

TACKLING INACTIVITY:

Executive Summary Report

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

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

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

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

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

FOREWORD

Tackling inactivity is a key feature of our new strategy.

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

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

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

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

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

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

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



Sarah Ruane
Sarah Ruane
Strategic Lead for Health

THE GET HEALTHY GET ACTIVE PROJECTS

Since March 2013 Sport England has invested £13.8 million into 33 Get Healthy Get Active projects to help us learn about effective approaches to tackling inactivity in communities.

The projects aim to engage with over 300,000 people, to find those who are inactive and support over 25% of them into taking their first steps to becoming active by taking part in at least 30 minutes of sport per week.

When we talk about sport it can cover everything from traditional team sports – football, hockey, basketball etc. – to individual activities such as running, gym and fitness classes and recreational cycling. This can be everything from informal, non competitive activities or adapted sports to more structured competitive opportunities. It doesn't include activities like walking, gardening or DIY.

Most of the projects have tended to focus on non-competitive, informal activities, taking place in familiar community locations. In practice, activities like running, cycling and swimming have tended to be among the most popular options. This is driven by audience insight.

The GHGA projects have worked with a variety of different partners to help deliver the activities. These include NHS healthcare

providers, GP practices, national health charities, sports centres and community groups. Almost 5,000 workplaces also signed up to help increase sport and activity levels through CSP Network's Workplace Challenge.

Research and Evaluation

The projects all have academic partners who rigorously analyse and evaluate what's being done.

Projects collect baseline and follow up data at three, six and 12 months so they can understand how an individual's behaviour has changed for up to a year, as recommended in the Standard Evaluation Framework for Physical Activity.

Potential participants are first asked to fill in the Single Item Measure for physical activity to determine whether they are inactive. This can be confirmed – or sometimes contradicted – by a more detailed assessment of activity levels at this baseline point. Most projects use the International Physical Activity Questionnaire (IPAQ) to better understand inactivity behaviours.

AN OVERVIEW OF THE GET HEALTHY GET ACTIVE PROJECTS

All projects are designed to target audiences who were least likely to be active. For example recruiting those with certain demographics, at certain life transition points (after a health condition diagnosis or after pregnancy) or from certain geographical locations or settings e.g. workplace, sheltered housing and residential care.

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

The projects use a variety of recruitment methods – sometimes more than one. At least two thirds include referrals or 'signposting' from doctors or health workers, though some recruit through slimming clubs, schools, community groups or word-of-mouth peer encouragement.

Projects led by health charities – such as Macmillan Cancer Support, the British Lung Foundation or MIND are using physical activity to help those who use their services.

Individual participation in an activity programme can last from an initial 10 weeks up to the full three years of the project.

People trained to help deliver the projects have included health professionals, sports coaches, local community volunteers and 'workplace champions', who encourage work colleagues to get involved and increase their activity levels.

Training for the project workforce and partners has included first aid, condition specific knowledge, motivational and behaviour change techniques, data collection and marketing. Local knowledge, which can't always be taught, has proved to be invaluable in successfully connecting with participants.



PROJECT IMPACT SO FAR

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

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



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

145,749

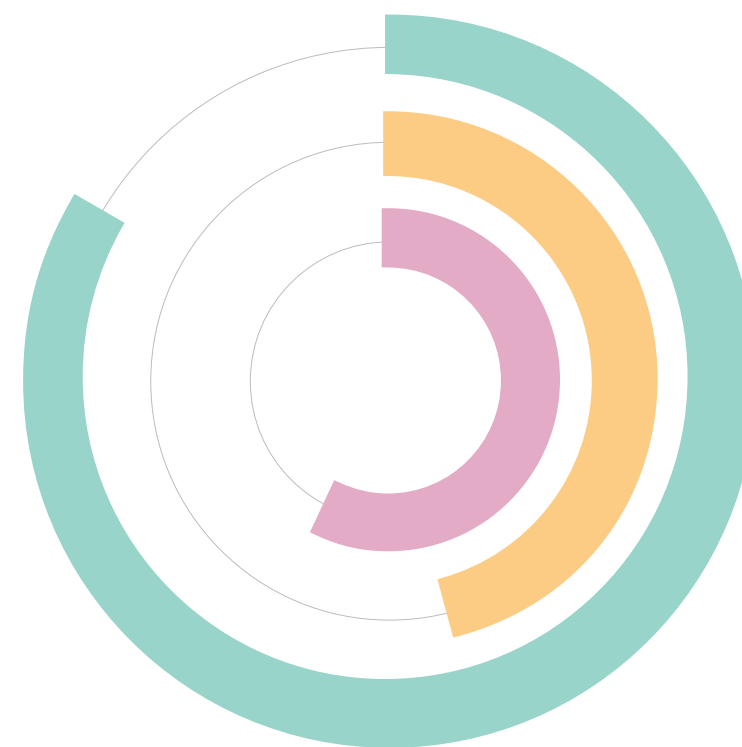
48.5% of people (70,778) classed as **'inactive'**

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

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

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

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



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

44,055

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

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

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

34.5%

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

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

259

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

420

qualifications gained by sports coaches and volunteers

553

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

4,966

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

Key findings

When they were asked after three months, an average of 57% (16,464) of previously inactive people engaging with the projects are still active in sport for at least 30 minutes per week.

That figure compares favourably with NHS 'stop smoking' targets, where a conversion rate of 50% or more has been considered successful in their 'four-week quit' test.¹⁻²

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

Collecting follow-up data has been a challenge for a lot of GHGA projects, and methods are still being developed to increase follow-up response rates (which range from 15-80%).



CONCLUSIONS

and 10 principles for developing projects and services to tackle inactivity

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

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

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

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

Principle 1:

Understand the complex nature of inactivity

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

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

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

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

Principle 2:

Use behaviour change theories

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

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

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

¹ Health & Social Care Information Centre (2014) Statistics on NHS Stop Smoking Services in England. ² West, R. et al. (2013) Performance of English stop smoking services in first 10 years: analysis of service monitoring data. British Medical Journal 2013;347

Principle 3:
Use audience insight

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

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

Principle 5:
Develop and work in quality partnerships

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

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

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

Principle 4:
Reframe the message

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

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

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

Principle 6:
Make sport and activity the norm

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

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

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

Principle 7:
Design the offer to suit your audience

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

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

Principle 9:
Measure behaviour change and impacts

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

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

Principle 8:
Provide support for behaviour change

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

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

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

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

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

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

