



British Heart Foundation Health Promotion Research Group

Improving Health Through Participation in Sport: a review of research and practice

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1. EXECUTIVE SUMMARY

Introduction

This report presents the findings from research commissioned by Sport England to review existing research and practice on improving health through sport. The research is intended to help Sport England align their sporting programmes with health priorities.

The research comprised:

- a rapid purposive review of relevant literature on the promotion of sport targeting inactive people (i.e. people currently not doing any sport or physical activity)
- a survey and series of key informant interviews to identify case studies of sports promotion practice in targeting, recruiting and engaging inactive participants in sports programmes

Results: published literature

There is a strong literature on the health benefits of sport and physical activity. This has been summarised in a number of review documents, most notably the report of the Chief Medical Officers³. This shows that participation in physical activity (including sport) is associated with reduced risk of over 20 health conditions including cardiovascular disease and some cancers. This evidence shows that the greatest potential health benefit derives from increasing the activity levels of the most inactive people (rather than getting those already active to do a little more).

The evidence base for the effectiveness of interventions for the specific promotion of sport is far less developed than for the promotion of physical activity. It appears that most sport programmes are researched within quite a different paradigm to physical activity and health programmes, with a general lack of controlled research designs. A systematic review of interventions implemented through sporting organisations for increasing participation in sport found no studies (using a controlled research design).

However, there is some evidence from the published literature that sport can engage inactive people at an individual or group level, with increased success when targeting those willing and ready to change their behaviour. Two controlled studies measured increases in physical activity participation as a result of structured sports/exercise training sessions delivered in an exercise setting. Both studies showed strong evidence of effectiveness, with sustained vigorous physical activity changes compared to control groups. Three studies measured the effectiveness of counselling sessions for individuals to participate in a sports or physical activity programme. Two of these were effective in increasing physical activity or fitness compared to the control group. Other review-level evidence emphasised the importance of targeting adults and children who are most ready or willing to change; and the importance of taking into account the factors that are known to be correlated with sport participation, such as social interaction and enjoyment.

Results: case studies

Nine UK cases studies were identified (from over 200 initial contacts). These provided evidence that sport can reach inactive people especially if the programmes include the targeting of inactive people and are properly marketed, planned and delivered appropriate to the needs of the target group(s) by empathic motivating leaders. Although it is not possible to say with any precision what makes a project successful in increasing activity among the inactive, there were a number of factors that seemed to be common among many of the successful projects:

Targeting/Marketing:

- effective identification of, and marketing to, inactive people, using data from a variety of sources including: SE market segmentation; Active People survey; joint strategic needs assessment;
- effective identification of, and marketing to, vulnerable inactive people, through the combined efforts of existing statutory and voluntary organisations including community groups and primary care;
- measuring participation in total physical activity using a short questionnaire, before the programme begins to ensure the programme captures those it is targeting;
- working with NHS primary care to target inactive patients through a range of routes, with initial consultation at a range of venues with the use of appropriate images and a variety of indoor and outdoor sports;
- marketing sport in a non-threatening, fun and non-traditional manner utilising a range of marketing channels appropriate to the target groups, including advertising in local community facilities.

Programme Development and Implementation:

- offering formal referral through health and social care professionals and self referral options;
- offering a range of sport and physical activity opportunities appropriate to the needs of the target group and inactive audience, and offered at flexible times, for example, during the day, at evenings and weekends;
- providing a qualified and motivational programme lead with skills in planning, marketing, delivery, communication and partnership working;
- ensuring that coaches/session leaders are aware of the importance of engaging inactive people and the approach required to motivate them;
- ensuring that the programme is designed based on the needs of the local community allowing for flexibility and adaptability;
- allowing a greater amount of time for participants to progress, managing expectations of participants and coach/session leader;
- combining sports with broader physical activity programmes (e.g. walking) to attract inactive people initially;
- producing beginners' guides for the sessions;
- providing incentives to take part, and ensuring participation is low cost;
- making activities easily accessible, (near to home or work) especially in the local community, including providing family focused sessions;
- in workplaces, secure senior staff support for programmes;

Planning for sustainability:

- training community members to lead sessions to enable the continuation of programmes;
- planning support and exit routes for people once they have finished their programme, to increase sustainability.

Monitoring and evaluating:

- including monitoring and evaluation requirements in initial project plans which support the achievement of the main outcomes of the programme;
- ensuring that measures of total physical activity are taken at baseline, at the end of the programme and ideally, six and twelve months later, as recommended in the National Obesity Observatory's *standard evaluation framework for physical activity*.

While the case study review showed that there are some approaches to monitoring that are effective, it also revealed that the majority of activity in this area is relatively unfocussed. In particular, data management has been shown to be poor in the vast majority of cases. Many projects started collecting data and then stopped, or collected baseline data and did not plan a follow-up. Some projects collected data but did not analyse it. Overall, it seems that the quality and quantity of monitoring and evaluation activity needs to be increased.

Recommendations:**Sports agencies (including governing bodies) should:**

- establish more robust systems for the evaluation of sports promotion projects, that enable an assessment of the effectiveness of the project in increasing participation in sport, ideally using a controlled research design;
- plan programmes to target inactive people, including measurement of physical activity levels before and after the programme;
- support project managers with training and guidance on targeting, marketing and monitoring.

Sport England should:

- develop a strategy for improving health through sport;
- develop an evaluation framework for sport projects that encourages the use of controlled research designs;
- agree a standardised measure of physical activity for use by sport promotion projects;
- support project managers with training and guidance on targeting, marketing and monitoring;
- develop, fund and evaluate pilot projects that specifically set out to reach inactive people, and use a controlled research design;
- ensure that pilot projects are sustainable and can be scaled up once the initial pilot funding ceases.

2. Introduction

Purpose of the report

This report presents the findings from research commissioned by Sport England to review existing research and practice on improving health through sport. The research is intended to help Sport England align their sporting programmes with health priorities.

Background to the research

Sport England launched a new strategy in January 2012. This set out the ambition that by 2017 – five years after the Olympic Games – there will have been a transformation in sport in England so that sport becomes a habit for life for more people and a regular choice for the majority. The strategy aims to:

- see more people taking on and keeping a sporting habit for life;
- create more opportunities for young people;
- nurture and develop talent;
- provide the right facilities in the right places;
- support local authorities and unlock local funding;
- ensure real opportunities for communities.

Specific targets announced in the strategy included:

- a year on year increase in the proportion of people who play sport once a week for at least 30 minutes;
- an increase in the proportion of 14-25 year olds playing sport once a week;
- a reduction in the proportion of people dropping out of sport.

The strategy was based on consultation with 500 stakeholders, clubs and participants, which confirmed strong support for this new approach.

One of the commitments in the new strategy was to 'review the evidence of what works and look at how sport can best make a contribution to improving health and growing participation.' There are currently nearly 14 million people in England who do not participate in any sport or physical activity¹. This review therefore addresses how sport can reach inactive people who do little or no sport, and encourage them to take up sport regularly and improve their health.

3. Aim of the research

To review existing research in order to determine how Sport England can best align their sporting programmes with health priorities.

We set out to achieve this aim by identifying what evidence is available and what are the best mechanisms to use this evidence with future commissioners and stakeholders.

Research Objectives

Objective 1 - to identify what are the health priorities of Sport England, in relation to their specific sports and physical activity promotion programmes and projects.

Objective 2 - to conduct a rapid purposive review of relevant published, ongoing and grey research of the effectiveness of interventions, economics and programme evaluations of sport promotion targeting inactive people (no sport or physical activity) participating in sport (priority focus on those aged 14-25, and family approaches).

Objective 3 - to map the range and quality of research identified above using the Research Evidence Framework.

Objective 4 - to conduct a series of key informant interviews with health stakeholders to identify what are the current case studies of sports promotion practice to target, recruit and engage inactive participants to sports programmes; and what are the mechanisms, processes and tools used by these programmes?

Objective 5 - to identify what are the critical success factors (from Objective 3) and recommendations (from Objective 4) and suggest how they could be applied and identify what the types of research and evaluation required to consolidate current SE programmes with health priorities.

A number of key questions were addressed during the research:

- is there evidence to support investment into sport to meet health priorities?, specifically, can sport engage the most inactive people?
- what are the characteristics of success (what are the mechanisms, processes and tools used by these programmes), and how is this evaluated?
- what does current practice say is the best route for sport to engage with health?
- what tools/resources have been used to support local investment into sport to meet health priorities?

4. Methods

Objective 1

To identify what are the health priorities of Sport England, in relation to their specific sports and physical activity promotion programmes and projects.

This was achieved through face-to-face meetings and telephone calls between members of Sport England staff and the Oxford research team to clarify terms, scope, research methods and timelines.

Objective 2

To conduct a rapid purposive review of relevant published, on-going and grey research of the epidemiology, correlates, intervention, economics and programme evaluations of sport promotion targeting inactive people (no sport or physical activity) participating in sport (priority focus on those aged 14-25, and family approaches).

This was achieved through a purposive review of key published review-level research literature. The review focused on identifying observational and experimental reviews of sports promotion interventions with inactive adults. We searched a number of sources including:

- a) **Cochrane Collaboration Systematic reviews**
- b) **NICE Reviews**
- c) **High Impact Systematic Reviews**
- d) **Google searches of related government, NGO websites and publications**
- e) **Expert consultation and reviewers' own files**

We used the definition of sport as stated on the Sport England website.

Full references, results and analysis of each paper is in Appendix One.

Objective 3

To map the range and quality of research identified above using the Research Evidence Framework

We assessed the type of data found using the Research Evidence Framework and produced a summary statement of the strength and quality of research within each sector, with particular emphasis on intervention studies. We assessed the quality of data found in Objective 2 using an adapted version of the risk of bias table². Two review authors assessed the risk of bias. Analysis of non-randomised controlled trials followed the recommendations in Chapter 15 of the Cochrane Handbook for Systematic Reviews of Interventions.

Objective 4

To conduct a series of key informant interviews and case studies with health stakeholders to identify what are the current case studies of sports promotion practice to target, recruit and engage inactive participants to sports programmes; and what are the mechanisms, processes and tools used by these programmes?

Methods: online survey

A questionnaire was developed in consultation with Sport England. The questionnaire focused on gathering initial details of programmes or projects that have successfully promoted sport to people who were previously sedentary or physically inactive. Specifically the questionnaire asked whether the project measured the participant's level of sport/physical activity before and after the programme.

The questionnaire was converted into an online format and piloted with colleagues and members of the target audiences. Suggested refinements were incorporated into the final questionnaire.

An email was sent to over 200 national, regional and local contacts. To maximise response an email was sent via Sport England to key stakeholders and also discussed individually with some organisations. A separate email was also sent out by the research team to additional contacts. The email requested organisations to complete the survey and submit additional evidence via email. In addition organisations were also asked to disseminate the request for evidence across their networks.

One e-mail reminder was sent. In addition, some non-respondents were contacted by telephone, which boosted the response rate. After the survey had closed organisations were invited to submit additional evidence via email to the research team.

An initial sift was conducted which excluded projects which clearly did not meet the inclusion criteria. Where additional confirmation was required contact was made with project leads, initially via email, followed by a brief interview where necessary. Projects which met the criteria were shortlisted for inclusion as a case study.

Methods: semi-structured interviews

Interviews were conducted with the project leads for those projects which were shortlisted. A standardised introduction and discussion guide were developed to ensure consistency. The interviews enabled additional information to be collected regarding the targeting, recruitment and engagement of participants into the programmes. They also provided an opportunity to follow up on additional queries that were raised through the online survey responses or project reports.

Interview notes were compiled into a case study format and sent back to the interviewee for their approval. Copies of all documentation developed and used for the review can be found in Appendix five.

Response

Information regarding 151 projects was received; details of 66 projects were submitted via the survey and an additional 85 project reports were received via email. Fifteen projects met the criteria for inclusion as case studies, although some of these represented the same programme which resulted in a total of 9 case studies.

Full results are shown in chapter 6.

Objective 5

To identify what are the critical success factors (from Objective 3) and recommendations (from Objective 4) and suggest how they could be applied and identify what the types of research and evaluation required to consolidate current SE programmes with health priorities

This analysis is set out in chapters 7 and 8.

5. Results 1: Literature review

Introduction: the literature on sport and health

This review is concerned with the potential synergy between sport and health. The main question for the literature review, as set out in the brief, is:

Can sport engage the most inactive people?

To find the evidence to answer this question means investigating the literature across the disciplines of sport and physical activity.

There is a strong literature on the health benefits of sport and physical activity. This has been summarised in a number of review documents, most notably the report of the Chief Medical Officers³. This shows that participation in physical activity (including sport) is associated with reduced risk of over 20 health conditions including cardiovascular disease and some cancers. This evidence shows that the greatest potential health benefit derives from increasing the activity levels of the most inactive people (rather than getting those already active to do a little more).

There is also a moderately strong literature on the 'correlates' of sport and physical activity. Sometimes referred to as determinants, these are the factors that have been found to be related to sport and physical activity participation. This evidence for both adults and children has been heavily researched and is dominated by socio-demographic, psychological, social and physical environments. So for example we know that physical activity is strongly related to time spent outside among young people⁴, and social support is important for adults' participation⁵. However, this type of literature only shows associations: it does not show that by amending these factors we can increase sporting participation. To show this requires intervention studies: where an attempt has been made to change an outcome (in this case, sport participation) in a defined group, using a specific intervention or plan of action. So, for example, the correlates literature shows that there is a relationship between social support and participation in sport. But we need an intervention study to show us that we can increase sport participation by offering a social support programme.

As our primary research question spans sport and health, we need to appraise studies from both the correlates and intervention literature. This opens up two potential areas of tension. Firstly, the sport literature more commonly addresses active population groups and/or outcomes other than sport participation; and secondly, the physical activity literature frequently uses a broad definition of physical activity that includes sport alongside, for example, walking or cycling. This makes it difficult to disentangle the specific impact of sport. We therefore had to make sure that we interrogated the literature with these issues in mind, making sure we were not missing valuable information by being too strict with inclusion criteria. Specifically we had to make sure that we found studies that were focused on people who were initially inactive; and that we investigated the specific impact of sport (and not just total physical activity).

Overall we found that the evidence base for the effectiveness of interventions for the specific promotion of sport is far less developed than for the promotion of physical activity. The use of correlate research (or theory of behaviour change) being reflected in intervention design or processes is not clear. It appears that most sport programmes are researched within quite a different paradigm to physical activity and health programmes, with a general lack of controlled research designs.

The difference in volume and quality of evidence can be explained firstly by the way such interventions are designed (e.g. to promote physical activity, particularly walking). Secondly the interventions are evaluated using general measures of physical activity that mix domains of physical activity, particularly sports and recreation activities. This means it is very difficult to untangle specific improvement in one domain of physical activity over another, as results are reported in changes to overall levels of physical activity.

What type of studies? The hierarchy of evidence

There is a well established hierarchy of evidence used in healthcare research. While debates continue about the details, the basic principle remains that some types of study provide more concrete evidence on which to base conclusions than others, due to the risk of bias. This puts the randomised controlled trial (RCT) at the top of the hierarchy and an individual case study or expert's view at the bottom. However, many types of questions in sport and physical activity promotion cannot be answered by RCTs, and it is important to look at the evidence according to the specific question. This is summarised well by NICE who tend not to use the traditional hierarchy, but recommend specific types of research for specific questions. This is shown in Fig 1.

Fig 1

Table 3.1 Types of evidence and standard⁵ NICE reviews to address different research questions

		Type of evidence					
		Systematic review of effectiveness (and cost effectiveness)	Experimental study	Observational study	Qualitative study	Practice/case report	Economic/ cost-effectiveness study
Research question	Extent of public health problem/issue			NICE epidemiological review			
	Factors/determinants/ associations	NICE review of reviews		NICE correlates review			
	Intervention effectiveness/ cost effectiveness	NICE review of reviews	NICE effectiveness review (can include observational and qualitative studies as well as experimental studies)				NICE cost-effectiveness review
	Views and experiences of practitioners			NICE correlates review	NICE qualitative review	NICE mapping report	
	Views and experiences of target population			NICE correlates review	NICE qualitative review		

As this review is concerned with intervention effectiveness (i.e.: 'does promoting sport to inactive people work?') we therefore began with systematic

reviews of effectiveness, before exploring experimental and observational studies. Due to time constraints we focused on published systematic reviews, and extracted individual studies from these reviews where they were concerned with sport.

Results

Cochrane Collaborative Reviews

These reviews are produced by the Cochrane Collaboration, and are among the most respected independent systematic reviews of the effect of healthcare interventions. We investigated three Cochrane reviews:

- interventions implemented through sporting organisations for increasing participation in sport ⁶;
- community wide interventions for increasing physical activity ⁷ ;
- interventions for physical activity ⁸.

The first review ⁶ was highly relevant, as it directly address our research question. The review focused on ‘interventions implemented through sporting organisations to increase participation’ and had the following selection criteria:

Controlled studies evaluating any intervention designed to increase active and/ or non-active participation in sport by people of all ages. Interventions could include: mass media campaigns; information or education sessions; management or organisational change strategies; policy changes, for example to improve the socio-cultural environment to encourage people of specific age, gender or ethnicity to participate; changes to traditional or existing programs, for example club or association-initiated rule modification programs; provision of activities beyond traditional or existing programs, for example ‘Come and Try’ initiatives (teaser or taster programs); skill improvement programs; volunteer encouragement programs.

However, the authors concluded that ‘despite a thorough review of the published and unpublished literature, we found no rigorous studies evaluating the effects of interventions organised through sporting organisations to increase participation in sport.’ It is important to note that the study looked only for controlled studies (i.e. where an intervention or programme is offered to one population group and compared to another group who did not receive the programme). As noted above, it is quite unusual for sport programmes to use controlled research designs, which accounts for the lack of findings in this Cochrane review.

The reviews on community-wide ⁷ and general ⁸ interventions for physical activity were more fruitful, although less directly relevant to sports promotion. These provided references for a number of high quality randomised and controlled trials that have been able to report “sports specific” results. These studies report changes to levels of sport related physical activity and vigorous physical activity. We identified three types of interventions: community based, group based, or face to face approaches.

Community-based programmes

We identified six community-based studies that used a mixture of promotional and outreach strategies to promote sport to people in a specific geographical community (e.g. city, town or village). These were either randomised controlled trials or cluster randomised trials. The studies generally focused on a broad definition of physical activity, but to be included the studies had to make a specific mention of sport, or include a mention of working with sporting organisations/clubs to deliver opportunities to take physical activity. Using the Cochrane method for appraising the quality of the studies, these were found to have a 'high' risk of bias, mainly due to lack of randomisation, leading to potential selection bias; use of only one measurement point pre-intervention and one post-intervention; and in a number of the studies there were differences in important baseline characteristics between the study groups.

Evidence summary

Six studies aimed to increase sport among identified communities, and/or worked in conjunction with sporting organisations. Only one of these ⁹ showed significant increases in activity in the intervention group (school-aged children) compared to the control. The five studies among adults showed varying changes in physical activity but none of these were statistically significant across the whole sample. One of the studies ¹⁰ showed increases among men and two studies ^{11 12} showed increases among women.

Study details

The Finnmark Intervention study ¹⁰, aimed at improving cardiovascular risk factors in a small arctic community in Norway, and reported a significant increase ($P = 0.047$) in males being physically active as defined as accruing a minimum of four hours of moderate physical activity over a week during the last year. This was measured six years after the initial baseline measurement and commencement of an intervention which involved the engagement of the community largely through activities run by sporting clubs and associations. Unfortunately, no significant change was found in the female population ($P = 0.151$) and the adjusted RR for the entire population was non-significant (RR 1.10, 95% CI 0.84 to 1.43). According to the Cochrane review methods, this study had a high risk of bias.

Kumpusalo ¹³ reported on an evaluation of a rural promotion programme in Finland, that aimed to drive up demand for sport, working via local sports clubs. While the programme found some evidence of increased demand for sport, it did not show an increase in physical activity when intervention area was compared to control (adjusted RR was 0.98 (95% CI 0.80 to 1.21). According to the Cochrane review methods, this study had a high risk of bias.

Brown¹¹ reported on the Rockhampton 10,000 Steps Project: a large communitywide physical activity promotion programme, including working via sports clubs, with an emphasis on walking. They found an increase in the proportion of physically active females (achieving 150 minutes of activity in at

least five separate sessions of the last week) but not males. The interpretation of these findings are complicated as the control community was significantly more active than the comparison community at baseline (OR 0.77, 95% CI 0.65 to 0.93). At follow up, two years later, there was no longer a significant difference, with the percentage of the comparison community categorised as being active decreasing by 6.4% while the intervention community increased by 0.9%. Combined, there was once again no difference between the two populations (adjusted RR 1.18, 95% CI 0.60 to 2.35). According to the Cochrane review methods, this study had a high risk of bias.

Luepker ¹⁴ reported on the Minnesota Heart Health Program, which included some working with sports clubs. They found some evidence of effectiveness although this was not consistent across the different sampling methods used in the study nor over the time span of data collection. According to the Cochrane review methods, this study had an 'unclear' risk of bias.

Simon ¹⁵ evaluated a school and local programme to promote sport and exercise among children. The programme included linking homes to community/neighbourhood sports and recreation facilities. They reported the results of a cluster randomised controlled trial of an intervention based predominantly in a school setting. It reported an adjusted change in supervised leisure time physical activity of 43% in adolescents, and an adjusted mean difference of 1.1 (95% CI 0.56 to 1.63) in leisure time physical activity at four-years post-baseline. This is a statistically significant difference between the intervention and control groups ($P < 0.0001$). According to the Cochrane review methods, this study had a high risk of bias.

Wendel-Vos ¹² reported on a regional cardiovascular disease prevention program in Limburg, Netherlands. Total leisure time physical activity was reported for both males and females. Both groups decreased their leisure time physical activity between baseline and follow up at five years, with no difference between the intervention and control groups for men. In women, however, the reduction in leisure time physical activity in the intervention group was significantly less than in the control group ($P < 0.05$). According to the Cochrane review methods, this study had a high risk of bias.

Group-based studies.

We found two studies that used a planned schedule of sports and physical activity/fitness sessions delivered within a facility for participants. These were randomised controlled trials that delivered sports training sessions in the intervention arm, and assessed vigorous physical activity as the main outcome. These tended to be older studies of training effects upon fitness and physical activity.

Evidence summary

Two studies measured increases in physical activity participation as a result of structured sports/exercise training sessions delivered in an exercise setting. Both studies showed strong evidence of effectiveness, with sustained vigorous physical activity changes compared to control groups.

Study details

Cunningham ¹⁶ studied the provision of adult sports training including running and jogging clubs at least three times a week. Participants were encouraged to do one additional home based session. They found that encouragement to attend three group exercise sessions per week and perform an additional weekly exercise session at home resulted in an additional mean 53.7 minutes of vigorous physical activity per day (95% CI 18.09 to 89.31). Recently retired men who were offered supervised exercise sessions increased their fitness by a greater amount than controls who continued with their usual physical activity programmes (SMD 0.44 95% CI 0.16 to 0.72). According to the Cochrane review methods, this study was 'low quality'.

SSCT ¹⁷: In this Japanese study, participants were encouraged to attend at least 2 from 3 two-hour exercise classes per week, held at a local community centre. The class contained endurance and resistance training, and games, and encouraged participants to cycle on a static bike for 10 to 25 minutes at a pre-determined intensity, as part of a 2-hour exercise session. The authors found a large increase in mean self-reported physical activity in the intervention group compared to control. However it should be noted that the physical activity regime was very prescriptive. According to the Cochrane review methods, this study was 'low quality'.

Face to face/counselling studies

We found three studies that offered a counselling session for individuals to participate in a sports or physical activity programme. The offer was often made by a health professional with support from an exercise or sports coach, who tended to supervise or re-enforce the offer of participation.

Evidence summary

Three studies measured the effectiveness of counselling sessions for individuals to participate in a sports or physical activity programme. Two of these were effective in increasing physical activity or fitness compared to the control group.

Study details

Elley ¹⁸ reported on a 'green prescription' scheme that provided adult sports training including running and jogging clubs. Participants received motivation counselling from their general practitioner, which included discussion on increasing physical activity and goal setting. The participants received a green prescription card stating their recommended physical activity. After this meeting a local exercise specialist called all participants at least 3 times to encourage physical activity using motivational interviewing techniques.

Written materials were also sent to participants every 3 months. These materials included information about local physical activity opportunities and motivational material. A between group mean difference of 2.67 kcal/kg/wk (95% CI 0.48 to 4.86) was reported. The authors estimate this was equivalent to a net difference of 247 kcals/week between groups. According to the Cochrane review methods, this study was 'low quality'.

Harland ¹⁹ reported on a RCT of an exercise referral programme in Newcastle. The programme offered one motivational interview plus vouchers for free use of local facilities, but there was very low take up. There was no effect found when comparing intervention with control group. According to the Cochrane review methods, this study was 'low quality'.

Petrella ²⁰ evaluated the effects of a fitness assessment using a step test and counselling from a physician, plus a simple target heart rate goal, and recording of physical activity in a diary. Controls received the same intervention without the heart rate goal setting. The intervention reported a significant increase in cardio-respiratory fitness at 6 months and this effect was further increased at 12 months. Changes in fitness were significant: standardised mean difference was 1.87 (95% CI 1.59 to 2.15). The intervention group showed a greater improvement in cardio-respiratory fitness compared to the control group, in a between group analysis regardless of gender, age, having more than 2 chronic health conditions and BMI >32. According to the Cochrane review methods, this study was 'high quality'.

Other review-level evidence

Many of the reviews investigated total physical activity (or one specific mode of activity such as walking), and so were unable to disentangle the impact of interventions on sport participation specifically ^{4 12 21 22}. Among those where there was a specific sporting component ²³⁻²⁵, there were a number of key learning points:

- targeting adults and children who are most ready or willing to change appeared to be more effective than a general approach.
- sport programmes should take into account the evidence for correlates for sport and physical activity participation. For example, reviews of adult correlates literature report that weight management, social interaction and enjoyment were common reasons for participation in sport and physical activity. Concerns about maintaining a slim body shape motivated participation among young girls. Older people identified the importance of sport and physical activity in staving off the effects of aging and providing a social support network.
- the effectiveness of any physical activity or sporting intervention is limited by not only its efficacy of dose (how well the intervention works on its participants) but also by its recruitment (maximising the numbers who will participate and receive the intervention dose). Recruitment of inactive adults and children to physical activity and sports studies is an imprecise and under researched area.

6. Results 2: Review of practice

Introduction: the role of sport in reaching inactive people

As part of the survey to collect case study examples, we asked respondents to describe their views about the role of sport in reaching inactive people, and the amount of evidence available.

Fig 1.

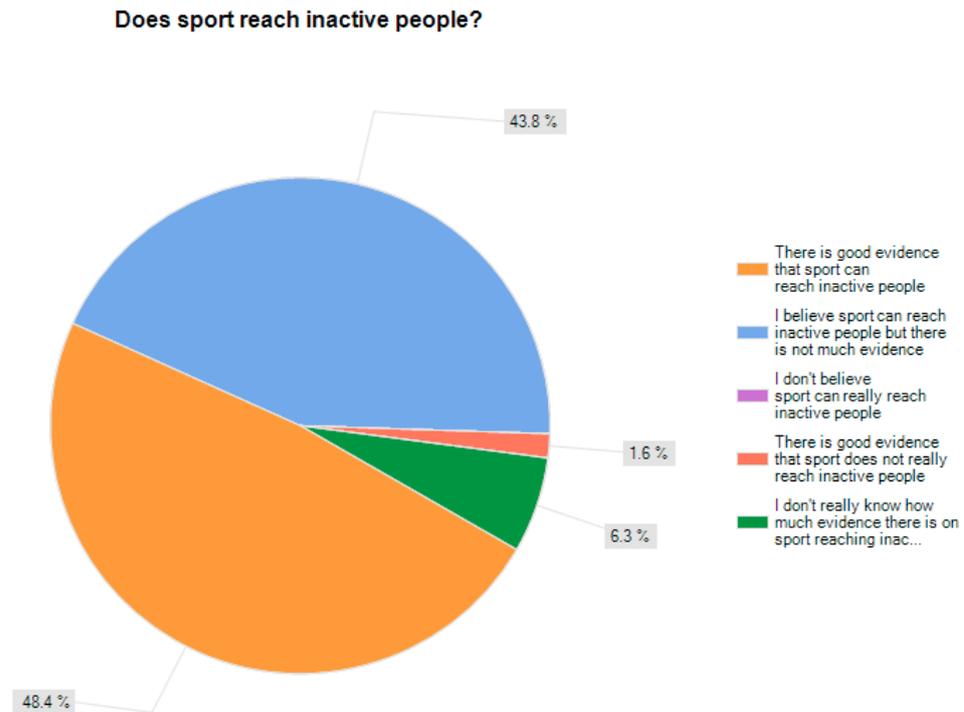


Figure 1 shows that the vast majority of respondents (92%) believed that sport can reach inactive people, but were divided on whether there was evidence to support this assertion. Only a small minority (1.6%) thought there was evidence that sport does not reach inactive people. There was also a small amount of uncertainty amongst respondents on what evidence was available (6.3%). Overall while the vast majority believed that sport can reach inactive people, beliefs about the amount of evidence available and awareness of the evidence varied across respondents.

Collection of case study examples

The collection of case studies was instigated to see whether there was evidence from practice to support the beliefs held by respondents regarding the evidence base. As outlined above, 151 initial project ideas were eventually filtered to a list of nine projects that satisfied all the criteria for inclusion as case studies. These projects:

- included a Sport England-approved sport¹, either as a single sport or part of a range of sports and activities;

¹ Defined as those 'sports' which are included in the 'One million sport indicator'

- measured levels of total physical activity before and after the programme;
- reported a decline in inactivity following the programme;
- targeted inactive people, either specifically or part of a broader targeting process.

Many other projects which did not meet all the criteria were excluded as case studies. The process of selecting case studies was, however, extremely informative and all the projects reviewed contained important learning. While the case studies in this chapter represent the bulk of learning about 'what works' to promote sport to inactive people, the overall conclusions are also based on discussions with the many other projects which contributed to this review (see Appendices two, three, four and five).

Sport can motivate inactive people

The nine case studies show that the promotion of sport can be used effectively to motivate inactive people to take up sport and increase their total physical activity levels. These projects have all demonstrated that they can recruit inactive people to their programmes; encourage them to take up the promoted sport(s) and activities; and motivate them to enjoy the sport(s) and activities frequently enough to move out of the inactive classification. As a result of this shift from inactivity to activity, these projects are very likely to have led or will lead to tangible health benefits among their participants.

Multiple settings; multiple target audiences; multiple sports

The case studies have shown that sport can be used in many different ways across a range of settings, target audiences and across different sports and activities.

The projects ran in the following settings:

- community;
- care settings;
- parks and open spaces;
- primary care;
- leisure centres;
- workplaces.

With regards to target audiences, seven of the case studies primarily targeted adults, three of these also allowed other members of the family, including young people to take part. One case study primarily targeted older adults and one targeted all age groups. Specific target groups included:

- inactive or sedentary people;
- adults with a long term health condition;
- adults aged 40-74 at risk of heart disease;
- older adults with dementia;
- older adults with a specific health risk;
- black and minority ethnic groups;
- girls and women;
- men;
- people with poor health;

- people with disabilities;
- socially excluded groups;
- people in care settings;
- faith groups;
- people living in deprived urban or rural areas;
- isolated and vulnerable groups.

All case studies promoted at least one Sport England approved sport or more than one discipline within a sport. A range of other physical activities were also offered across 7 of the case studies. Sports and activities included were as follows:

- athletics (track and field);
- badminton;
- basketball;
- bowling;
- curling;
- cricket;
- cycling;
- dance;
- exercise classes (including seated exercise classes);
- football;
- gym/circuit classes;
- netball;
- nordic walking;
- quoits;
- racketball;
- rowing;
- rugby and touch rugby;
- running, jogging and walking;
- swimming and aqua-aerobics;
- tennis;
- volleyball;

The 9 case studies all had a project lead supported by a range of other people, both internal and external, to run the programmes; five of the case studies also used volunteers.

Five of the case studies were monitored/evaluated by an external organisation.

Targeting inactive people

All of the nine case studies were successful in reaching inactive people, and in increasing their activity levels². However, the extent to which this was due to a deliberate targeting strategy varies across the projects. Out of the 9 case studies:

² measured by changes in total physical activity

- four had a specific strategy that sets out mechanisms to target inactive people, including 2 through referral from NHS primary care settings;
- one did not have a specific marketing strategy for inactive people per se, as inactive people were a secondary target group;
- two targeted inactive people but only as part of their broader targeting strategy with 1 of these offering incentives for inactive people to attend;
- two were not clear whether there was a specific targeting strategy aimed at inactive people.

There is clearly an important overlap between targeting inactive people specifically, and targeting priority audiences who may be defined by other factors such as age or sex, but are also more likely to be inactive. For example, the *Fit as a Fiddle* projects did not include physical inactivity as one of their recruitment criteria, but they targeted all older people, including secondary criteria such as living in a care home or health problems including dementia who generally have a lower level of activity.

This overlap is particularly the case with the projects seen in Appendix 4. The majority of these projects did not specifically target inactive people although most of the projects would engage inactive people as part of their broader targeting or because the target group for the project are deemed to be less active, e.g., young people, people with mental health problems, overweight/obese, people new to sport or beginners to sport; those not achieving 3 x 30. However, the rationale for not including these as case studies was not due to targeting, but the fact that none of these projects measured changes in total physical activity. The importance of this is explained in more detail below.

Assessment of physical activity levels

This is a critical issue: if projects do not assess the total physical activity levels of their target audiences at the start of a project, then they do not know if they are targeting inactive people. This criterion excluded a large number of projects, who felt they were targeting inactive people, but had no data to support this.

The projects general fell into five groups according to their degree of measurement of sport and activity:

Group 1: Measured the participants' total physical activity before the programme, and again afterwards, to see if sport participation had increased total physical activity and decreased levels of inactivity.

Examples: Any of the nine case studies

Group 2: Measured the participants' total physical activity before the programme, and again, afterwards but either were new projects and currently had no available data or were old projects which could not access data or were unable to show impact.

Examples: Four projects in Appendix two and three projects in Appendix three.

Group 3: Measured the participants' total physical activity before the programme (and perhaps used this as part of the targeting) but either had no follow up measure in place or used a different measure at follow up.

Examples: Fourteen projects in Appendix four. These may have been very effective at recruiting inactive people, but they cannot report effectiveness in increasing activity.

Group 4: Measured the participants' participation in the selected sport, (and perhaps used this as part of the targeting) but did not relate this to total physical activity.

Examples: Twenty nine of the projects in Appendix five. For example, 'Sky Rides local' targeted people new to cycling and not people who were physically inactive. They appear to have been highly effective in achieving their main objective (introducing people to cycling) but it is unclear what impact the project has had on total physical activity.

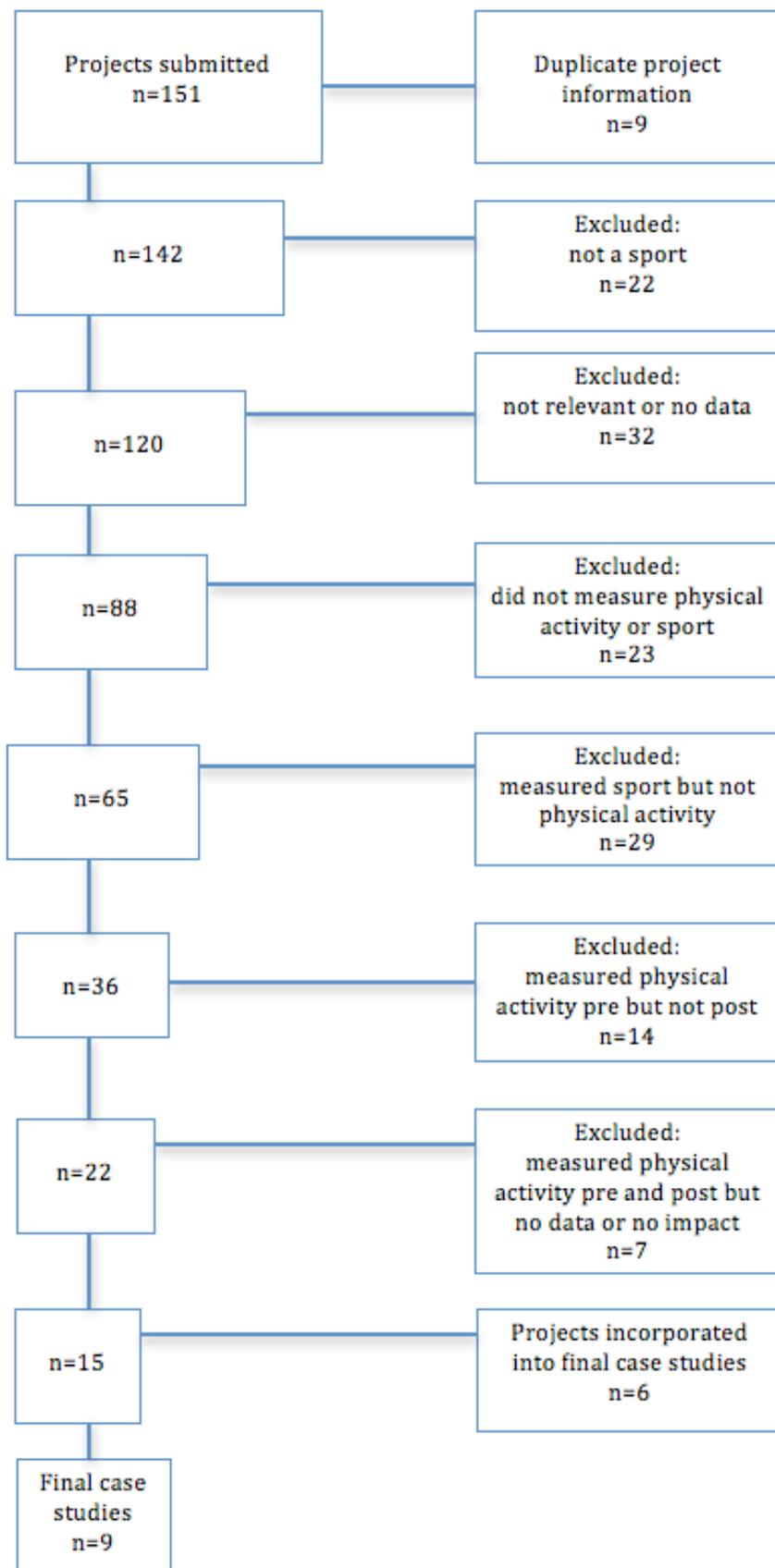
Group 5: Did not measure total physical activity or sports participation

Examples: Twenty three projects in Appendix five

A further twenty two projects were excluded as they were not Sport England approved sport (Appendix five) and thirty two projects excluded as they were not relevant or had no data available (Appendix five). The full 'flow' of projects through the study is shown in Fig 2

It is, however, not surprising that many projects, especially those run by NGB's and other sports organisations, do not measure total physical activity. These organisations focus on achieving key performance indicators set out by Sport England and to date the assessment of total physical activity has not been a key performance indicator set by Sport England. There are few pressures on governing bodies to measure activity and specifically the impact of programmes on inactivity. In many cases the targeting is instinctive or assumed: for example a beginners' running programme may target people new to running (their objective) and assume that people who attend are physically inactive (health objectives). However, without explicit assessment of total activity, any targeting of inactive people will always be imprecise.

Fig 2 flow of projects through the study



Key components of successful projects

Although it is not possible to say with any precision what makes a project successful in increasing activity among the inactive, there were a number of factors that seemed to be common among many of the successful projects:

Targeting/Marketing:

- effective identification of, and marketing to, inactive people, using data from a variety of sources including: SE market segmentation; Active People survey; joint strategic needs assessment;
- effective identification of, and marketing to, vulnerable inactive people, through the combined efforts of existing statutory and voluntary organisations including community groups and primary care;
- measuring participation in total physical activity using a short questionnaire, before the programme begins to ensure the programme captures those it is targeting;
- working with NHS primary care to target inactive patients through a range of routes, for example, through specific pathways including obesity, diabetes and disease registers within the GP practices; with initial consultation at a range of venues with the use of appropriate images and the inclusion of a variety of indoor and outdoor sports;
- specific marketing strategy to ensure sport is marketed in a non-threatening, fun and slightly different (non traditional) manner utilising a range of marketing channels appropriate to the target groups including local press, radio, facebook and twitter;
- advertising in local facilities including community centres, shops, libraries, faith centres, leisure centres and direct drops to houses; using wording and images appropriate to inactive audience.

Programme Development and Implementation;

- offering formal referral through health and social care professionals and self referral options; however self referral is considered less threatening than formal referral processes and more attractive to inactive people who may not have any other health problems;
- offering a range of sport and physical activity opportunities appropriate to the needs of the target group and inactive audience;
- offering the opportunity to take part in sport and physical activity at flexible times, for example, during the day, at evenings and weekends;
- providing a qualified and motivational programme lead with skills in planning, marketing, delivery, communication and partnership working;
- ensuring that coaches/session leaders are aware of the importance of engaging inactive people and the approach required to motivate this client group;
- engaging partner agency and volunteer support for the development and delivery of programmes;
- ensuring that the programme is designed based on the needs of the local community allowing for flexibility and adaptability;
- promoting activities which initially require little skill, this may be simply breaking down a technical move of a sport into bite size chunks, but one which is less threatening to non-sports people;

- allowing a greater amount of time for participants to progress, managing expectations of participants and coach/session leader;
- combining sports with broader physical activity programmes (e.g. walking) to attract inactive people initially.
- producing beginners' guides for the sessions
- providing incentives to take part
- ensuring participation is low cost
- making activities easily accessible, (near to home or work) especially in the local community – taking sport to the people
- providing family focused sessions
- in workplaces, secure senior staff support for programmes

Planning for sustainability

- up skilling community members to lead sessions to enable the continuation of programmes
- planning support and exit routes for people once they have finished their programme, to increase sustainability

Monitoring and evaluating

- including monitoring and evaluation requirements in initial project plans which support the achievement of the main outcomes of the programme
- ensuring that measures of total physical activity are taken at baseline, at the end of the programme and ideally, six and twelve months later, as recommended in the National Obesity Observatory's *standard evaluation framework for physical activity*.

Issues: monitoring

While the case study review showed that there are some approaches to monitoring that are effective, it also revealed that the majority of activity in this area is relatively unfocussed. In particular, data management has been shown to be poor in the vast majority of cases. Many projects started collecting data and then stopped, or collected baseline data and did not plan a follow-up. Some projects collected data but did not analyse it. We found one example of a project that claimed to have been successful in increasing activity levels but when we reviewed the data they showed the project had led to a decline in physical activity. Overall, it seems that the quality and quantity of monitoring and evaluation activity needs to be increased.

Case Study 1: Cycle Champions - CTC

Name of Project & Organisation(s) Involved

Cycle Champions was a community cycling programme run by the CTC: The UK's National Cyclists' Organisation. The programme was funded for 4 years between January 2008 and December 2011, receiving nearly £5million³ from the Big Lottery's Wellbeing Programme, secured by the Active Travel Consortium⁴ with approximately £1.5 million from match funding and in-kind funding.

Aim & Target Group

The programme was designed to broaden the appeal of cycling and increase the overall number of people who cycle regularly in their local area. Six target groups, considered either inactive, isolated or vulnerable, were identified: older people; BME groups; girls and women; people with poor health; people with disabilities and socially excluded groups.

Project Description

Thirteen 'Cycle Champions' or 'Cycling Development Officers (CDOs)' were employed to support and run local cycling projects in cooperation with other voluntary sector organisations, local authorities and the health sector. Each ran their own 'project' which encompassed a variety of activities including guided rides; beginners and returners courses; mountain biking, and BMXing. Officer feedback suggests that the 'cycling for health' programmes for disabled people were the most popular and regularly attended.

The CDOs worked with volunteers and partners to recruit, train and retain Cycle Champions which involved training leaders and assistant leaders across a range of areas including running groups, leading rides and setting up bike maintenance and recycle bike projects.

The project was overseen and run by the CTC Cycling Development Manager, who, in consultation with other members of the team and local stakeholders decided upon the programme of activities and direction. Evaluation and audit was conducted by an independent research team. The individual projects were run by CDOs whose work was supported by volunteers in the community.

Project Monitoring

Each project had standardised and project specific Key Performance Indicators (KPI's). For each project, physical activity was assessed when participants register onto the programme and at 6-months follow up. The initial KPI's did not include health monitoring, although the evaluation did allow some data to be extrapolated.

Targeting/Marketing

Targeting was done through existing social groups, local community leads and advertising where appropriate. The key individuals central to success were the cycling development officers; their skills enabled marketing and delivery at the local level to be targeted where needed; supported by the consortium marketing and communications team.

Findings

The Cycle Champions programme ended in Dec 2011 but by the end of March 2011, all thirteen projects collectively engaged 57,242 people, achieving 165% of their overall target

³ Actual amount received from BLF is £4,494,744 and total project cost is £5,944,935.

⁴ The Active Travel Consortium is led by Sustrans and includes British Cycling, CTC, Cycling England, Living Streets, London Cycling Campaign, the National Heart Forum, the National Obesity Forum, the Ramblers' Association, Transport 2000 and Walk 21. It is delivering a portfolio of projects, to the value of £19.9 million, that will enable two million people to become more physically active by walking or cycling as part of their daily lives.

set for the end of the project in Dec 2011. At the 6 month follow up there was a reduction in people classified as 'inactive'⁵ after participating in Cycle Champions from 40% to 28% and an increase in the percentage of people classified as 'active', from 27% to 32%.

For those people who were classified as 'inactive' at registration, 44% have moved up a category to become 'insufficiently active' whilst 8% have become 'active'. In addition, for those who were inactive at the start of the programme, 67% of respondents were more likely to cycle for leisure after participating in Cycle Champions, and 34% were more likely to cycle from place to place. Over half (58%) felt they were more likely to be active generally.

People who were involved with Cycle Champions for longer periods of time were more likely to be active than those who were involved for shorter periods: 28.6% of those who were involved with Cycle Champions for less than a month were more active afterwards, increasing to 54.5% for those involved for between one and three months and to 65.7% for those involved for four months or more.

Cost-benefit analysis shows that for every £1 spent, an additional £5.68 has been generated in social, economic and environmental value. The cost per person engaged by March 2011 was £78.52. Since the start of the programme volunteers have delivered an estimated 36,091 hours of support to the programme, valued at approximately £316,586.

The programme has also had an impact on skills development and learning, for example, there is evidence of progression from basic cycling courses to road cycling, mountain biking and competitive cycling; people have also been trained in bike maintenance, ride leadership and first aid. The CDOs have made good use of the Cycle Champions' existing skills and experience, as well as offering additional training to allow Champions to run their own courses or assist in the running of sessions.

Strengths & Challenges

Key strengths include the community development approach which has helped to increase the sustainability of the programme, embedding the programme within local authorities, social enterprises and sports partnerships. Eleven cycling development officers have also secured employment with CTC through alternative funding streams, to continue their development work and the flexibility of the programme in offering activity based on local need.

Challenges include sustainability of the programme following the cessation of funding; partner engagement, due to financial constraints and recruitment of volunteers from some communities who are wary of 'new' interventions.

Key Factors in Success

Key factors in the success of the project was considered to be the provision of opportunities to cycle for those who would not otherwise have been able to; the use of volunteers/partners to sustain activities; embedding staff within host organisations. The cycling development officers ability to engage with communities, their flexibility and adaptability both in terms of demand from clients, event availability and method of engagement.

Key Learning Points

KPI's need to be in place early in the project with stronger monitoring processes and a requirement for projects to analyse results. To engage high numbers choose locations of high population; rural settings are costly and difficult to manage remotely.

Next steps include the continuation of many of the projects without CTC support as they have been embedded in other organisations and structures and the continuation of learning from the programme in a manner which continues to promote the benefits of cycling.

⁵ 'inactive' is defined as those who reported doing a minimum of thirty minutes exercise on two days a week or less; active people are those who reported doing a minimum of thirty minutes exercise on five or more days per week.

Case Study 2: fit as a fiddle - Age UK

Name of Project & Organisation(s) Involved

fit as a fiddle is a national 5-year programme, developed by Age UK, to encourage healthy lifestyles and wellbeing in older adults across the 9 English regions. The programme received £15.1 million of funding through the Big Lottery Fund as part of the Wellbeing Programme; each region received £1.2 million to deliver a range of innovative projects in their area. The programme began in 2007 and runs until September 2012.

Aim & Target Group

The main aims of **fit as a fiddle** is to broaden and increase the opportunities for older people to take part in physical activity and improve their eating habits, contributing to an overall improvement in mental wellbeing. The national **fit as a fiddle** programme targets specific groups of older people including people in certain care settings, faith groups, men, and older people with dementia or health problems. At a regional level, projects aim to include black and minority ethnic (BME) communities, older people with specific health risks and those living in deprived urban or rural areas.

Project Description

The programme consists of two national projects and 24 regional projects around physical activity, healthy eating and mental wellbeing, delivered by over 200 organisations. Out of these, 95% of projects included or had a focus on physical activity.

At a national level the **fit as a fiddle** programme focuses on the training and support of volunteers via a National Cascade Training Programme; this provides added capacity to deliver and target hard to reach groups. National resources are also produced to support local delivery including quarterly newsletters, DVDs and guidance information for professionals.

At a regional level projects promote healthy ageing, based around the needs and ideas of local people. The physical activity sessions are intended to improve or maintain older people's level of physical activity and include a range of sports, leisure and keep fit activities (such as Nordic walking, aqua-aerobics, badminton, swimming), strength and balance activities (such as Tai Chi and seated exercise), and diverse activities including Wii fit. Projects are based on the needs of the local population and as such the activities offered and programme length vary across the country. The diversity in projects can be seen in the examples below:

Age Concern Kingston upon Thames run a 6-week course of activities and lifestyle workshops including exercise classes, aquacise, dance and nordic walking aimed at those who want to get fit and lose weight. They delivered 23 programmes in 2 years.

Active Bedfordshire⁶ run a continuous programme of physical activity sessions which includes line dancing, quoits, Otago falls prevention classes and the Walk with me buddy scheme. The activities run across Central Bedfordshire and Bedford Borough for all people over the age of 50, but especially those who are with less active and those at risk of falls. The project also provides free resources, such as dart boards and Wii machines, for groups to deliver their own activities.

Age UK Coventry run a continuous programme of 30 sports and activity sessions to increase physical activity and improve physical and emotional well-being. Physical activity sessions include exercise sessions, racketball, bowling and curling.

fit as a fiddle is managed nationally by Age UK, but operates on a regional and local level. There is a **fit as a fiddle** portfolio coordinator in each of the 9 English regions, who manages all the projects for that region and co-ordinates quarterly regional meetings. Some regions

⁶ The Active Bedfordshire project is hosted by SEPT Community Health Services (Bedfordshire)

have a range of projects under one umbrella programme, whereas other regions have discrete, independent **fit as a fiddle** projects. Local Age UKs deliver the **fit as a fiddle** projects although project teams vary:

Age Concern Kingston upon Thames had a project coordinator supported by a number of key partners including the PCT, LA and leisure services. Local community 'champions' were also involved and ranged from local councillors, who supported projects at a planning level, to local residents who support projects at an operational level.

Active Bedfordshire has a full time project co-ordinator with support from a team of 80 trained volunteers and 6 free lance tutors.

Age UK Coventry had a part time project co-ordinator who was later supported by a physical activity development officer and a part time project support worker.

Project Monitoring

The programme is independently evaluated by Ecorys. Each project is monitored via a standardised older people's questionnaire administered at the start and end of the programme and at 3-months follow up. This includes an assessment of physical activity alongside questions relating to walking, strength and balance and confidence.

Ecorys also researched 20 case studies on selected projects and themes; further case studies have been commissioned to look at delivering directly to people with long term health conditions.

fit as a fiddle partner surveys were also completed, alongside project worker and volunteer surveys, to establish their views on the impact of **fit as a fiddle**. SNAP surveys for every participant has been logged to enable post code mapping, and baseline statistics for a national, regional and local overview.

Targeting/Marketing

At a national level the programme is marketed via national press, a national website with local project web links, conferences, Facebook and twitter promotions. However, the majority of marketing is done locally and the type of approach varies across programmes. Generally, older people access the programme via self referral or referral from health professionals, depending on the local programmes; self referral is considered to be the most popular route.

The National **fit as a fiddle** programme has targeted inactive groups of people, through the Isolated at Home programme and care home and sheltered accommodation programmes⁷. Local programmes have engaged with local health professionals including diabetes nurses and physiotherapists to engage with those older people most at need, which includes those who are inactive. Community engagement is also considered important in engaging older people who do not get involved with other services; **fit as a fiddle** workers are key in this process as they work very locally in their community, developing community links, relationships and trust with older people who are unengaged and often physically inactive due to factors including social isolation, health conditions, disability, dementia. A seated exercise DVD was also developed targeting frail older people. This has been marketed nationally, regionally and locally.

For Age Concern Kingston upon Thames, participants access the programme via self referral, word of mouth and through health/social care providers. The programme is marketed through the distribution of posters and flyers across all GP practices; providers of older peoples services; mental health providers and community facilities including libraries, churches and leisure centres. Local adverts were placed in newspapers and on the radio.

Active Bedfordshire participants access the programme via referral from a health or social

⁷ Isolated at Home has been delivered in partnership with national organisations such as Independent Age, Community Networks, Age UK West Cumbria. NAPA (national association for providers of activities for older people) delivers both the care home and sheltered accommodation schemes, targeting inactive groups of older people.

care professional, for example, a GP or residential housing manager; this is considered key in engaging and motivating inactive or sedentary older adults and providing reassurance for those who fear falling and reminding those who could forget. Self referral or referral by a family member are also options. The programme is marketed through GP surgeries, post offices, libraries and sheltered housing.

For the Age UK Coventry programme, participants access the programme via word of mouth; there is no formal referral process although participants are signposted from a range of agencies and organisations. The programme is marketed through the distribution of posters and leaflets and via email contacts lists.

Findings

By February 2012, **fit as a fiddle** had supported 300,000 older people to improve their wellbeing, out of these 276,000 (92%) took part in physical activity programmes exceeding the target of 230,579 by nearly 20%.

There have been 4,500 volunteers involved across 74% of the projects. On a monthly basis on average around 800 hours of volunteer time are given, valued at approximately £10,000 per month. This equates to over £120,000 per year and approaching £0.5 million over the four years of delivery to date.

The interim evaluation report, produced in 2011 found that those who did 30 minutes or less of activity, not including walking, dropped from 32% at baseline to 22% at the end of the programme and 18% at the 3-month follow up⁸. There was also an increase in the amount of time participants were active at a level that 'made them breathe somewhat harder than normal' from on average 60 minutes per week, to 77.5 minutes. There were also increases in the average time spent walking (from 45 minutes to 60 minutes) and time spent on strength and balance exercises (from 70 minutes per week to 92.5 minutes) between the start of the programme and the end of the programme. At 3 months follow up, the increase in walking had been sustained whilst the amount of time spent on strength and balance exercises had increased to 120 minutes per week.

The length of time participants were involved with the programme ranged from eight weeks or less, to over 12 week. The most popular activities were identified as dancing, seated exercise and racket sports including badminton.

At a local level, projects also reported a reduction in those who were inactive between the start of the programme and follow up. **Age Concern Kingston upon Thames** recruited 350 participants across 23 projects and found that at the start of the programme 18% of participants took *no* exercise, with 48% exercising 1-2 a week. At the end of the programme there were no participants who took no exercise; 14% were exercising 1-2 times a week and 86% were exercising over 3 times a week.

By June 2011 **Active Bedfordshire** had recruited 692 people into the physical activity programmes, exceeding the overall target of 468 participants set by Age UK for the end of the programme⁹. Out of these 72% reported no exercise at the start of the programme compared to 30% at the 9 month follow up¹⁰. Sustainability has been achieved across 80% of sessions.

Age UK Coventry have recruited 1100 people into the physical activity elements of the programme; exceeding the Age UK target of 400. Out of these 600 (55%) reported 'no exercise' at the start of the programme and by the end of the programme 990 of the 1100 (90%) had increased their activity. There are now over 40 classes running weekly across the city; 30 classes are run purely by **fit as a fiddle** and 23 of these are sustainable.

⁸ these figures were based on a sample of 891 at baseline, 523 at the end of the programme and 343 at the 3-month follow up.

⁹ the programme officially finishes at the end of March 2012 although some projects will carry on until the end of June 2012 due to differences in funding streams.

¹⁰ Active Bedfordshire is a continuous programme and as such does not have an end point. For the purpose of data collection through Ecorys data collected at 6-month was classed at 'during' the programme and data at 9 months was classed at 'post' programme.

Strengths & Challenges

At a national level, key strengths of the programme include the range of partners involved (local, national, sport, non-sport); the number of networks of older people reached and/or engaged with; innovation in delivering the programme; the range of activities offered and the grass roots approach. Challenges include meeting the physical activity needs of diverse groups and sustainability beyond the initial funding streams.

At a local level, **Age Concern Kingston upon Thames** identified the strengths of the programme as its popularity (high recruitment, minimal drop out, enjoyment factor); length of programme (just right for a motivational kick start), the tailoring of the programmes to suit the community groups targeted; sustainability of activities on an individual and group basis. The partnership work (between Age Concern Kingston upon Thames and the PCT, Council & DC Leisure/YMCAs) and the local champions. The challenges were publicising the programme. Key successes included increased activity levels and community cohesion. This project won the Guardian Public Services Award for Older People in November 2011.

Active Bedfordshire identified the strengths of the programme as the social factor; reaching older people who are housebound, frail or have serious health conditions and providing tailored exercise programmes. In addition, engaging volunteers has increased capacity to deliver sessions and the continuation of activities throughout the 5 years has enhanced participation and attendance. A key challenge has been transporting older people who live in rural areas to the classes and activity sessions.

The strengths identified by **Age UK Coventry** included a good project team, good links established with other agencies including the city council, to allow for signposting after the 12-week programme; all instructors were qualified and the venue and tutor costs were low. The challenges were initiating classes and engaging people, especially older men.

Key Factors in Success

At a National level, key factors in the success of the project is the **fit as a fiddle** brand and awareness of this amongst strategic partners; the variety of partners who deliver the project and the communication between them; the high numbers of volunteers engaged which has increased delivery and the enthusiasm to develop successful wellbeing programmes for people in later life.

Active Bedfordshire identified partnership work and a shared vision across public, private and third sector organisations as a key factor in the success of the project. Other important factors included the programmes inclusivity for all older adults.

Key Learning Points

At a National level key learning points include the length of the programme which enabled a thorough model of implementation and evaluation and the involvement of a range of partners to ensure success and sustainability of the projects.

At a local level **Age Concern Kingston upon Thames** identified key learning points as the value of being able to demonstrate outcomes, having great relationships with key partners and keeping the model local and flexible enough to be adapted to a wide range of different groups/individuals.

Next Steps at a National level is to demonstrate the impact **fit as a fiddle** type programmes has on outcomes frameworks and commissioning frameworks, and the cross cutting agendas; the development of service delivery models, which can be commissioned by Public Health, Adult Social Care and Clinical Commissioning groups.

Sport England Review: Case Study 3 - Run!

Name of Project & Organisation(s) Involved

Run! is a community athletics participation project designed by England Athletics which started in Feb 2011 and runs until Feb 2013. The programme costs a total of £400,000 and is funded through the Mayor's Legacy Participation Fund, England Athletics and Street Games. It also receives match funding from Local Authorities.

Aim & Target Group

Run! is England Athletics' approach to delivering a grass roots legacy for athletics in central London from the 2012 Olympic and Paralympic Games, by creating new and sustainable opportunities. It forms one of the projects for the Mayor's Legacy Participation Programme which focuses on getting inactive people active. It was designed to encourage adults (16+) who live in areas of deprivation across 11 Inner London Boroughs to increase their activity through the provision of accessible athletics. Young people, although not in the original target group, are also allowed access to the programme.

Project Description

After an initial 9 months of preparation and planning, by November 2011 there were 70 projects running across the 11 Boroughs and 50 access events. The project provides participants with the opportunity to try recreational jogging through Run England which specifically targets inactive people. Recreational track and field events are run through England Athletics Athlefit Pilot, which includes Running, Jumping, Throwing and Athletics fitness sessions which focuses on those new to sport or those returning to sport. Some of the activities are 8-week blocks but most of the programmes are continuous providing participants with the opportunity to take part for the full 2-years of the project.

There are 3 strands to the 'Run!' programme :

- *Activators* which involves employing people to run programmes in London boroughs where there is currently no or limited provision;
- *Access Events* which involves the provision of taster sessions and use of the portable running track in venues including shopping centres, station car parks and parks with follow up activities offered.
- *New Clubs* which involves supporting the creation of new modern clubs in central London to attract people into athletics who are not currently catered for or reached by existing clubs.

A full-time Run! Project Manager leads the development and delivery of the programme. In addition there are 8 full time Activators and 2 part time Activators working across the 11 Boroughs. All have knowledge and experience of the local voluntary sector, experience in planning projects and co-ordinating partners and delivering initiatives aimed at increasing participation in sport, preferably athletics.

Project Monitoring

Each project has standard Key Performance Indicators (KPI's). Initially for each project, level of physical activity was assessed for every participant at registration and at 6-months. However, an 8-week follow up assessment of physical activity has recently been added, at the request of Sport England. Data is entered onto an on-line database monitored by the Mayor's Office.

Targeting/Marketing

There are Run! steering groups in place across the London Boroughs involving a range of partner agencies including health organisations, corporate and leisure providers, who support the targeting and marketing of the programme. In order to attract inactive people a wide range

of health and community professionals and groups were approached and informed of the programme including physiotherapists, parents and parent groups and, school teachers.

The programme is marketed through a range of avenues including facebook, twitter, newsletters, leaflets and access events; inactive people are specifically targeted through the use of appropriate images and wording on all marketing material and through a targeted marketing campaign in a local magazine. The style of marketing varies according to the target group of the programme.

Participants can access the programme either through a referral from health professionals including primary care or by word of mouth or self referral. Out of the 25% who remembered how they heard about the programme, the most popular route was 'other' (12%), which included word of mouth and self referral.

There are Run! steering groups in place across the London Boroughs involving a range of partner agencies including health organisations, corporate and leisure providers.

Findings

By February 2012, the Run! programme had attracted 28,633 participants; 5,832 were adults and out of these 3061 were inactive ¹¹ at the start of the programme. Whilst the programme has been running since February 2011, projects were gradually introduced between June and November 2011 and as such the figures represent 4 months of all projects being fully operational. The project is, therefore, currently on track to achieve the target set of 75,000 participants by 2013 and 14,000 inactive people by 2013.

The programme has also exceeded the milestones set for this point in the project and numbers are approaching the overall targets set for 2013: the programme has reached 930 disabled participants (target of 10% of all participants); there are 336 participants who are now members of clubs (target of 10% of all participants at access events ¹²); 3365 are ongoing participants who have taken part in the sessions for 6 weeks or more (2013 target 3,500); 169 new coaches (2013 target 200 new coaches); 58 new Run England groups (2013 target 40 new Run England groups). It has also recruited 279 volunteers which has already exceeded the target of 80 set for 2013.

Currently the most popular sport is recreational jogging, especially for those who were inactive at the start of the programme. Access Events including taster sessions are the most popular of the 3 strands.

Strengths & Challenges

Key strengths include the recreational running groups; the corporate links; number of volunteers recruited, local partnerships formed, activators with innovative ideas to try out alternative athletics activities.

Challenges include traditional athletics clubs resistance to programmes focusing on health and encouraging inactive people to take part by taking activities to the community; engaging inactive people in 'Athlefit' as the name and marketing did not appeal to inactive people.

Key Factors in Success

Key factors in the success of the project are considered to be the access events in attracting inactive people; the portable running track which encouraged adults to run with their children; activators who are innovative; specific marketing of the recreational jogging programme to appeal to inactive people and the use of Sport England market segmentation data and a local needs assessment.

¹¹ inactive is defined by the Mayor's office as those taking part in 0 x 30 minutes over the past 7 days.

¹² current numbers at access events is 5919; a further 50 access events are planned in the run up to the 2012 Olympics.

Key Learning Points

Key Learning points include placing a bigger emphasis on adults; specific marketing to the inactive audience; choice of coach is important, they need to be friendly and approachable, not too formal and competitive.

Next Steps include working with comic relief on home-based exercise videos; increased focus on working with corporate organisations; finding a commercial sponsor to upscale the project post 2012 in the lead up to the World Athletics Championships in London in 2017.

Case Study 4: Exercise Referral - Gateshead Primary Care Trust/Gateshead Local Authority

Name of Project & Organisation(s) Involved

The Exercise On Referral scheme is funded by Gateshead Primary Care Trust and delivered by the Sport, Physical Activity and Health Development Team in Gateshead Local Authority. The funding covers staff costs (220k); income is also generated through the programme to continue and sustain activities. The programme began in 2010 and is due to be reviewed in March 2013.

Aim & Target Group

It was designed to encourage all inactive adults (18+) to increase their levels of physical activity and improve their health. Adults with a long term condition and those active less than 3 times a week were also given access to the programme.

Project Description

The programme involves the referral of an 'inactive' patient by their GP into the 13-week scheme. Patients' referral details are registered on a database and patients are allocated to a physical activity specialist based on their postcode. An appointment is offered in a local community or leisure venue close to their home where initial assessments are conducted and an appropriate exercise programme is designed and agreed. The programme focuses on gym and circuit classes but also offers a range of other sports and physical activity opportunities on demand including rowing, badminton, curling, cycling and swimming. These are delivered in indoor and outdoor leisure and community facilities across the borough of Gateshead. At the end of the 13 week programme, patients are encouraged to exercise independently. Exit routes are also provided to support participants after the programme has finished.

The programme is managed by the Sport, Physical Activity and Health Development Team who sit within Gateshead Local Authority. Twelve physical activity specialists deliver the programme, all are experienced sport and fitness coaches with specialists qualifications¹³ to enable them to work with the target group. The programme is also supported by Health Trainers (lifestyle signposting service / stop smoking support) and other team members who run projects which link into the scheme.

Project Monitoring

Physical activity is assessed¹⁴ at week 1 of the programme, at the end of the programme (week13) and at again at week 26, 12, 18 and 24 months. Physiological measures¹⁵ where relevant are also included at each assessment point.

Targeting/Marketing

A programme launch was held in 2010, which included representation from all GP practices within Gateshead; all GP practices are signed up to the scheme. Updates are provided at the GPs quarterly business and learning session: Time In/Out.

Patients access the service through a referral from their GP practice. Patients are made aware of the service through posters and leaflets in GP surgeries, community centres and there is a web page on Gateshead Council website.

¹³ Qualifications include British Association of Cardiac Rehabilitation and other qualifications for working with special population groups.

¹⁴ Physical activity is assessed via a questionnaire, 'in a typical week how many times been active for at least 30 minutes per week scale 1-7

¹⁵ Physiological measures include: Peak Flow, Increase in Grip Strength, Reduction in Blood Pressure and Reduction in Resting Heart Rate

Findings

The first 2 years of the programme attracted 2692 participants into the scheme. Out of these 473 were inactive at the start and at the 13 week follow up 430 (91%) of these were now participating in 3 or more sessions a week. At the 6 month follow up, 155 of these (33%) had continued with this level of activity.

Out of the 2692 participants, the most popular activity was circuit based classes which attracted approximately 1800 participants. These classes include 'sports stations', for example, netball, badminton stations used as an introduction to sporting activities. Cycling was the second most popular activity attracting 200 participants, predominantly male; two of the participants have become British Cycling Ride Leaders and now lead more advanced rides as an exit strategy to the introductory sessions provided as part of the programme.

Strengths & Challenges

Key strengths of the programme include dedicated and skilled staff and volunteers and the ability to offer sustainable activities.

Challenges include securing future commissioning of services; the retention of clients referred into the programme and the continuous improvement in programme delivery using innovative ideas with a community based focus.

Key Factors in Success

Key factors in the success of the project is considered to be the broad range of activities offered and the use of motivational interview skills to identify clients needs and having the support from the wider team members to implement any new activities

Key Learning Points

A good marketing strategy is required which needs to be an ongoing part of the programme; Use social marketing techniques to help inform programme.

Next steps include the further analysis of data taken from the physiological measures to support the effectiveness of increasing health through sport and physical activity; to offer a more joined-up holistic service to improve lifestyle; more focused work in areas of health inequality.

Case Study 5: The Changing the Physical Activity Landscape (CPAL) programme- NHS County Durham and Darlington and County Durham Sport

Name of Project & Organisation(s) Involved

CPAL is an example of joined-up working between NHS County Durham and Darlington and County Durham Sport (CDS). The programme will run for 3 years until March 2013, and costs a total of £4.5 million.

Aim & Target Group

It was designed to encourage adults aged 40-74 with an actual¹⁶ or estimated risk of heart disease and their families, to increase their levels of physical activity and sustain this increase over a 6-month period. People who were within this target age group but not at an increased risk were also given access to the programme.

Project Description

The programme includes twenty eight projects, delivered by 23 organisations from the public, private and voluntary/community sectors. Twelve of the projects include sports¹⁷, for example, swimming, rowing, running, rugby, football, cricket and tennis and a further sixteen focused on broader physical activity projects such as cycling and walking.

A full-time strategic manager leads the development and delivery of the programme, with core management functions provided by the County Durham sport team. Evaluation and auditing is conducted by an independent research team. The individual projects are run by paid physical activity co-ordinators and sports development teams and some projects also use volunteers who are trained to support specific projects.

Project Monitoring

Each project has standardised Key Performance Indicators (KPI's), along with some additional ones which were project specific. For each project, physical activity¹⁸ is assessed when participants register onto the programme and then on a minimum basis once a month for 6 months.

Targeting/Marketing

The CPAL programme utilised Active People/Market Segmentation data coupled with local health and indices of deprivation data to identify areas in the County where physical activity was low and inequalities in health existed. During the initial tender process individual projects were guided by CDS to work in these identified areas, also matching individual plans for delivery with areas not served well by traditional leisure provision, for example, those not within easy access of Leisure Centres.

All participants access the programme through a number of routes. Primary Care, pharmacists and other health care providers are responsible for referring approximately 15% of participants; the remaining 85% come through other routes including the stop smoking service, health trainers, workplaces and self referral. Around two thirds of participants were recruited by word of mouth. Participants can select the project they feel best suited to, but there are also projects that can provide specific advice on what to do if participants are unsure.

Marketing has been a key focus of CPAL. County Durham Sport developed training around

¹⁶ Assessment of actual risk was through formal health checks, some in Primary Care and others conducted in community settings. Estimated risk was determined through self assessment against questions used in the Framingham model

¹⁷ 'sports' are those which are recognised by Sport England as an approved sport

¹⁸ Assessment of physical activity was through the Stanford 7-day Physical Activity Recall Scale (PAR)

marketing and research methods for each project, supported by marketing and research toolkits providing guidance on all aspects of marketing and conducting research with client groups. The generic marketing approach included dedicated pages on the County Durham Sport website for each project, production of tailored locality leaflets and posters, piloting of a digital TV 'Life Channel' campaign, and a CPAL Face book page. Individual projects also have their own budget and are responsible for maximising and increasing participation.

Findings

The CPAL programme is still running, but has already met agreed targets set out by the NHS over a year ahead of schedule. Key indicators of success are numbers recruited to the programme and increased volume and/or intensity of activity over a 6-month period. By Dec 2011 **8,528** people had taken part in the programme.

Approximately 3,000 of these took part in programmes which included sports and the remainder took part in other physical activity programmes. Currently the most popular individual sport is rowing with 189 participants although the most popular overall activity is cycling with at least 712 participants having registered with projects that offer cycling.

The number of participants who had reached the 6-month point of the project by Dec 2011 was 4682, with 2,809 (60%) of these having increased their physical activity at 6 months; however, this figure is likely to be higher when data is analysed for those people currently going through the programme but have not yet reached the 6-month mark. It is estimated that 10-15% were inactive, reporting no physical activity at the start of the programme. Overall programme data on shifts in inactivity will be available in August 2012, however individual project data is reported below.

The Health Improvement through Sport (HITS) project¹⁹, which combined a mixture of physical activities and sports, has to date attracted 794 people onto the programme with 171 (20%) of these inactive at the start of the programme. The 'Fit to Ref' project run by the Rugby Football Union has attracted 129 participants to date with 28 (21.7%) of these inactive at the start of the programme. Both programmes have attracted a slightly higher than average number of inactive people recruited across the programme. After 6 months the number of inactive people had dropped to 0%²⁰ and 8%²¹ respectively. Current figures show that for both programmes overall physical activity levels of participants has increased at 6-months (70% and 89%²²) respectively, although these figures are likely to change when all the 6-month data has been collated and analysed.

By the end of the programme it is projected that overall, projects will have reached approximately 14,000 people and a minimum of 8,000 people will have increased their activity after six months.

A return on investment model has been developed which shows the programme is already proving cost effective with a £1.71 return for every £1 invested. However, by the end of the programme it is considered to have the potential to derive an overall return of £2.63 for every £1 invested and a return of £3.62 for every £1 invested for those with increased risk of CVD.

Strengths & Challenges

Key strengths of the programme include the development of an appropriate and robust monitoring and evaluation framework, incorporating valid physical activity reporting as standard across all projects; the engagement of Community Sport Networks and the market development approach increasing the number of providers working to high standards.

Challenges include the economic climate and the impact on project milestones; weak initial

¹⁹ HITS project is run by Leisureworks and is the only CPAL project which works with sports development and which looks at specifically increasing PA.

²⁰ This is based on 181 people who reached the 6 month mark

²¹ This is based on 7 out of 82 who completed 6 months

²² One hundred and three 40-65 year olds have been recruited to date. Overall, 70 % of people on HITS and 89% of people on 'Fit to Ref' having increased their activity at 6 months.

project plans and background research with client groups which required additional support from County Durham Sport; approach to monitoring and evaluation is robust but labour intensive.

Key Factors in Success

Key factors in the success of the project is considered to be the market development approach in preparing 23 organisations to support the delivery of the programme which enabled a greater range of activities to be offered along with specialist support and advice. The consultation and involvement of the community in developing the activities is also considered to be very important.

Key Learning Points

A co-ordinated approach to delivery of a large programme requires oversight by a local organisation to ensure that duplication of projects was avoided and that engagement with other key local agencies was maximised.

The economic climate and pace of change, particularly in some of the public sector delivery partners was not accounted for in terms of the initial milestones for the programme; flexibility had to be applied to allow these organisations to meet expected targets.

The level of engagement by Primary Care was not as initially anticipated. Additional, unplanned work around the pathways into physical activity for those presenting at risk of CVD was developed outside traditional clinical referral pathways.

Next steps include exploring potential solutions to simplify the monitoring approach and reviewing funding opportunities and assessing the options for sustainability of individual project work. The funded CPAL programme will end in March 2013, however it is likely that a significant legacy will remain from the work that has been carried out to date and as the project continues to exceed performance expectations. See: www.countydurhamsport.com for more information on CPAL.

Case Study 6: Active Workplaces Project - PRO-ACTIVE London

Name of Project & Organisation(s) Involved

The Active Workplaces Project (AWP) was a PRO-ACTIVE London initiative which ran for 12 months between August 2009 and August 2010. It cost £85,000 and was funded by the Department of Health and delivered by The Centre for Workplace Health (CWPH) and Step into Health Ltd supported by NHS London.

Aim & Target Group

AWP was a free initiative offered to local authorities and health organisations across London. The aim was to increase levels of physical activity amongst employees and family members with an additional objective of engaging sedentary employees.

Project Description

The project involved 25 workplaces²³ across London; seven councils, twelve NHS/PCTs, three hospitals and three colleges/universities. A needs assessment of each workplace was conducted which included resources available and a survey of employees needs. Each workplace was offered training, consultancy and resources to enable them to design, deliver and evaluate health and physical activity interventions. All workplaces identified a lead champion, responsible for the delivery of the project and were encouraged to train two other members of staff as workplace champions to support them in communicating health messages and raising awareness of activities throughout the organisation. All champions were offered accredited training that aimed to provide them with skills to manage their role as champions and a half day workshop which focused on how to create sustainability for the future as well as exchanging experiences with other champions. Additional support received included a health fayre with representation from 22 activity and sports organisations. An online portal was also developed which included a range of support materials including promotional material, discussion forums and slides from training days and workshops.

In total 134 sports and physical activity programmes were implemented across the 25 workplaces; 32 of these were sports and 102 were other physical activity programmes.

A full-time project co-ordinator and a part-time project officer offered guidance and support to the workplace champions. Evaluation was conducted by the team at The Centre for Workplace Health with support from the lead champion at each workplace.

Project Monitoring

A baseline survey was conducted across all workplaces which included the assessment of physical activity²⁴. This was repeated at 6-months. Workplaces were also asked to keep a log of all sport and physical activity programmes implemented during the project.

Targeting/Marketing

The Pro-ACTIVE West lead alongside an NHS London Physical Activity Co-ordinator wrote to senior executives across partner agencies²⁵ introducing the project and inviting them to an introductory workshop. Organisations who wished to participate completed an application form to demonstrate their organisational commitment and resources available to support the project. To support organisations to develop their own health programmes reflecting their needs guidelines, posters, activity challenges and toolkits were developed over time. At the end of the project 19 out of 25 workplaces reported that they had used promotional material

²³ 27 workplaces were initially recruited to the project but two dropped out leaving 25.

²⁴ physical activity was measured by the question: on how many days in the past week did you participate in a total of at least 30 mins of physical activity to raise their breathing rate. PA defined as sport and exercise for recreation or travelling to and from work but not housework or PA that is a part of your job

²⁵ PCT Chief Executives, Acute Trust Chief Executives, Mental Health Trust Chief Executives, Foundation Trust Chief Executives and Local Authority Chief Executives

created by the AWP team in the past year; nine of the workplaces had created their own brand.

Findings

Active Workplaces recruited and retained 25 organisations across London; exceeding the target set by 25%.

Out of those employees taking part 49/827 did 0 x 30 (6%) and 41/827 did 1 x 30 (5%) , this reduced to 2/123 doing 0 x 30 (1.6%) and 2 doing 1 x 30 (1.6%) post programme. Out of these 3.5%²⁶ fewer respondents reported being inactive (0x30)at the 6-month follow up.²⁷ , which meets the target set to reduce the proportion of employees doing no physical activity. Additional analysis found that the percentage of matched respondents who have been regularly active for longer than three months but less than six months has almost doubled; from 4.9 percent to 8.1 percent.

The most popular sport to be implemented was football organised at eight workplaces. Structured group-walks, implemented at 18 workplaces, was the most popular activity.

Across ten workplaces, more women than men (75% compared to 25%) participated in structured activities which led to an increase in women achieving 5x30 from 42.6% to 64.9%.

Twenty four workplaces organised at least one large event, for example, eight workplaces organised training sessions leading to employee participation in a 5k Your Way event. Activity challenges, for example, the pedometer challenge were also implemented at 14 workplaces. Six months after the project ended, 119 sports and activities were still being provided across 21 workplaces; meeting the target to increase sustainable opportunities for employees and their families to be physically active with all participating organisations.

Strengths & Challenges

Key strengths of the programme included training employees to design, deliver and evaluate a workplace health project; increasing awareness and contact between champions and sports organisations through the health fayre; increasing awareness across organisations which supported the development of additional facilities that encourage physical activity including cycle racks, loan bikes and walking/cycling routes.

Challenges included the 12-month funding which did not allow for any follow up post 6-months; poor communication channels across some of the organisations; a lack of sports facilities; lack of time for participants to take part and poor motivation of some champions demoralised by a lack of commitment in the organisation.

Key Factors in Success

Key factors in the success of the project was the role of the champions, both the lead champion and workplace champion.

Key Learning Points

Key learning points included a longer programme with a 12-month follow up; champions needed more time, support and specific training in managing workplace health programmes; effective communication mechanisms between champions and staff with senior management support and flexible working hours was important; and the need for outcome focused evaluation including productivity and workability.

²⁶ active 0 x 30 (15.8% at baseline, 14.7% at follow up) or active only one day a week (13.8% at baseline, 11.4% at follow up)

²⁷ the figures are based on the following response rate: staff needs assessment (baseline survey) distributed to 35,293 employees and completed by 5,791 (16%). The follow-up survey was sent to 35,593 employees and completed by 2,929 (8.2 %).

Case Study 7: 5K Your Way London 2011 - PRO-ACTIVE London

Name of Project & Organisation(s) Involved

The 5K Your Way (5KYW) project is a PRO-ACTIVE London initiative which began in 2007, led and co-ordinated by PRO-ACTIVE Central London and delivered by MOTIVATE Health and Fitness. The project is mainly self funded through registration and entrance fees although some funding from the Department of Health was secured for the 2010 project. The project costs varied as the project developed, but were approximately £40k in 2011. This case study reflects the findings of the 2011 event.

Aim & Target Group

It is designed to create a healthier workforce through encouraging Local Authority and NHS employees (as well as additional partner organisations) to increase their activity through walking, running or jogging 5k whilst raising money for charity. The programme is aimed at all employees, but specifically those who are inactive. The programme also aims to raise the profile of sports development units as well as the PRO-ACTIVE London partnerships.

Project Description

This is an 8-week project which runs on an annual basis. In 2011 the project ran in fifteen London Boroughs with the addition of a guest team featuring several pan-London organisations and included 50 jogging and 25 walking sessions. The project includes Jog/Walk Leader Training and Staff Training Sessions delivered by Run England on behalf of England Athletics. The 5k event is held at the end of the 8-week training which is provided in-house to encourage workplace physical activity and create a healthier workforce.

The 5K Your Way programme is led and co-ordinated by PRO-ACTIVE Central London who commission MOTivate Health and Fitness to deliver the programme. Workplace 5KYW lead officers were responsible for promoting the programme in their workplace; these are internal staff nominated by their organisations. In 2011 workplace champions were introduced for the first time with the focus of helping the lead officers to promote the event.

Project Monitoring

Participants were requested to complete an online survey one week before, one week after and three months post event; total physical activity level was assessed via a standardised question²⁸ at each survey point as part of this process. Participants were also asked questions about their walking patterns, jogging and club membership.

Targeting/Marketing

Participants access the programme through their workplace 5KYW lead officers and register via the 5K Your Way website which contains information including local training sessions and nutritional tips.

Marketing was via the 5KYW lead officers, staff intranet, email, posters and leaflets with email (38%) and staff intranet (37%) being the most popular. However the impact of the introduction of the 5KYW champions has not been yet been measured although it is considered to have played a part in the increase in numbers seen at the 2011 event.

²⁸ In the past week on how many days have you completed at least 30 minutes of moderate intensity physical activity such as brisk walking, cycling, sport, exercise and active recreation? (Do not include physical activity that maybe a part of your job or usual role activities) 0 1 2 3 4 5 6 7

Findings

In 2011, 15 local authorities, NHS London, Transport for London and the Greater London Authority took part in four 5KYW events across London. Out of the 1922 staff who registered for the event, 1529 took part. The project met the overall outcome to attract more participants and increase the number of sedentary employees who accessed the programme. It attracted 5.5%²⁹ of people who were sedentary, which is more than the 2010 event and the numbers of people still sedentary immediately after the event dropped to 1.8%. Levels of inactivity did increase 3 months after the event to 6.8%. There was, however, an increase of 4.8% in the number of participants achieving 5x30 (from 28.3% to 30.8%), an increase of 12.9% in people jogging on a regular basis (from 43.5% to 56.4%) and an increase of 10.2% in sports and gym membership (from 40.3% to 50.5%). This exceeded the figures obtained for 2010³⁰.

In addition, 16 Jog Leaders and 4 Walk Leaders trained to deliver staff training sessions and over £9,500 was raised for a variety of charities.

Whilst the number of runners, joggers and walkers on the day is not monitored, the training sessions in the build up to the event show that the jogging sessions are most popular with the participants.

Strengths & Challenges

Key strengths of the programme include the participants enjoyment, shaped by the atmosphere of the event, getting fit and representing their borough, with 94% of participants indicating they would take part in the programme again.

Challenges include the economic climate, budget and staff cuts, which impacted on the number of people available to support the programme and options available for marketing.

Key Factors in Success

Easily accessible activity at the workplace location; provides the opportunity for workplaces to enter as a team and includes a final celebration event where peoples achievements can be recognised; the training of local people as champions/jog & walk leaders.

Key Learning Points

Key learning points include the need for tailored marketing to attract more people from ethnic minority groups and males in the 40+age category; support post event for those who were sedentary at the start of the programme along with the provision or signposting to physical activity opportunities for all participants post event.

Next Steps

Next steps are addressing the challenge in making an impact on the physical activity levels of higher number of sedentary participants and exploring reasons for differences in physical outcomes across boroughs.

²⁹ This is based on the 25% of those who registered and who completed the questionnaire.

³⁰ In 2010 three months post event 0.7% achieved 5x30, 8% attended regular jogging sessions and there was a 7.9% increase in sports club and gym membership.

Case Study 8: Active Together Workplace Challenge - Leicester-shire & Rutland Sport

Name of Project & Organisation(s) Involved

The Active Together Workplace Challenge is delivered by Leicester-shire & Rutland Sport (LRS) as part of the Active Together programme, which consists of a range of partners across Leicester-shire interested in the development of physical activity and sport. Initially just over £20k was secured to run the programme over a 6-month period between January and July 2011; the majority of the funding was through Active Together with prizes donated by Leicestershire County Council and the Energy Saving Trust³¹. Funding for 2012/13³² has been secured through LRS core budgets.

Aim & Target Group

It was designed to encourage and support workplaces, of all sizes, across Leicestershire, Leicester & Rutland to promote increased participation in physical activity & sport amongst all their staff, especially those who did little or no activity.

Project Description

The project is focused around a web based tool (www.workplacechallenge.org.uk), linked to www.lrspport.org.uk, which allows individuals and organisations to log participation in sport/physical activity/active travel; view leader boards/live statistics; register for inter workplace competitions and find out more about workplace health. In addition to the tool, a programme of 9 inter workplace competitions were organised in 2011 in partnership with National Governing Bodies for the following sports: badminton, basketball, football, netball, rugby touch, running, tennis and volleyball. LRS had oversight of the project; delivery was through an events management company and National Governing Bodies of Sport and LRS and Loughborough University conducted the evaluation.

Project Monitoring

Participants completed an initial registration questionnaire, logged their activity over the course of the challenge and completed an evaluation questionnaire. Assessment of physical activity³³ was included in both the registration and evaluation questionnaires and was also assessed at 3 months after the challenge had finished.

Targeting/Marketing

A celebrity launch was held to publicise the challenge and workplaces were invited to attend. Leicester-Shire & Rutland Sport also attended a range of community and staff events at workplaces, to promote the challenge. Leaflets, posters and e-newsletters were also distributed to a variety of workplaces and organisations across the county encouraging them to sign up and take part. Incentives, prizes and competitions were used to engage workplaces along with promotional materials and a toolkit.

Posters, emails and updates at staff meetings were used to promote the challenge to employees. The Challenge targets inactive people by rewarding any participation in sport, physical activity and active travel. Spot prizes were used to further motivate all participants regardless of their activity levels. The challenge is accessible to all and people can participate in any sport. Employees can access the challenge online and from 2012 via a smart phone; increasing accessibility to the challenge to people with limited or no access to a PC. The

³¹ Funding committed: Active Together Steering Group (Leicestershire County Council, Leicestershire Together and NHS Leicestershire County & Rutland) - 18k; Leicestershire County Council, £2k and the Energy Saving Trust £250.

³² Funding required for 2012/13 is just officer time as initial set up costs were covered in 2011/12. The 2012/2013 programme is due to start in January 2013.

³³ Measure used based on the Active People Survey question: 'over the past four weeks how many days a week, on average, have you taken part in 30 minutes or more of moderate intensity physical activity?' circle zero to seven.

competition programme events are open to participants of all abilities and the coaches/officials provide a beginners guide to the sports to ensure all participants understand the game/ rules. The focus of events is on fun and they are low cost to ensure accessibility.

Findings

In total, from January to July 2011, 827 people from 67 workplaces took part in the Challenge. The majority of participants were aged between 26 and 54. Workplaces included 62% from the public sector, 24% from the private sector and 4% from the voluntary sector. Nearly half the organisations (48%) had more than 200 employees; 39% had less than 50 employees and 13% had between 50-200 employees.

There was a significant decrease in the percentage of participants who were inactive³⁴ from 11% at registration to 3.2% by those who completed the post survey evaluation³⁵. There was also a significant increase in the percentage of participants achieving the recommended amount of participation in sport and physical activity from 34% to 47%. Participants stated they enjoyed taking part in the Challenge and would like to see similar challenges in the future.

Out of the 827 participants at registration 604 logged their participation in sport and physical activity. The most popular sport was running and the most popular activity was walking.

Two hundred and fifty six participants from 47 organisations took part in the inter workplace competitions. The most popular competition was netball. Overall, whilst the challenge did not hit the targets set by the project steering group in terms of number of participants and workplaces recruited³⁶, activity levels did increase and all deadlines and key milestones for the project were achieved.

Strengths & Challenges

Key strengths of the programme include innovation and fun and the range of physical activity and sport contacts developed.

Challenges include recruiting workplaces and engaging with the private sector and smaller, rural workplaces; keeping participants motivated to log all their activity for six months.

Key Factors in Success

Key factors in the success of the project is the web-based tool, considered easy and simple to use. It is also free to workplaces and inclusive, allowing any activity or sport to be included. The support of partners in the promotion of the challenge enabled LRS to reach a wide audience; the attendance by LRS at meetings with workplaces helped increase participation.

Key Learning Points

Key learning points include finding a workplace champion and securing buy in from the management team; allowing for a greater lead in time and a targeted marketing strategy; working more with non-traditional organisations including the private sector, in order to engage more workplaces.

Next Steps include developing clear links to Olympic legacy initiatives including the Gold Challenge and Sport Makers; a workplace survey of sport, health and active travel and the development of LRS Business Games.

³⁴ inactive is defined as 1 or less occasion of 30 minutes of activity (6% did 0x30 and 5% did 1x30)

³⁵ 827 participant completed the registration survey and 123 complete the post evaluation survey.

³⁶ target was 100 workplaces and 1,000 participants

Case Study 9: Let's Get Moving - IPSCOM³⁷ and Ipswich Borough Council

Name of Project & Organisation(s) Involved

Let's Get Moving is an example of joined up working between IPSCOM and Ipswich Borough Council. The scheme was managed by leisure services and ran between February 2010 to June 2011.

Aim & Target Group

It was aimed at sedentary adults at risk of or with existing medical conditions relating to their inactivity.

Project Description

The scheme was implemented in GP surgeries across Ipswich, Suffolk and was based on the National NHS Let's Get Moving programme. It involved Doctors referring patients identified as inactive³⁸ to discuss their activity with a 'motivational interviewer', who would support and guide the individual towards an increase in physical activity. All participants were offered an I-Card which gave participants unlimited access to swimming, racket sports and use of the borough council's gym facilities. Participants who did not take up the offer of an I-card were still able to access a range of physical activity opportunities including swimming, cycling and walking.

Managed by the Ipswich Borough Council Sports Services team. Clinic staff were trained in Motivational Interviewing³⁹.

Project Monitoring

Physical activity was assessed using the NHS General Practice Physical Activity Questionnaire at baseline, 4 weeks, 12 weeks and 6 months.

Targeting/Marketing

Participants access the programme through GP practices; specific pathways were targeted, including obesity, diabetes and disease registers within the GP practices; patients could also approach their GP about taking part in the scheme.

The scheme was advertised in the GP surgeries and at Ipswich Borough Council sports centres.

Findings

By the end of the programme the scheme had attracted 461 participants; 49% of these were inactive at the start of the programme. At 4 weeks the levels of inactivity had reduced to 18% (based on 104 respondents). At 12 weeks there had been an increase in levels of inactivity to 28%, although this was based on a small response rate of 35. No data was available for the 6-month follow up.

Out of the 461 participants, the I-card was obtained by approximately 40% of participants. The most popular activity overall was swimming irrespective of whether participants had an I-card.

³⁷ IPSCOM is a shadow Clinical Commissioning Group covering 15 practices across Ipswich.

³⁸ 'Inactivity' was defined using the GPPAQ

³⁹ a interviewing technique designed to support and enhance behaviour change.

Strengths & Challenges

Key strengths of the programme include the accessibility of the scheme; it was offered in 12 different GP surgeries with 1x3 hour clinic every week at each surgery, allowing for 72 referrals per week.

Challenges included the collection of data at 12 weeks and 6-month.

Key Factors in Success

Accessibility

Key Learning Points

A more solid method of obtaining feedback, meeting clients for a pre-arranged meeting at the surgery, rather than obtaining feedback via phone calls. More responsibility and a sense of ownership from the GP surgeries would strengthen the scheme.

7. Discussion

Literature review

The review of published intervention studies has demonstrated that there is a relatively small body of evidence available to support the role of sport in reaching and engaging inactive people. The lack of studies identified by the Cochrane review of sporting interventions²⁶ highlights the urgent need for sports-specific studies of a good methodological design. The body of published evidence for the effectiveness of sporting interventions in increasing participation is considerably smaller than the physical activity literature. This is likely to be due to a number of reasons, including the emphasis placed on research by the public health community; and the fact that sport is one type of physical activity, and so effectiveness of sporting programmes may have been subsumed within physical activity interventions. It is also noteworthy that sporting programmes are rarely evaluated using controlled research designs, and in many cases they have not been required (by their funders) to collect data on measures related to public health. These are important issues to address if sport is to make an impact in the public health community.

While the body of evidence is not extensive, the review has shown that there are a number of well-designed studies that provide evidence for the effectiveness of sporting interventions delivered at personal and group level.

Interventions at a personal level have been shown to be effective in increasing sports participation, including elements such as counselling; fitness assessment; recording of activity levels; goal setting; and detailed follow-up. This is similar to the evidence from the health literature, where there is good evidence for the effectiveness of brief interventions (particularly in primary care) in increasing physical activity²¹.

Interventions at a group level have been shown to be effective in increasing participation in vigorous physical activity and sport among people attending structured sports/exercise training sessions in an exercise setting. Elements included group exercise sessions; use of running/jogging and static bikes and optional additional sessions at home.

The literature review did not find evidence for the effectiveness of community-wide sport interventions in increasing participation. This is not unlike the physical activity literature where it has been noted that there is a demonstration of an 'inverse evidence law'²⁷ whereby the least is known about the effects of interventions most likely to influence whole populations. This remains a priority for future research and programming: how to translate what we know about getting individuals and groups into sport into action that can move whole communities.

Overall we found that the evidence base for the effectiveness of interventions for the specific promotion of sport is far less developed than for the promotion of physical activity. It appears that most sport programmes are researched within quite a different paradigm to physical activity and health programmes, with a general lack of controlled research designs. They also tend to use measures of physical activity that mix sport with other types of physical

activity including walking and cycling. This makes it is very difficult to untangle the specific contribution of sport.

Case studies

The nine case studies have provided recent UK examples of projects that are demonstrating success in reaching inactive people through sport. These projects have all successfully recruited inactive people, measured their activity levels, and provided a sport programme that leads to an increase in physical activity levels. The level of evidence is weaker than the published evidence – there are no control groups and so there is a chance that these changes would have happened anyway without the programme – but it could also be argued that the projects are more relevant than many from the published literature as they are from the UK and are taking place in the current policy climate. It therefore seems likely that these projects are benefiting the health of their participants. The projects provide a great deal of learning that could be incorporated into any future projects aiming to improve health through sport, including Sport England funded pilots.

However, it should also be noted that there were over one hundred projects submitted for review, and it is likely there are hundreds of other sport projects taking place in the UK that were not considered. Why were these projects rejected from our review? Answering this question provides some clues about the way forward.

The most important issue by far is monitoring. In general the standard of monitoring and evaluation employed by the sports projects we spoke to was poor. Nearly half of the projects had no evaluation plan, and collected no data. In some cases there was an evaluation plan but this did not include collecting any sports participation data. Or projects collected pre-programme data but nothing after the programme had finished. Without this it is impossible to say if the project has increased participation in sport. This issue urgently needs to be addressed if we are to improve the evidence base on what works in sports promotion.

The issue of measuring physical activity is more complex. Around ¼ of sports projects measured sports participation but not physical activity. So for example at registration a project would ask whether someone had played this sport before, but not whether they did any other form of activity. From the point of view of the projects this could be seen to be quite justified: project managers in many cases were recording indicators related to recruiting people 'new to sport' or 'beginners'. If their project encouraged such people to take up the sport regularly it would be seen to be a success. But it is incorrect to assume that this means the project is successful at targeting inactive people. In many cases, we found that projects have no measure of activity in place but simply assume they are reaching people with low activity levels if they reach those 'new to sport'.

Finally, many projects were excluded because on investigation it turned out that they were not targeting inactive people at all. In some cases there seemed to be an inbuilt assumption that promoting sport at any level would

'trickle down' to inactive people, or that priority target audiences (such as excluded young people) would by definition be inactive. The successful case studies showed that this is not the case: if projects want to reach inactive people then they need to deliberately target inactive people. This means using a physical activity measure to find the inactive people in the first place, and then marketing and running the programme appropriately.

This would require some quite different approaches from current sports promoters. A critical issue uncovered by this review is that it appears that most sports projects are marketed to people who are at least moderately 'sporty' to begin with, and that there is a lack of appreciation of the needs of people who are currently physically inactive. To reach these people will require a great deal of learning from the physical activity and public health literature, and closer working with public health colleagues, notably those in primary care. This will maximise the chances that people will take up easier types of activity (such as walking) to begin with and then progress onto sport. Although there is little evidence to support this progression from activity into sport, it is an area that deserves further investigation and strong support.

Overall, while the vast majority of people we spoke to believed that sport could be used to reach inactive people, there is little evidence that the majority takes this seriously. To address this will need some significant investment in guidance, support and training, and a willingness on the part of the sporting community to embrace the public health agenda.

8. Conclusions

To conclude, we briefly answer the key questions set out in the research brief:

- ***Is there evidence to support investment into sport to meet health priorities? E.g. can sport engage the most inactive people?***

There is some evidence from the published literature that sport can engage inactive people at an individual or group level, with increased success when targeting those willing and ready to change their behaviour. There is evidence from current practice in the UK that sport can reach inactive people especially if the programmes include the targeting of inactive people and are properly marketed, planned and delivered appropriate to the needs of the target group(s) by empathic motivating leaders.

- ***What are the characteristics of success (what are the mechanisms, processes and tools used by these programmes), and how is this evaluated?***

Successful programmes identify the inactive target audience using robust measures; they develop and deliver the programme appropriately for this target audience; and they follow-up to evaluate progress and demonstrate outcomes.

It is not possible to identify one sport, setting or target group which stands out as a mechanism for what constitutes a successful programme. Successful programmes are those which adopt a collaborative approach across partner agencies and which offer a range of physical activity and sports opportunities which are flexible and adaptable to the needs of the target group(s). While not all case studies have a targeted marketing strategy for inactive people, all felt this was an important area for continued success at attracting and sustaining participation in those previously inactive.

- ***What does current practice say is the best route for sport to engage with health?***

It is impossible to identify the 'best' route, and this review has not really addressed the issue of overlap with sport and health policy. But we would tentatively suggest that obesity remains a key public health issue where sport can effectively engage with public health professionals. However, this might require some differences of approach compared to targeting inactive people. There are a number of potential pathways into sport but the most obvious and well-structured remains referral from primary care, based on identified health need.

- ***What tools/resources have been used to support local investment into sport to meet health priorities?***

The extent to which the case studies were designed to meet health priorities varies. However, where health was explicitly stated as an outcome, tools and resources utilised included national and local data; market segmentation data and standardised questionnaires to assess total physical activity at baseline and follow up.

What would an ‘ideal’ project promoting health through sport look like? What features of planning and implementation should be encouraged?

We suggest the following guide to practice, based on the research literature and case studies:

Promoting health through sport: a guide

1. Agree to target inactive people
2. Identify inactive people using robust data
3. Consider initial counselling sessions to explore attitudes to sport
4. Conduct research with participants to find out what they want
5. Design a programme based entirely on their needs
6. Market it to them directly (e.g. emphasising positive aspects)
7. Promote sports that can be done at home in addition to at a facility
8. Make every effort to reach the most inactive
9. Assess baseline levels of activity of participants using a robust tool
10. Assess baseline secondary factors (e.g. enjoyment of sport)
11. Run the programme based on established models of behaviour change
12. Focus on those dropping out and minimise this
13. Consider new programme for those dropping out
14. Assess levels of sport and activity among those continuing
15. Offer clear exit routes for people to continue sport post programme
16. Conduct process evaluation to learn from mistakes
17. Follow up after one year to assess longer term sport and activity

9. Recommendations

Sports agencies (including governing bodies) should;

- establish more robust systems for the evaluation of sports promotion projects, that enable an assessment of the effectiveness of the project in increasing participation in sport, ideally using a controlled research design;
- plan programmes to target inactive people, including measurement of physical activity levels before and after the programme;
- support project managers with training and guidance on targeting, marketing and monitoring.

Sport England should;

- develop a strategy for improving health through sport;
- develop an evaluation framework for sport projects that encourages the use of controlled research designs;
- agree a standardised measure of physical activity for use by sport promotion projects;
- support project managers with training and guidance on targeting, marketing and monitoring;
- develop, fund and evaluate pilot projects that specifically set out to reach inactive people, and use a controlled research design;
- ensure that pilot projects are sustainable and can be scaled up once the initial pilot funding ceases.

Appendix One: results from reviews of the published interventions literature

Results from review of systematic reviews

We analysed the following reviews:

Cochrane reviews

- Priest N, Armstrong R, Doyle J, Waters E. Policy interventions implemented through sporting organisations for promoting healthy behaviour change.⁶
- Community wide interventions for increasing physical activity⁷
- Foster C, Hillsdon M, Thorogood M. Interventions for physical activity⁸
- Interventions implemented through sporting organisations for increasing participation in sport.²⁶

NICE reviews

- Interventions for promotion physical activity to children and young people⁴
- Physical activity and environment review²²
- Four common approaches to promote physical activity²¹

Other reviews

- BMJ review of cycling²³
- BMJ review of walking²⁸
- Life events and physical activity participation²⁴
- Qualitative review of participation in sport and physical activity amongst children and adults²⁹
- Recruiting participants to physical activity interventions²⁵

While most of these studies were concerned with physical activity in general, we searched within the reviews to identify individual studies that either explicitly mentioned sport, and/or worked in conjunction with sporting organisations to reach their target audiences. Data from these studies were extracted and are shown below.

Cochrane Collaboration Systematic reviews

Community wide interventions for increasing physical activity (25 studies)

Study types 22 controlled before and after studies, one controlled interrupted time series, one cluster cohort study, and one cluster randomised controlled trial.

Relevant studies (including a focus on sport or work through sporting organisations n=6)

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
1. Luepker 1994	USA Minnesota Heart Health Program Controlled interrupted time series study (cohort follow-up and independent samples)	Adults aged 25-74 from 6 town located in upper mid-west, Minnesota	Area based mass media campaigns based upon persuasive communications theory	Multi-level high intensity media campaign with individual counselling; partnering - working with sporting clubs; specific settings - in workplace and environmental change	Change in leisure time physical activity self report measures. Results were adjusted for age, gender and education. Effects seen at year one and three but not five and six The adjusted RR calculated using data extracted from year zero and the final year of measurement was 1.11 (95% CI 0.94 to 1.30) for the cross-sectional data, and 1.08 (95% CI 0.97 to 1.20) for the cohort data respectively	Partnering - working with sporting clubs found some evidence of effectiveness as this increased reach

Community wide interventions for increasing physical activity

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
2. Kumpusalo 1996	Finland Finnish Healthy Village Study Controlled before and after study	Adults aged 20-64 from 4 rural villages located in Finland	Village based activities used to drive up demand for sports participation based upon health promotion principles of inter-sectorial collaboration	Focused local action including booklets sent to every household, village seminars once a month during Autumn & Spring terms; individual counselling - "intensive advice given by local health nurses; partnering - clubs, red cross, hunting clubs etc, study group, sports groups, walking campaigns; specific activities within local settings - local adult education centres	The intervention was not associated with improvements in physical activity patterns of people living in rural villages. The adjusted RR was 0.98 (95% CI 0.80 to 1.21)	Partnering - working with sporting clubs found some evidence of increased demand but not sustain evidence of effectiveness

Community wide interventions for increasing physical activity

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
3. Lupton 2003	Norway Finnmark Intervention Study Controlled before and after study (cohort follow-up)	Adults aged 20-62 from regional villages from the county of Finnmark (located in the Arctic region of Norway)	Village based activities used to drive up demand for sports participation	Focused local action including Social marketing - through mass media; individual counselling - e.g. activity scripts and partnering - working with sports organisations	The intervention reported a significant increase (P = 0.047) in males being physically active as defined as accruing a minimum of four hours of moderate physical activity over a week during the last year. This was measured six years after the initial baseline measurement. Unfortunately, no significant change was found in the female population (P = 0.151) and the adjusted RR for the entire population was non-significant (RR 1.10, 95% CI 0.84 to 1.43)	Partnering - working with sporting clubs. The intervention involved the engagement of the community largely through activities run by sporting clubs and associations. Strong emphasis that sports clubs are the front line of delivery of chance to be more active.

Community wide interventions for increasing physical activity

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
4. Brown 2006	Australia 10,000 steps Rockhampton Controlled before and after study (independent samples)	Adults aged 18 -6 living in Rockhampton (60,000)	City based activities used to drive up demand for walking and sports participation based upon social ecologic framework	Focused local action including Social marketing - media campaign; plus pedometers & logbooks, website advertising, local pharmacies, libraries; individual counselling - promotion by health sector; partnering - specific settings, local activity task force with community organisations, government sport & recreation; specific settings - workplaces and shopping malls; environmental change - "working with the city council to improve local environment	The intervention reported an increase in the proportion of physically active females but not males. The control community was significantly more active than the comparison community at baseline. At follow up, two years later, there was no longer a significant difference with the percentage of the comparison community categorised as being active decreasing by 6.4% while the intervention community increased 0.9%. Combined, there was once again no difference between the two populations (adjusted RR 1.18, 95% CI 0.60 to 2.35)	Partnering - working with sporting clubs. The intervention involved the engagement of the community largely through sporting clubs and associations to access inactive adults. The intervention was less attractive to men, or that "It didn't speak to men"

Community wide interventions for increasing physical activity

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
5. Simon 2008	France ICAPS Intervention centred on adolescents' physical activity and sedentary behaviour Cluster randomised controlled trial	Children aged 11/12 in four school catchment defined communities in Bas-Rhin of Eastern France	School and local community based activities used to drive up demand for walking and sports participation based upon social ecologic framework	Focused school and local action including partnering - home, community, neighbourhood, recreation, fitness and sports facilities; specific settings – schools and environmental changes - various	The intervention reported an adjusted change in supervised leisure time physical activity of 43% in adolescents, and an adjusted mean difference of 1.1 (95% CI 0.56 to 1.63) in leisure time physical activity at four-years post-baseline. This is a statistically significant difference between the intervention and control groups ($P < 0.0001$)	Partnering - working with sporting clubs. The intervention involved the engagement of the community largely through sporting clubs and associations to access inactive children

Community wide interventions for increasing physical activity

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
6. Wendel-Vos 2009	Netherlands Hartslag Limburg Controlled before and after study (independent samples and cohort follow-up)	Adults aged 14 years or older living in two cities Maastricht and Doestiche, in the Netherlands	A large five-year community participation project aiming to improve individual's chronic disease risk factors based upon the transtheoretical model of behaviour	Focused local actions based within existing organisations including Social marketing - mass media; other communication strategies - printed guides; partnering - working with organisations to encourage walking and specific settings – schools, sports clubs	Total leisure time physical activity was reported for both males and females. Both groups decreased their leisure time physical activity between baseline and follow up at five years, with no difference between the intervention and control groups for men. In women, however, the reduction in leisure time physical activity in the intervention group was significantly less than in the control group (P < 0.05)	Partnering - working with sporting clubs. The intervention involved the engagement of the community largely through sporting clubs. Some evidence of failure to engage men with walking projects

Interventions for physical activity (29 studies)

Study types 29 randomised controlled trials

Relevant studies (n=5) 2 group based interventions , 3 face to face interventions

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
<p>1.Cunningham 1987</p> <p>Group based</p>	<p>Canada</p> <p>Western Ontario Study</p> <p>Randomised controlled trial</p>	<p>Retired adults males aged 54-68 from worksites and local community (n=224)</p>	<p>Provision of adult sports training including running and jogging clubs at least three times a week. Participants were encouraged to do one additional home based session.</p>	<p>Sports training sessions with qualified coaches</p>	<p>The intervention reported that encouragement to attend three group exercise sessions per week and perform an additional weekly exercise session at home resulted in an additional mean 53.7 minutes of vigorous physical activity per day (95% CI 18.09 to 89.31). Change was measured in mins/day vigorous physical activity (>4.9 METS). Fitness levels were also significantly different with greatest improvement in the intervention group</p>	<p>Offering sports training in a club setting with a coach to a targeted group</p>

Interventions for physical activity

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
2. SSCT 2000 Group based	Japan Green prescription study Randomised controlled trial	Adults aged 60-81 from local community (n=65)	Provision of adult sports and exercise training clubs at least twice a week	Participants were encouraged to attend at least 2 from 3 2-hour exercise classes per week, held at a local community centre. The class contained endurance and resistance training, and games	Intervention reported a large increase in mean self-reported physical activity in their intervention group. Change was measured as Total daily energy expenditure (kcal/kg/day). The study also reported positive effects of fitness (SMD 1.14 , CI 0.61, 1.68)	Group sessions of exercise, games and sports were popular with older adults when the facility was based within the local community

Interventions for physical activity

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
3. Elley 2003 Face to face	New Zealand Green prescription study Randomised controlled trial	Adults males aged 40-79 from local primary care (n=878)	Provision of adult sports training including running and jogging clubs at least three times a week. Participants were encouraged to do one additional home based session	Participants received motivational counselling from their general practitioner, followed by three follow up phone calls from a local exercise specialist, plus written materials. Participants were asked to choose their own physical activity	The intervention reported a between group mean difference of 2.67 kcal/kg/wk (95% CI 0.48 to 4.86). The authors estimate this was equivalent to a net difference of 247 kcals/week between groups. The study also reported greater increases in men compared to women in the intervention group in reported physical activity	Choice of sport or physical activity found to be important with encouragement from GP and sports and exercise professional. Information about local sports opportunities also useful

Interventions for physical activity

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
4. Harland 1999 Face to face	UK The Newcastle exercise project: Randomised controlled trial	Adults aged 40-64 from local primary care (n=520)	Two approaches to recruitment used opportunistic and all potential participants who attended the health centre	All participants completed a baseline assessment of self reported physical activity, physical measures and cycle ergometer fitness test. They received feedback of their results, brief advice about their present level of physical activity and comparison to recommended levels, plus written health information, 19 leaflets and vouchers for local physical activity facilities and activities	The intervention reported no effect of intervention at 12 months OR 1.18 0.69 to 2.04. Change measured by number of sessions of moderate and vigorous physical activity lasting a minimum of 20 minutes in the previous four weeks, used in a physical activity index score)	Recruitment in health centre by research staff proved very difficult. Very low use of free vouchers for local sports facilities

Interventions for physical activity

Study author & publication date	Country & Study Design	Participants	Recruitment & Targeting	Intervention	Results	Key Factors
5. Petrella 2003 Face to face	Canada Step Test Exercise Prescription STEP study Randomised controlled trial	Adults aged 65+ from four academic family medicine clinics (n=284)	Patients were identified in two ways over 6 months. First, over a 2-month recruitment period, clinic staff identified potentially eligible patients opportunistically from the regular daily register. Second, a clinic-produced list of patients meeting the eligibility criteria was utilized until 72 patients from each clinic were identified	Participants received a fitness assessment using a step test and counselling from physician. Each participant was given examples of exercise and the ACSM prescription of physical activity using heart rate reserve (HRR). Participants were asked to record their weekly exercise in a diary which was collected at 3, 6 and 12 months. Participants also received information about local exercise facilities and activities	Intervention reported a significant increase in cardio-respiratory fitness at 6 months and this effect was further increased at 12 months. Changes in fitness were significant - standardised mean difference was 1.87 (95% CI 1.59 to 2.15). The intervention group showed a greater improvement in cardio-respiratory fitness compared to the control group, in a between group analysis regardless of gender, age, having more than 2 chronic health conditions and BMI >32	Strong emphasis upon choice of activity by participant.

Interventions implemented through sporting organisations for increasing participation in sport

<p>Interventions implemented through sporting organisations for increasing participation in sport (n=0)</p> <p>No studies found</p>		<p>We found that there is an absence of high quality evidence to support interventions designed and delivered by sporting organisations to increase participation in sport. Interventions funded and conducted in this area must be linked to a rigorous evaluation strategy in order to examine overall effectiveness, socio-demographic differentials in participation and cost-effectiveness of these strategies.</p>
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Policy interventions implemented through sporting organisations for promoting healthy behaviour change

<p>Policy interventions implemented through sporting organisations for promoting healthy behaviour change (n=0)</p> <p>No studies found</p>		<p>We found no rigorous studies evaluating the effectiveness of policy interventions organised through sporting organisations to increase healthy behaviours, attitudes, knowledge or the inclusion of health-oriented policies within the organisations.</p>
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NICE reviews

Interventions for promotion physical activity to children and young people		This guidance is based on eight reviews, using a mix of reviews of qualitative and quantitative methods. The focus on physical activity more generally means that it is very difficult to draw out any conclusions specifically for sport. None of the evidence statements specifically refer to effectiveness evidence for interventions based on sport. The review was used to describe correlates of physical activity among young people, including barriers and facilitators to sport.
Physical activity and environment review		No relevant studies
Four common approaches to promote physical activity		No relevant studies

Other reviews

BMJ review of cycling		No relevant studies
BMJ review of walking		Review focused on walking but the main conclusion may be transferable to sport: most interventions associated with an increase in walking as a mode of transport were offered only to those individuals or households identified through prior screening as already motivated to change their behaviour. Many of the interventions found to be effective were targeted at sedentary people.
Life events and physical activity participation		Review of possible life changes that might affect participation in physical activity. Review covered total physical activity in most studies, with the exception of one study that found childhood illness/disability to be a negative predictor of participation in sport in later life.
Qualitative review of participation in sport and physical activity amongst children and adults		Weight management, social interaction and enjoyment were common reasons for participation in sport and physical activity. Concerns about maintaining a slim body shape motivated participation among young girls. Older people identified the importance of sport and physical activity in staving off the effects of aging and providing a social support network.
Recruiting participants to physical activity interventions		The effectiveness of a sporting programme is limited by not only its efficacy of dose (how well the intervention works on its participants) but also by its recruitment (maximising the numbers who will participate and receive the intervention dose).

Appendix Two: Projects submitted which met the criteria for inclusion but are new and currently have no data to show the impact on levels of inactivity

Organisation	Project Name	Project Overview	Comments
Coventry City Football Club	INFORM Football	'InForm' is a community football programme funded by Pfizer UK Foundation and delivered by Coventry City as part of the 'Sky Blues in the Community Programme'. The project started in November 2011 and is designed to increase activity and encourage men back into football. It runs for 36-weeks, on an on-going basis at no cost to the participant. Workshops on men's health are also provided through Coventry Health Development Services. Full data on the impact of the programme on levels of inactivity and increased participation will be available October 2012 (some data will be available from April 2012 onwards).	SE approved sport. There is a baseline and post programme assessment of physical activity, however this is a new project which started in November 2011 and there is currently no data available.
Sport England	Sportivate	Sportivate is a £32 million Lottery programme that gives 14-25 year olds access to six-week courses in a range of sports including judo, golf, tennis, wakeboarding, athletics, and park or free running, with the aim to transition them onto longer-term participation. The programme is aimed at those who are not currently choosing to take part in sport in their own time, or are doing so for a very limited amount of time. Sportivate is fully inclusive and targets participants across this group, including young people who have a disability, males and females and people from people BME groups.	SE approved sport. There is a baseline assessment of physical activity and a follow up assessment at 3 months. The programme is still in its infancy and as such there is currently no data available.
University of Exeter	Devon Active Villages	Devon Active Villages is a 3-year programme to create sustainable physical activity and sport opportunities across 155 rural villages. The programme started in September 2010 and is co-ordinated by Active Devon who are one of the principal funding agencies alongside Devon County Council and Sport England. The project is aimed at increasing activity across all members of the community; inactive people are part of this broader targeting approach. There are a range of sports and activities available including football, running and various forms of dance, dependent on the facilities available within the village and the expressed needs of the community. The majority of sports and activities run over a 12-week period, although villages are supported for a period of 12-months where they are given help and training to sustain the activities independently. National Governing Bodies and local stakeholders throughout Devon have contributed to the development of the project and play a critical role in successful delivery of local opportunities.	SE approved sport. There is a baseline assessment of physical activity and follow up assessment of physical activity conducted over an 18-month period. The programme is still running and data will be available mid 2013.
Youth Sports Trust	Change4Life Primary Sports Clubs	Change4Life Sports Clubs are designed to increase physical activity levels in less active children in schools through the development of a new type of sports club. These sports clubs create an exciting and inspirational environment to engage these young people in school sport, particularly by focussing on Olympic and Paralympic sports and drawing on the inspiration of the Olympic and Paralympic Values.	SE approved sports. There is a baseline assessment of physical activity and a follow up assessment at 6 and 12 weeks, but there is no data available until August 2012.

Appendix Three: Projects submitted which had a baseline assessment of total physical activity and a follow up measure, but either had no data or did not show an impact on levels of inactivity

Organisation	Project Name	Project Overview	Comments
Amateur Swimming Association - North East Region	CPAL Swim Active Programme	This project forms part of the CPAL project managed by County Durham Sport. It consists of a 12 week programme of Aquatic activities: swimming, Aqua Fit or swimming lessons. Participants can register based on their responses to health related questions. At the end of the programme participants are given a graduation pack which includes promotional offers which aims to encourage and motivate participants to carry on with their activities.	SE approved sport. There is a baseline and post programme assessment of physical activity, but unable to access data to show impact on levels of inactivity.
Saracens Sport Foundation	Sport for Health	<p>This project was designed to increase physical activity and support health eating for year 3 and 4 pupils in selected primary schools for a period of 5-6weeks. There are two strands to the programme: strand 1 involves supporting teachers in running a 1 hour session a week, as part of the PE curriculum, around the fundamentals of movement (running, jumping, throwing) through the medium of tag rugby. The second strand is a healthy eating and physical activity challenge where pupils record what they eat and activity which they do outside of school.</p> <p>The project ran between 2006-2010 and was funded through the Big Lottery Fund with additional support from the West Herts Primary Care Trust, Active Luton, all Hertfordshire School Sports Partnerships and charitable trusts.</p>	Sport England (SE) approved sport. There is a baseline and post programme assessment of physical activity, however no impact on levels of inactivity were identified. This may, however, be a reflection of the design of the evaluation rather than the practicalities of the intervention.
West Berkshire Council	Healthy and Active Parishes	A community based project which ran between March 09-11, designed to establish an infrastructure of locally owned activity and information outlets to promote health and activity messages to isolated communities. There were 35 mini projects and approximately 22 of these were Sport England approved sports. The project was funded through the Big Lottery Fund Well Being Programme.	SE approved sport. There was a baseline and post programme assessment of physical activity conducted. However, there is no data available on those who were inactive at the start of the programme, post programme and follow up.

Appendix Four: Projects submitted which had a baseline assessment of total physical activity but either had no follow up measure in place or used a different measure at follow up

Organisation	Project Name	Project Overview	Comments
Active Norfolk	Get Back Into	The programme provides the opportunity for all adults (16+) to participate in a wide range of affordable sports and activities. There are approximately 200 eight week courses offered each year over four programmes with clear pathways to clubs. Funding was initially via Sport England and LAA monies but now comes from local authorities, cross subsidy from other projects, NGBs and generated income.	SE approved sport. There is a baseline assessment of physical activity, but no post programme or follow up measure of total physical activity.
Buckinghamshire and Milton Keynes Sports Partnership	Reactivate Bucks	A multi agency project which provides a range of sport and physical activity opportunities for adults who are new to sport or returning to sport/activity. Sport England Market Segmentation data is used to develop campaigns around three Give it a go weeks each focusing on a specific target group. Examples of activities/sports include Netball, sky rides, FA 'just play' programme. The project has been funded by Sport England, the Bucks Strategic Partnership, Bucks CC & Milton Keynes Council Adult Social Care and Bucks PCT.	SE approved sport. There is a baseline assessment of physical activity, but no post programme measure or follow up.
Corby Borough Council	'Reach out' in Corby	A low cost sustainable 6-week activity programme designed to encourage adults, in particular women and the 50+, into sport and physical activity. The programme was jointly funded by Sport England, Corby Borough Council and NHS Northamptonshire for a 3 year period between 2008-2011.	SE approved sport. There is a baseline assessment of physical activity, but no post programme measure or follow up.
Sport England	Sport Unlimited	An innovative youth sports programme which cascaded funding to local communities via the County Sports Partnership. Local providers organised 8-10-week blocks of weekly high-quality Sport Unlimited taster session designed to inspire youngsters to sign up for longer-term participation. Programme ran between 2008-2011 and learning used to develop new 'Sportivate programme'.	SE approved sport. There was a baseline assessment of PA but no follow up assessment of PA. Amended baseline question for new Sportive programme but no data available yet.
Leicester City Council	3x30 Pledge	This project was aimed at increasing the numbers of people achieving 3x30 minutes of activity per week, in order to support the data requirements of the Active People Survey. People pledge to get active by exercising three times a week of at least 30 minutes per session. Exercise logs are also distributed to participants and returned. People are rewarded with incentives when continuing exercise. A range of sports and activities are offered to support participants.	SE approved sport. There is a baseline assessment of physical activity for everyone who signed up to the pledge. There is some follow up data, but this is only for those who completed 3 x 30, no data is available on those who remained inactive at the end of the programme.
NHS North Central London	Camden Give it a Go	A 3-phase programme based at multiple local leisure facilities, designed to engage and increase the physical activity levels of Camden residents who are in receipt of benefits. Phase one provides 4 weeks unlimited access to leisure facilities; phase two provides a 6 month membership to a facility and phase three provides exit routes options including self funded membership.	SE approved sport. There is a baseline assessment of physical activity, but no post programme measure or follow up.
North Tyneside Council, working with North Tyneside Carers	Carers Aqua fit	This project provides aquafit sessions and signposts participants to existing similar activities or provides ongoing sustainable sessions.	SE approved sport. There is a baseline assessment of physical activity, but

			no post programme measure or follow up.
Oxfordshire Sports Partnership	GO Active	GO Active aims to improve health and well-being by increasing participation in sport and active recreation across Oxfordshire, through an improved range of opportunities, signposting and information. The focus of the programme is all adults (16 plus) classed as 'semi-sporty' (not achieving 3x30).	There is a baseline assessment of physical activity but to date there has been no post programme or follow up measure of total physical activity.
Pro-Active London	Dare2Dance 2011	This is a multi agency Dance project which aims to empower girls and young women ages between 14 and 24 through the medium of Street Dance. It was piloted in 2008 and in 2011 it had expanded to run across 6 London Boroughs. One of the objectives of the project is increased physical activity. The project is funded by the Mayors Sporting Legacy Fund, EMDP, Big Dance and Street Games US Girls Active Women's Project.	SE approved sport. There is a baseline assessment of physical activity, but no post programme measure or follow up.
Sport Hampshire & IOW	Beginners Running Programme	A community based 10-week running programme aimed at adults new to the sport. The project was run by a local leader and was designed based on the Run England programme, to provide a structured introduction to running with the aim of all participants being able to jog continuously for 30 minutes at the end of the 10-weeks. The project began in 2009 and was self funded.	SE approved sport. There is a baseline assessment of physical activity, but no post programme measure or follow up.
Suffolk County Council	Great East Swim	This is an annual open water swimming event where participants can choose to swim 1/2 mile, 1 mile or 2 miles. This event was open to all adults and funded through Suffolk County Council.	SE approved sport. There is a baseline assessment of physical activity, but no post programme measure or follow up.
Swindon Borough Council	Junior Volleyball in Swindon	A community based project designed to engage youths (aged 14-25 years) in volleyball, especially those new to the sport. The project focuses on providing participants with a positive experience of a new sport and creates opportunities for young people to compete in events ranging from local mini volleyball to national competitions in both beach and indoor Volleyball.	SE approved sport. There is a baseline assessment of physical activity, but no post programme measure or follow up.
Team Beds & Luton (CSP)	Get Back Into	The programme provides opportunities to participate in a range of sports and activities through a series of coached taster sessions. The emphasis is on having fun in a friendly and sociable environment. Opportunities to continue with the sport or activity are made available at the end of the programme	SE approved sport. There is a baseline assessment of physical activity, but no post programme measure or follow up.
The London Playing Fields Foundation	Coping through Football	A social inclusion project which uses football to assist the North East London Foundation Trust to engage more effectively with adults with enduring mental illness and plays a part in their recovery. The programme consists of bi-weekly football coaching sessions at two community sports facilities in the London Borough of Waltham Forest. Exit routes are discussed for service users who wish to continue participating in physical activity. The programme ran for an initial three year period between 2007-2010 funded through the Football Foundation, Capital Volunteering, City Bridge Trust, London Catalyst and Henry Smith Charity and secured funding for a further three years between 2010-2013 through the Henry Smith Charity, Man Group Charitable Trust, North East London Foundation Trust and LB Waltham Forest. Learning from this programme has been used to support the delivery of Arsenal's Imagine Your Goals project in partnership with Camden & Islington Mental Health Trust.	SE Approved Sport. There is a baseline assessment of physical activity on the referral form but this differs from the post programme and follow up measures.

Appendix Five: Additional projects submitted for consideration which did not meet the criteria for inclusion as case studies

Organisation	Project Name	Organisation	Project Name
Active Norfolk and NHS Norfolk	Fit Together - Walking for Health Scheme	British Cycling	Sky Ride Local
Active Surrey Sports Partnership	Active Surrey – Breaking the Tape	Bristol City Council	Bristol Active Life Project
Age Concern in the SE	Go Well	Bucks & Milton Keynes Sports Partnership	Active Communities
Age Concern Kingston	Active Living Project	Buckinghamshire & Milton Keynes Sports Partnership	Leisure Opportunity for People with a Learning Disability
Amateur Swimming Association	Mine's a swim	Carrick Leisure, St Austell	East Pool Park Free Family Swimming project
Amateur Swimming Association	Swim4Life GP Referring Programme	Carrick Leisure, St Austell	Cambourne Community Summer Pool Fun
Amateur Swimming Association - NE Region	Workplace Swimming Programme	Carrick Leisure, St Austell	Cornwall LDF & background to Cornwall
Amateur Swimming Association - SE Region	fit as a fiddle	Centre for Health Service Studies & Eastern Coastal Kent PCT	Am I Boverred?
Amateur Swimming Association - West Midlands Region	British Gas Swimfit	Chelmsford Borough Council	Heart and Sole health walks
Amateur Swimming Association - West Midlands Region	Warwickshire Race Equality Partnership BME Women's only swimming	Chelmsford Borough Council	Forever Fit and Forever Fit Excel
Angling Development Board	Forces for Good	Coventry University	Workplace Wellbeing
Angling Development Board	Young People Voices and Personal HWB	Crawley Borough Council	Active, Healthy Crawley
Arts Partnership Surrey	Sorted! Tea Time to Dance	Cycle Touring Club	Bike Club
Badminton England	Hull Active Lifestyles Programme - Badminton	Cycle Touring Club	East Hampshire Cycling for All
Bath & NE Somerset Council	Passport to Health Activators	Eastern & Coastal Kent PCT	Kids' Club
Bedford Borough Council	Active8	Eastern & Coastal Kent PCT	My Body, My Life
Bedford Borough Council	Re-Active8	English Table Tennis Association	New Hearts
Bedford Borough Council	Pre-Active8 (Winter 2011)	Epping Forest District Council	Fit as a fiddle
Bedford Borough Council	Re-Active8 Gold (June-July 2011)	Forestry Commission	Secure and Motion
Bedford Borough Council	Dance4All	Hampshire Partnership Trust	Health and Well Being for People with Mental Health Problems
Berkshire West PCT	Reading Health Activists	Havant's Women's Aid	Outreach & Resettlement Project
Birmingham Solihull Mental Health NHS Foundation Trust	StreetGames 'Football'	Isle of Wight Council	Active Wight
Birmingham County Football Ass; Black Country Sports Partnership; Sandwell & Wolverhampton LEAs	Triple F: Fitness & Fun through Football	Kirklees Council	Sport4Life
Bolton Council	Whole Sport Plan	Leicester-shire & Rutland Sport	Active Together
Bournemouth Borough Council	Introduction to Open Water Swimming	London Borough of Hammersmith & Fulham	us girls Lambeth
Bowls Development Alliance	Amasal (Staffordshire) Bowls Academy - 12 clubs	Manchester City Council	Back to Sport
Brighton & Hove City Council Sports Development	The Active for Life Project	Mary Frances Trust	Healthy Mind – Healthy Body
British Cycling	Dacorum, Watford & Three Rivers Health Walks	Milton Keynes PCT	Well-Being Programme

Appendix Five cont'd

Organisation	Project Name	Organisation	Project Name
NHS East London and the City	PA for cancer survivors	Stroud District Council	Generation Games
NHS NL Central	PAC Outdoor Gyms	Surrey Arts Surrey County Council	Skills Fusion
NHS Peterborough Public Health	Let's Get Moving - Lets Keep Moving	Sussex County Sports Partnership	Active Workplace
NHS Somerset	Go for it Challenge	Swindon Borough Council, Leisure Services	Ability Sports Project
Norfolk and Norwich Hospital Workplace Health and well-being	Workplace Health	Swindon Borough Council Leisure Services	Street Games Swindon
North Tyneside Council	Healthy Weight programme	Swindon Town Football in the Community Trust	Extra Time
North Tyneside Council	Running Programme	Swindon Town Football in the Community Trust	Twilight Football
North West Kent Countryside Partnership	Naturally Active	The Laughing Group	Group Rides
NHS North of Tyne and Northumbria Healthcare NHS Foundation Trust	Get Active Northumberland	Three Rivers District Council	Active4Life Exercise Referral Project
Plymouth City Council Sports Development Unit	Adult Taster Programme	Three Rivers District Council	Sheltered Housing Scheme - Chair based exercise project
Portsmouth Foyer	Get Real About Health	Tonbridge and Malling Borough Council	Tonbridge and Malling Healthy Living Initiative
Pro-Active London	Step-Up	Tower Hamlets PCT/ELC	Pink Champagne Dragon Boat Team
Pro Active West London	Kids Swim Free (2008)	Tunbridge Wells Borough Council Leisure Services	Detached Play Workers
Pro-Active West London	Inclusive & Active (Ealing)	Tyne & Wear Sport	Individual Project Case studies
Pro-Active West London	Streetgames	University College Plymouth St Mark and St John	Physical activity and exercise for patients with low back pain and cancer
Restore	Activate!	University of Exeter	Devon Active Villages
Royal Yachting Association	Over 50's sailing club or course	West Berkshire Council & Berkshire West PCT	Particip8
Sheppey Healthy Centre	Sheppey Community Involvement Project	West Kent PCT	Postural Stability
South Gloucestershire Council	Active Family Club	Wigan Sports Development Unit	Wigan Back to Sport programme
South West London and St Georges Mental Health NHS Trust	'Sporting Chance' - leading in to 'Imagine Your Goals'	Wokingham Borough Council	Health Mentors for Older People
Sport Hampshire and IOW	Sport & Physical Activity Alliance	Worthing and Littlehampton MIND	Get Active
Stevenage Borough Council	Lifestyles Programme	Youth Sports Trust	BUPA Schools Running Challenge
Stour Valley Arts	For You Too (Down Time)	Youth Sports Trust	Change4Life Secondary Sports Clubs
Streetgames	CYP NICE Response	Youth Sports Trust	Schools on the Move
Streetgames	Empowering and Improving	3D Crime Concern	Vice to Health
StreetGames	LEAPActive - Streetgames Cornwall		

Appendix Six: Fieldwork documents

a) Email request from Sport England

Dear Colleague

Improving health through sport

Our new 2012-17 strategy will create a meaningful and lasting community sport legacy from the London 2012 Olympic and Paralympic Games, by growing sports participation at the grassroots level.

To support this we have recently commissioned a review of existing research to help us determine how we can best align sporting programmes with health priorities. This piece of work will help to inform our work in this area for 2012/13 alongside the new strategy and alignment with the new public health delivery system.

This research is being conducted by a team from the British Heart Foundation Health Promotion Research Group, at the University of Oxford (researchers: Dr. Charlie Foster; Dr. Nick Cavill; and Debra Richardson). The team will be reviewing published and unpublished research that describes sporting programmes that have been successful in reaching people who were previously physically inactive.

We would therefore be grateful if you would alert us to any examples of projects or programmes that have:

- Promoted sport to people who were previously physically inactive (defined as taking part in sport or wider physical activity less than once a week)
- Collected some data or evidence to investigate whether the participants took up sport, and continued to participate in sport, following the project

This is a great opportunity for you to highlight successful projects. We are interested in published and unpublished evidence as we are aware that there is much innovation in this field, some of which is not formally published.

If you also have published examples of your projects, please email the report (or a web link to the report) to debrarichardson@clara.co.uk

If the project has been evaluated but no report is available please provide as many details about the project as possible, by completing the very brief questionnaire – at <https://www.surveymonkey.com/s/9RQLMM6> .

We would be grateful for your response by **20th Jan**.

The researchers may contact you for follow-up information on any projects you supply; this is likely to take place between 23rd and 31st Jan.

Please forward this email to colleagues who you think may also have interesting examples.

If you would like to discuss the survey or review of the research please do not hesitate to contact me or the named researchers above.

Kind Regards

Kay

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Creating sporting opportunities in every community

Sport England, 3rd Floor Victoria House, Bloomsbury Square, London, WC1B 4SE

b) On-line Survey



Driving up participation in sport and improving health: review of existing research

1. Your name

2. Job title

3. Organisation

4. Email address

5. Please tick the statement that most closely represent your views

- There is good evidence that sport can reach inactive people
- I believe sport can reach inactive people but there is not much evidence
- I don't believe sport can really reach inactive people
- There is good evidence that sport does not really reach inactive people
- I don't really know how much evidence there is on sport reaching inactive people

6. Do you have any examples of programmes or projects that have successfully promoted sport to people who were previously sedentary or physically inactive?

yes

no

Other (please specify)

Next

7. What was the main target audience for your project?

Youth (aged 14-25)

Families

Adults

Older adults

Other (please specify)

8. Name of the project

9. Brief description of what the project did

10. Did the project measure the participants' level of sport participation before the project began?

yes

no

Other (please specify)

11. If yes, how was sport or activity participation measured? (e.g. project monitoring, interview, or questionnaire such as IPAQ)

12. Did the project collect data on whether the participants continued in sport after the project? If so, for how long? Please describe.



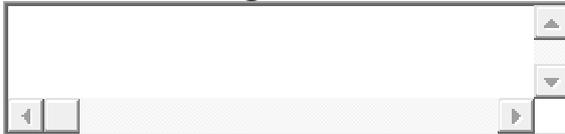
13. Other comments



14. If you have further examples of projects, please either describe them here, or complete the survey form again (by clicking the link on the invitation letter). Thanks!



15. Please send any reports or further information to debrarichardson@clara.co.uk and write the name of any reports sent here.



Please send any reports or further information to debrarichardson@clara.co.uk and write the name of any reports sent here.

c) Standardised Introduction for Follow up Discussion

Hello. Thank you for agreeing to have a chat today about your project [insert project name]. As you are aware this discussion forms part of the review commissioned by SE in order to gather evidence/details of sports programmes, defined as those included in SE's approved list, and specifically their impact on levels of inactivity. This discussion follows on from the detail you have already provided us with through completion of the survey and/or reports you have submitted.

The discussion will last no more than 30 minutes and will include some questions about the responses you have already submitted and some additional questions looking at the Background to the project; Targeting, Recruitment and Engagement of Inactive participants into the programme and Key factors in the Projects success.

The discussion will be recorded to ensure I capture all your responses accurately.

Does that sound ok ? Are you happy to continue with the discussion ?

Please can we start by confirming your name and the project we are discussing today...

d) Sport England Review: Follow up 'Themes/questions'

1. Programme Development

- Was/were the programme(s) based on any existing programmes/evidence (national or local?)
- Objectives/Aims of the programme(s) (e.g. shift from sedentary to activity ?)

2. Targeting, Recruitment and Engagement

- What criteria was used to target people ? (age, gender, inactive, sedentary, back into sport)
- How were people targeted (through primary care ?)
- How were people recruited (leaflets, GP discussion etc) ?
- What mechanisms were used to engage people and maintain engagement with the programme (health, social, fun)
- Did the programme 'reach' those it was aimed at ?
- Lessons learnt for targeting, recruitment/engagement

3. Evaluation

- Did the project measure baseline activity levels ?
- Did the project measure changes in activity levels pre and post programme and at follow up ?
- Was/were the programmes considered a success?
- How was success defined? (achieving aims and objectives)

4. Limitations and Successes

- Key Successes and Limitations
- Anything would do differently ?

5. Supporting Documentation

- Check reports received

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