018. This will be an evaluation including a counterfactual group that will focus specifically on the use of our Move More guide to act as a standalone remote resource to bring about change in physical activity. Macmillan are also looking at options to include a comparison group in the next stage of testing of the physical activity behaviour change care pathway model.

### Training

The individual providing the initial intervention must have completed both Level 4 cancer rehabilitation training and behaviour change training. Macmillan offer a physical activity online learnzone where individuals can access a variety of learning resources. Practitioners can also attend a quarterly knowledge exchange event.

### Scalability

Macmillan are currently testing the fidelity and scalability of the behaviour change care pathway to determine the extent in which it should be rolled out to more services across the UK and what aspects of the approach need to be emphasised. There are now 45 services across the UK.



# Mobile Me – Active Norfolk



**Target group:**  
Inactive adults aged 65+ living in either a residential care setting or sheltered housing site

**Region:**  
East of England

**Setting:**  
Home-based, primary care setting

**Location:**  
Norwich City, Broadland District Council covered areas

**Running length:**  
1–2 years

**Funding:**  
Local authority, NHS Norwich CCG and Sport England's Get Healthy Get Active Fund.

**Activities:**  
Dancing, group activity classes, sports, chair-based exercises

## Overview

Mobile Me offers physical activity interventions to residents of sheltered housing and residential care settings across the Norwich and Broadland districts. The programme aims to normalise physical activity for older people living in sheltered accommodation through providing sustainable, social and friendly activities. The three-year project is delivered by Active Norfolk in partnership with NHS Norwich CCG, Norfolk County Council, Broadland District Council, Norwich City Council, Circle Housing, Norsecare, Age UK Norfolk, Age UK Norwich and Alzheimer's Society. No fee is taken from participants.

Participants take part in one session per week, with over 6 sessions delivered overall per week in 6 care home or sheltered housing sites per round of delivery. All sessions are delivered on site. Primarily Short Mat Bowls, New Age Kurling, Boccia and Table Tennis sessions are delivered in communal areas, alongside delivery of some adapted dance and chair based exercise classes. On average 10–25 participants take part per session, with 70–80% completing the full programme.

Each programme lasts an initial 10 weeks, with instructors initiating participation in activity within each scheme, and establishing a level of confidence and competence for participants to be able to sustain their participation after the initial 10-week programme. After the initial 10-week programme equipment is left with participants at their care home or sheltered housing scheme. Follow up is conducted at 6 months and 12 months to determine how successful they have been at sustaining their activity levels.

## Impact

The programme delivery began in October of 2015, with 5 rounds of the programme delivered in 28 sites by the end of 2016. The objectives of the programme are to offer physical activity initiatives, chosen by participants, within 48 sheltered housing and residential care settings across Norwich, to engage 1,400 inactive older people in sport and physical activity, and to move at least 400 participants to 1 day of 30-minutes physical activity per week.

## Qualitative Measures

Questionnaires.

## Quantitative Measures

Mobility, psychological outcomes, physical activity levels, functional fitness, balance, engagement (using Dementia Care Mapping).

## Evaluation

The formal evaluation of Mobile Me is being conducted by the University of East Anglia's (UEA) research team. The primary outcome is to find 'How effective is the provision of a programme of tailored sporting provision ("the programme") at reducing the prevalence of inactivity amongst residents of sheltered housing who are classified as inactive ("the participants")?'. The secondary outcomes include investigating: How effective is the programme at improving functional status and reducing fall risk amongst participants? – How effective is the programme at reducing time spent sitting amongst participants? – How effective is the programme at improving well-being, increasing social interaction, and reducing loneliness amongst participants? – What are the components and processes of the programme that are most associated with its effectiveness? – What is the cost effectiveness, measured in terms of the changes in Quality Adjusted Life Years (QALYs), of the programme?

The data provided to UEA is currently being analysed and as a result, the findings are

### Level 2–4

- Pre and post data collection
- Control group used
- Evaluation in progress

yet to be published. Data is collected at baseline, as well as 3, 6 and 12-month follow-up taking place.

The programme has used a wait list control group, with residents at control group sites providing data at baseline, 10 weeks and 12 months. After the completion of the 12-month data collection each site will be eligible to receive the 10-week delivery programme. The control group will be roughly 30% – 50% of the number of people that participate in the 10-week programme over the duration of the project.

### Training

Fitness qualification and REPs accreditation is required. Instructors are qualified to level 4 REPs and have specific level 3 qualifications in adapting exercise for older adults. As mentioned above, the programme is designed to be self-sustainable. As a result, there is no longer a need for a specific instructor or qualifications to deliver the activities after the initial 10-week period. However, partners are supported through educational training opportunities on the benefits of physical activity for older adults.

### Scalability

The programme is designed to be self-sustainable, with participants being able to continue taking part in the programme after the 10-week programme.

# Sandwell Active Schools – Fit for Sport



**Target group:**  
Primary school aged children

**Region:**  
West Midlands

**Setting:**  
Community venue, outdoor settings, local authority leisure facility, school

**Location:**  
Sandwell

**Running length:**  
1–2 years

**Participants/ year:**  
10,000–25,000

**Activities:**  
Sports, group activity classes, jogging/running, dancing, walking

## Overview

This programme is a progression from the partnership work carried out and delivered by Fit For Sport in the Sandwell area (launched 2015). Delivery was expanded to all 92 primary schools in the borough in partnership with Sandwell Public Health. The aim of the programme is to increase the physical activity levels of primary school children in Sandwell through providing Sandwell Public Health and primary schools with the following: 1) measurement of activity for all children via the Activity Challenge, 2) increased tracking of school and community activities via the Health Active Schools System (HASS), 3) training, support and delivery in and out of the class room, and 4) sustainable activity engagement with parents, teachers and teaching staff through local partners.

One of the key focuses of the programme is to embed activity into the school day, during playtime and pre and post school – providing a whole school approach to tackling inactivity. A range of engagement activities are offered that promote the Chief Medical Officer's guidelines for children of 60 minutes a day of moderate to vigorous intensity physical activity. Engagement strategies used to ensure schools and children are engaged include 'Active Assembly', Active Playtime sessions, providing activity homework and delivery of the Activity Challenge.

The programme is delivered for a minimum of 2 academic years to ensure the programme is embedded and to enable sustained behaviour change. This also facilitates further opportunities to enhance and develop family/parent engagement. Delivery primarily takes place in schools, with a number of additional partners providing support such as Places For People Leisure providing venues for Holiday Activities and hosting training sessions for teachers and community coaches, local parks providing areas for activity at the weekends and community venues providing spaces for workshops and training days.

## Impact

416 teachers/support staff were trained. An increase in attendance was shown in 80% of the schools linked to health/activity levels. 75% of accidents/incidents reduced in playtime due to increased structure. Schools showed an increase in 'activity time' for children – from 30 minutes a day to 60 minutes a day. Children taking part in high/medium intensity sustained this participation. For the majority of age groups challenge scores improved over the academic year and this was true for all ages although these improvements were not statistically significant. There were some insignificant declines in mean challenge scores observed for children aged 10–11. Significant improvements over the academic year for this age group in the stamina and coordination challenges were found.

## Qualitative Measures

Questionnaires and feedback forms.

## Quantitative Measures

Activity levels, co-ordination (throwing), agility (jumping) and stamina (running).

## Evaluation

ukactive Research Institute were the external evaluators of the Sandwell Active Schools Programme. Throughout the academic year, children participated in the Engage to Compete challenge (ETC). The challenge was made up of three tasks provided at three different levels of difficulty, designed to measure progress in the skills of the children. Challenges were set at different levels of difficulty to suit physical development by age group; these were 1) 5–7 years, 2) 8–9 years, 3) 10–11 years. The Challenge was used as a means of setting personal and collective goals for children, in

### Level 5

- Pre and Post data collected
- Control group (schools) implemented where the programme wasn't being delivered
- Externally evaluated
- Delivered across multiple locations

order to encourage improvement and participation in competition, both against their previous personal bests and against other children in their own and other schools. In order to assess the impact of the ETC programme on children's skill development, ETC challenge scores collected at the start and end of the academic year 2014/15 were compared. The inclusion of control schools provided a means by which the effects of the ETC programme could start to be isolated. Control schools identified by Fit For Sport were not enrolled in the ETC programme but did take part in the ETC challenges run by Fit For Sport at two points throughout the year. Stamina scores were significantly higher for Sandwell than the control schools in the 8–9 years age group and Sandwell showed significantly greater improvements in stamina and agility scores than the control group for 10–11 year olds. Contrastingly, there was a significantly greater improvement in agility scores for the control groups when compared to Sandwell for 10–11 year olds.

The size of the control group was small with data from just 7 schools which will have reduced the statistical power of the ANOVA and increased the chance of Type II error. Furthermore, the unequal sample size between comparison groups may have affected the results; when sample sizes are unequal, skewed distributions can result in slightly inflated Type I error rates.

### Training

All staff are required to have full safeguarding, and to have undergone safer recruitment processes. Activity leaders must have a minimum Level 2 qualification in their respective area. Tutors/assessors delivering the training must have a Diploma in Teaching in the Lifelong Learning Sector (DTLLS) / A1 Assessors Award. Activity team members are given the opportunity to become trainers/tutors, and are regularly assessed. Team members are given updates on safeguarding and sector trends (e.g. strategy updates), and good practice is shared with the Public Health Team (CANDO's).

### Scalability

Alongside Sandwell, the programme has been delivered in Somerset (rural area with increased virtual support), Tower Hamlets with increased parent engagement and Manchester with focus on community links to assist.

### Future Work

Future work will focus on providing schools with further printed materials, upgrading Healthy Active Schools Reporting to include figures and comparisons for children on free school meals, and engaging with leisure management organisations to provide trained staff to assist schools in their communities.

# Start to Move – Youth Sport Trust



**Target group:**  
4–7 year olds

**Region:**  
Across the UK

**Setting:**  
School

**Location:**  
Nationwide

**Running length:**  
2–5 years

**Funding:**  
Initially funded by BUPA, and now funded via PE & School Sport Premium

**Participants/ year:**  
Over 20,000 based on the assumption of having trained over 7,000 teachers and c30 children per class

**Activities:**  
Walking, dancing, group activity classes, gym-based sessions, sports

## Overview

Following extensive research and engagement with PE in the community, teachers, families and children, the Bupa Start to Move course was established in 2011. The course was developed and delivered by the Youth Sport Trust and funded by the health and care company, Bupa. The training is a one-day course for teachers that has been delivered to over 7,000 primary school teachers and 4,200 trainee teachers involved in Early Years (EY) and Key Stage 1 (KS1) PE lessons. It aimed to develop a new, movement-based approach to teaching PE to nearly half a million 4–7 year olds and to help them stay active for life. This was designed to help teachers understand children's movement in three categories: Stability (turning, twisting, balancing) Object Control (throwing, catching, striking) and Locomotion (running, side-stepping, sliding).

## Impact

Children being taught by a trained teacher improved their Functional Movement Skills (FMS) by 10.1% over 2 years. Children with the lowest levels of movement proficiency at the start increased their score most (22% increase over 10–16 months). Those children with the highest starting FMS levels declined by 3.8%. By delivering PE using a Start to Move approach, children engaged in 11% more Total Physical Activity (TPA), with an equivalent reduction in time spent being sedentary. Children spoke more positively about their PE experiences after their teachers had been Start to Move trained. They were also observed enjoying PE more when their movement improved. After Start to Move training, teachers' confidence in teaching PE increased by an average of 30%. After Start to Move training, 30% more teachers were aware of how Bupa's expertise supported teachers and their families to have a healthier lifestyle. By the end of the study, 60% of children's enjoyment comments were linked to Fundamental Movement Based Activities (FMBA).

## Qualitative Measures

Focus groups, questionnaires, one-on-one interviews.

## Quantitative Measures

Physical activity levels, accelerometers, motor proficiency test (Bruininks–Oseretsky).

## Evaluation

Evaluation was carried out by Professor David Morley, Liverpool John Moores University. FMS were measured in 470 children using the Bruininks–Oseretsky Test (BOT–2). BOT–2 measures 12 movements, such as press-ups, bouncing a ball and walking on a line. To track changes to FMS levels, only those children who completed each stage during the study could be included; 470 children completed P–P1, 206 completed P–P2 and 99 completed the assessment at every stage (P–P3). Children's FMS levels were measured in a variety of schools, ranging from low to high socio-economic status (SES). Pupils wore accelerometers to measure their activity levels during PE lessons. To assess children's enjoyment and engagement in PE lessons groups of up to four children were asked about their enjoyment of, and engagement in PE. To assess teachers' confidence in teaching PE interviews were conducted and online questionnaires completed. Control schools were used to evidence the impact that Start to Move training had on activity levels of children.

## Training

Training is provided to teachers to change their approach to the delivery of KS1 PE in order to have an impact on young people from that point on.

## Scalability

The programme has been delivered nationally and has therefore evidenced its scalability. Resources and materials are available to purchase from the Youth Sport Trust.

### Level 5

- Captured pre and post data
- Control group used
- External evaluation completed
- Scalable

# Steps to Health – Parkwood Leisure



**Target group:**  
Obese

**Region:**  
South East

**Setting:**  
Local authority leisure facility, outdoor setting, primary care setting, local hospitals

**Location:**  
London Borough of Bexley

**Running length:**  
2–5 years

**Funding:**  
Participants

**Activities:**  
Walking, cycling, swimming, group activity classes, gym-based sessions, condition specific exercise classes, resistance exercises, Yoga/Pilates/ Tai-Chi, motivational counselling, chair-based exercises, fall prevention, strength and balance

## Overview

The Steps to Health (S2H) Exercise Referral programme launched in 2013 in order to tackle the ongoing obesity and health inequalities faced within the London Borough of Bexley where 23% of adults are classified as obese and 47% do not meet CMO guidelines for activity. The primary aim of the programme is to improve the health and wellbeing of residents in Bexley through increasing activity levels in a supported environment. It is a 3 year reduced cost activity programme that includes 12 weeks of supervised activity, frequent reviews and health assessments conducted in weeks 1,12,26 and 52. Referral is made through a health professional. Approximately 150 one-to-one sessions are delivered each week, with an additional 9 classes available.

## Impact

The programme receives approximately 70 referrals per month with 80% completing the first 12 weeks. 75% continue throughout the year and currently 60% continue into the 2nd and 3rd year. The purpose of the health assessments is so the client is assured that their progress is being monitored over the course of the programme. During the evaluation process it was found that although some caution must be taken in interpreting the findings due to the small sample, the lack of significant differences between treatments, and the absence of direct measures of physical activity, the significant positive effects observed for mean arterial blood pressure and maximal aerobic capacity in the combined treatment suggest that a combination of traditional supervised exercise and physical activity counselling might be more effective than either traditional supervised exercise or physical activity counselling in isolation.

## Qualitative Measures

Questionnaires, one-on-one interviews.

## Quantitative Measures

Physical activity levels, Body Mass Index (BMI), blood pressure, cardiorespiratory fitness, mobility, height, weight and waist measurements.

## Evaluation

The project evaluation was carried out externally by the ukactive Research Institute. The aim was to compare the treatment effectiveness of three models of General Practitioner Exercise Referral (GPR), traditional supervised exercise (TRAD), physical activity counselling (PAC), TRAD and PAC combined (COMB), and a wait-list control condition that was facilitated by a legitimate 12-week waiting list for entry into the GPR programme (CONT). Secondary aims were to assess the implementation effectiveness over 12 weeks. Participants (N = 141, M = 48.8, SD = 14.1) were identified by physicians as overweight/obese (BMI 25–35), and/or at increased risk of Type 2 Diabetes. Participants were randomly assigned to treatment. Measures at 0 and 12 weeks were body mass index (BMI, kg/m<sup>2</sup>), mean arterial blood pressure (MAP, mmHg), and directly measured predicted maximal aerobic capacity (VO<sub>2</sub>, ml/kg/min). Significant effects were observed in COMB for MAP (Pre 98.5±9.8 v Post 95.7±8.6, p = .025) and for VO<sub>2</sub> (Pre 27.4±6.5 v Post 29.7±7.2, p=.027), and in TRAD for BMI (Pre 30.3±5.9 v 30.0±5.7, p=.01). No significant pre-post effects were observed in PAC or CONT.

## Training

Exercise Referral Level 3 qualification and REPs accreditation are required to deliver the programme. Ongoing training is offered to staff.

## Scalability

Training has been provided for instructors at Salisbury and Windsor leisure centres so that the Steps to Health programme can be delivered in multiple locations. However, the programme is currently only delivered within the London Borough of Bexley.

### Level 4

- Pre and post data captured
- Wait-list control used in evaluation
- External evaluation completed



**Target group:**  
Open to all children

**Region:**  
Across the UK

**Setting:**  
School

**Location:**  
UK wide with some schools in Australia, France and Canada

**Running length:**  
5 years

**Funding:**  
Pupil premium, School Sport Premium, other

**Participants/year:**  
10,000–25,000

**Activities:**  
Jogging/running, group activity classes activating learning in core subjects (English and Mathematics)

## Level 5

- Pre and post data collected
- Control group used
- External evaluation conducted
- Scalable

## Overview

Tagtiv8 active learning is an educational resource that supports teachers to deliver areas of the national curriculum through active and engaging delivery. The programme is predominately delivered in primary schools, with further work in SEND schools, PRUs and universities. The aim of the programme is to support teachers in promoting creativity and physical well-being in children, providing them with training packages and physical activities to positively impact on standards in English and Mathematics.

## Impact

The results from the evaluation showed that pupils taking part in Tagtiv8 lessons achieved nine minutes more moderate to vigorous physical activity compared to the traditional class and spent 15 less minutes being sedentary. Overall, there were improvements for pupils who learnt in a more active way through the Tagtiv8 programme, with those who were most active in the lessons seeing the greatest benefits. Lower ability children who took part in the Tagtiv8 class maintained their academic performance, while those taking part in traditional classroom lessons experienced a decrease.

## Qualitative Measures

Audits of attitudes and tests for maths and cognition.

## Quantitative Measures

Physical activity levels, Body Mass Index (BMI), Accelerometers, Stroop Test.

## Evaluation

Evaluation was conducted by Leeds Beckett University. The aim was to assess the acute impact of Tagtiv8 active learning lessons on physical activity, executive function and mathematics attainment in primary school children in Key Stages 1 and 2. Leeds Beckett University used a high quality randomised control design, allocating participants to the respective conditions at the individual level. The control and the experimental groups (Tagtiv8 Active Learning) were drawn from the same school. Minutes spent active and those spent sedentary were tracked using accelerometers. Academic achievement was assessed before and after the lessons using the Maths Addition, Subtraction, Speed and Accuracy Test (MASSAT) and the Wide Range Achievement Test (WRAT). 87 pupils took part in the experimental day (45 pupils from Year 2 and 42 from Year 5). There is strong evidence to suggest Tagtiv8 lessons increase physical activity during traditional classroom lesson time.

## Training

A teaching qualification is required to deliver the programme including B. Ed. and PGCE.

## Scalability

The programme is currently delivered across the UK and abroad. Tagtiv8 are working with Leeds Beckett University to research into the impact of active learning.

## Future Work

Through accessing further funding the impact of the Tagtiv8 active learning programme over a school year could be assessed. This would enable an assessment of how accumulated improvements over time could lead to substantial improvements in the longer term.

# The ACTIVE Project – Swansea University



**Target group:**  
Children and young people

**Region:**  
Wales

**Setting:**  
School, local authority leisure facility, outdoor settings, community venue

**Location:**  
Swansea

**Running length:**  
6 months– 1 year

**Funding:**  
Charity, Swansea University

**Participants/year:**  
500–1000

**Activities:**  
Walking, dancing, jogging/running, cycling, swimming, group activity classes, gym-based sessions, resistance exercises, sports, Yoga/Pilates/Tai-Chi

## Level 2–3

- Pre and post data collected
- Post intervention data currently being captured
- Evaluation ongoing in house, including a control group

## Overview

The main objective of the project is to increase young people's participation and involvement in physical activity through a voucher scheme in which the financial and access barriers to activity will be addressed and overcome. The voucher scheme lasts twelve months. Testing of outcomes and sustainability is longer term– up to 18 months.

Participants of the project can take part in as many or few sessions as they please. Sessions are identified by pupils and include a wide range of activities such as skateboarding, swimming, trampolining and rock-climbing. Vouchers are used by pupils to access these activities.

The project has no inclusion or exclusion criteria, but looks to engage with participants from particular socio-economic groups through identifying schools based on location and free school meal percentage.

## Impact

The feasibility trial demonstrated that moderate to vigorous physical activity increased over 7 days signifying a positive impact from voucher usage. It also demonstrated that the scheme was well received by pupils and teachers from focus group discussions and actual usage. The evaluation approach used based on the RE-AIM Framework suggested that ACTIVE was a feasible approach to increasing physical activity amongst adolescents from low socio-economic backgrounds.

## Qualitative Measures

Questionnaires, focus groups.

## Quantitative Measures

Physical activity levels, blood pressure, cardiorespiratory fitness.

## Evaluation

Evaluation is being carried out by Michaela James, University of Swansea. The primary aim is to determine the effectiveness of the ACTIVE intervention on objectively-assessed aerobic fitness levels based on CRT score one year after baseline. Secondary aims include determining the effectiveness of the ACTIVE intervention on MVPA, cardiovascular health, exercise motivation, and the amount of pupils meeting the recommendation of MVPA per day; provide evidence that ACTIVE can be sustained by the local council with future delivery in other areas. Data will be collected from participants (intervention and control) at 3 time points: baseline (September – December 2016), 6 months post-intervention (March – June 2017) and 12 months post-intervention (September – December 2017). Out of the 7 schools involved, 3 have been randomly selected as controls.

## Training

Those delivering the activities are required to have the relevant qualifications.

## Scalability

Results from the feasibility trial demonstrated that ACTIVE is a feasible approach to increasing physical activity and fitness amongst adolescents from a low socioeconomic background. However, the feasibility of this approach being replicated on larger scale, as well as a greater understanding of the effectiveness of the intervention, needs to be explored.



# Vitality: for over 60s – Vitality



**Target group:**  
Over sixties, but welcomes younger people with medical conditions

**Region:**  
East Midlands

**Setting:**  
Private leisure facility, community venue, sheltered housing sites

**Location:**  
Lincolnshire county

**Running length:**  
8+ years

**Funding:**  
Local authority funding was received in 16/17, and class fees

**Participants/year:**  
850 registered users

**Activities:**  
Dancing, group activity classes, resistance exercise, chair-based exercises, fall prevention, strength and balance

## Level 4

- Pre and post data collected
- Control group used
- External evaluation completed

## Overview

The 'Vitality' programme offers exercise to music classes for over 60s held in community locations such as sheltered housing complexes and leisure centres. Though targeted at over 60s, younger people with medical conditions that limit their exercise options are also welcomed. The exercises within the classes combine seated and standing exercise and are physiotherapy based.

The aim of the programme is to improve mobility, coordination and balance, and to support individuals in 'activities for daily living'. Classes last for 45 minutes with 15 minutes provided for refreshments after the class, and are delivered by qualified Vitality instructors. One-to-one services are also provided following referral by a GP, health trainer or wellbeing support worker. The programme costs £4 per class (£3.50 in areas of deprivation) on 'pay as you go' or £12 per month

## Impact

The findings from the evaluation conducted by the University of Lincoln indicate that the programme contributes to improvement in fitness of the 60+ age group and that the new members who took part in this study felt that they had a positive experience. The results of this study are yet to be published.

## Qualitative Measures

Questionnaires, safe to exercise forms, focus groups.

## Quantitative Measures

Screening measurements, pre-existing health conditions.

## Evaluation

The University of Lincoln was independently commissioned to evaluate the programme. The research aimed to explore if attendance and participation in the Vitality intervention would improve performance on a number of specific physical and psychological measures. Data was collected at baseline and after an 8-week period. A quasi-experimental, mixed methods approach was used, with a control group formed for comparison against the group receiving the intervention.

A survey of participants is conducted annually in March. 633 responded to the survey (75% of participants), 65% of participants saw improvements in walking and balance, 49% in climbing up and down stairs, 63% in getting on and off seats, 76% keeping fingers/hands flexible and 34% in trips and falls.

## Training

Fitness qualifications are required to deliver the class: Exercise to Music EXTEND Exercise Instructor and Chair Based Exercise Instructor.

External training courses are offered to staff as well as non-accredited internal training.

## Scalability

The programme is currently being delivered in one location, and has not yet expanded to other areas. Vitality is looking to widen the offer of the programme to ensure continued and sustained engagement by the older population of Lincolnshire.

# Chapter 8: Conclusion

This study received 400 submissions from physical activity projects and programmes across the UK, with 302 completed survey entries considered during the review process. Of these:

>> The highest proportion were delivered in the South East region of England (31%), followed by London (26%) and the North West (25%).

>> 10% were delivered in Scotland, 8% in Wales and 4% in Northern Ireland.

>> 38% of projects or programmes delivered services to over 1,000 people per year, while 8% had participation rates of over 25,000 people.

>> Most programmes had been running for 2–5 years (27%), with the majority of programmes taking place in local authority leisure facilities (55%).

A variety of different funders enabled the design, development and delivery of these initiatives. The top three categories of funder were 'Other', which included organisations such as Sport England, County Sports Partnership and the NHS (41%), local authority funding (40%) and private funding (32%).

As the 19 case studies included in this report show, a greater number of submissions than in 2014 have demonstrated that programmes have taken steps to embed monitoring, data collection and evaluation processes into the delivery of their interventions. This is encouraging, and indicates that those delivering physical activity projects and programmes are aligning themselves to the higher standards of evidence demanded by foundations such as Nesta.

The most frequent reasons for programmes not reaching level 3 or above remain non-inclusion of control groups or comparison groups within evaluation designs, and evaluations not being completed by an independent external evaluator. From the current sample 17 interventions included a control or comparison group within their evaluation, with 12 of these carried out by independent external evaluators. However, as discussed in the guidance chapter of this report, the appropriate type of evaluation needed will depend on a number of key factors such as the size and scope of the programme, as well as the resources, time, and capacity available.

Incomplete and or inadequate information provided in submissions often limited the opportunity for project and programmes' evaluation processes to be rated at a higher level. Therefore, it is strongly recommended that as much detail as possible be provided by contributors when taking part in a survey exercise of this type.

Through continuing to advocate the development of a strong evidence-base on what works for local physical activity interventions, the sharing of practical guidance and the publication of best practice, community appropriate solutions to tackling inactivity can be effectively delivered across the UK. This in turn, will help ensure the positive health and wellbeing outcomes of living a physically active lifestyle are felt across the UK.

# Chapter 9: Next Steps

As previously mentioned, this study is part of an ongoing process to develop, evaluate and implement evidence-based interventions towards tackling inactivity in local communities across the UK. The ukactive Research Institute are working with partners such as the NCSEM – Sheffield, and PHE, to deliver a developing programme. This process will include:

>> Providing individual feedback on submissions entered to the study– each submission will be reviewed and provided with feedback about which evaluation level they might aspire towards for and what steps they might take to improve their current evaluation process.

>> Continuing to develop the academia–practitioner interface and improve collaboration within the physical activity sector. Create a network of academics to help respond to the increase in the necessity and demand for external evaluations.

>> Advocating the implementation of the standard evaluation framework and Sport England's new evaluation framework. This will be supported by assisting local practitioners in understanding and incorporating systematic monitoring and evaluation in the delivery of initiatives at local, regional and national levels. Provide further guidance to help promote and deliver the recently published Sport England measurement and evaluation framework.

>> Continuing leadership and support for monitoring and evaluation to align the strategies and goals of key stakeholders such as Sport England, PHE and ukactive to support those starting new projects and provide further guidance to those already delivering projects on how their evaluation can be strengthened and how best to do this.

# Appendix 1:

## Level 2 Projects and Programmes

### Level 2 moving to Level 5

Programme	Organisation	Evaluator	Region	Website
Macmillan Physical Activity Behaviour Change Care Pathway (Move More)	Macmillan	CFE Research	The Macmillan programme has services in over 40 areas across the UK	<a href="https://www.macmillan.org.uk/about-us/health-professionals/programmes-and-services/physical-activity.html">https://www.macmillan.org.uk/about-us/health-professionals/programmes-and-services/physical-activity.html</a>
Sport in Mind	Sport in Mind	Warwick University	Berkshire	<a href="http://sportinmind.org/">http://sportinmind.org/</a>

### Level 2 moving to Level 4

Programme	Organisation	Evaluator	Region	Website
Mobile Me	Active Norfolk	University of East Anglia	Norwich City, Broadland District Council	<a href="http://www.activenorfolk.org/">http://www.activenorfolk.org/</a>

### Level 2 moving to Level 3

Programme	Organisation	Evaluator	Region	Website
The ACTIVE Project	Swansea University	Swansea University (in-house)	Swansea, Wales	<a href="https://www.facebook.com/ActiveProjectSwansea/">https://www.facebook.com/ActiveProjectSwansea/</a>
The Gymrun Programme	Gymrun	Gymrun (in-house)	South West England	<a href="http://www.kwmcc.co.uk/health-and-fitness.html">http://www.kwmcc.co.uk/health-and-fitness.html</a>

### Level 2

Programme	Organisation	Region	Website
75 and over fitness programme	Brio Leisure	Cheshire West and Chester Council Borough Areas	<a href="http://www.brioleisure.org/blog/free-75-leisure-membership">http://www.brioleisure.org/blog/free-75-leisure-membership</a>
Active Adults	Kesgrave War Memorial Community Centre	Kesgrave, Suffolk	<a href="http://www.kwmcc.co.uk/health-and-fitness.html">http://www.kwmcc.co.uk/health-and-fitness.html</a>
Active Blackpool	Blackpool Council	Blackpool, Lancashire	<a href="https://www.blackpool.gov.uk/Residents/Sports-and-leisure/Health-and-fitness/Active-Blackpool.aspx">https://www.blackpool.gov.uk/Residents/Sports-and-leisure/Health-and-fitness/Active-Blackpool.aspx</a>
Active Forest Sherwood Pines	Forestry Commission	Mansfield, Newark and Sherwood, Nottingham	<a href="https://www.forestry.gov.uk/fr/bee-h-a3hmkm">https://www.forestry.gov.uk/fr/bee-h-a3hmkm</a>
Active Forest Programme	Forestry Commission	Forestry Commission sites: Bedgebury Forest (Kent), Thetford Forest (East Anglia), Sherwood Pines Forest (Mansfield), Dalby Forest (North Yorkshire), Delamere Forest (Cheshire), Cannock Chase (West Midlands)	<a href="https://www.forestry.gov.uk/fr/bee-h-a3hmkm">https://www.forestry.gov.uk/fr/bee-h-a3hmkm</a>
Active Health	Places for People Leisure	Wiltshire	<a href="https://www.placesforpeopleleisure.org/centres/christie-miller-sports-centre/centre-activities/gym/health-and-wellbeing/">https://www.placesforpeopleleisure.org/centres/christie-miller-sports-centre/centre-activities/gym/health-and-wellbeing/</a>

Active Later Life	Inspiring healthy lifestyles	Metropolitan Borough of Wigan	<a href="http://www.getactivewiganandleigh.co.uk/active-living-programmes/active-later-life/">http://www.getactivewiganandleigh.co.uk/active-living-programmes/active-later-life/</a>
Active Lives	Edinburgh Leisure	Edinburg	<a href="https://www.edinburghleisure.co.uk/home">https://www.edinburghleisure.co.uk/home</a>
Active Minds	Mind in Croydon	London Borough of Croydon	<a href="http://www.mindincroydon.org.uk/active-minds.asp">http://www.mindincroydon.org.uk/active-minds.asp</a>
Active Wellbeing	Enable Leisure and Culture	Wandsworth Borough	<a href="http://enablelc.org/leisure/active-wellbeing/">http://enablelc.org/leisure/active-wellbeing/</a>
Active Wellbeing	Suffolk Sport	Suffolk, East of England	<a href="http://www.suffolksport.com/activewellbeing">http://www.suffolksport.com/activewellbeing</a>
Active Ability, Southampton	Active Nation	Southampton	<a href="http://activation.org.uk/active-ability/">http://activation.org.uk/active-ability/</a>
Activity Referral Scheme	Inspiring healthy lifestyles	Wigan Borough	<a href="http://www.getactivewiganandleigh.co.uk/active-living-programmes/referral-scheme/">http://www.getactivewiganandleigh.co.uk/active-living-programmes/referral-scheme/</a>
Amaven	Amaven	Cheshire, Surrey, Lancashire, Yorkshire, Midlands, Manchester, London	<a href="http://www.amaven.co.uk/">http://www.amaven.co.uk/</a>
BALANCE programme	Trafford Leisure	Trafford	<a href="http://www.traffordccg.nhs.uk/news/active-living-b-a-l-a-n-c-e-programme/">http://www.traffordccg.nhs.uk/news/active-living-b-a-l-a-n-c-e-programme/</a>
Beat The Street, Lowestoft	Intelligent Health	Lowestoft	<a href="http://www.lowestofrising.co.uk/beat-the-street">http://www.lowestofrising.co.uk/beat-the-street</a>
BEATS (Bury's Exercise And Therapy Scheme)	Bury Council	Bury, Lancashire	<a href="http://www.bury.gov.uk/beats">http://www.bury.gov.uk/beats</a>
Belong Exercise	Belong	Macclesfield, Warrington, Crewe, Atherton	<a href="https://www.belong.org.uk/">https://www.belong.org.uk/</a>
BH Live Exercise Referral Scheme	BH Live	Bournemouth, Dorset	<a href="https://www.bhliveactive.org.uk/programmes/exercise-referral/">https://www.bhliveactive.org.uk/programmes/exercise-referral/</a>
Bicton College Rounders - Foundation Students	LED Leisure	East Budleigh, Budleigh Salterton, Devon	<a href="https://www.ledleisure.co.uk/">https://www.ledleisure.co.uk/</a>
Blackburn Couch to 5k	Rick Wilson	Blackburn, Rishton and Clayton Le Moors, Lancashire	<a href="https://en-gb.facebook.com/5kGroupRun/">https://en-gb.facebook.com/5kGroupRun/</a> <a href="http://www.5kgrouprun.co.uk/">http://www.5kgrouprun.co.uk/</a>
BodyBASIC	Basic Charity	Salford, Greater Manchester	<a href="https://www.basiccharity.org.uk/">https://www.basiccharity.org.uk/</a>
Branching Out	Forestry Commission, Scotland	Scotland	<a href="http://scotland.forestry.gov.uk/supporting-strategy-policy-guidance/health-strategy/branching-out">http://scotland.forestry.gov.uk/supporting-strategy-policy-guidance/health-strategy/branching-out</a>
Cancer Rehab	Places for People Leisure, Broadbridge Heath Leisure centre	Horsham	<a href="https://www.placesforpeopleleisure.org/centres/broadbridge-heath-leisure-centre/">https://www.placesforpeopleleisure.org/centres/broadbridge-heath-leisure-centre/</a>
Cancer Transitions Programme	Rehabilitation Unit, St Bartholomew's Hospital	London	<a href="https://www.bartshealth.nhs.uk/st-bartholomews">https://www.bartshealth.nhs.uk/st-bartholomews</a>
Cancer Wellness programme	Hood Park Leisure Centre	Ashby De La Zouch Leicestershire and South Derbyshire	<a href="http://www.meashamdoctors.co.uk/info.aspx?p=19">http://www.meashamdoctors.co.uk/info.aspx?p=19</a>
Carlisle Doorstep Walks	Walking for Health	Carlisle District, Country of Cumbria	<a href="https://www.walkingforhealth.org.uk/walkfinder/north-west/carlisle-doorstep-walks">https://www.walkingforhealth.org.uk/walkfinder/north-west/carlisle-doorstep-walks</a>
Challenge through Sport Initiative	Lancashire Sport	Lancashire	<a href="https://www.lancshiresport.org.uk/projects/challenge-through-sport-initiative">https://www.lancshiresport.org.uk/projects/challenge-through-sport-initiative</a>
Chair Exercise Clubs	Fit Over Fifty	Tameside, Manchester	<a href="http://www.fitoverfifty.org/">http://www.fitoverfifty.org/</a>
Claremont Project	Claremont Project	Angel, Islington (London)	<a href="http://www.claremont-project.org/">http://www.claremont-project.org/</a>

Click into Activity	South Somerset District Council	Broadway, Chard, Crewkerne and Ilminster surgeries. South Somerset District, Dorset.	<a href="https://www.southsomerset.gov.uk/latest-news/july-2016/click-into-activity-project-is-changing-peoples-lives/">https://www.southsomerset.gov.uk/latest-news/july-2016/click-into-activity-project-is-changing-peoples-lives/</a>
Commando Cadets	OzoneFIT Military Fitness	Lancashire	<a href="http://www.ozonefit.co.uk/commando-cadets-childrens-parties/">http://www.ozonefit.co.uk/commando-cadets-childrens-parties/</a>
Community Chair Based Exercise Programme	Wakefield Council	Wakefield	<a href="http://www.wakefield.gov.uk/">http://www.wakefield.gov.uk/</a>
Community Weight Management Programme	Inspiring Healthy Lifestyles	Wigan Borough	<a href="http://www.inspiringhealthylifestyles.org/">http://www.inspiringhealthylifestyles.org/</a>
Cycle 4 Health	Cycling UK	Bradford, Calderdale, Kirklees, Leeds, Wakefield	<a href="http://www.cyclinguk.org/">http://www.cyclinguk.org/</a>
Dance Action Zone Leeds (DAZL)	Dance Action Zone Leeds	Leeds	<a href="http://www.dazl.org.uk/">http://www.dazl.org.uk/</a>
Dancing In Time	Yorkshire Dance	Leeds, West Yorkshire	<a href="https://yorkshiredance.com/">https://yorkshiredance.com/</a>
Dementia Adventure Holidays	Dementia Adventure	England, Scotland, Wales	<a href="http://www.dementiaadventure.co.uk/holidays">http://www.dementiaadventure.co.uk/holidays</a>
Discovery Swimming	Places for People Leisure	Horsham, Billingshurst and Steyning (West Sussex)	<a href="https://www.placesforpeopleleisure.org/centres/broadbridge-heath-leisure-centre/">https://www.placesforpeopleleisure.org/centres/broadbridge-heath-leisure-centre/</a>
Dudley Healthy Parks (formally Dudley Healthy Towns)	Dudley Metropolitan Borough Council	Dudley Borough	<a href="https://lets-get.com/explore/">https://lets-get.com/explore/</a>
Exercise on Referral	Places for People Leisure	Surrey (Mole Valley District Council)	<a href="https://www.placesforpeopleleisure.org/centres/dorking-sports-centre/">https://www.placesforpeopleleisure.org/centres/dorking-sports-centre/</a>
Exercise on Referral	Impulse Leisure	Grays, Essex Coringham, Essex South Ockendon, Essex Lancing, West Sussex Southwick, West Sussex West Chanctonbury, West Sussex	<a href="http://impulseleisure.co.uk/centres/blackshots">http://impulseleisure.co.uk/centres/blackshots</a>
Exercise prescription in Rheumatology	Royal National Orthopaedic Hospital NHS Trust	London	<a href="https://www.rnoh.nhs.uk/health-professionals/consultants/dr-roger-wolman">https://www.rnoh.nhs.uk/health-professionals/consultants/dr-roger-wolman</a>
Exercise Referral	YMCA London South West	Merton	<a href="http://www.ymcalsw.org/contact-us/">http://www.ymcalsw.org/contact-us/</a>
Exercise Referral	Places for People Leisure	Norwich City	<a href="https://www.placesforpeopleleisure.org/centres/riverside-leisure-centre/">https://www.placesforpeopleleisure.org/centres/riverside-leisure-centre/</a>
Exercise Referral Scheme	1Life	St Albans City and District Council	<a href="http://www.1life.co.uk/st-albans-city-district-council/">http://www.1life.co.uk/st-albans-city-district-council/</a>
Extension of GP exercise referral programme	CSW Sport	Leamington and Kenilworth, Warwickshire	<a href="http://www.cswsport.org.uk/home">http://www.cswsport.org.uk/home</a>
Finlake Health & Leisure Club	Haulfryn Group	Newton Abbot, Devon	<a href="http://www.finlakefitness.co.uk/">http://www.finlakefitness.co.uk/</a>
First Steps to Fitness	Everyone Active	Chichester District	<a href="https://www.everyoneactive.com/centre/westgate-leisure-centre/">https://www.everyoneactive.com/centre/westgate-leisure-centre/</a>
Fit 4 YOUTH	Berkshire Youth	Berkshire	<a href="http://www.berkshiryouth.co.uk/">http://www.berkshiryouth.co.uk/</a>
Fit for a Fiver Fit Swim	Wolverhampton Council	Wolverhampton	<a href="http://www.wolverhampton.gov.uk/article/2339/Exercise-programme-helps-city-get-Fit-for-a-Fiver">http://www.wolverhampton.gov.uk/article/2339/Exercise-programme-helps-city-get-Fit-for-a-Fiver</a>
Fit for Health	Edinburgh Leisure	Edinburgh	<a href="https://www.edinburghleisure.co.uk/fit-for-health">https://www.edinburghleisure.co.uk/fit-for-health</a>

Fit Villages	Suffolk Sport	Suffolk	<a href="http://www.suffolksport.com/fitvillages">http://www.suffolksport.com/fitvillages</a>
Fitness 4 ALL	Beyond Boundaries	Pilot ran in Mulgrave primary School, South East London.	<a href="https://beyondboundariesoa.co.uk/">https://beyondboundariesoa.co.uk/</a>
Fitness In Mind™	Brentwood Leisure Trust	Brentwood, Essex	<a href="http://www.brentwood-centre.co.uk/sport-and-leisure/fitness-in-mind">http://www.brentwood-centre.co.uk/sport-and-leisure/fitness-in-mind</a>
Forever Active	Places for People Leisure	Kingston upon Thames, Surrey	<a href="https://www.placesforpeopleleisure.org/centres/kingfisher-leisure-centre/">https://www.placesforpeopleleisure.org/centres/kingfisher-leisure-centre/</a>
Fun & Fit	Active Norfolk	Norfolk	<a href="http://www.activenorfolk.org/">http://www.activenorfolk.org/</a>
HCCN Get Active	Marion Foreman of Forefront Fitness	Huntingdon, Cambridge	<a href="http://www.hccn.org.uk/hccn-get-active-programme/">http://www.hccn.org.uk/hccn-get-active-programme/</a>
Get Active – GP Referral	Places for People Leisure	Farnborough/Aldershot, Hampshire	<a href="https://www.placesforpeopleleisure.org/centres/billingshurst-leisure-centre/centre-activities/gym/health-and-wellbeing/">https://www.placesforpeopleleisure.org/centres/billingshurst-leisure-centre/centre-activities/gym/health-and-wellbeing/</a>
Get Active Local – Witness Da Fitness	Delivered for Wandsworth Council by Enable Leisure and Culture	Battersea	<a href="https://twitter.com/wd_fitness?lang=en">https://twitter.com/wd_fitness?lang=en</a>
Get Girl Guides Moving	Active Cumbria	Cumbria, North West England	<a href="http://www.activecumbria.org/about-us/core-team/">http://www.activecumbria.org/about-us/core-team/</a>
Get Going	Edinburgh Leisure	Edinburgh	<a href="https://www.edinburghleisure.co.uk/activities/be-active/get-going">https://www.edinburghleisure.co.uk/activities/be-active/get-going</a>
Get Healthy Get Active	Sefton Council	Sefton	<a href="https://www.sefton.gov.uk/1267">https://www.sefton.gov.uk/1267</a>
Get Healthy Get Active	Wakefield Council	Wakefield Council ward areas	<a href="http://www.wakefield.gov.uk/residents/sport-and-leisure/wakefield-wellbeing/get-healthy-get-active">http://www.wakefield.gov.uk/residents/sport-and-leisure/wakefield-wellbeing/get-healthy-get-active</a>
Get Healthy, Get Into Sport (Leicestershire)	Leicester–Shire & Rutland Sport	New Parks in Leicester City and Greenhill in North West Leicestershire	<a href="http://www.lrsport.org/ghgis">http://www.lrsport.org/ghgis</a>
Get Moving	Edinburgh Leisure	Edinburgh	<a href="https://www.edinburghleisure.co.uk/get-moving">https://www.edinburghleisure.co.uk/get-moving</a>
Get Out Get Active	University of Leeds	Leeds	<a href="http://sport.leeds.ac.uk/sport/get-out-get-active/">http://sport.leeds.ac.uk/sport/get-out-get-active/</a>
Get Out Get Active (GOGA)	English Federation of Disability Sport	Armagh City, Banbridge and Craigavon Council Bradford Council Derry City and Strabane Council Fife Council Forth Valley Grampians Greater Manchester – Manchester City Council Greater Manchester – Rochdale Borough Council Greater Manchester – Wigan Council Kent/Thanet Lincolnshire London – Lambeth Council London – Wandsworth Council Nottingham City Council Stoke-on-Trent City Council Pembrokeshire County Council Rhondda Cynon Taf County Borough Council Wrexham County Borough Council	<a href="http://www.efds.co.uk/GOGA">http://www.efds.co.uk/GOGA</a>

GO Active, Get Healthy	Oxfordshire Sport & Physical Activity	Oxfordshire	<a href="http://www.getoxfordshireactive.org/">http://www.getoxfordshireactive.org/</a>
GP Exercise Referral	KCC Public Health, Tunbridge Wells Borough Council and Fusion Lifestyle	The Borough of Tunbridge Wells	<a href="http://www.tunbridgewells.gov.uk/residents/improving-health/choose-health/3">http://www.tunbridgewells.gov.uk/residents/improving-health/choose-health/3</a>
GP Programme	Everyone Active	Melton Mowbray	<a href="https://www.everyoneactive.com/centre/waterfield-leisure-centre/">https://www.everyoneactive.com/centre/waterfield-leisure-centre/</a>
Great East Swim Outreach Programme	Partnership programme between Suffolk Sport, Suffolk County Council and Sport England	The programme is delivered in 2 different towns across Suffolk on an annual basis. These have included Ipswich, Stowmarket, Bury St Edmunds, Newmarket, Lowestoft, Felixstowe, Sudbury	<a href="http://www.suffolksport.com/greateastswim">http://www.suffolksport.com/greateastswim</a>
Greater Manchester GOGA	Greater Sport	Manchester, Wigan and Rochdale	<a href="http://www.greatersport.co.uk/get-active/goga">http://www.greatersport.co.uk/get-active/goga</a>
Health Matters	Places for People Leisure	Dartford, Kent	<a href="https://www.placesforpeopleleisure.org/centres/fairfield-leisure/centre-activities/gym/health-and-wellbeing/">https://www.placesforpeopleleisure.org/centres/fairfield-leisure/centre-activities/gym/health-and-wellbeing/</a>
Healthwise	Greenwich Leisure Limited	East London – Newham, Tower Hamlets, Hackney, Waltham Forest and Queen Elizabeth Olympic Park	<a href="http://www.gll.org/b2b/pages/health">http://www.gll.org/b2b/pages/health</a>
Healthy Active Minds	Edinburgh Leisure	Edinburgh	<a href="https://www.edinburghleisure.co.uk/health-active-minds">https://www.edinburghleisure.co.uk/health-active-minds</a>
Healthy Hub Stevenage	Healthy Hub Stevenage	Stevenage and surrounding areas	<a href="http://www.healthyhubstevenage.co.uk/">http://www.healthyhubstevenage.co.uk/</a>
Healthy Living Programme		Barnet, Enfield, Hampstead	
Healthy Schools	YMCA London South West	Mitcham (London Borough of Merton)	<a href="http://www.ymcalsw.org/healthy-schools-programme/">http://www.ymcalsw.org/healthy-schools-programme/</a>
Healthkick	Places for People Leisure	Ferndown, Dorset	<a href="https://www.placesforpeopleleisure.org/centres/ferndown-leisure-centre/">https://www.placesforpeopleleisure.org/centres/ferndown-leisure-centre/</a>
Hertfordshire Health Walks	Herts County Council	Hertfordshire – County-wide	<a href="https://www.hertfordshire.gov.uk/services/recycling-waste-and-environment/countryside-management/hertfordshire-health-walks/hertfordshire-health-walks.aspx">https://www.hertfordshire.gov.uk/services/recycling-waste-and-environment/countryside-management/hertfordshire-health-walks/hertfordshire-health-walks.aspx</a>
Huntingdonshire District Council Exercise Referral Scheme	Huntington District Council	Huntingdon, St Ives, St Neots, Sawtry, Ramsey (Huntingdonshire/Cambridgeshire)	<a href="http://www.huntingdonshire.gov.uk/leisure/exercise-referral-scheme/">http://www.huntingdonshire.gov.uk/leisure/exercise-referral-scheme/</a>
I Will If You Will	I Will If You Will, Bury Sports & Physical Activity Service	Bury	<a href="http://www.iwillifyouwill.co.uk/about-us/meet-the-team/">http://www.iwillifyouwill.co.uk/about-us/meet-the-team/</a>
Inclusive Fitness		Bordon and surrounding areas	
Active Choices	Inspiring Healthy Lifestyles	Wigan	<a href="http://www.getactivewiganandleigh.co.uk/active-living-programmes/active-choices/">http://www.getactivewiganandleigh.co.uk/active-living-programmes/active-choices/</a>



Join the Momentum	Rugby League Cares	Huddersfield, Leeds, Hull, Castleford, Featherstone, Hunslet, Warrington, Widnes, Leigh, Wigan, St Helens, Cumbria, Newcastle, Gateshead, Liverpool, Essex, London	<a href="https://www.jointhemomentum.co.uk/contact-us">https://www.jointhemomentum.co.uk/contact-us</a>
Keep Active Keep Well	British Lung Foundation	Milton Keynes, Greenwich, Gateshead and Isle of Wight	<a href="https://www.blf.org.uk/your-stories/keep-active-keep-well">https://www.blf.org.uk/your-stories/keep-active-keep-well</a>
KickStart 100	Disability Karate Federation	Buckinghamshire, Oxfordshire, Stafford, Rugeley, Derby, Newcastle, Durham, Caernavon, London, Dumfries, Devon, Wiltshire	<a href="https://www.disabilitykarate.co.uk/">https://www.disabilitykarate.co.uk/</a>
Ladypace Fitness	Ladypace	Kidlington, Oxfordshire	<a href="http://www.ladypacekidlington.co.uk/">http://www.ladypacekidlington.co.uk/</a>
Learn to Run	Hertsmere Borough Council	Borehamwood, Bushey, Potters Bar	<a href="https://www.hertsmere.gov.uk/home.aspx">https://www.hertsmere.gov.uk/home.aspx</a>
Let's Get Movin'	Inspiring Health Lifestyles on behalf of Wigan Council	Wigan	<a href="https://www.wigan.gov.uk/Resident/Education/Lets-get-movin.aspx">https://www.wigan.gov.uk/Resident/Education/Lets-get-movin.aspx</a>
Let's Get Moving - Essex	ukactive	Addison House - Harlow Lister House - Harlow Kings Medical - Buckhurst Hill Oaklands Surgery - Canvey Island London Road - Wickford Riverside Medical Centre - Hockley Greensward - Hockley Audley Mills - Rayleigh	<a href="http://www.ukactive.com/partnerships/working-with-ukactive/let-s-get-moving">http://www.ukactive.com/partnerships/working-with-ukactive/let-s-get-moving</a>
Let's Get Moving - Kent	ukactive	Meads Medical Centre - Sittingbourne Pelham Medical Practice - Gravesend	<a href="http://www.ukactive.com/partnerships/working-with-ukactive/let-s-get-moving">http://www.ukactive.com/partnerships/working-with-ukactive/let-s-get-moving</a>
Let's Get Physical	Street Games	Birmingham, Sandwell, Coventry, Lincoln, Warwick, Brent, Maidstone	<a href="http://www.streetgames.org/resource/lets-get-fizzical">http://www.streetgames.org/resource/lets-get-fizzical</a>
Lifestyle and Wellbeing Programme	University of Leeds	Leeds	<a href="https://sport.leeds.ac.uk/">https://sport.leeds.ac.uk/</a>
Lifestyle Service	VAST	Stoke on Trent	<a href="http://www.vast.org.uk/">http://www.vast.org.uk/</a>
Health Improvement - Lincolnshire County Council	Lincolnshire County Council	Lincolnshire	<a href="https://www.lincolnshire.gov.uk/health-and-wellbeing">https://www.lincolnshire.gov.uk/health-and-wellbeing</a>
Live Active	Active Tameside	Tameside	<a href="http://www.activetameside.com/">http://www.activetameside.com/</a>
Macmillan Feel Good Move More Walsall	Macmillan in partnership with Walsall Healthcare NHS Trust	Walsall	<a href="https://www.walsallhealthcare.nhs.uk/cancer/physical-activity.aspx">https://www.walsallhealthcare.nhs.uk/cancer/physical-activity.aspx</a>
Make It Count	Walsall Healthcare NHS Trust	Walsall	<a href="http://nhfshare.heartforum.org.uk/RMAssets/Casestudies/Walsall_Make_it_Count.pdf">http://nhfshare.heartforum.org.uk/RMAssets/Casestudies/Walsall_Make_it_Count.pdf</a>
Mamafit	Mamafit	Liverpool, Widnes	<a href="http://www.diversehealthandfitness.com/">http://www.diversehealthandfitness.com/</a>
Megamovers	Simply Limitless Wellbeing Centre	Kidderminster, Worcestershire	<a href="http://www.simply-limitless.org">http://www.simply-limitless.org</a>
Move More Aberdeen	Sport Aberdeen	Aberdeenshire	<a href="http://www.sportaberdeen.co.uk/activities/be-active/live-well/movemore-aberdeen/">http://www.sportaberdeen.co.uk/activities/be-active/live-well/movemore-aberdeen/</a>

Move More Edinburgh	Edinburgh Leisure	Edinburgh	<a href="https://www.edinburghleisure.co.uk/activities/be-active/move-more-edinburgh">https://www.edinburghleisure.co.uk/activities/be-active/move-more-edinburgh</a>
Nature4Health	The Mersey Forest	The Mersey Forest - North Cheshire and Merseyside	<a href="http://www.merseyforest.org.uk/about/contact-us/">http://www.merseyforest.org.uk/about/contact-us/</a>
Neighbourhood Life	Shropshire Community Leisure Trust	Shrewsbury & Oswestry	<a href="http://www.shropshireleisurecentres.com/oswestry/Neighbourhood-Life">http://www.shropshireleisurecentres.com/oswestry/Neighbourhood-Life</a>
Oasis exercise referral programme	Freedom Leisure	Wealden District, Hailsham, Stone Cross, Polegate, Hellingly, Herstmonceux, Heathfield. Eastbourne, East Sussex	<a href="http://www.wealdencommunitystrategy.co.uk/about_us/lsp_meetings_and_events/Presentations/220512/Freedom%20Leisure%20-%20GP%20Referral%20Programme.pdf">http://www.wealdencommunitystrategy.co.uk/about_us/lsp_meetings_and_events/Presentations/220512/Freedom%20Leisure%20-%20GP%20Referral%20Programme.pdf</a>
Oldham Community Leisure	Oldham Active	Oldham Borough	<a href="https://oclactive.co.uk/">https://oclactive.co.uk/</a>
OPAL Outdoor Play and Learning	OPAL	Across the UK	<a href="http://outdoorplayandlearning.org.uk/">http://outdoorplayandlearning.org.uk/</a>
PALS (Practice Activity & Leisure Scheme)	Kirklees Council	Kirklees Metropolitan Council (including Huddersfield, Dewsbury, Mirfield, Batley, Dewsbury and Cleckheaton)	<a href="http://www.kirklees.gov.uk/beta/food-exercise-and-sport/pals.aspx">http://www.kirklees.gov.uk/beta/food-exercise-and-sport/pals.aspx</a>
Playing Out	Playing Out	Across the UK	<a href="http://playingout.net/about/who-we-are/">http://playingout.net/about/who-we-are/</a>
Powerbelle	Sheffield Hallam University	Sheffield, South Yorkshire	<a href="https://www.facebook.com/pg/PowerbellePerformance/about/?ref=page_internal">https://www.facebook.com/pg/PowerbellePerformance/about/?ref=page_internal</a>
Pre Diabetes Programme	Fusion Lifestyle	Hounslow	<a href="http://newsite.fusion-lifestyle.com/contracts/London_Borough_of_Hounslow">http://newsite.fusion-lifestyle.com/contracts/London_Borough_of_Hounslow</a>
Project HE:RO (Health Engagement Real Outcomes)	Evolve	Yorkshire, Lincolnshire, Nottinghamshire, Coventry, Birmingham, West Midlands, Wolverhampton, London, South Wales.	<a href="http://www.evolve-si.com/index.php/project-hero/">http://www.evolve-si.com/index.php/project-hero/</a>
RideWise	RideWise	Nottingham and the East Midlands	<a href="http://www.ridewise.org.uk/ride/">http://www.ridewise.org.uk/ride/</a>
Rotherham Active for Health	Active for Health	Rotherham	<a href="http://www.rotherham.gov.uk/rga/active-for-health">http://www.rotherham.gov.uk/rga/active-for-health</a>
Rotherham - Shape Up Weight Management Programme	Places for People Leisure - Rotherham Leisure Complex	Rotherham	<a href="https://www.placesforpeopleleisure.org/centres/maltby-leisure-centre/shape-up">https://www.placesforpeopleleisure.org/centres/maltby-leisure-centre/shape-up</a>
SIV Physical Activity Referral Scheme	SIV	Sheffield- South Yorkshire	<a href="https://siv.org.uk/fitness/exercise-referral-scheme">https://siv.org.uk/fitness/exercise-referral-scheme</a>
Slimming World Body Magic	Slimming World	Throughout the UK and Republic of Ireland	<a href="http://www.slimmingworld.co.uk/getting-active/benefits.aspx">http://www.slimmingworld.co.uk/getting-active/benefits.aspx</a>
Southwark Exercise on Referral Programme	Everyone Active	London / Southwark Borough	<a href="https://www.everyoneactive.com/southwark-exercise-referral/">https://www.everyoneactive.com/southwark-exercise-referral/</a>
Specialist Physical Activity Service	Life Leisure	Stockport	<a href="http://www.lifeleisure.net/enterprise/home">http://www.lifeleisure.net/enterprise/home</a>
Specialist Weight Management Service	Kent Community Health NHS Trust Foundation	Swale Borough Council Area - Sittingbourne, Faversham and Sheppey	<a href="https://www.kenthealthandwellbeing.nhs.uk/healthy-weight/specialist-weight-management/">https://www.kenthealthandwellbeing.nhs.uk/healthy-weight/specialist-weight-management/</a>
Sport without Limits	Royal Society for Blind People	London and East Sussex	<a href="http://www.rsbc.org.uk/">http://www.rsbc.org.uk/</a>
SportyMates	Wakefield Council	Wakefield District	<a href="http://www.wakefield.gov.uk/">http://www.wakefield.gov.uk/</a>

Spring Into Action	The Royal Marsden NHS Foundation Trust	London and Sutton	<a href="https://www.royalmarsden.nhs.uk/your-care/living-and-beyond-cancer/staying-active-0">https://www.royalmarsden.nhs.uk/your-care/living-and-beyond-cancer/staying-active-0</a>
Springing Kids into Life	EHW – Schools Active (Formerly Springing Kids into Life)	Brighton, Hailsham East-bourne	<a href="http://ehwuk.co.uk/">http://ehwuk.co.uk/</a>
St Austell Healthcare Social Prescribing	St Austell Healthcare	St Austell, Cornwall	<a href="http://www.staustellhealthcare.co.uk/">http://www.staustellhealthcare.co.uk/</a>
Steady Steps	Edinburgh Leisure	Edinburgh	<a href="https://www.edinburghleisure.co.uk/activities/be-active/steady-steps">https://www.edinburghleisure.co.uk/activities/be-active/steady-steps</a>
Steel City Fit Club	SIV	Sheffield	<a href="https://siv.org.uk/scfc">https://siv.org.uk/scfc</a>
Step Count Challenge	Paths for All	Scotland – Inverclyde, Renfrewshire, West Dunbartonshire, East Dunbartonshire, Glasgow, East Renfrewshire, North Lanarkshire, Falkirk, West Lothian, Edinburgh, Midlothian, East Lothian, Clackmannanshire, Fife, Dundee, Angus, Aberdeenshire, Aberdeen, Moray, Highland, Argyll and Bute, Perth and Kinross, Stirling, North Ayrshire, East Ayrshire, South Ayrshire, Dumfries and Galloway, South Lanarkshire, Scottish Borders, Orkney, Shetland. A number of workplaces in London	<a href="http://www.stormhealth.com/what-we-do/physical-activity-challenges/">http://www.stormhealth.com/what-we-do/physical-activity-challenges/</a>
Steps to Health	Parkwood Community Leisure	Leek, Cheadle, Biddulph (Staffordshire)	<a href="http://www.parkwoodleisure.co.uk/">http://www.parkwoodleisure.co.uk/</a>
Swim4Health	Places for People Leisure	Heanor – Derbyshire	<a href="https://www.placesforpeopleleisure.org/centres/william-gregg-vc-leisure-centre/">https://www.placesforpeopleleisure.org/centres/william-gregg-vc-leisure-centre/</a>
The FABS Training Programme for COPD patients	Move it or Lose it!	Birmingham Cross City CCG	<a href="https://www.moveitorloseit.co.uk/keeping-older-demographic-moving/">https://www.moveitorloseit.co.uk/keeping-older-demographic-moving/</a>
The Health and Sport Engagement (HASE) Project [funded through Get Health Get Active)	The HASE study is a collaborative partnership between local community sport deliverers and sport and public health researchers	London Borough of Hounslow	<a href="http://bmjopen.bmj.com/content/5/10/e009276">http://bmjopen.bmj.com/content/5/10/e009276</a>
The King's School Recreation Centre Exercise Referral Scheme	King's Canterbury School	Canterbury	<a href="http://www.kingsrecreation.co.uk/fitness/exercise-referral/">http://www.kingsrecreation.co.uk/fitness/exercise-referral/</a>
UoC Road runners	University of Cumbria	Carlisle, Cumbria, England. Based at UoC Fusehill Street Campus Sports Centre	<a href="https://groups.runtogether.co.uk/Universityof-CumbriaRoadRunners">https://groups.runtogether.co.uk/Universityof-CumbriaRoadRunners</a>
Virgin Active 'Active Crew'	Youth Sport Trust	Northampton, Chigwell Solihull, Sheffield Manchester, Preston Swiss Cottage, Crouch End	<a href="https://www.youthsporttrust.org/virgin-active-crew-club">https://www.youthsporttrust.org/virgin-active-crew-club</a>

Walking Football	Places for People	Felixstowe/Suffolk	<a href="https://www.placesforpeopleleisure.org/centres/brackenbury-sports-centre/">https://www.placesforpeopleleisure.org/centres/brackenbury-sports-centre/</a>
Walking for Health	Ramblers	England-wide	<a href="https://www.walkingforhealth.org.uk/about-us/meet-team">https://www.walkingforhealth.org.uk/about-us/meet-team</a>
Wandsworth Exercise on Referral	Enable Leisure and Culture	Wandsworth	<a href="http://enablelc.org/leisure/exercise-on-referral/">http://enablelc.org/leisure/exercise-on-referral/</a>
WellBalanced Community Falls Prevention Service	Zest People	Mid Sussex Wellbeing Service - Burgess Hill, East Grinstead, Haywards Heath Chichester District Wellbeing Service - Chichester Central, Midhurst, Selsey	<a href="http://www.zestpeople.co.uk/">http://www.zestpeople.co.uk/</a>
Wokingham Active GP Referral Physical Activity Scheme	Wokingham Borough Council	Wokingham Borough Residents, Berkshire	<a href="http://www.wokingham.gov.uk/sports-and-activities/activities-for-adults/activities-and-sports-for-adults/">http://www.wokingham.gov.uk/sports-and-activities/activities-for-adults/activities-and-sports-for-adults/</a>
Working Well	Provide	Across Essex excluding Thurrock and Southend	<a href="http://providearchive.provide.org.uk/working-well-mid-essex/">http://providearchive.provide.org.uk/working-well-mid-essex/</a>
Workplace Challenge	CSPN Network	National	<a href="http://www.workplacechallenge.org.uk">www.workplacechallenge.org.uk</a>
Your Journey	Places for People	Milton Keynes	<a href="https://pfpl-production.azurewebsites.net/centres/middleton-pool/centre-activities/gym/gym-introduction/">https://pfpl-production.azurewebsites.net/centres/middleton-pool/centre-activities/gym/gym-introduction/</a>
Your Move	YMCA	Wyre and Fylde within Lancashire. Thornton-Cleveleys, Poulton-le-Fylde, Fleetwood, Garstang, Lytham-St-Anne's, Kirkham	<a href="http://yourmoveprogramme.co.uk/">http://yourmoveprogramme.co.uk/</a>

# Appendix 2: Survey Questions

1. What is the name of your programme?

2. Who is the programme coordinator / lead contact?

First Name/Second Name/Job Title

3. Coordinator / lead contact details:

Email Address/Telephone/Address/Programme Twitter

4. In what region(s) is the programme delivered? (Tick all that apply)

Please select option(s):

- North West
- West Midlands
- South West
- North East
- East Midlands
- South East
- Yorkshire and the Humber
- East of England
- London
- Scotland
- Wales
- Northern Ireland
- Other

5. In what town, city and/or county is the programme delivered?

Please provide details (more than one can be added):

6. How long has the programme been running in its current format?

Please select option:

- 0 – 6 months
- 6 – 12 months
- 1 – 2 years
- 2 – 5 years
- 5 – 8 years
- 8 + years
- If 'other', please provide details:

Please provide details (optional):

7. What are the primary aims and objectives of the programme?

- Support whole population-groups to increase physical activity levels
- Support people with certain medical conditions to increase physical activity levels
- Support inactive people to increase physical activity levels
- Support weight loss
- Support social cohesion
- Support participation in sport
- Other (please specify)

Please provide details (optional):

8. How long does the programme last per participant?

- No defined start or end, ongoing
- 0 – 6 weeks
- 6 – 12 weeks
- 12 – 24 weeks
- 6 – 12 months
- 12 – 18 months
- More than 18 months (If the programme lasts more than 18 months, please provide details)

Please provide details (optional):

9a. How many programme sessions are delivered overall per week?

- 1 session per week
- 2 – 5 sessions per week
- More than 6 sessions per week
- Not applicable (i.e. environmental intervention)
- Other (please specify)

9b. How many programme sessions do participants attend per week, either to complete the programme or on average?

- 1 session per week
- 2 – 5 sessions per week
- More than 6 sessions per week
- Not applicable (i.e. environmental intervention)
- Other (please specify)

Please provide details (optional):

10. How long does each programme session last?

- 0 – 10 minutes
- 10 – 30 minutes
- 30 minutes – 1 hour
- 1 hour–2hours
- More than 2 hours
- Not applicable
- Other (please specify)

Please provide details (optional):

11. In which setting is the programme delivered? (Please tick all that apply)

- School
- Workplace
- Local authority leisure facility
- Private leisure facility
- Home-based
- Outdoor settings
- Community venue
- Primary care setting
- Other (please specify)

Please provide details (optional):

12. How are participants recruited to the programme? (Please tick all that apply)

- Self-referral
- Referral through health professional
- Referral through other third party
- Other (please specify):

Please provide details (optional):

13. Does the programme proactively look to engage participants from particular socio-economic groups?

- No
- Yes – If 'Yes', please provide details of what they are and how this is carried out:

Please provide details (optional):

14. Do you have any inclusion criteria for the programme? (Please tick all that apply)

- Age
- Sex
- Ethnicity
- Health indicators such as BMI
- No inclusion criteria
- Other (please specify):

Please provide details (optional):

15. Do you have any exclusion criteria for the programme? (Please tick all that apply)

- High blood pressure
- High BMI
- Previous medical conditions
- Other (please specify)

Please provide details (optional):

16. What types of physical activities are available through the programme? (Please tick all that apply)

- Walking
- Dancing
- Jogging / running
- Cycling
- Swimming
- Group activity classes
- Gym-based sessions
- Condition specific exercise classes
- Resistance exercises
- Lifestyle activity e.g. gardening
- Sports
- Yoga / Pilates / Tai-chi
- Chair-based exercises
- Motivational counselling
- Fall prevention, strength and balance
- Other (please specify)

Please provide details (optional):

17. How many participants take part in the programme on an annual basis? (Note. If programme is less than 12 months please complete for length of programme).

- 0 - 100
- 100 - 250
- 250 - 500
- 500 - 1,000
- 1,000 - 5,000
- 5,000 - 10,000
- 10,000 - 25,000
- More than 25,000 - please provide details:

Please provide details (optional):

18. How many participants take part per session on average?

- 1 on 1
- 2 - 10
- 10 - 25
- 25 - 50
- 50 - 75
- 75 - 100
- 100+
- Not applicable
- Other (please specify)

Please provide details (optional):

19. What % of participants start and complete the full programme?

- 0 - 10%
- 10 - 20%
- 20 - 30%
- 30 - 40%
- 40 - 50%
- 50 - 60%
- 60 - 70%
- 70 - 80%
- 80 - 90%
- 90 - 100%
- Not applicable

Please provide details (optional):

20. What reasons have been cited for dropping-out of the programme? (Please tick all that apply)

- Other commitments
- Lack of motivation
- Lack of time
- Cost
- Family reasons

- Change of circumstances
- Unsuitability of the programme
- Health reasons
- Other (please specify)

21. Do the participants incur any costs during the programme period? (Please tick all that apply)

- Induction / assessment fee
- Fee per session
- No fee
- Other (please specify)

22. What is the total cost to the participants of the entire programme?

- No cost
- £0 – £25
- £25 – £50
- £50 – £100
- More than £100

Please provide details (optional):

23. What are the costs of the programme per participant?

This describes the total cost of the project divided by the total number of people who have received the programme. It should be based on real data where possible, with any estimates or assumptions clearly documented.

Costs should be calculated on the basis of the cost per person receiving the full 'dose' of the programme at follow-up – that is, recruitment, participation and completion of the programme. However, it should also take account of the costs associated with non-completers.

For example, if a walking programme spent a total of £10,000 and recruited 100 participants, but only 50 completed the course, then the cost per participant would be  $£10,000/50 = £200$ .

Cost £:

Please provide details (optional):

24a. How is the programme funded? (Please tick all that apply)

- Local authority
- Central Government
- Clinical commissioning group
- Charity
- Privately
- National Governing Body of Sport
- Other (please specify)

Please provide details (optional):

24b. Who is delivering the programme? (Please tick all that apply)

- Local authority
- Central Government
- Clinical commissioning group
- Charity
- Private Company
- National Governing Body of Sport
- County Sports Partnership
- Local leisure provider
- Other (please specify)

Please provide details (optional):

25. Is there a minimum level of qualification required by the staff delivering the programme?

- NGB qualification
- Fitness qualification
- No qualifications needed
- Counselling qualifications
- REPs accreditation
- Other (please specify)

Please provide details including the type and level of qualification required

26. Do you provide Continuing Professional Development (CPD) opportunities to the staff delivering the programme?

- No
- Yes, please provide details:



27. Did you collect any baseline measures about the health and wellbeing of participants including physical activity levels before the start of the programme?

- Yes
- No
- Other (please specify)

28. If so, please tell us about the questions you asked, and how you collected them e.g. in an interview, via a questionnaire, actual physical measurements?

Qualitative measurements

- Questionnaires
- Focus groups
- One-on-one interviews
- Diary logs
- None taken
- Other (please specify)

Quantitative measurements

- Physical Activity Levels
- Body Mass Index (BMI)
- Blood pressure
- Cholesterol
- Cardiorespiratory fitness
- Psychological outcomes
- Mobility
- Recovery
- None taken
- Other (please specify)

29. Did you collect any measurements at the end of the programme to measure whether the programme had made a positive impact on their health and wellbeing of participants?

- Yes
- No
- Other (please specify)

30. If so, please indicate which measures you used. (Please tick all that apply)

Qualitative measurements

- Questionnaires
- Focus groups
- One-on-one interviews
- Diary logs
- None taken
- Other (please specify)

Quantitative measurements

- Physical Activity Levels
- Body Mass Index (BMI)
- Blood pressure
- Cholesterol
- Cardiorespiratory fitness
- Psychological outcomes
- Mobility
- Recovery
- None taken
- Other (please specify)

31. Did you follow up the participants at any point following completion of the programme to measure whether any change had been sustained over time?

- Yes
- No
- Other (Please specify)

32. If applicable, please provide a summary of the impact that the programme had on the health and wellbeing of participants as assessed using the measures indicated above.

33. If applicable, please provide the results of the actual measures (quantitative) taken:

34. Who, if anyone, has evaluated your programme? (Please tick all that apply)

- In-house evaluation
- External evaluation
- No formal evaluation has been undertaken
- Other (please specify)

Please provide details (optional):

35. Has impact evaluation included a control group?

Note: A control group is defined as the group in a study that does not receive treatment (i.e. does not participate in the programme) and is then used as a benchmark to measure the results of the other tested participants.

- No
- Yes, please provide details

36. Has the programme been scaled up, i.e. operated by someone else, somewhere else whilst continuing to have a positive and direct impact upon outcome measures?

- No
- Yes, please provide details

37. What areas do you think need to be developed to increase the programme's impact, scalability and financial viability?

38. What are the barriers that you face to developing the programme? (Please tick all that apply)

- Financial resources
- External expertise
- Time
- Partnerships
- Other (please specify)

Please provide details (optional):

39. Please provide any additional information.

Thanks for completing this survey.



