

Quest 2016 – Gplus 32

Increasing Participation and Reducing Inactivity

Guidance Notes

Issue 3 July 2016



Outcomes

- To work collaboratively with other service providers to enhance the local offer and provide inclusive, high quality and accessible opportunities for local people, including young people and adults, to participate in sport and physical activity and meet the Chief Medical Officers guidelines.
- To reduce the levels of inactivity across the catchment area by identifying and addressing local needs, particularly in disadvantaged areas / communities with high levels of deprivation and health inequalities.
- To address inequalities in a pro-active way, through effective interventions that attract and retain over the long term more:
 - Disabled people and supporting their integration into mainstream provision
 - Women and girls
 - Older people to maintain an active lifestyles and a good quality of life
- To provide evidence of positive outcomes and the contribution to the long-term impact on: physical and mental wellbeing, personal development, social and community development and/or economic development.

Suggested Guidance

Physical Activity Guidelines

For more about the UK physical activity guidelines: <http://www.bhfactive.org.uk/guidelines/index.html>

Under 5 years

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments.
- Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes (3 hours), spread throughout the day.
- All under-fives should minimise the amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping).

5-18 Years

- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods.

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Adults

- Adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.
- Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity.
- Adults should also undertake physical activity to improve muscle strength on at least two days a week.
- All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.
- Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.

Behavioural Change Model



People can move back and forth through these stages

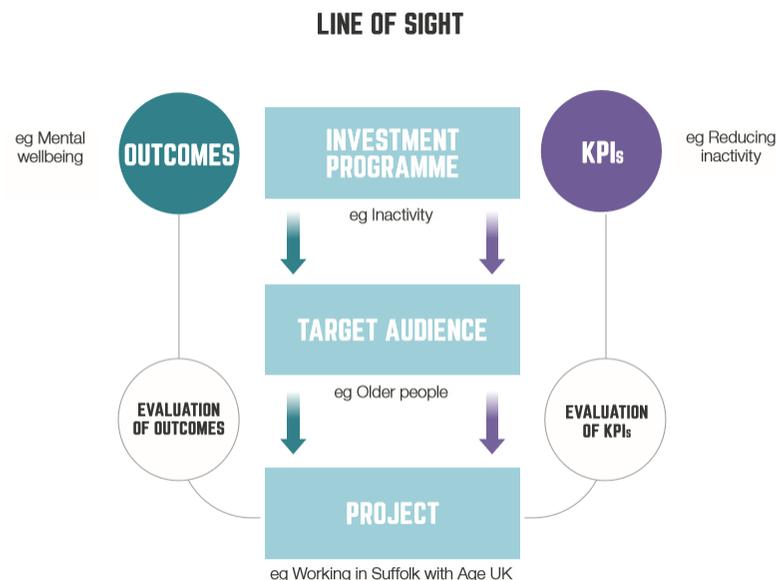
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Key links

- Change for life campaign and resources: <http://www.nhs.uk/change4life/Pages/change-for-life.aspx>
- DCMS Sporting Futures Strategy: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf
- EFDS: overview <http://www.efds.co.uk/> - Be informed; be inclusive; be active. Inclusive Fitness and Inclusive Mark.
- EFDS: Together we will campaign encourages disabled people to be more active and aims to support you to become healthier, stronger and have fun being active <http://www.efds.co.uk/together>
- Sport England: Strategy Towards an Active Nation <https://www.sportengland.org/media/10629/sport-england-towards-an-active-nation.pdf>
- Equality for Sport web site: <http://equalityinsport.org/> website of the five UK Sports Councils, providing a wide range of equality-related material to assist all sporting organisations become more equitable and to provide a service to all sectors of the population.
- PHE: <https://www.gov.uk/government/organisations/public-health-england> - contacts regional and local centres; national strategy



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PLAN

How are priorities and objectives identified to increase participation and target inactive people in its area?

EXAMPLES OF BEST PRACTICE

- The service is aligned to local needs and opportunities; there is a clear vision/ goal and is based on current local information
- Local participation data, inactivity levels and needs assessments are known and incorporated into the business plan
- Local agendas are influenced and the value of physical activity and sport is recognised by key bodies
- The service is aligned to the Government agenda around the five main outcomes and specific priorities and there are links to national, regional and local agendas
- Local organisations are working together to increase activity levels and engage inactive people
- Specific measurable targets for objectives are set out within the business plan to raise participation
- A Marketing strategy/ plan is in place to help increase participation
- Staff and other relevant people are equipped to reach out to new participants
- Links are developed with non-sporting partners to enable new initiatives to take place
- Budgets and resources are identified to deliver and sustain inventions

SUGGESTED GUIDANCE

- Is the service aligned to local needs and opportunities? Is there a very clear purpose and vision/goal to raise levels of participation and reduce levels of inactivity in the local community? Is this based on the local assessments of need and use of the latest insight to identify and engage targeted markets (for example population groups and/or local communities) to bring about sustained behavioural change
- Is the organisation/ facility aware of local participation data; inactivity levels and needs assessments. Is this information fully incorporated into business planning; the development of partnerships/collaborations, the planning of interventions and the deployment of resources
- Does the organisation influence local agendas and key players and does it help to position physical activity and sport so its value is recognised by commissioners, politicians and policy makers
- Is the service is aligned to the latest Government agenda around the five main outcomes and specific priorities around children; young people, the inactive, people with disabilities, families and people from disadvantaged communities. Does the service create a clear systemic link between corporate objectives and national, regional and local agendas across the “place”? Is there a clear ‘line of sight’ between priority interventions, project outputs, KPIs and longer term outcomes
- Are local organisations, for example schools, community organisations, health providers, facility managers, clubs, local Further Education colleges and universities; professional clubs and local arms of NGBs, all working together to increase activity levels and engage inactive people to become active; reduce drop out from sport and optimise the power of sport for health and social good
- Are specific measurable targets for objectives set out within the business plan to raise activity levels, address inequalities and widen access to sport
- Is there a marketing strategy/ plan in place to assist in delivering improved projects and programmes that increase participation
- Are relevant people, for example staff, coaches, volunteers as well as local clubs/community organisations being equipped with the knowledge, skills and

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resources to reach out to new participants

- Are links developed with new non-sporting partners to support and enable new initiatives to take place so that effective partnerships are used to reach, engage and retain new participants for the longer term
- Are budgets and resources identified to deliver and sustain interventions in both the short and long term to achieve sustainable behaviour change

DO

How is access to and take up of sport and physical activity widened, including partnership working with other service providers?

EXAMPLES OF BEST PRACTICE

- Current insight studies, market research and demographics are used to shape the initiatives
- The customer journey and experience is researched and used
- The content and delivery of activities are well organised, engaging and set at the appropriate level
- Programmes are in place to reach and engage with target groups
- Activities are taken to and developed with people in their area
- Concessionary prices are positively promoted and the activities are value for money
- Staff are skilled to provide a welcome and personal service to participants
- Skilled motivators/ activators/ community champions are proactively utilised and deployed
- There is effective use of funding opportunities
- Supply and demand is mapped and gaps are filled
- There is collaborative working with other organisations. Development pathways and exit routes are communicated to all involved
- Infrastructure networks are strong
- Students are deployed as volunteers and work placements. Apprentices are taken to support community activities
- Strong links are in place between development agencies and the facility
- Clubs and community groups are encouraged to be open and accessible
- Partner networks are strong across sectors and there is effective joint working
- There are links with other sports organisations

SUGGESTED GUIDANCE

- Is the organisation/facility using the findings of insight studies, market research and relevant demographic trends to shape the delivery of participation initiatives that have been carefully designed and targeted
- The customer journey and experience is researched and taken into account when designing interventions, products and programmes.
- Does the organisation ensure that the content and delivery of activities are well organised, engaging and set at an appropriate level for the participants attending. Is there clear development pathways and exit routes designed to retain and sustain new participation
- Are there programmes in place in the locality designed to reach and engage with:
 - More people with disabilities

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- More girls and young women including intergenerational activities.
- More older people
- Inactive people living in disadvantage areas/communities with high levels of deprivation and health inequalities.
- Are activities taken to and developed with people in their areas (particularly where there is clear inequality/low levels of participation/low-income) including use of outdoor space as part of a wider and inclusive offer, for example Street Games; Park-runs, Walking Groups; Group exercise programmes, making use of parks, community facilities/ Inclusive Sports HUB Clubs and schools.
- Are concessionary prices clearly and positively promoted, carefully targeted and applied to attract and retain for the longer term. Are the activities value for money and are rewards, membership and loyalty schemes used to retain and support participants
- Is it easy to access new activities and programmes in local facilities on a pay as you play basis (reflected in high levels of casual use). Are progressive pathways built into referral schemes, projects and programmes; targeted sessions for specific groups and events/new activities to enable participants to develop and learn new skills and keep motivated
- Are staff, including volunteers, buddies and/or coaches fully engaged, friendly, skilled and motivated to provide a welcome and personal service to new and hard to reach participants.
- Are skilled motivators/activators/community champions pro-actively utilised and deployed to talk and engage with target audiences/communities
- Is the organisation/ facility making effective use of funding opportunities, for example external funding, grant aid or local commissioning, to reach and engage with low-participant groups and those who are inactive to widen access and reduce inequalities in health and wider sports participation. Does the organisation work with partners to obtain free or discounted advertising wherever possible; this may include sponsorship or reciprocal deals
- Is supply and demand mapped and understood in the area and are gaps filled and duplication minimised
- Is the organisation/ facility working collaboratively with other organisations, for example education (primary, secondary schools, Further Education colleges and Higher Education universities), community (health, crime and local community organisations) and sports partners (including professional clubs,) to provide a joined up offer, for example deliver sessions/programmes at the right time, in the right place, with the right coach/activator and at the right level to engage and retain inactive people. Are development pathways and exit routes communicated to all organisations involved
- Are infrastructure networks strong with evidence of joint working and co-production towards a common cause
- Are Further Education and Higher Education students encouraged and supported to pursue volunteer opportunities and work placements in the local community to help deliver sports and physical activities? Are local communities encouraged to take on and support community sport and physical activity apprenticeships for their areas
- Are there strong links in place between development agencies and the facility based on common goals and outcomes
- Are local clubs and community groups supported and encouraged to be open and accessible to new participants.
- Are partner networks strong across physical/mental well-being; physical education; community and sports sectors with evidence of effective joint working and co-production? Is there a common cause.
- Is there effective links with other sports organisations, for example NGBs, professional sports clubs and local sports providers

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MEASURE

What precise measurement tools are in place, with clear targets, to show how people are attracted and retained in sport and physical activity?

EXAMPLES OF BEST PRACTICE

- An evaluation framework is in place
- There is a variety of KPIs to cover outputs/ outcomes and impacts
- Qualitative measures and evidence is gathered
- Performance is known and compared
- KPIs are measured year on year
- Results from feedback from local organisations are used to measure performance and influence future activities

SUGGESTED GUIDANCE

- Is an evaluation framework in place identifying key data requirements for programmes and the service overall.
- Is there a variety of KPIs that cover outputs/outcomes and impacts, for example
 - Attendance numbers (and mix)
 - Project/Programme occupancy rates
 - Facility representativeness (measured through NBS/APSE TOOLS)
 - Club and Centre memberships (and type)
 - New users to facilities, projects and programmes
 - Facility occupancy and throughput
 - Retention figures
 - Participants who are being coached
 - Active People/Active Lives
 - Sport England/Government outcomes around physical well-being; mental well-being; individual development, social trust and economic value
 - Workforce development – coaches/volunteers/trained staff
 - Financial sustainability of interventions and activities
- Are qualitative measures and evidence gathered to help 'tell the story'
- Is it known how well the facility is performing and is this compared to similar locations/catchments using national indicators to measure success
- Are KPIs measured against year on year data and can improvement in performance be demonstrated/ tracked
- Are the results of feedback from local organisations, for example schools; health partners, community organisations, sports agencies and local commissioners services, used to measure performance and is this used to influence the shaping of programmes and activities

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REVIEW

How is best practice searched and applied to learn, grow and develop with the involvement of targeted local people shaping its services?

EXAMPLES OF BEST PRACTICE

- KPIs are regularly reviewed and performance against objectives is well communicated internally and externally
- Projects/ programmes are reviewed to ensure they are used by the targeted people
- Referral and other pathways are monitored and evaluated
- Projects and programmes are reviewed for outputs and outcomes
- Results of survey analysis is used proactively to inform change/ development
- External survey data is used to set new targets/ objectives
- Best practice is identified and good use is made of research and case studies
- Insight data and studies are constantly used to shape service design

SUGGESTED GUIDANCE

- Are KPIs regularly reviewed and compared with previous data with quarterly or annual trend analysis. Is performance against objectives and targets well communicated internally and externally
- Are projects/programmes closely monitored and evaluated to ensure they are used/accessed by those for who they are designed
- Are referral and other pathways monitored and evaluated using nationally endorsed and recognised tools/frameworks or models to help demonstrate positive health and wider social outcomes
- Are projects and programmes regularly reviewed for both outputs and outcomes
- Is the results of both qualitative and quantitative customer and partner survey analysis used to pro-actively inform change and development
- Is external survey data (for example, National Benchmarking Survey/APSE) data analysed and used to set new targets/objectives around access to key facilities.
- Is best practice identified and is good use made of research and case studies from for example: Sport England; ukactive; British Heart Foundation National Centre; County Sports Partnership Network (CSPN); English Federation of Disability Sport (EFDS); the Sport and Recreation Alliance (SRA); Street Games; plus other key players in the industry
- Is insight data and studies constantly being used to shape service design, for example using indoor and outdoor facilities; targeted interventions; co-production with partners and positive campaigning to attract, engage and retain new participants and thereby develop the market

IMPACT

How is improved activity and a positive impact of the interventions on the local population evidenced? (in terms of physical and mental wellbeing and social and community development?)

EXAMPLES OF BEST PRACTICE

- Activities are helping to widen access in the locality

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- Participation levels are increasing in areas/audiences being targeted
- Inactivity levels are reducing as a result of priorities
- The pro-active work to target people with disabilities, older people and women /girls is impacting on participation levels
- What works best to increase participation is known and used
- There are increased opportunities for non-participants
- Gaps between participation and engagement from underrepresented groups are reducing
- There are new participants using the facility and progressing
- Target communities/ audiences are becoming healthier, more active and the cost of inactivity is reducing
- Capacity and capability of staff is developed
- There is an identifiable increase in income, utilisation and footfall amongst those targeted
- There are testimonials from targeted groups/ individual of the benefit of the activities.

SUGGESTED GUIDANCE

- Are activities targeted, inclusive and helping to widen access in the locality
- Are participation levels increasing across the organisation and/or is the wider community served in key areas and/or amongst target audiences
- Are inactivity levels reducing in areas/audiences being targeted as a result of priorities fixed with partners/funders/commissioners of services
- Is pro-active work to target people with disabilities; older people and women/girls impacting on participation levels
- Is it known what works best to make the inactive more active; to nudge and support behaviour change and to increase participation/ activity levels generally over the longer term, and is this used to inform future programmes
- Are there increased opportunities for non- participants or low user groups/communities.
- Are gaps between participation and engagement from under-represented groups and the host population reducing
- Are new participants who have never used facilities before, now using services and progressing through pathways
- Are target communities/audiences becoming healthier, more active and is the cost of inactivity being reduced over time
- Is the capacity and capability of staff being developed
- Is there an identifiable increase in income, utilisation and footfall amongst the groups/communities targeted
- Is there testimony that target groups/ individuals are more active and benefiting from the programmes and projects

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“If sport and physical activity was a drug, it would be regarded as a miracle”

Professor Sally Davies, Chief Medical Officer – Department of Health

Inactivity costs the UK economy: **£7.4 BILLION**

1 IN 6 DEATHS in the UK are caused by inactivity

56% of adults meet the guidelines of 150 minutes a week of moderate intensity physical activity. For over 2/3rd of them sport is part of the activity mix.

HOW TO TAKE:
 150 MINUTES OF MODERATE INTENSITY A WEEK.
 BROKEN DOWN INTO BOUTS OF TEN MINUTES OR MORE.

A. WISE CHEMIST OPEN 560 DAYS A YEAR
 OPEN 9am-7pm 6.30-9pm Sat 9am-5pm Sun 10.30-2pm

SPORT ENGLAND