

Essex Local Delivery Pilot: Action Research Report June 2019

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Executive Summary

As part of the initial development phase of the Local Delivery Pilot (LDP) in Essex (June 2018 – May 2019), an action research work stream was developed to test and learn how 20 existing community projects could undertake new work linked to the outcomes of the LDP. [An initial evaluation report](#) was completed in October 2018, which sought to understand the current work of organisations/projects before the action research commenced with small amounts of investment from the LDP. The current report focuses on subsequent work of 17 out of the 20 funded test and learn interventions (three interventions had not been completed at the time of this report) including the processes throughout which they operated, outcomes of the interventions, and the potential to scale up and replicate.

Aims of this evaluation

1. To evaluate the outcomes achieved during the Action Research Test and Learn programme, in respect of both the specific agreed targets for each intervention and the wider outcomes of the Essex LDP.
2. To evaluate the processes through which the 20 interventions have worked towards their targets, and to identify factors that have enabled or hindered their work.
3. To evaluate the potential for the 20 interventions to be sustained, scaled up, and replicated during the next phase of the Essex LDP.

Approach

The community projects were chosen by the LDP Project Group members from the three test LDP pilot locations (Basildon, Colchester and Tendring). Projects were also chosen from deprived areas outside the three test areas for comparison. The projects identified incorporated a range of activities, objectives and target audiences including the LDP priority target groups of older people, families and people with mental health issues. Data collection comprised 11 site visits/observations, 17 provider interviews, and 10 focus groups or informal interviews with participants. A list of the interventions, location and Action Research work is provided below.

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Table 1. The community projects that were included, their location and their Action Research work (intervention).

Community Project	Location	Action Research Work
Health Outreach	Basildon	New physical activities targeted at inactive girls and women from low-socio economic areas
Home-Start Essex	Basildon	New walk and talk activities for families and volunteer home visitors
Motivated Minds	Basildon	New project for men suffering depression and mental ill-health
Sport for Confidence	Basildon	To offer a 'Dementia friendly' activity programme and establish a service user involvement group.
The George Hurd Day Centre	Basildon	Primary school children visit older person day centre for interactions, games and activities.
Catch 22 Crisis Housing	Colchester	New family activities
Community 360	Colchester	New activities that are co-designed with A2B volunteers and service users including guided walks and yoga.
Futures in Mind	Colchester	New part-time coordinator to secure new partners, increase range of activities and increase number of participants
Together We Grow	Colchester	Gardening clubs and activities to engage schools and the wider community.
Dig 4 Jaywick	Tendring	New wildlife garden targeted at children, young people and their families and garden group volunteers
Healthier Independence Longer Lives (HILL)	Tendring	New physical activities for existing and new users
Let's Keep Moving	Tendring	Test increased social movement work and social marketing
Teen Talk Harwich	Tendring	New programme of physical activities for young people and their families, targeting socially isolated young people who do not currently use services
Achievement Through Football	Southend	Extend services to engage families
Active Living	Epping Forest	New 1:1 motivational trainers and new marketing
Fitness In Mind	Brentwood	New focus on audience of young people with mental ill-health and their families
Let's Keep Moving	Canvey Island	Test increased social movement work and social marketing

Note. A brief individual report of each action research community project is provided in [Section 7](#).

Process evaluation findings

Nine key factors emerged that contributed to, or hindered, the successful design, development and implementation of the interventions.

1. **Community insight and engagement:** It is important to invest significant time and effort engaging participants and the wider community in the design and development of interventions, and where possible to adopt a co-production approach.
2. **Academic insight:** Academic insight is existing evidence of what works and can be overlooked but can complement community insight in helping to understand the target audience behaviour and inform the design of effective interventions, such as whether to target participants' capability, opportunity, and motivation towards physical activity and how this can be best achieved.
3. **Fit with context:** It is important that interventions fit the local context, such as being designed to suit local facilities and resources and to accommodate the needs and lifestyles of the target audience.
4. **Systems thinking:** Interventions are one component of a wider system that influences physical activity. It is therefore important to identify the wider system in which an intervention occurs.
5. **Partnerships:** Working collaboratively with partner organisations can facilitate recruitment, provide resources, and help the design and development of interventions. It is important to allow time to identify and develop effective partnerships.
6. **Resources and sustainability:** Interventions typically require a range of resources including people, time, money, facilities, and equipment to maximise their reach and impact. It is important that intervention providers consider how these can be sustained beyond any initial funding/investment.
7. **Content and delivery:** High quality content and delivery is central to all effective interventions. This can be shaped by academic insight, community insight and co-production, but a supportive environment, a holistic approach, and integrating a range of behaviour change strategies are important elements for content and delivery.
8. **Leadership:** Effective leaders are typically dynamic, passionate, empathetic, selfless and dedicated. They often provide direction to the intervention, help develop partnerships, coordinate volunteers, and inspire participants. Leadership can come from trained volunteers as well as paid staff.
9. **Capacity building:** Building capacity is integral to the successful implementation and scaling up of interventions. This can include identifying sustainable funding mechanisms, marketing for increasing participant numbers, recruiting volunteers, and upskilling (paid and unpaid) staff, which can all in turn facilitate the reach and sustainability of the intervention.

Outcome evaluation findings

The interventions had a range of desired outcomes, and a mix of target audiences. Seven out of the seventeen interventions had engaged with 50 participants thus far, but there was recognition that participant numbers often took time to develop. Most interventions provided multiple benefits to participants, and these could be broadly categorised in line with four of the key outcomes identified within the Department for Digital, Culture, Media and Sport Sporting Future Strategy: (1) Physical Wellbeing, (2) Mental Wellbeing, (3) Individual Development, and (4) Social and Community Development. Evidence for these outcomes took various forms including questionnaire data, participant views, observations, and interviews with providers. Greater consistency in the evaluation tools used to assess physical activity and wider outcomes would facilitate greater comparisons in future.

1. **Physical wellbeing:** Regular involvement in some interventions directly led individuals to complete the government guideline of at least 30 minutes of moderate physical activity per week. Other interventions impacted upon physical activity more indirectly by increasing motivation to be active.
2. **Mental wellbeing:** Across the interventions, participants experienced a range of positive changes in their mental and emotional wellbeing, including increased self-esteem, happiness, enjoyment, motivation, quality of life, reduced stress and reduced anxiety.
3. **Individual development:** The majority of interventions adopted a holistic approach that sought to develop the whole person rather than just increase physical activity. Development occurred in various ways including increased confidence, learning new skills, beginning to volunteer, and developing CVs.
4. **Social and community development:** Interventions often placed emphasis on creating a positive, welcoming and supportive environment that led participants to experience a sense of connection and belonging. Participants valued friendships created through the interventions and highlighted how these provided a support network to improve wellbeing and engage in more physical activities.

Scale up and replicate

The majority of interventions expressed an interest in scaling up (i.e., increasing number of participants in current work) and/or replication (i.e., introducing their intervention in another location and/or to a new audience). To facilitate these plans for scaling up and replication, it is important that interventions fit the needs of the target of audience and local context(s), are co-designed, adopt a systems thinking approach, consider multi-level collaboration, and make use of contemporary academic evidence.

Recommendations for the LDP

The insight and analysis from this evaluation has produced four recommendations that should be implemented within the LDP and beyond to help contribute to design, implementation, replication and scaling up of physical activity related interventions across Essex.

Recommendation 1: Integrate community and academic insight

It is vital to integrate both community insight and academic insight to design and implement a high quality intervention that fits local context.

Recommendation 2: Encourage systems thinking and partnership working

An appropriate and sustainable system is key to support physical activity behaviour change across Essex. Individual interventions will be stronger if supported by the system and not restrained by it.

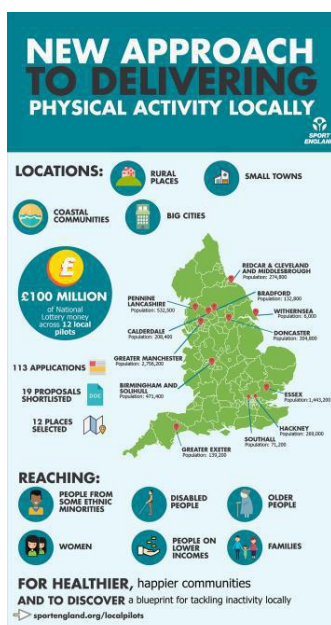
Recommendation 3: Build capacity to scale up and replicate interventions

Invest time and resources in workforce, interventions, communities, systems and learning to build capacity and maximise the reach, impact and sustainability of existing physical activity interventions.

Recommendation 4: Capture high quality evidence

A systematic and robust evaluation is key to producing high quality evidence of the effectiveness of interventions and helping to learn what works, for whom, and in what circumstances.

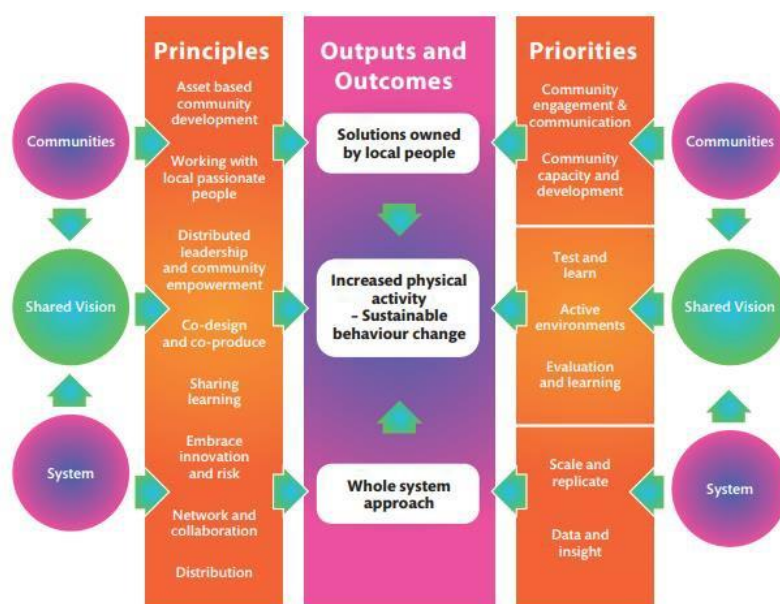
Section 1: Introduction to the Essex Local Delivery Pilot (LDP)



Sport England are working with 12 Local Delivery Pilots (LDP) across England to build healthier, more active communities. Around £100 million of National Lottery funding is being invested over four years, to create innovative solutions that make it easier for inactive people in these communities to take part in sport and physical activity.

The Essex LDP will benefit all of the county though the sharing of learning and good practice. The testing will take place in Basildon, Colchester and Tendring. These areas represent high levels of deprivation and physical inactivity, and display a range of barriers to physical activity such as post-war urban planning, coastal deprivation and poor social mobility.

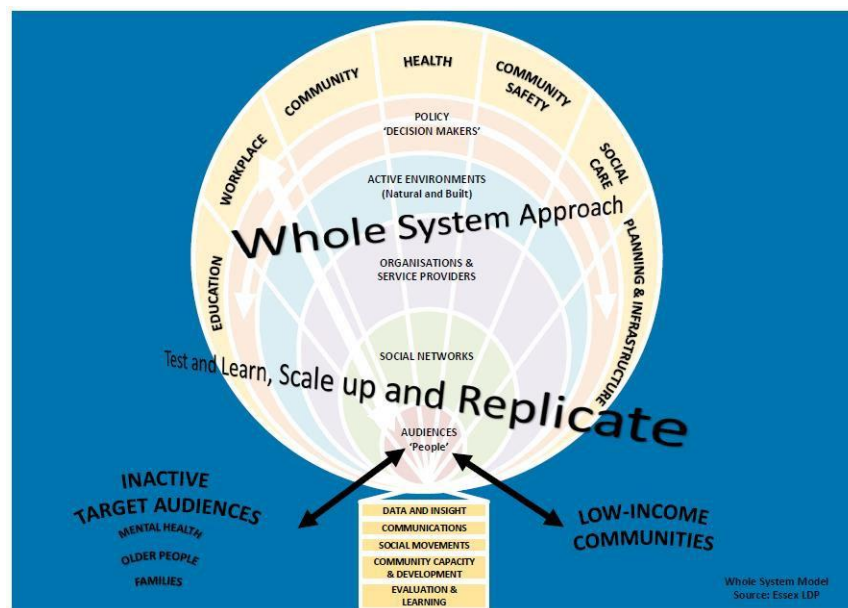
The Essex LDP is guided by a theory of change (see below). This outlines the three key strands of the Essex LDP (outcomes, principles, and priorities).



Essex LDP Theory of Change

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Central to the Essex LDP is a whole systems approach, which seeks to make an impact across seven system settings, and connect work between individuals and local communities through to high level policy and decision makers. The Essex LDP Whole Systems Change model is shown below.



Essex LDP Whole Systems Change Model

Development: Action research (June 2018 – May 2019)

As part of the initial development phase of the LDP in Essex (June 2018 – May 2019), an action research work stream was developed to test and learn how 20 existing community projects could undertake new work linked to the outcomes of the LDP. An [initial evaluation report](#) was completed in October 2018, which examined the current work of 20 organisations/projects before the action research commenced with small amounts of investment from the LDP. The current report focuses on subsequent work of 17 out of the 20 funded test and learn community projects including the processes throughout which they operated, outcomes of the community projects, and the potential to scale up and replicate.

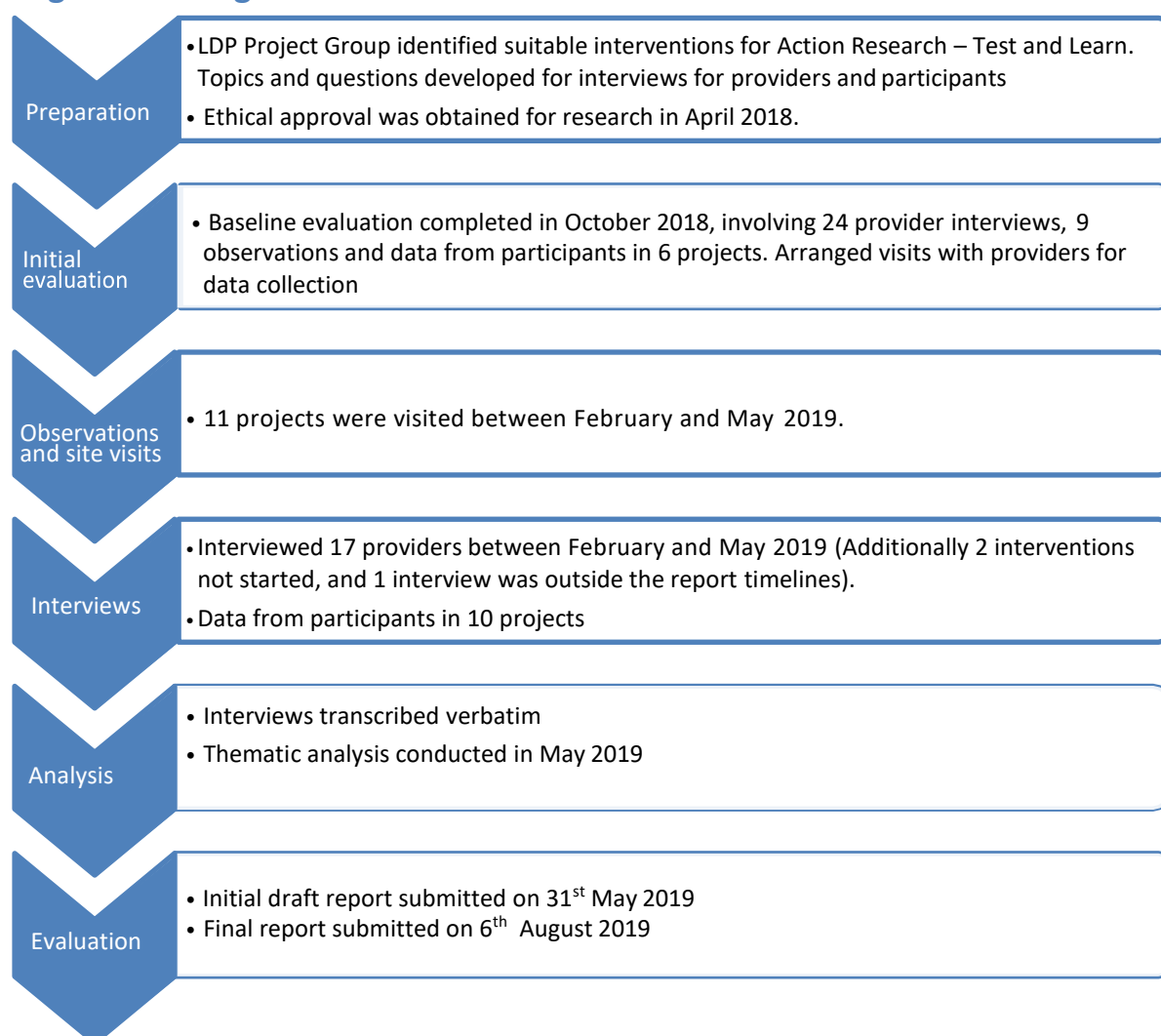
Section 2: Approach of the work

This report focuses on the impact and reflections on the action research community projects funded in the development phase of the Essex LDP. This evaluation work was completed by the University of Essex.

Aims of this evaluation

1. To evaluate the outcomes achieved during the Action Research Test and Learn programme, in respect of both the specific agreed targets for each intervention and the wider outcomes of the Essex LDP.
2. To evaluate the processes through which the 17 interventions have worked towards their targets, and to identify factors that have enabled or hindered their work.
3. To evaluate the potential for the 17 interventions to be sustained, scaled up and replicated during the next phase of the Essex LDP.

Figure showing the work flow of the evaluation work



Question topics for action research

Interview topics for providers/deliverers and for participants were developed with the LDP project group. Semi-structured questions with prompts were then developed (see Appendix for list of questions). Provider/deliverer topics included:

Interventions	Staff	Participants	Physical activity	Partnerships
Success factors	Barriers	Monitoring & evaluation	Scaling up and replication	Reflections

The topics for focus groups with participants included:

Motives for attending	Barriers	Experiences & perceptions	Benefits of attending	Reasons for changes
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Terminology

The terminology the interviewees used differed (e.g., ‘participants’ were referred to as service users, clients, participants, people; ‘interventions’ were referred to as projects, interventions, activities, models). While recognising the importance for terminology to be clear and appropriate for each interviewee and their organisation, we have adopted a consistent language throughout the report to aid comprehension (see below).

****Definitions:***

Intervention: Any intervention/activity/service/project that was evaluated as part of action research

Interviewee: Any person that was interviewed within the Action Research. This includes Providers, Deliverers, and Participants (see below)

Provider: Person(s) representing an organisation who conceived, set up and oversees the intervention, the organisation is often referred to as a ‘community project’

- may or may not actually deliver the intervention

Deliverer: Person(s) that deliver the intervention (may also be a Provider) Participant: Individual(s) who actively engages with the intervention

Section 3: Process Evaluation of the Test and Learn Interventions

The interventions

The action research interventions were selected by LDP Project Group members in April 2018 and funds awarded to undertake test and learn work between June 2018 and May 2019. The interventions mostly centred on the three test locations of Basildon, Colchester, and Tendring, but some additional interventions were also identified which were based in other disadvantaged locations across Essex to ensure comparison and a wider-Essex approach to the evaluation of good practice and what works. The funds were spent in a range of ways including staff costs, training, marketing, venues, equipment and transport. The interventions had a range of desired outcomes and objectives, and a mix of target audiences including the three main LDP audiences of older people, families and people with mental health issues (some targeted more than one audience). An overview of the target audiences and activities of the 17 funded community projects is below. Specific details of the community projects are provided on the next page. The majority had an overarching focus on inactive audiences (11) within areas of low socio-economic status (14). Across the community projects, activities included multi-sport, bowling, gym visits, swimming, table tennis, seated football, boccia, exercise classes, circuits, walking, park visits, wildlife events, gardening, arts, crafts, drama and dance.



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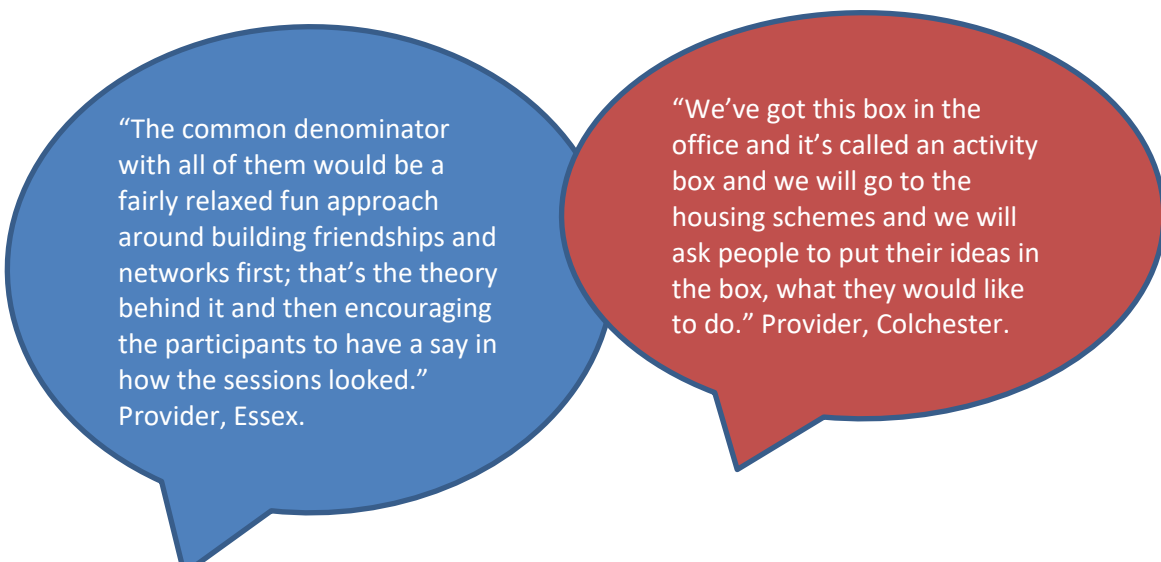
Note. A brief individual report of each intervention is provided in [Section 7](#).

Design, delivery and implementation factors

A number of factors emerged for what contributed to, or hindered, the successful design, development and implementation of the interventions. These are summarised below along with quotes and other supporting evidence. Example interventions are provided for illustrative purposes, but other interventions could often have been cited as well.

Community insight and engagement

A number of the interventions invested significant time in engaging with existing participants and the wider community in developing their Test and Learn intervention (e.g., Community 360, Teen Talk Harwich, Dig 4 Jaywick, Motivated Minds). Community insight was typically gathered through speaking to individuals and groups, but other more innovative methods were employed. For example, Community 360 liaised with housing organisations and provided an idea box for residents in housing schemes to make suggestions for activities that would be of interest. These processes provided important insight into the needs of the target audience, preferred activities and potential barriers. Preferred activities were not always anticipated, for example, teenagers in Teen Talk Harwich indicated a desire to undertake activities ranging from swimming, litter picks, and nature walks, through to jigsaw puzzles. On one hand, the mixed interests can be difficult to manage, but community insight also led to the co-production of interventions/activities (e.g., Achievement Through Football, Let's Keep Moving Canvey), which provided participants with a sense of ownership over the intervention/activities that in turn facilitated positive recruitment and retention. Insight was not only used in the initial design of interventions but also guided how they developed and whether new activities were introduced.



"The common denominator with all of them would be a fairly relaxed fun approach around building friendships and networks first; that's the theory behind it and then encouraging the participants to have a say in how the sessions looked."
Provider, Essex.

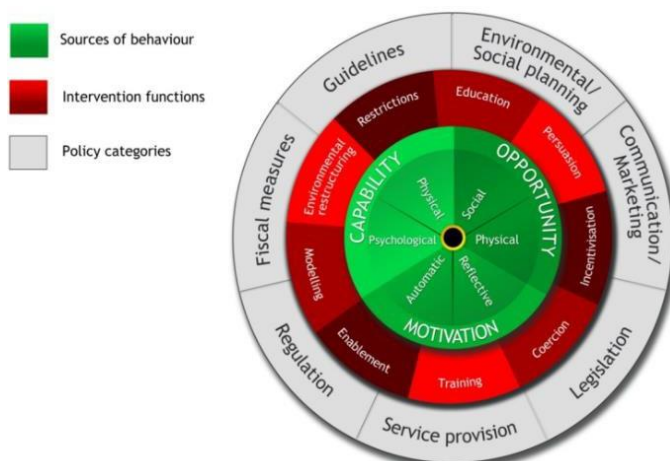
"We've got this box in the office and it's called an activity box and we will go to the housing schemes and we will ask people to put their ideas in the box, what they would like to do." Provider, Colchester.

"[Deliverer] will work with volunteers or the service users or the interested people to gauge what it is that they would like to do so that we have that buy-in from them, that's really important to us". Provider, Colchester.

"We consulted with the actual volunteers about what we could do. The volunteers are approximately 50+, we wanted to involve younger families and so therefore we engaged with extra support for families in [town]... we've been going through the school, the local scouting group." Provider, Tending.

Academic insight

Alongside the use of community insight, academic evidence was sometimes used in the design of interventions. For example, some providers drew on principles of positive psychology to underpin their approach (e.g., Motivated Minds), such as



a focus on relationships, engagement and providing a sense of accomplishment. Other providers cited evidence available via the NHS as underpinning their work (e.g., Home Start). Principles of behaviour change models were also cited. Behaviour can be shaped by individual, social, and environmental factors, and interventions can occur at individual, group, community and


population levels. One framework that captures this complexity, and was implicit in the approach taken by many deliverers, is the Behaviour Change Wheel (see Figure above, taken from Michie et al., 2011¹). This recognises that individuals' behaviour is shaped by their capability, opportunity and motivation to perform the behaviour.

Within the 17 interventions, there were examples that targeted individuals' capability (e.g.,

¹ Figure taken from Michie S, Atkins L, West R. (2014) *The Behaviour Change Wheel: A Guide to Designing Interventions*. London: Silverback Publishing. www.behaviourchangewheel.com.

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Achievement Through Football, Active Living, Let's Keep Moving Tendring, Sport for Confidence), opportunity (e.g., Achievement Through Football, Dig 4 Jaywick, Health Outreach, Teen Talk Harwich), and/or motivation (e.g., Catch 22, Home Start, Motivated Minds). At times, however, the rationale for a specific focus could have been stronger. Further, the interventions drew upon a number of functions to enhance capability, opportunity and motivation, and thereby change behaviour. Similar to the [initial evaluation](#), enablement, modelling, education and training were often employed within the test and learn interventions. For example, where one generation of a family were educated, they could then provide the 'motivation' for other members of their family. Many interventions also sought to develop the 'capability' of participants so that they could help deliver activities/sessions and serve as role models to new participants. Developing a strong understanding of relevant behaviour change models in organisations and deliverers (alongside using community insight), will be helpful to delivering the long term outcomes of Essex LDP. A number of providers noted that further training and support around integrating academic insight into their future work would be welcomed.




"This is where the applied positive psychology comes in. We look at everybody's strengths and we build on those strengths rather than saying well these are your weaknesses, we need to change you weaknesses...so that's where we specialise."
Provider, Basildon.

"We've been able to train them and give them opportunities that they wouldn't have had before and some of them have got through such personal growth over like the last 6 months... seeing them each week becoming more confident through the summer activities and now that they're wanting to volunteer."
Provider, Tendring.

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Fit with context

Beyond community and academic insight, the interventions had invested great effort in ensuring the activities and services offered met the local context and needs of the target audience. For example, activities were tailored to the infrastructure and facilities in the local area, such as offering walks if parks were local and accessible, or tailoring sporting activities to the amenities in a leisure centre. There was consideration of the timing of interventions and activities, and sessions were designed to accommodate individual needs. For example, the intensity and style of activity was often matched to the target audience, and reasonable adjustments to allow people to work at their own pace. Individuals could also stop and re-engage with sessions. Interventions encouraged progress and typically sought to signpost participants on to other activities and interventions if they had built up confidence and fitness. The methods of recruitment were also tailored to fit the context, with interventions taking place in locations that were familiar to the target audience (see also [Partnerships](#)).



"...having that break out space, so when they weren't coping well, rather than them giving up on the activity all together, to give them a space to come and talk to somebody and then re-engaging them back into the project. Have somebody that they're familiar with to encourage them to re-engage, it's sort of a positive memory rather than leaving it with I couldn't cope with this so I've removed myself." Deliverer, Tendring.

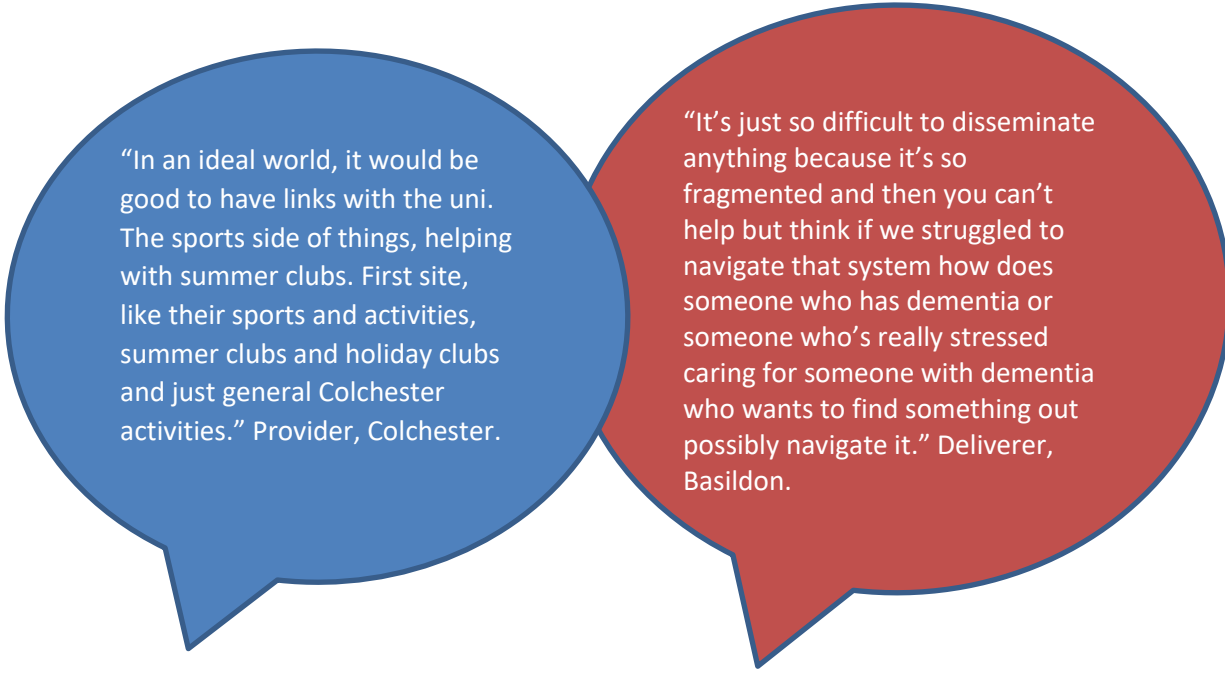
"One of the groups was a tiddlywink group that had been running for 30 years. They went in there, they put in a seated yoga programme by speaking to the yoga teacher they knew, got her on board and she's volunteering to go in there once a month now and get those more active and then feed them slowly into the other clubs." Provider, Basildon.

"More than 50% of our model was from inactives, but these people were able to be targeted I think through pubs." Provider, Basildon.

"Cos they are open for quite long times and periods of days and people can come down at any time and get whatever they need." Participant, Tendring.

Systems thinking

Some of the interventions (e.g., Active Living, Community 360, Fitness in Mind, Sport for Confidence) had adopted a systems thinking approach. Systems thinking recognises that interventions can become successful and sustainable if there is collaboration with other organisations, and there is support from key stakeholders in the system. Interventions had considered organisations and stakeholders that could impact on the effectiveness of their work, along with the numerous individual and social factors that underpin physical activity. This approach helped to inform the design of interventions, participant recruitment, funding mechanisms, potential partnerships, prioritise actions, and facilitated an integrated and collaborative approach. For example, Sport for Confidence identified the importance of leisure facilities, health and social care community teams, active networks and local sports and social clubs/organisations for the success of their model. Other interventions (e.g., Fitness in Mind) recognised the role of personal health budgets in allowing participants to engage with activities. Systems thinking is not straightforward, however, and caused some interviewees to reflect on problems within the system itself. For example, one interviewee noted the difficulty that they had experienced in understanding and navigating systems within the health sector. This complexity has implications for interventions in terms of identifying relevant stakeholders to engage with and limits the potential to develop partnerships and share information. Concerns were also expressed that if the deliverers struggled to identify the right person/organisation to speak to, then it may be particularly difficult for service users who are experiencing health issues.



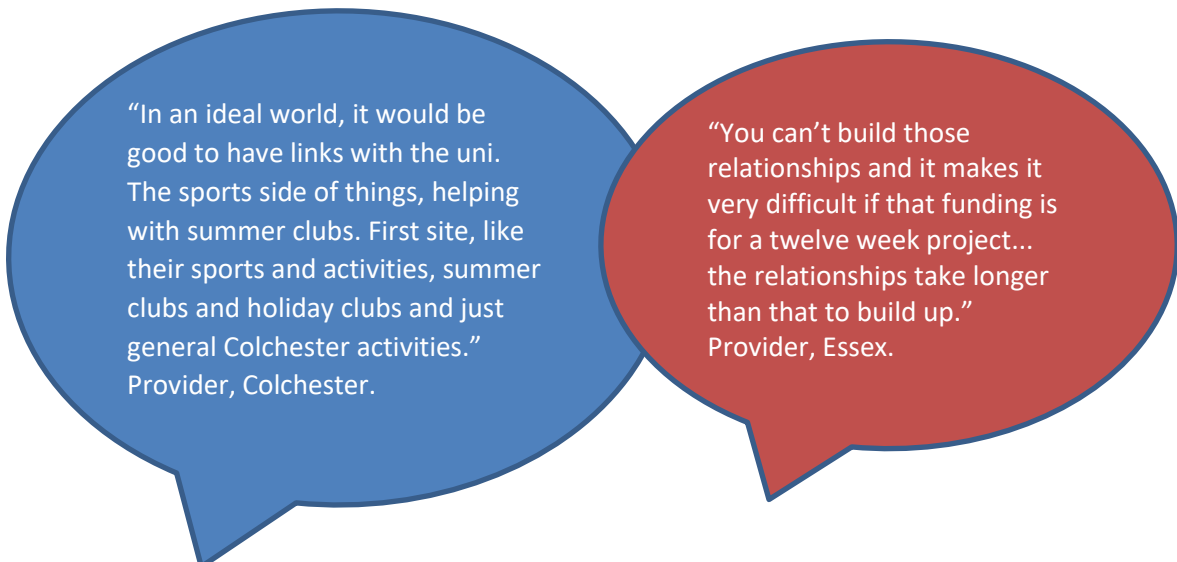
"In an ideal world, it would be good to have links with the uni. The sports side of things, helping with summer clubs. First site, like their sports and activities, summer clubs and holiday clubs and just general Colchester activities." Provider, Colchester.

"It's just so difficult to disseminate anything because it's so fragmented and then you can't help but think if we struggled to navigate that system how does someone who has dementia or someone who's really stressed caring for someone with dementia who wants to find something out possibly navigate it." Deliverer, Basildon.

Collaborations and Partnerships

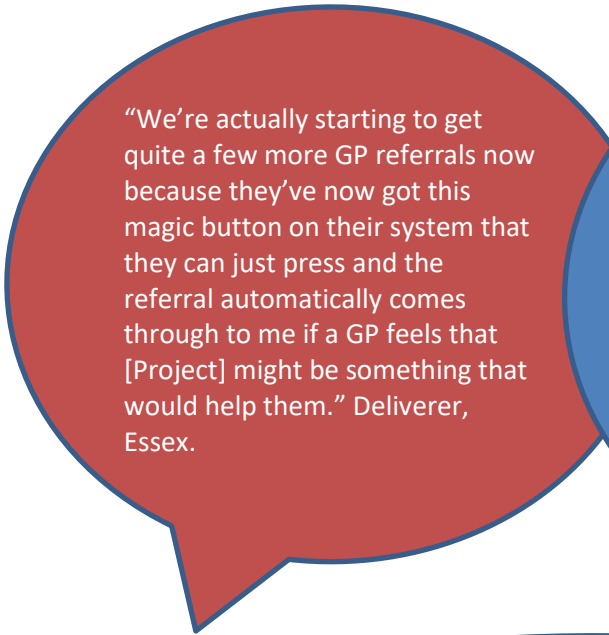
A key element that enabled the successful development of the interventions was collaboration and partnerships. These partnerships span small, medium and large-scale organisations in the private, public and voluntary sectors, and many were instigated directly from the Essex LDP. For example, partnerships have been developed with leisure centres, GPs, citizen's advice, job centres, wildlife organisations, mental health charities, cafes, and volunteer groups. Partners have supported interventions in various ways including facilitating participant recruitment, providing resources, and delivering activities. For example, one Colchester intervention had successfully recruited participants from working with the job centre, whereas a Basildon intervention had recruited participants in pubs and facilitated meetings in a café. It was emphasised, however, that partnerships often take significant time and effort to develop, and that there are still some partnerships that could be developed to further help the interventions and wider organisations.

Importantly, the many deliverers viewed the relationship with the LDP as a partnership, and have appreciated the support and open, trusting relationship the LDP has provided to test ideas. Further, a number of interventions funded by the LDP have begun to explore potential collaborations with each other. For example, we observed a gardening and outdoor activity session in which Catch 22 took participants to Together We Grow. Potential collaborations and partnerships are not only being explored between different organisations within a target location (e.g., Catch 22 and Community 360, Motivated Minds and Home Start), but also similar types of organisations across the three Essex LDP locations (e.g., Together We Grow and Dig 4 Jaywick).




"In an ideal world, it would be good to have links with the uni. The sports side of things, helping with summer clubs. First site, like their sports and activities, summer clubs and holiday clubs and just general Colchester activities."
Provider, Colchester.

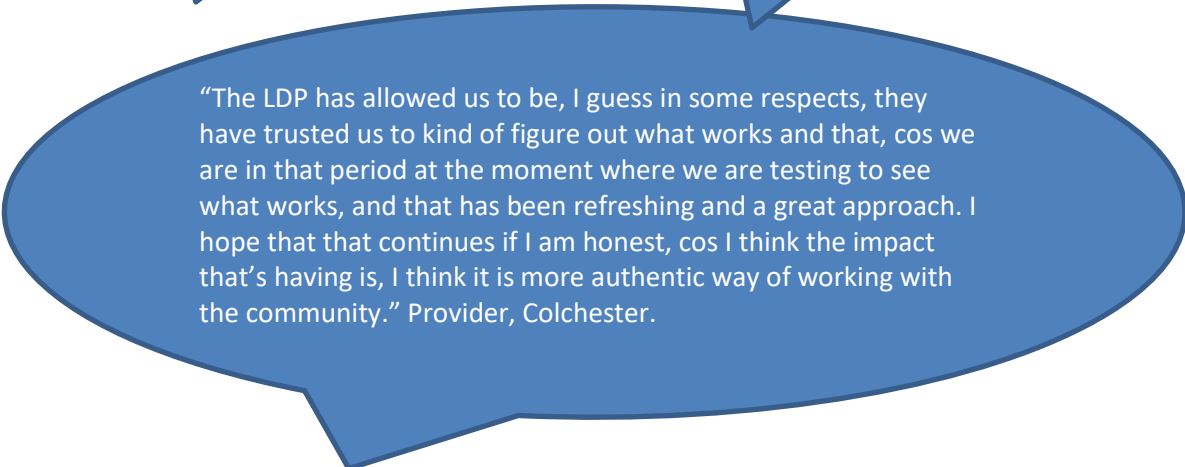
"You can't build those relationships and it makes it very difficult if that funding is for a twelve week project... the relationships take longer than that to build up."
Provider, Essex.



"We're actually starting to get quite a few more GP referrals now because they've now got this magic button on their system that they can just press and the referral automatically comes through to me if a GP feels that [Project] might be something that would help them." Deliverer, Essex.



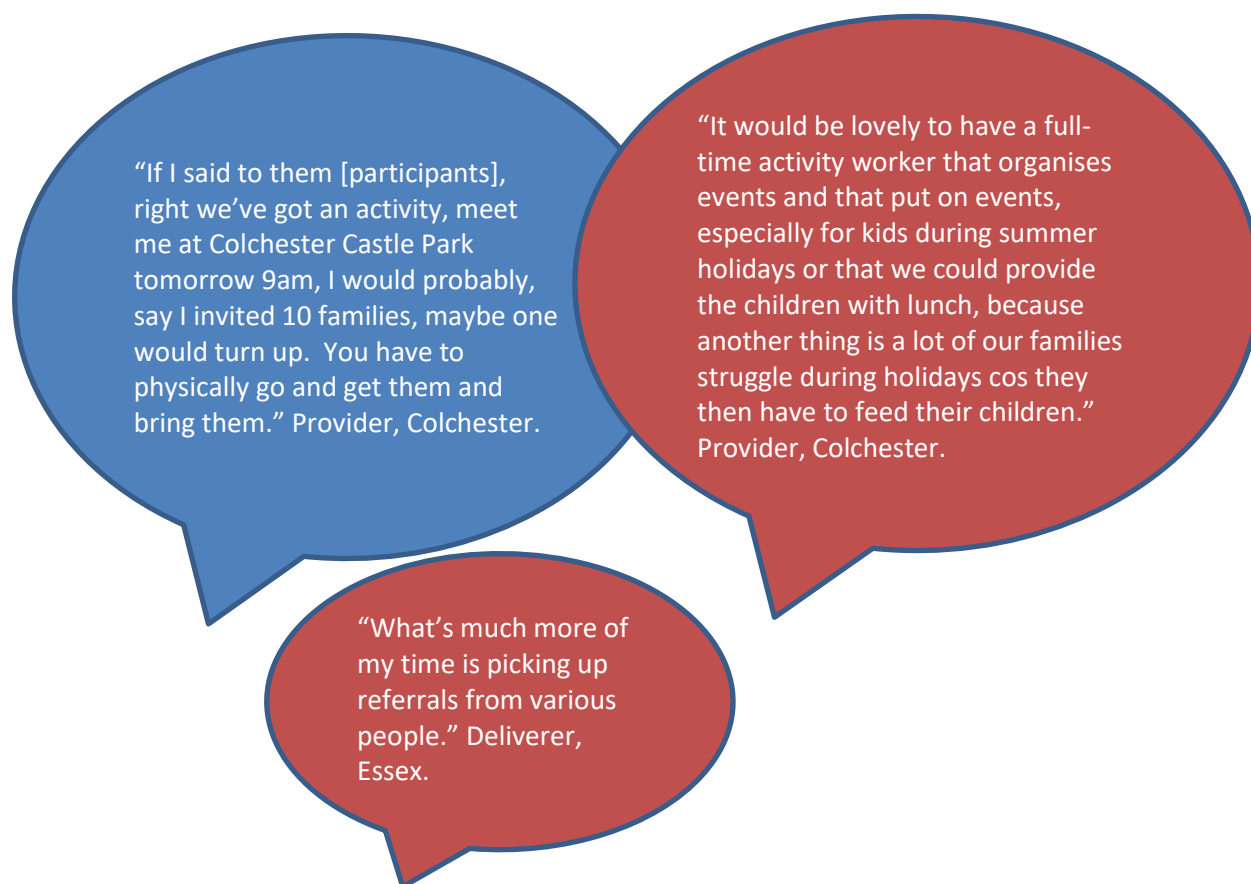
"We also worked with two, what we call, active hubs and pubs. So we worked with a local coffee shop Costa coffee to be a sort of venue for people to meet up to discuss where these people can be signpost to talk about best practise, new ideas and we also linked in with the local pub." Provider, Basildon.



"The LDP has allowed us to be, I guess in some respects, they have trusted us to kind of figure out what works and that, cos we are in that period at the moment where we are testing to see what works, and that has been refreshing and a great approach. I hope that that continues if I am honest, cos I think the impact that's having is, I think it is more authentic way of working with the community." Provider, Colchester.

Resources

The interventions all appreciated the funding from the LDP and it often directly or indirectly provided resources to enable them to develop. The resources could be in terms of people, time, venue hire, expenses or equipment. Providers were given space to design and develop activities, pursue partnerships, follow up referrals, and coordinate volunteers. Deliverers were given the time and means to collect participants to ensure they turned up, which was viewed a potential barrier when working with individuals experiencing difficult circumstances in their lives. However, some interventions noted that additional resources would be required to maximise the reach and impact of their intervention. A key issue for the LDP and the funded organisations to consider is how this initial funding and intervention can move to sustainable models that can be resourced beyond the lifespan of the LDP.



Content and delivery

The interventions varied widely in terms of activities, yet there were a number of similarities in the underpinning behaviour change content (see also [academic insight](#)) and how sessions were structured and delivered. The importance of a welcoming, supportive environment was evident in all interventions, and the social aspect of activities was crucial. Time was often allowed for breaks and social interactions, which served to foster peer support and friendships. Indeed, in some of the interventions, physical activity was not presented as the primary outcome (e.g. Teen Talk, Futures in Mind, Together We Grow). As such, there was not just an emphasis on physical wellbeing, but also mental wellbeing and individual development. The development of friendships, confidence and new skills were integral to the ethos of most interventions (see also [Outcome evaluation](#)).

Although the findings offered a number of positive aspects of content and delivery, the interviewees also engaged in a critical reflection on aspects that had not worked in the interventions. For example, some deliverers reflected on the duration of interventions, recognising the importance of time to build relationships and allow the activities to become part of participants' weekly schedules. There was also recognition that just providing resources to participants and removing individual barriers is not a guarantee of success. For

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example, one intervention provided a comprehensive range of strategies to provide opportunities for participants and remove potential barriers (e.g., providing free gym membership, accompanying individuals to sign-up and initial sessions, providing crèche vouchers, and paying for transport), yet less than 10 individuals signed up and fewer than 5 visited the gym more than twice. In order to change behaviour, it will be important for interventions to consider the COM-B behaviour change model to understand whether their target audience are lacking the 'Capability', 'Opportunity', or 'Motivation' to be physically active, and how this area can be best addressed (see also [Academic Insight](#)).

"I think it would have been better, bear in mind it is the first one, I think it needed to go for longer, probably double, cos they'd just start to form relationships." Provider, Basildon.

"What we also do is we do travel training with them so if there's like a local bus, it is not helpful for me to pick them up and take them because they are not going to do that on their own so quite often we will get the bus". Provider, Colchester.

"The way our organisation is set up we treat people as people, not necessarily [as] 'oh, you're new on this programme today. Let's get you filling out this form.' It was "oh, you're new on this programme today... let's chat." Deliverer, Basildon.

"The sessions that we run are kind of 50 percent social. They're really about getting people together. We've got them out of the house, we've brought them to the session and we kind of share ideas about things we might sort of exchange ideas about goals." Deliverer, Essex.

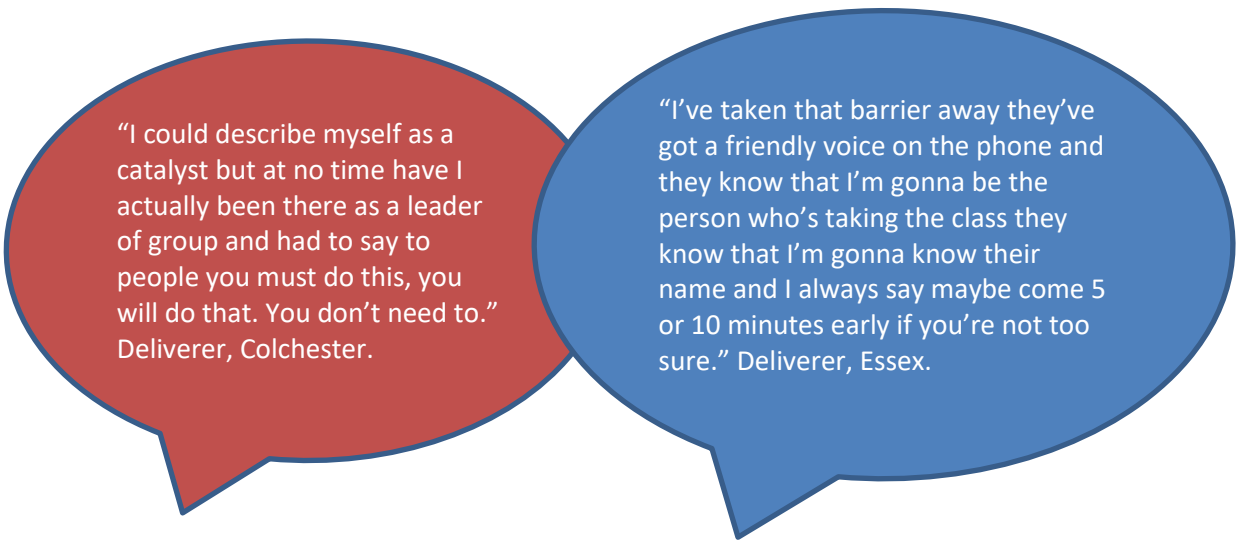
"We will do a walk and talk session with them, so what we are doing inside of the house we are just doing outside of the house." Deliverer, Colchester.

"They don't perceive it as exercise, which is half of the battle." Deliverer, Colchester.

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Leadership

Strong leadership was critical to the effective development and implementation of the interventions. This echoes the findings of the initial evaluation on success factors, in that many of the leaders were dynamic, passionate, empathetic, selfless, and dedicated. Leaders provided direction to the intervention, developed partnerships, co-ordinated volunteers and often inspired participants. There was recognition of the important role that a friendly, approachable leader could play in recruitment and retention. Some deliverers saw themselves as facilitators or enablers rather than an autocratic leader. Importantly, leadership was not just provided by paid staff funded through the LDP, but via volunteers that the LDP has enabled organisations to recruit and train.



"I could describe myself as a catalyst but at no time have I actually been there as a leader of group and had to say to people you must do this, you will do that. You don't need to." Deliverer, Colchester.

"I've taken that barrier away they've got a friendly voice on the phone and they know that I'm gonna be the person who's taking the class they know that I'm gonna know their name and I always say maybe come 5 or 10 minutes early if you're not too sure." Deliverer, Essex.

Capacity building

The interventions typically placed a great emphasis on building capacity to facilitate the success of the intervention, but also that it could be sustainable beyond the pilot. This included the recruitment and training of paid staff, but more importantly volunteers who had often been involved with the intervention (or wider organisation) as a participant. Building a strong volunteer network enabled interventions to reach more people, facilitate recruitment, and contribute to the delivery of sessions. For example, a number of interventions used community champions or ambassadors that liaised with GPs and other organisations to help boost referrals, or went out into the wider community to raise awareness of the intervention and inspire inactive audiences to engage in physical activity (e.g., Achievement Through Football, Fitness in Mind). These volunteers and champions were role models for current and future participants, and often helped upskill other participants. This transference of skills and building capacity was often viewed a key milestone for success in the interventions. Capacity building is not just about recruiting good paid staff and volunteers, and also includes skills and experience in safeguarding, communication, monitoring, networking, income generation, and planning for scaling up and replication. Although capacity building was vital, there was

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recognition it is not an easy process. It takes time and money, and it is essential that interventions identify the right people for the context and provide them adequate support. Systems and paperwork could also sometimes prove obstacles to building capacity quickly.

"You've just gotta identify good people with the right personality that can bring 10, 20 people along and can help find new people that are inactive cause you can't do it all yourself." Provider, Essex.

"We used people with lived experience who have already been through the programme to go out into the community to speak to their GP's, to speak to local activity clubs." Provider, Essex.

"Pathways are a really big thing, especially for our guys. They might start off as a participant but they know that they can get to a point where they can maybe help coach a session." Provider,

"We aim is to build their resilience, being able to put that into practice by sort of developing their life skills for the future, makes them more confident to come on board as volunteers." Deliverer, Tendring.

"One problem that we had with the volunteers is once they got to 18, our policy is that they have to have a DBS but they didn't have the documents for them to be able to achieve a DBS cos often they don't have their own phone bill, they don't have a passport and things like that or driving licence. We had to introduce [we paid for] applying for temporary driving licences or passport so they could get a DBS check." Deliverer, Tendring.

"You encourage them to do it and they realise that they can do it and for me, I like to step back and watch somebody like that teach somebody else how to do it. That is my milestone because that means that they not only have learnt something but they've made it theirs and now they are passing that skill onto somebody else. I get quite not emotional but I get very, very proud when I see that happen." Deliverer, Colchester.

Section 4: Participants' Views

Qualitative data was collected from participants in 10 interventions. The findings below highlight the main themes that emerged, which generally mirrored the participants' perceptions from the initial evaluation report in October 2018.

1. **Recruitment:** Participants had heard of interventions through a range of mechanisms including via their local GP surgery, pharmacies, social media, and word of mouth. Older participants noted that it is important websites, social media and other marketing materials are targeted towards their age range and not just younger audiences.
2. **Communication:** Once engaged with the interventions, participants valued the use of social media (especially Whats App) to keep up-to-date with interventions and maintain contact with the leader and fellow participants.
3. **Barriers:** Participants highlighted a number of barriers that they (or others) had to overcome to engage with the intervention and sustain participation, such as costs, travel, start time, and mental health issues.
4. **Importance of co-production:** Participants valued the opportunity to inform and contribute to the development of the interventions, activities, and even how local environments were used to facilitate physical activity. Co- production fostered a sense of ownership and commitment to the intervention and local environment.
5. **The system:** Although participants valued the opportunity to engage with commissioners and other individuals within the system, they found it a difficult process and were frustrated with the speed of progress and if they were not kept informed of subsequent decisions and developments.
6. **Environment:** A key reason for attending the activities was a welcoming and supportive environment that fostered friendship and connectedness. Participants often formed friendships that led to spending time together outside of the intervention.
7. **Leadership:** Participants typically reported the leaders to be dynamic, passionate and empathetic. They valued the time leaders take to listen to them and provide support.
8. **Inclusivity:** Participants appreciated activities that were inclusive and that made reasonable adjustments for individual needs, such as offering alternative exercises and regular breaks.
9. **Flexibility:** While some participants valued the opportunity to attend the same activity on a regular basis, many valued the opportunity to try different activities across the course of an intervention.
10. **Education:** Participants also generally appeared to enjoy a broader focus beyond physical activity, such as receiving information on healthy eating or developing new skills.

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11. **Volunteering:** Participants valued the volunteering opportunities embedded with some interventions, and how these enhanced their CVs.
12. **Wider outcomes:** Across the interventions, participants experienced a range of benefits, including increased physical activity levels, improved physical and/or mental wellbeing, learning new skills, developing friendships and a sense of connection – see [Section 5](#) for further details.
13. **Behaviour change:** Many participants had altered their behaviour as a consequence of the interventions. Role models, social support, education and training emerged as key drivers of this change in physical activity behaviour.

“There’s activity but it’s not just the activity, you’ve got the whole bit around it which you can just see from the passion that you can feel in this room, just that companionship that you’ve got and people checking up on you that loneliness is combatted as well.
Participant, Essex.

“As you get older you lose the confidence to start new things and...you do need a group with like-minded people the same ages to do it and then you think, ‘yes, I can do this’ and go as a group.”
Participant, Essex.

“It keeps my joints moving, gives me a reason to get up and out in the morning...first week I swam 12 lengths this week I swam 34 lengths” Participant, Tendring.

“I feel like it’s already helping a lot cos I get to meet lots of new people because before I, cos I recently moved in, I had nothing really do to and I don’t work currently so I really think it will really help me keep me busy rather than sitting at home bored.” Participant, Tendring.

“I’ve been liaising with the [location] clinical commissioning group to try and get things moving. It is work in progress. It’s a bit like moving water up hill to be honest.”
Participant, Essex.

Section 5: Outcome Evaluation of Test and Learn Interventions


The interventions had a range of desired outcomes and objectives, and a mix of target audiences. A number of interventions attracted over 50 participants to their sessions (e.g., Achievement Through Football, Active Living, Dig 4 Jaywick, Fitness in Mind, Teen Talk Harwich). In some cases, these numbers took time to develop. For example, Let's Keep Moving Tendring started with 2-3 participants per week in 2018, but over time developed to have 20-25 regular participants and is looking to scale up further. Many interventions have been successful in retaining participants as 'regulars' and have seen participants to progress on to other activities in their local area. Following a wildlife day at Dig 4 Jaywick, a mother now walks a four-mile round-trip on a weekly basis to volunteer at a community garden and is joined by her children during the school holidays.



In addition to participation in the interventions, a range of positive outcomes were achieved. Indeed, most of the interventions have provided multiple benefits to participants, which are broadly in line with the key outcomes identified within the Department for Digital, Culture, Media and Sport Sporting Future Strategy: Physical Wellbeing, Mental Wellbeing, Individual Development, Social and Community Development, and Economic Development. The following section focuses on the first four of these outcomes. The evidence for these outcomes does vary, as only some of the interventions utilised the questionnaire developed by the LDP team, whereas others used alternative tools to monitor outcomes. Indeed, across the interventions, the organisations themselves collected a range of evidence, including quantitative (e.g., self-report questionnaires) data and qualitative comments. A number of organisations shared this evidence (in anonymised format), and some of it has been integrated in this report. Only two interventions, however, provided baseline and follow-up questionnaire data from more than 10 participants using the LDP evaluation questionnaire (Achievement through Football and Together We Grow). More consistent use of an evaluation framework will facilitate synthesis of data across the LDP. An additional issue that emerged in many interviews was the importance of appropriate and accessible monitoring and evaluation tools.

Outcome 1: Physical wellbeing

The majority of interventions had physical activity as a key focus (Achievement Through Football, Let's Keep Moving Canvey, Let's Keep Moving Tendring, Fitness in Mind, Active Living, Sport for Confidence, Motivated Minds, Health Outreach, Home-Start, George Hurd, Healthier Independent Longer Lives, Dig 4 Jaywick, Community 360 and Catch 22). As a key indicator of physical wellbeing, physical activity data were collected in different ways across the interventions. Within the sessions themselves, some interventions focused on duration of session (e.g., participants were actively engaged in activity for X minutes), intensity of activity, participants' perceptions/feedback, or more objective indicators (e.g., step counts). Merely by completing a weekly session in some of the interventions, participants were able to achieve the government guideline of 30 minutes of moderate physical activity per week (e.g., Community 360, Healthier Independent Longer Lives, Let's Keep Moving Tendring). Beyond the sessions, some interventions captured a quantitative and qualitative data on motivation to perform physical activity and weekly activity levels. Example quotes and figures are provided below, and further details can be found in individual reports ([see Section 7](#)).



"This family had never been to [soft play centre], and we took the little babe in there, she was 2 years old and they didn't know what to do, how to play, so we encouraged them to play and by the end of it, they were playing with their daughter and they were coming out sweating and they were like, "Wow so much activity we've done!"
Deliverer, Colchester

"I've seen people who have been really, really struggling both socially and physically with their mental and physical health and really just struggling just to get out the front door sometimes have really come out of themselves and really actively engaging in exercise. They love the groups, but they're now doing other physical activity too, so it's really amazing to see just some people. I've seen absolute transformations."
Deliverer, Essex

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62% of Fitness in Mind participants went from physically inactive to participating in range of physical activities.

Participants took approximately 5,000 steps over a 45-60 minute walk organised by Community 360.

72% of Achievement Through Football participants went from physically inactive to performing over 150 mins of physical activity per week.

"A new participant told me that now she can get out of the bath on her own whereas she used to have to have a step to get in to get her leg into the bath but now she doesn't need the step so she can get freely in and out of the bath on her own which for her was really important." Participant, Essex.

"Because they were so keen and enthusiastic and bubbly and had no inhibitions, they started to, they paired up with the older people and that was really successful cos then some of the older people started to get up." Provider, Basildon.

"We are all still here and we're benefitting from it and our muscle-loss is reduced because of what we're doing" Participant, Essex.

Outcome 2: Mental wellbeing

A number of interventions focused on improving the mental wellbeing of participants (Fitness in Mind, Sport for Confidence, Motivated Minds, Health Outreach, Home Start, George Hurd, Teen Talk Harwich, Dig 4 Jaywick, Futures in Mind and Together We Grow), often alongside physical wellbeing. A number of different conditions were covered including depression, anxiety, addiction, and dementia. Within these, deliverers were required to have a knowledge and understanding of the condition, and possess good communication skills.

The interviewees highlighted a range of beneficial effects upon mental wellbeing. For example, across the interventions participants reported increased self-esteem, happiness, enjoyment, motivation, and quality of life, and reduced stress and anxiety. These sentiments

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were echoed by providers, who reported observing significant changes in the mental and emotional wellbeing of participants. Organisations had also used a range of self-report tools to quantify changes, including the LDP questionnaire, outcome stars, and bespoke measures. Synthesising this evidence from a range of audiences, interventions, and tools will likely present an ongoing challenge for the LDP, but the findings converge to highlight the positive effects of the interventions on the mental wellbeing of participants. Involvement in the LDP has also triggered some providers to reflect on how they monitor and evaluate their interventions, and they valued the learning opportunity this provided.



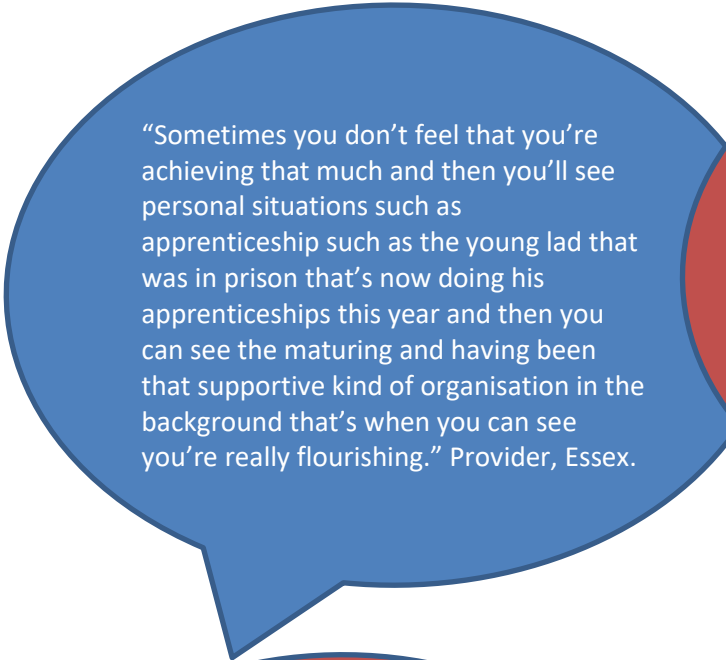
Outcome 3: Individual development

Although individual development was not the explicit primary outcome of most interventions, a consistent theme that emerged was the emphasis placed on developing the whole individual not just increasing physical activity levels. Development occurred in a variety of aspects, including increased confidence, learning (and teaching) new skills, and strengthening CVs. This development was assessed in various ways including via the LDP questionnaire, questionnaires designed by the organisations, outcome stars, qualitative comments provided by participants, and observations by the deliverers.

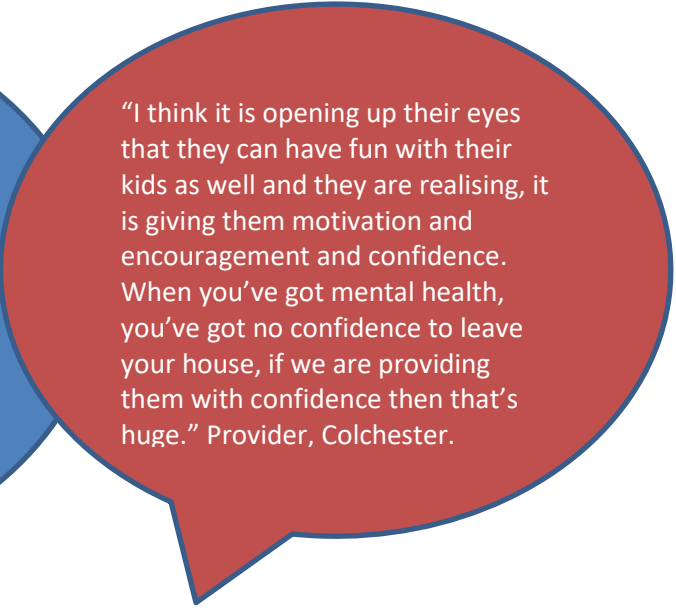
Improvement in confidence was not restricted to belief in one’s ability to be physically active, but at a more general level (e.g. social interactions and leaving the house). Developing this

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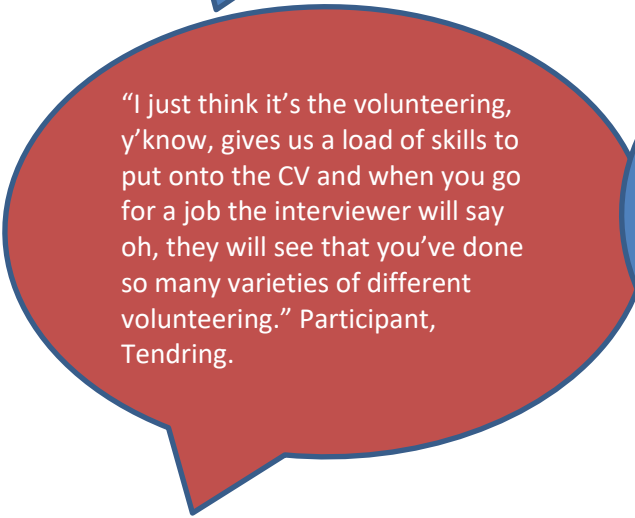
wider confidence was often a crucial first step to underpin any attempts to encourage physical activity. Many deliverers also took great pride in sharing stories of how some participants had progressed on to volunteering and, in some cases, employment through developing their confidence and transferable skills. Volunteering served to not only help the individual, but served to build capacity in the interventions and boost recruitment (e.g., via community champions).



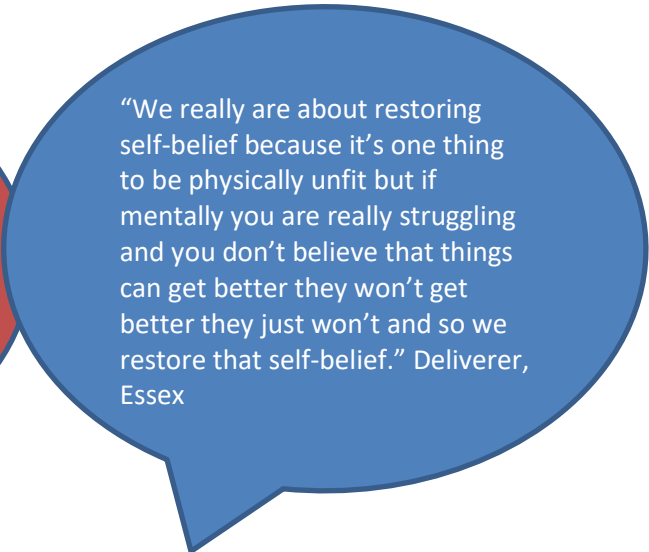
"Sometimes you don't feel that you're achieving that much and then you'll see personal situations such as apprenticeship such as the young lad that was in prison that's now doing his apprenticeships this year and then you can see the maturing and having been that supportive kind of organisation in the background that's when you can see you're really flourishing." Provider, Essex.



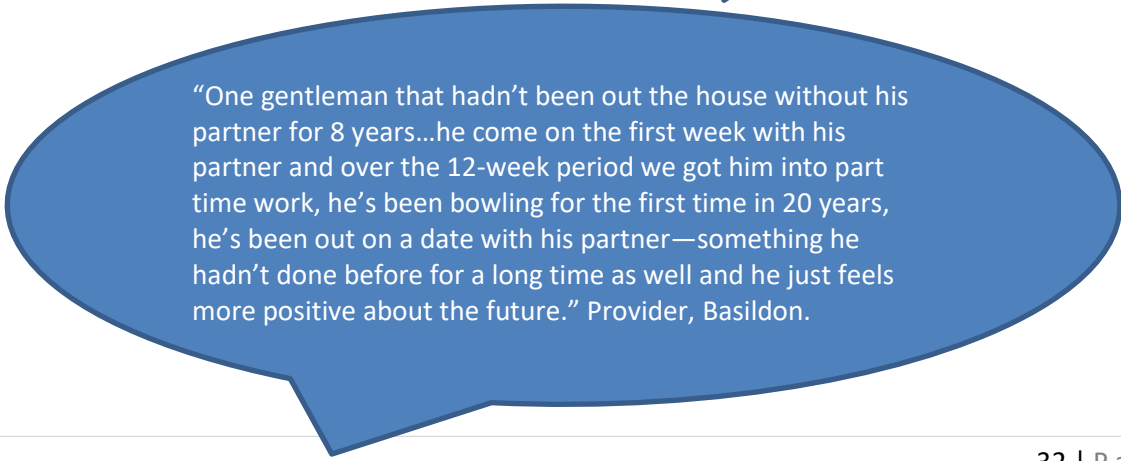
"I think it is opening up their eyes that they can have fun with their kids as well and they are realising, it is giving them motivation and encouragement and confidence. When you've got mental health, you've got no confidence to leave your house, if we are providing them with confidence then that's huge." Provider, Colchester.



"I just think it's the volunteering, y'know, gives us a load of skills to put onto the CV and when you go for a job the interviewer will say oh, they will see that you've done so many varieties of different volunteering." Participant, Tendring.



"We really are about restoring self-belief because it's one thing to be physically unfit but if mentally you are really struggling and you don't believe that things can get better they won't get better they just won't and so we restore that self-belief." Deliverer, Essex



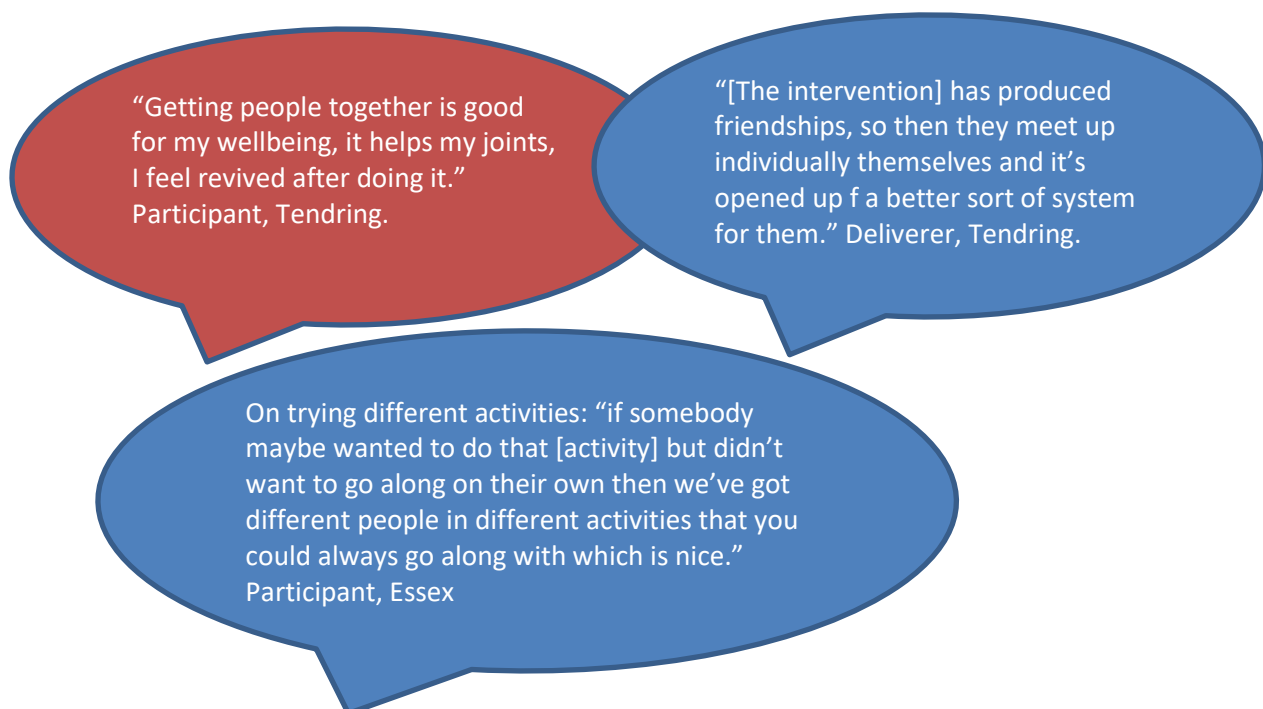
"One gentleman that hadn't been out the house without his partner for 8 years...he come on the first week with his partner and over the 12-week period we got him into part time work, he's been bowling for the first time in 20 years, he's been out on a date with his partner—something he hadn't done before for a long time as well and he just feels more positive about the future." Provider, Basildon.

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Outcome 4: Social and community development

Social and community development was typically more of a secondary outcome for interventions, but the social environment created was often central to the success of the majority of interventions. Great care was placed in creating an environment that would foster the development of strong and positive relationships between the providers and participants, and between the participants themselves. Social and community development was often assessed by the interventions themselves via qualitative comments and informal observations by deliverers, but sometimes with questionnaires.

Participants valued the friendships created through the interventions, and noted how these provided a support network to improve wellbeing and engage in more activities. As noted earlier, the development of a volunteer network was also key to building capacity within an intervention but could hold promise for wider community development (e.g., volunteering on other community initiatives). Indeed, some of the interventions had directly impacted on the wider community through activities such as litter picks (e.g., Teen Talk Harwich). Some deliverers perceived that there may also be indirect benefits for the community such as increased social trust, pride in one's neighbourhood, and reduced drinking and crime, but further evidence would be needed to explore these ideas.



Section 6: Scale up and Replicate

Nearly all interventions expressed an interest in scaling up or replicating, but specific development plans varied across the interventions. This included increasing participation in the current intervention, increasing the frequency of the current activities, expanding the range of activities, and replicating current intervention in a new venue/location. The Essex LDP offers an ideal opportunity to facilitate scaling up and replication of interventions and approaches that have been tested and proven to work.

Replication and scaling up is a broad concept that requires flexibility in its understanding application. Sometimes it is one organisation that has developed a successful model, and that organisation seeks to deliver the model in other locations. A good example of this is 'Sport for Confidence' and 'Motivated Minds.' This type of replication and scaling up requires a strong 'proof of concept,' which documents the (outcome and process) evidence that the model is successful. Sometimes scaling up, however, is as straight forward as an organisation wanting to increase the number of participants at existing sessions, or put on additional sessions at the same venue. Another way of looking at scaling and replication is to understand the ingredients that make up a successful approach, and for a wide variety of organisations to use those ingredients to establish new and successful interventions.



² Koorts, H., Eakin, E., Estabrooks, P., Timperio, A., Salmon, J., & Bauman, A. (2018). Implementation and scale up of population physical activity interventions for clinical and community settings: the PRACTIS guide. *International Journal of Behavioral Nutrition and Physical Activity*, 15:51. doi: 10.1186/s12966-018-0678-0

³ Reis, R.S., Salvo, D., Ogilvie, D., Lambert, E.V., Goenka, S., & Brownson, R.C. (2016). Scaling up physical activity interventions worldwide: stepping to larger and smarter approaches to get people moving. *Lancet*, 388, 1337-1348. doi: 10.1016/S0140-6736(16)30728-0.

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Action Research interventions: Current success, strengths and areas to develop for replication and scaling up

Across the interventions, there was a wide range of good practice, and some consistent themes emerged such as strong leadership and providing multiple benefits (see Sections 3, 4, and 5). Indeed, every intervention had a number of strengths. The table below focuses on key issues around growth and scaling up, in terms of what contributed to the success thus far, strengths for further expansion and areas to develop to expedite scaling up. In doing so, it is important to emphasise that a number of interventions have only just started. There was recognition that success can take time to develop.

"I'd like to split the group so that we can have a group that goes off to do further distances and then the smaller ones for those who are unable to make it. I've also been asked to set up walks in other areas." Provider, Colchester.

"One thing we've always done is just the kids rather than the family members so obviously branching out them and then reaching out to family members." Provider, Essex.

Community Project	Current Success Factors	Strengths to enable scaling up	Areas to develop for scaling up
Health Outreach	Partnerships; Systems thinking; Resources	Thinking of the system	Stronger behavioural insight; how to create greater reach within target audience
Home-Start Essex	Content and delivery; Fit with context; Capacity building	Knowledge of target audiences; Fit with strategic goals of partners	Capacity building to ensure sustainability; how to create greater reach within target audience ; Training for staff in benefits of physical activity
Motivated Minds	Community insight; Academic insight; Resources	High quality content & delivery; Strong community insight	Capacity building to ensure sustainability; how to create greater reach within target audience

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Sport for Confidence	Partnerships; Systems thinking; Capacity building	Thinking of the system; Capacity building to ensure sustainability; Evidence of proof of concept-	Adopted by the wider system
The George Hurd Day Centre	Partnerships; Systems thinking; Resources	Thinking of the system; Provides multiple benefits	Strengthen evidence that their intervention leads to sustained physical activity behaviour change
Catch 22 Crisis Housing	Partnerships; Content and delivery; Resources	Knowledge of target audiences; Fits with strategic goals of partners	How to create greater reach within target audience; Training for staff in benefits of physical activity; Capacity building to ensure sustainability
Community 360	Community insight; Systems thinking; Capacity building	Strong partnerships; Cost effective	Increase participation rate from within target audiences; Stronger behavioural insight
Futures in Mind	Partnerships; Systems thinking; Resources	Thinking of the system; Provides multiple benefits	Capacity building to ensure sustainability; Embedded in a wider system
Together We Grow	Partnerships; Systems thinking; Content and delivery	Strong partnerships; Thinking of the system	Capacity building to ensure sustainability; Strengthen evidence that their intervention leads to sustained behaviour change
Dig 4 Jaywick	Partnerships; Community insight; Content and delivery	Thinking of the system; Political support	Strengthen evidence that their intervention leads to sustained behaviour change; Strengthen partnerships (new locations)
Healthier Independence Longer Lives (HILL)	Partnerships; Fit with context; Capacity building	Strong community insight; Provides multiple benefits	Strengthen partnerships (venues); Stronger behavioural insight
Let's Keep Moving, Tendring	Content and delivery; Leadership; Fit with context	Provides multiple benefits; Inclusivity; Reach within target audience	Embedded in a wider system; Capacity building to ensure sustainability
Teen Talk Harwich	Community insight; Fit with context; Capacity building	Strong community insight; Inclusivity	Strengthen evidence that their intervention leads to sustained physical activity behaviour change; Training for staff

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			in benefits of physical activity
Achievement Through Football	Community insight; Partnerships; Capacity building	Reach within target audience; Capacity building to ensure sustainability; Provides multiple benefits	Strengthen partnerships (stability); Adopted by the wider system
Active Living	Partnerships; Systems thinking; Content and delivery	Thinking of the system; Inclusivity; Strong behavioural insight	Replicating partnerships in other locations; Increase participation rate from within target audience
Fitness In Mind	Partnerships; Systems thinking; Capacity building	Reach within target audience; Inclusivity; Capacity building to ensure sustainability	Organisational support; Embedded in a wider system
Let's Keep Moving, Canvey	Community insight; Systems thinking; Content and delivery	Strong community insight; Provides multiple benefits	Embedded in a wider system; Capacity building to ensure sustainability

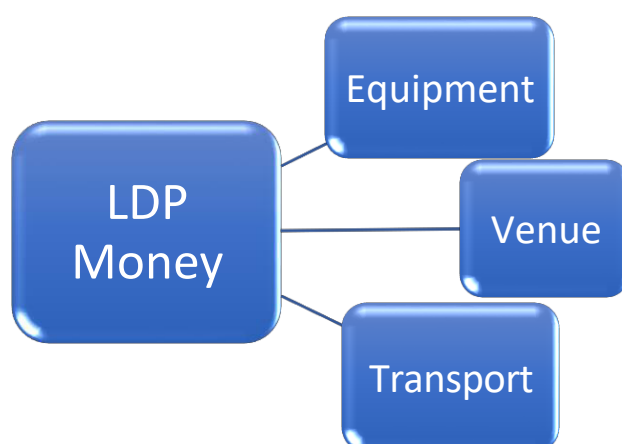
Section 7: Brief Reports on Each Intervention

Health Outreach

Location	Audience	Number of regular participants	Activity
Basildon	Inactive, Low SES, Mental health, Young Mums	0	Gym Swimming

Description:

Health Outreach provided nine women 6-month memberships to a gym and swimming pool as well as transport and crèche facilities to help the women participate; however, all but one participant failed to participate at all. The provider individually guided each participant through the process of signing up, oriented her to the gym, and introduced her to the crèche facility that would provide childcare while the participant exercised. In contrast to other projects, this project did not involve a scheduled group activity but instead depended on participants to participate independently.



Process

Positive factors	<ul style="list-style-type: none"> • Resources: Gym memberships, transport to and from gym, and mobile crèche facility at gym. • Partnerships: <ul style="list-style-type: none"> ○ Sporting village provided venue. ○ Crèche facility provided childcare so participants could use gym. • Systems thinking: Anticipated and addressed barriers, such as transport and childcare, to facilitate participation.
Challenging factors	<ul style="list-style-type: none"> • Community insight:

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	<ul style="list-style-type: none"> ○ Provider anticipated participants would recognise benefits of exercise after trying it but wrongly assumed participants would have enough motivation to try it. ● Academic insight: potentially more insight needed on motivation and social interactions ● Individual barriers: more insight needed about Personal relationships, interest in physical activity, housing situations. ● Fit: Project addressed participants' capabilities and opportunities to exercise but needed to address motivation to change participants' behaviour instead.
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Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> ● Due to no regular participants, there are no outcomes to report for this intervention,
Mental wellbeing	<ul style="list-style-type: none"> ● None
Individual development	<ul style="list-style-type: none"> ● None
Social/community development	<ul style="list-style-type: none"> ● None

Potential for Replication/Scaling Up

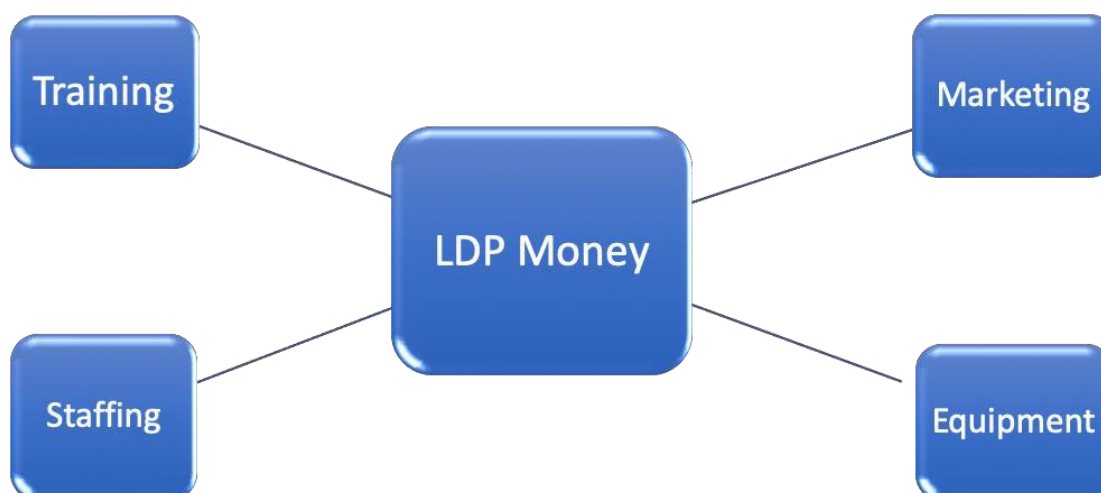
Current ideas	<ul style="list-style-type: none"> ● Not ready for replication/scaling up
Strengths for Upscaling	<ul style="list-style-type: none"> ● None
Areas to develop for upscaling	<ul style="list-style-type: none"> ● None

Home-Start

Location	Audience	Regular participants	Activity
Basildon	Low SES, Families, Mental health	2 families	Walking

Description:

Home-Start used LDP funding to add a new walking programme to their services. Over five months, volunteers separately took two families on eight one-mile walks. Four families initially signed up, but only two families started and completed the programme.



Process

Positive factors	<ul style="list-style-type: none"> • Capacity building: Staff coordinated and marketed the activity to families, and volunteers led families on the walks. • Content & delivery: Families enjoyed walking to a destination, such as a park or children's centre. • Fit: Activity was tailored to meet the needs of the audience.
Challenging factors	<ul style="list-style-type: none"> • Community insight: Staff chose walking based on NHS guidance, but some families lacked interest because they did not want to leave their home without a reason (e.g., shopping, school). • Capacity building: Activity was limited to Basildon because volunteers needed to extend to wider area were not available. • Individual barriers: Families cited the time of year/weather (winter) for declining to participate.

Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> Families walked for one mile over 20 minutes in each of 8 sessions and engaged in more activity at some destinations, such as playing at a park
Mental wellbeing	<ul style="list-style-type: none"> Getting outdoors improved sense of mental wellbeing
Individual development	<ul style="list-style-type: none"> Learning new skills including education about benefits of physical activity and being able to play interactively with children
Social/community development	<ul style="list-style-type: none"> Families enjoyed being accompanied by volunteer

Potential for Replication/Scaling Up

Current ideas	<ul style="list-style-type: none"> Organise walks for group of mothers with small children to engage them in physical activity and socialising with each other
Strengths for upscaling	<ul style="list-style-type: none"> Cost effective to walk in public spaces
Areas to develop for upscaling	<ul style="list-style-type: none"> Recruitment and coordination were staff-intensive, including face-to-face discussions to recruit families, design and assembly of promotional packs, and supervision

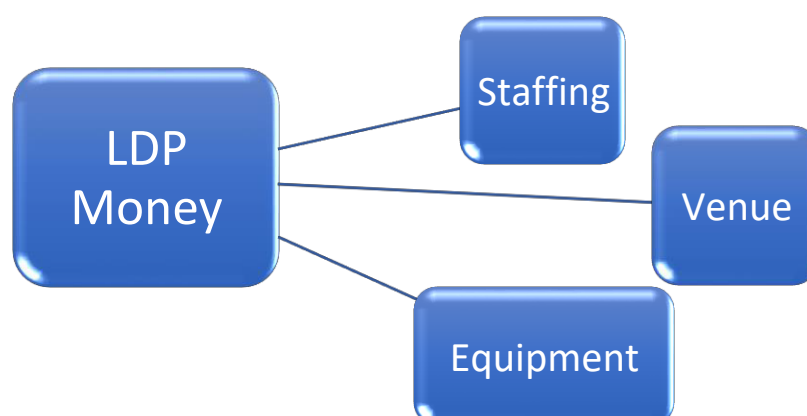
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Motivated Minds

Location	Audience	Regular participants	Activity
Basildon	Inactive. Low SES, Families, Older, Mental health	5-10	Range of activities

Description:

Motivated Minds developed and piloted a 12-week programme (December 2018-February 2019) that used physical activity to improve men's mental health. Most participants suffer from addiction and/or are socially isolated. Funding paid for two leaders to run sessions that ranged from bowling to ping pong to exercising at a gym.



Process

Positive factors	<ul style="list-style-type: none"> • Community insight: Activities chosen based on participants' interests. • Academic Insight: Positive psychology guides philosophy of focussing on participants' strengths rather than weaknesses. • Resources: Motivated Minds operates from a high street shop and so was visible, accessible and provided place for participants to stay connected with the organisation
Challenging factors	<ul style="list-style-type: none"> • Resources: Transport for participants (some activities were inaccessible if participants could not afford bus fare). • Individual barriers: Participants' work schedules conflicted with session times.

Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> Activities involved playing sports, such as table tennis, bowling, swimming and exercising at a gym. When possible, deliverers and participants walked to the activity's venue.
Mental wellbeing	<ul style="list-style-type: none"> Future outlook: Improved on average by 2 points on 10-point scale. (quantitative—reported by provider) Social isolation: Provided participants social support from fellow participants who had experienced similar mental health issues. (qualitative) Addiction recovery: Provided alternative to drinking for one participant after experiencing personal tragedy.
Individual development	<ul style="list-style-type: none"> Confidence: Trying new activities during sessions increased confidence to try other new activities outside of sessions.
Social/community development	<ul style="list-style-type: none"> Connection with others: Personal relationships improved on average by 1 point on 10-point scale (e.g., participant who went out on a date with partner for first time in years)

Potential for Replication/Scaling Up

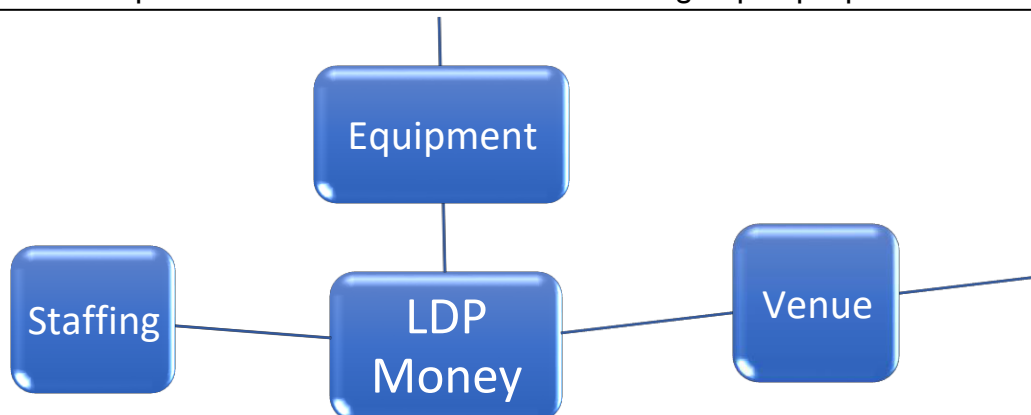
Current ideas	<ul style="list-style-type: none"> Continue activities year-round on drop-in basis.
Strengths for upscaling	<ul style="list-style-type: none"> Range of activities is flexible since it is based on community insight. Holistic approach pays attention to sleep, nutrition, and employment in addition to physical activity.
Areas to develop for upscaling	<ul style="list-style-type: none"> Resources: Need funding to keep shop venue open and appropriate business rates Capacity building: Deliverers trained in positive psychology

Sport for Confidence

Location	Audience	Regular participants	Activity
Basildon	Inactive, Low SES, Families, Older, Mental health	5-10	Swimming, Gymnastics, Seated boccia, Football

Description:

Sport for Confidence runs sport sessions supervised by an occupational therapist and sports coach. The physical exercises are tailored to participants' abilities and limitations, and dementia-friendly physical environments, such as a quiet swimming pool with no music, are created to make participants comfortable. LDP funding enabled Sport for Confidence to hire another occupational therapist to scale up classes to another leisure centre where the organisation had no presence before. This expansion made classes available to a wider group of people.



Process

Positive factors	<ul style="list-style-type: none"> • Partnerships: <ul style="list-style-type: none"> – Leisure centres: provided session facilities – South Essex Gymnastics: provided coaches and venue • Systems thinking: <ul style="list-style-type: none"> – Joins up the health sector (Occupational Therapists) with the leisure sector (leisure centres and their staff) – Sessions educate carers on importance of physical activity for clients and how to continue physical activity at home – Presence in multiple leisure centres allows participants to crossover to different communities within one area
Challenging factors	<ul style="list-style-type: none"> • Resources: <ul style="list-style-type: none"> – Insufficient public transport to leisure centre for participants with poor mobility – Lack of space to socialise after sessions at one leisure centre – Lack of sustainable model when LDP funding ends • Partnerships: Fragmented dementia support network impeded dissemination of info for recruitment

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Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> Physical activity levels increase for participants who previously spent all day at home or lacked mobility Some participants with more limitations attend to maintain current activity levels
Mental wellbeing	<ul style="list-style-type: none"> Physical activities reduce stress and social isolation Getting fitter learning and improving sport skills increase self-esteem
Individual development	<ul style="list-style-type: none"> Confidence: <ul style="list-style-type: none"> Confidence in ability to do activities grew after participants were initially intimidated by new activity. Increased confidence for social interaction. Increased confidence <i>because of</i> social interaction. Learning: <ul style="list-style-type: none"> Conversational skills Sport skills
Social/community development	<ul style="list-style-type: none"> Connection with others: <ul style="list-style-type: none"> Opportunity to socialise is main motivator to attend for many participants Friendships develop between participants who attend regularly

Potential for Replication/Scaling Up

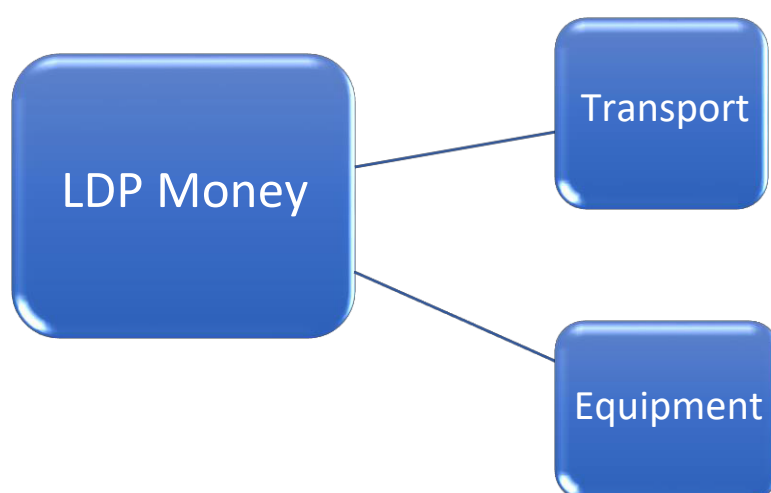
Current ideas	<ul style="list-style-type: none"> Replicate model of occupational therapist-coach collaboration at other leisure centres OT technician to assist participants in preparation for and transport to sessions
Strengths for upscaling	<ul style="list-style-type: none"> Already demonstrated replication in different leisure centres Established model for replication (i.e., pairing coach with OT, effective activities for target population, OT assessment)
Areas to develop for upscaling	<ul style="list-style-type: none"> Transport for participants Sustainable funding model

The George Hurd Day Centre

Location	Audience	Regular participants	Activity
Basildon	Inactive, Low SES, Older, Mental health	20-25	Range of activities

Description:

The George Hurd Day Centre partnered with a local primary school to have 4-5-year-old children visit and interact with older participants (~70+ years) weekly for eight weeks. Children partnered with older participants to play games (such as giant Jenga and Connect Four), do arts and crafts, dance, and do other activities. LDP funds were spent on equipment for the activities and taxi transport for the children.



Process

Positive factors	<ul style="list-style-type: none"> • Resources: Day centre where older participants already gathered regularly. • Partnerships: Primary school and day centre • Systems thinking: Connected two populations who would not have normally interacted. Connected social care system with the education system.
Challenging factors	<ul style="list-style-type: none"> • Partnerships: Approached other schools that declined to respond or partner. • Individual barriers: Some older participants did not like the idea of the project initially until they did an activity they enjoyed.

Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> Older participants stood up and moved more than usual when playing games, dancing, and arts & crafts with children. (qualitative)
Mental wellbeing	<ul style="list-style-type: none"> Looking forward to children's visit increased life satisfaction of older participants. (qualitative) Increased happiness and openness to new experience/activities for older participants once they tried activities. (qualitative)
Individual development	<ul style="list-style-type: none"> Confidence: Children initially hesitated to approach older participants in projects' first weeks but developed friendships with their particular partners by the end. (qualitative) Learning: Children learned to interact with older population. (qualitative)
Social/community development	<ul style="list-style-type: none"> Connection with others: <ul style="list-style-type: none"> Children were paired with an older participant throughout project → allowed relationships to develop over time. (qualitative) Brings together generations that would not normally interact

Potential for Replication/Scaling Up

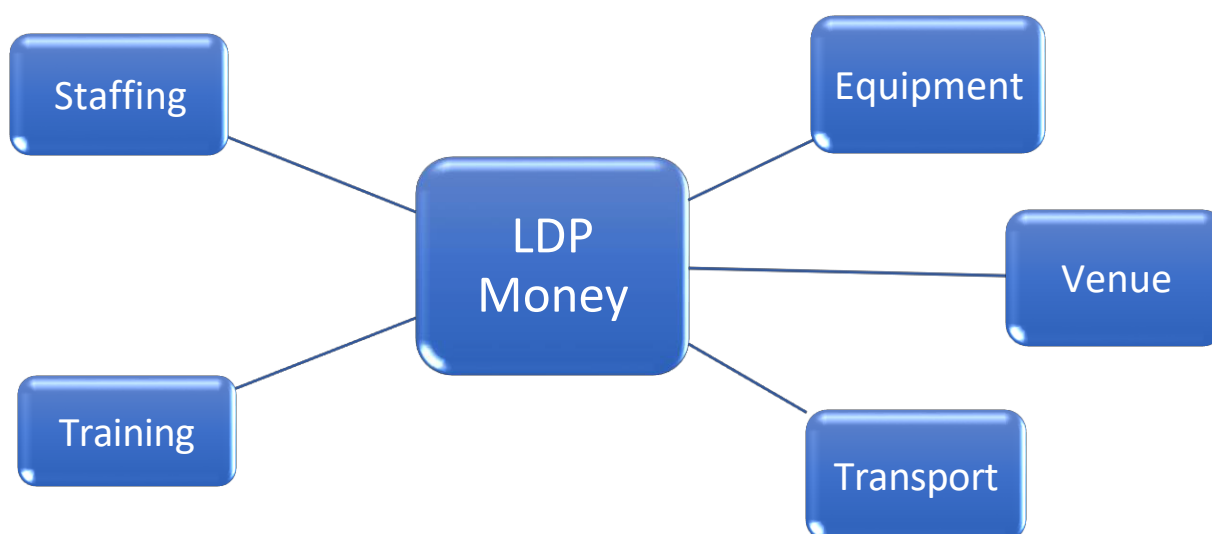
Current ideas	<ul style="list-style-type: none"> Replicate project with older children Replicate project across borough to different locations with older people (e.g., senior residential homes) Engage more day centres and more primary schools
Strengths for upscaling	<ul style="list-style-type: none"> Existing locations for older people means transport only required for children Intergenerational benefits: children and older adults benefit.
Areas to develop for upscaling	<ul style="list-style-type: none"> Increase length of project: children and older people took first three weeks to build relationships and become comfortable with each other. Engage more day centres and more primary schools

Catch 22

Location	Audience	Regular participants	Activity
Colchester	Low SES, Families	5-10	Walks, Outdoor visits, Other

Description:

Catch 22 organised various activity days for families who are experiencing housing crisis and mental health issues. Individuals in these families often had anxiety about their homes, so activities provided a reason to go outside with the support of project workers.



Process

Positive factors	<ul style="list-style-type: none"> • Partnerships: Catch 22 partnered with: <ul style="list-style-type: none"> – Together We Grow: gardening activity – Community 360: transport for families • Content & delivery: <ul style="list-style-type: none"> – Use of nearby public parks keeps activities low-cost and accessible. – Small group sizes allow project workers to devote attention to individual families.
Challenging factors	<ul style="list-style-type: none"> • Capacity building: Size of groups limited by number of project workers available to support families.

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Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> • Playing with children, walking, gardening. (qualitative) • Generational effect: Children become more active when parents do. (qualitative)
Mental wellbeing	<ul style="list-style-type: none"> • Decreased anxiety about leaving house. (qualitative)
Individual development	<ul style="list-style-type: none"> • Confidence: To leave home, engage in the activities (qualitative) • Learning: <ul style="list-style-type: none"> – How to play with children. (qualitative) – How to take the bus. (qualitative) – How to visit green spaces on their own. (qualitative)
Social/community development	<ul style="list-style-type: none"> • Connection with others: Families develop friendships and socialise outside of organised activities • Improved relationships between families and staff of Catch 22 and Housing Association

Potential for Replication/Scaling Up

Current ideas	<ul style="list-style-type: none"> • Hire full-time activity worker to organise events
Strengths for upscaling	<ul style="list-style-type: none"> • Utilises variety of public spaces.
Areas to develop for upscaling	<ul style="list-style-type: none"> • Increase staff to support more families.

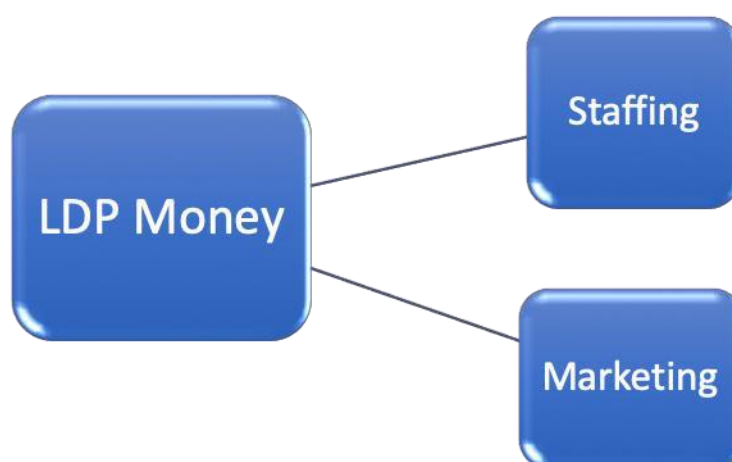
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Community 360

Location	Audience	Regular participants	Activity
Colchester	Older, Mental health	5-10	Walking

Description:

Community 360 has utilized LDP funding to increase its physical activities for its beneficiaries. It has introduced weekly walks that involve a coordinator and volunteers leading a group of participants through Castle Park or other public outdoor spaces. The funding was spent primarily on hiring the coordinator, who coordinates volunteers, identifies and develops other potential physical activities, and builds partnerships with other organisations to market the activities.



Process

Positive factors	<ul style="list-style-type: none"> • Community insight: Deliverers determined activity after talking to participants about what they would like to do. • Systems thinking: Walks are scheduled at times when participants will already be present (e.g., weigh in time for weight loss programme). • Capacity building: One volunteer accompanies each subgroup of participants so they can walk at different paces.
Challenging factors	<ul style="list-style-type: none"> • Individual barriers: Participants may not feel up to walking on a given day.

Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> Participants average approx. 5,000 steps per walk over 45-60 minutes of activity (quantitative—from provider)
Mental wellbeing	<ul style="list-style-type: none"> Reduces loneliness and social isolation
Individual development	<ul style="list-style-type: none"> Learning: One volunteer teaches participants about trees and plants in the park.
Social/community development	<ul style="list-style-type: none"> Connection with others: Conversations during walks and tea and biscuits after walks. Participants discover accessible public spaces they have not used before in their community.

Potential for Replication/Scaling Up

Current ideas	<ul style="list-style-type: none"> Expand walks into two groups—one for shorter distances and one for longer distances
Strengths for upscaling	<ul style="list-style-type: none"> Partnerships: <ul style="list-style-type: none"> In-person recruitment at housing schemes Doctors' surgeries signpost patients to Community 360 Cost effective to walk in public spaces
Areas to develop for upscaling	<ul style="list-style-type: none"> Increase reach to other demographics (currently mostly older females)

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Futures in Mind

Location	Audience	Regular participants	Activity
Colchester	Low SES, Mental health	5-10	Gardening

Description:

Futures in Mind runs multiple outdoor projects enabled or enhanced by LDP funding. In the Colchester Allotment project, participants learn gardening techniques, work together to prepare their own plots, and grow food that they can take home. As planned, LDP funds have been spent on paying for a deliverer to run the projects and develop partnerships with other organisations. Funds were also spent on gardening supplies and transport for the participants.



Process

Positive factors	<ul style="list-style-type: none"> • Resources: Allotment in community garden designated for this project. • Partnerships: Deliverer discussed recovery through nature at Witham Job Centre and Colchester Job Centre to recruit participants. • Content & delivery: <ul style="list-style-type: none"> – Participants have autonomy to choose what and how they plant and how much they work. – Deliverer builds one-on-one relationships with each participant, creating motivating environment.
Challenging factors	<ul style="list-style-type: none"> • Capacity building: <ul style="list-style-type: none"> – Currently only one deliverer – Deliverer needs to have knowledge of gardening and skills to help people recover from mental health issues. • Seasonal: Feasibility of activity depends on weather.

Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> Physical activity involved digging, loading/unloading equipment, planting, and moving around the garden. (observed)
Mental wellbeing	<ul style="list-style-type: none"> Recovery from addiction, depression. (qualitative) Reduced anxiety and social isolation. (qualitative) Increased optimism about future and sense of purpose. (qualitative)
Individual development	<ul style="list-style-type: none"> Learning: How to plant seeds and plants, how food grows, how to maintain gardens. (qualitative) Confidence: To learn, interact with others, and contribute to group effort. (qualitative)
Social/community development	<ul style="list-style-type: none"> Connecting with others: Communication between participants range from chatting to collaboration on garden plots. (observed, qualitative)

Potential for Replication/Scaling Up

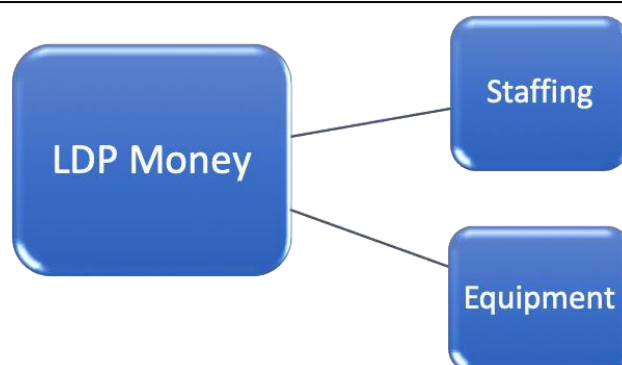
Current ideas	<ul style="list-style-type: none"> Invitations to replicate for additional allotments exist. More participants are needed to begin that work. New conservation project with new partner organisation (Open Road) in March 2019.
Strengths for upscaling	<ul style="list-style-type: none"> Appeals to people in recovery because project is branded as an activity, not a “recovery activity.” Flexibility: project can be replicated in different outdoor areas because activities can include range of tasks (e.g., growing crops, clearing outdoor spaces, or garden maintenance)
Areas to develop for upscaling	<ul style="list-style-type: none"> Training of deliverers skilled in both gardening and facilitating recovery from addiction and mental health issues. Transport: deliverer currently picks up each participant to go to garden.

Together We Grow

Location	Audience	Regular participants	Activity
Colchester	Inactive, Families	15-25	Gardening

Description:

As intended for the LDP, Together We Grow spent funding on staffing and facilities to provide new gardening projects for children, families, and volunteers. By engaging families and a number of older, socially isolated volunteers, these programmes increased the reach of the organisation and extended this reach to different generations. The new projects with primary schools provided proof of concept of the organisation's model that engages children at a community garden and maintains engagement in school gardens.



Process

Positive factors	<ul style="list-style-type: none"> • Partnerships: <ul style="list-style-type: none"> ○ Primary schools: students visit community garden and tend to school garden ○ Catch 22: brings families for sessions in community garden • Capacity building: Volunteers help install/maintain gardens and run sessions. Wellbeing benefits for volunteers keep volunteers returning consistently. • Content & delivery: <ul style="list-style-type: none"> – Rotating through variety of gardening and outdoor activities keeps participants engaged. – Activities involve using multiple senses (e.g., seeing and tasting different plants). – Deliverer tailors language and examples to audience when teaching about gardening and plants.
Challenging factors	<ul style="list-style-type: none"> • Seasonal: due to weather.

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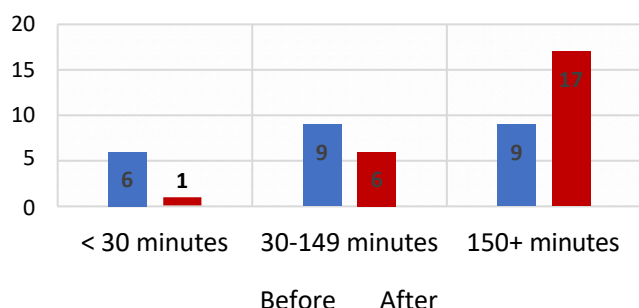
Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> • Physical activities in the woods, standing and moving around while making compost, making pots for plants, or other garden activities. • Walking from school to community garden in park.
Mental wellbeing	<ul style="list-style-type: none"> • Increased focus in classroom after spending time outdoors being physically active. • Reduced social isolation for volunteers.
Individual development	<ul style="list-style-type: none"> • Learning: nature, food, gardening skills, language skills (communicating with partners), maths, literature
Social/community development	<ul style="list-style-type: none"> • Connection with others: <ul style="list-style-type: none"> – Involvement with wider community: children interact with volunteers who are older and excited to work with them. – Communication activities in woods require partners speaking clearly and listening to each other.

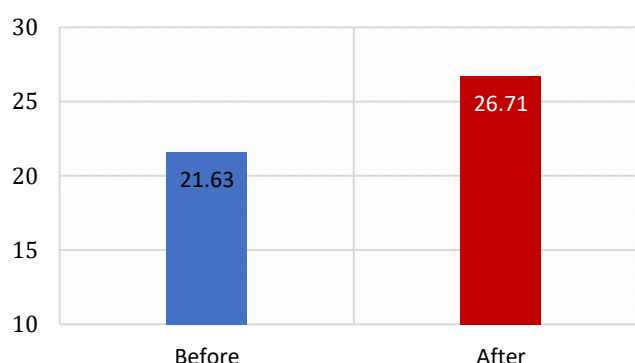
Potential for Replication/Scaling Up

Current ideas	<ul style="list-style-type: none"> • Conduct more projects targeted for mental health and wellbeing.
Strengths for upscaling	<ul style="list-style-type: none"> • Sustained engagement: School gardens allow deliverers to keep children engaged in gardening activities learned in the community garden.
Areas to develop for upscaling	<ul style="list-style-type: none"> • Staffing: Increase paid staff and deliverers who know how to garden, work with target populations, and coordinate volunteers.

Amount of Weekly Physical Activity



Warwick-Edinburgh Mental Wellbeing



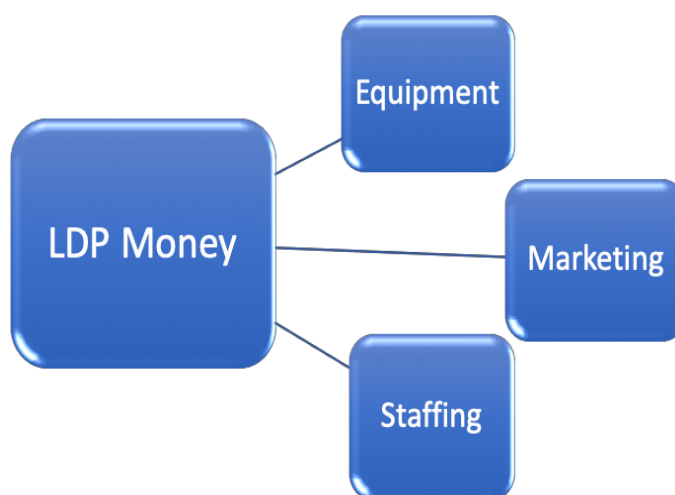
Data from Together we grow. Data are from 24 participants.

Dig 4 Jaywick

Location	Audience	Regular participants	Activity
Jaywick	Inactive, Low SES, 5-70 years	12-13	Gardening

Description:

LDP funding allowed Dig for Jaywick to conduct gardening workshops that expanded the reach of the organisation. Participants were children and families. In total, approximately 80-90 participants engaged in the workshops, and the vast majority of them were new to Dig for Jaywick. Workshops involved developing a pond area, building a willow dome, and building a stag beetle pyramid and a bug house.



Process

Positive factors	<ul style="list-style-type: none"> • Community insight: Volunteer input prompted decision to engage more young families. • Partnerships: <ul style="list-style-type: none"> – Local scouting group, nursery, and other organisations provided participants for workshops. – Essex Wildlife Trust: Constructed pond to use in workshops. • Content & delivery: <ul style="list-style-type: none"> – Participants invited to do as much or as little work as they want. – Hands-on participation creates sense of ownership for work completed during sessions.
Challenging factors	<ul style="list-style-type: none"> • Partnerships: Local school would have provided more participants but was not ready to participate yet.

Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> • Physical activity: Participants spent time outdoors building structures, planting, and doing other gardening tasks.
Mental wellbeing	<ul style="list-style-type: none"> • Engaging with nature: helps reduce stress and restore individuals
Individual development	<ul style="list-style-type: none"> • Learning: Gardening skills that some participants learn to increase employment opportunities.
Social/community development	<ul style="list-style-type: none"> • Connection with others: Working together in the garden and taking tea/coffee breaks provided opportunities for participants to socialise with each other.

Potential for Replication/Scaling Up

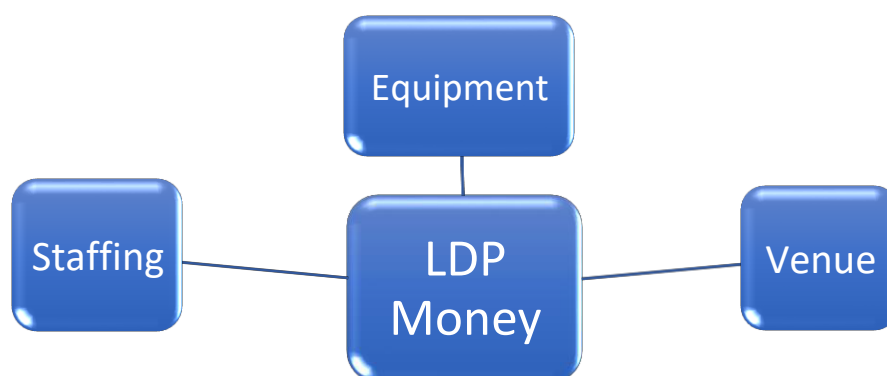
Current ideas	<ul style="list-style-type: none"> • Establish learning centre for training gardening skills and offer accreditation from Royal Horticultural Society to attract participants who want to upskill for employment.
Strengths for Upscaling	<ul style="list-style-type: none"> • Capacity building: Volunteers help plan garden and run sessions. • Partnerships: Provides several sources of participants.
Areas to develop for upscaling	<ul style="list-style-type: none"> • Marketing: Develop more professional web site and materials to develop more partnerships.

Healthier Independent Longer Lives (HILL)

Location	Audience	Regular participants	Activity
Tendring	Inactive, Low SES, Older	18-20	Swimming, Tennis

Description:

HILL expanded its offering of activities as it intended for the LDP, including new swimming and tennis groups. Participants tended to be socially isolated, have limited mobility, or have other physical and mental health issues, and these activities were tailored to be friendly and inclusive for participants with these issues. Emphasis was placed on a social atmosphere. Small attendance fees were implemented with participants' consent and demonstrated a commitment to the sustainability of the activities.



Process

Positive factors	<ul style="list-style-type: none"> • Partnerships: Sport centre provided swimming pool, allowed participants access without membership. • Fit: <ul style="list-style-type: none"> ○ Swimming enabled physical activity for people limited in other settings due to mobility, weight-bearing ability, or other limitations ○ Relaxed, social atmosphere was better fit than groups more focussed on vigorous exercise. • Capacity building: Volunteers can take over running sessions after staff have established activity.
Challenging factors	<ul style="list-style-type: none"> • Partnerships: <ul style="list-style-type: none"> ○ Attendance could increase if sports centre promoted the activity.

Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> Physical activity varied according to participant needs (qualitative): <ul style="list-style-type: none"> swimming, exercising for weight loss moving around to maintain mobility
Mental wellbeing	<ul style="list-style-type: none"> Friendliness of familiar group reduced loneliness for socially isolated participants and participant with dementia. (qualitative)
Individual development	<ul style="list-style-type: none"> Learning: Some participants teach themselves to swim and become comfortable in water. (qualitative)
Social/community development	<ul style="list-style-type: none"> Connection with others (qualitative): <ul style="list-style-type: none"> Regular attendance from participants generated familiarity and friendship Relaxed atmosphere encourages socialising during and outside the activity.

Potential for Replication/Scaling Up

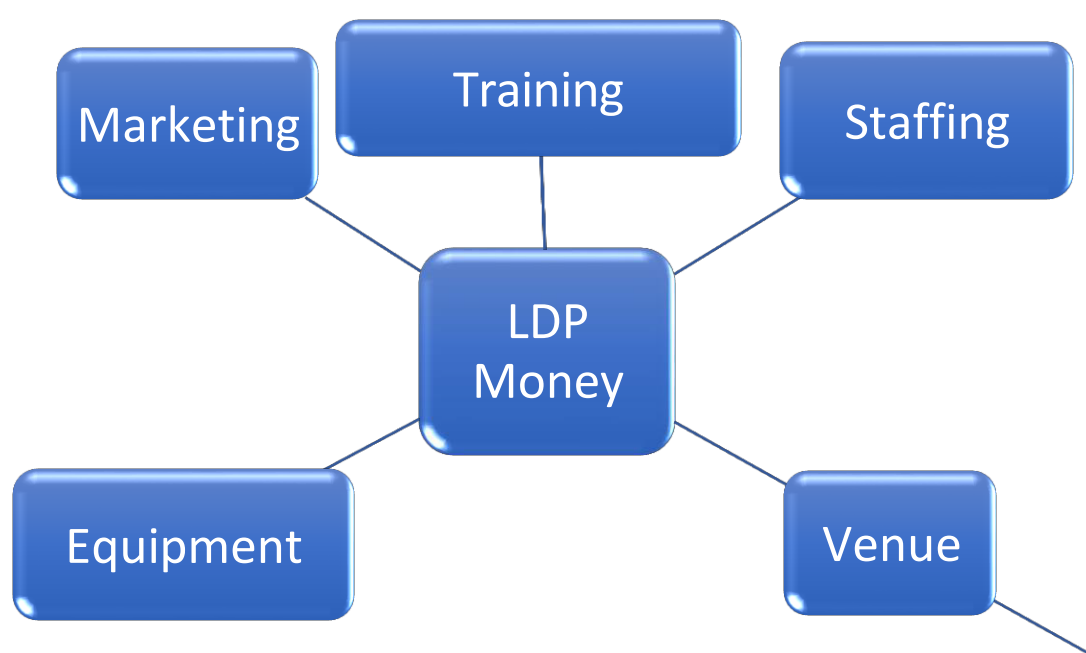
Current ideas	<ul style="list-style-type: none"> Replicate swimming activity at different pools across Tendring
Strengths for Upscaling	<ul style="list-style-type: none"> Attendance fees: £2 (swimming) and 50p (tennis) per session keep activities sustainable beyond LDP. Volunteers: Can run established activities so staff can develop new ones.
Areas to develop for upscaling	<ul style="list-style-type: none"> Strengthen partnership with swimming pool venues to advertise activity.

Let's Keep Moving (Tendring)

Location	Audience	Regular participants	Activity
Clacton	Inactive, Low SES, Older	20-25	Fitness Class

Description:

Let's Keep Moving hosts fitness classes for older adults in Clacton. Participants have a range of mobility and fitness, and classes involve circuit training, resistance bands, seated exercises, and other exercises that target balance, strength, and flexibility. Through marketing and referrals from GPs, the class has grown from 2 to 20+ participants per class.



Process

Positive factors

- **Content & delivery:**
 - Exercises targeted to train movements in daily life
 - Instructor tailors instruction to abilities and limitations of individual participants
 - Instructor is taking FABS course to learn about training older people
- **Leadership:**
 - Pressure-free atmosphere: Learning to exercise is accessible for inactive people.
 - Individual attention: Instructor interacts with participants before/after class and calls to check on them if they have not attended recently.

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Hindering factors	<ul style="list-style-type: none"> • Resources: Funding for venue hire and for tea/coffee would increase social opportunity before and after class. • Capacity building: One volunteer or additional staff would help instructor with participant sign-in, greeting, and setup before class.
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Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> • Participants are continuously active for one hour doing exercises that involve various muscle groups and target strength, balance, flexibility, and cardiovascular fitness.
Mental wellbeing	<ul style="list-style-type: none"> • Motivation: Being part of a group motivates participants to attend class. • Social isolation: Reduced by belonging to group and exercising together.
Individual development	<ul style="list-style-type: none"> • Learning: Instructor explains how to do each exercise before starting each set of an exercise. • Confidence: <ul style="list-style-type: none"> – To exercise – To socialise with group
Social/community development	<ul style="list-style-type: none"> • Connection with others: <ul style="list-style-type: none"> – Friendships and positive atmosphere encourage participants to talk about more than illnesses and health conditions. – Outlet for participants to talk to different people outside of their home.

Potential for Replication/Scaling Up

Current ideas	<ul style="list-style-type: none"> • Increase class to twice per week • Invited to run two classes in Frinton and Walton, but cannot expand without increasing cost for participants until additional funding received
Strengths for upscaling	<ul style="list-style-type: none"> • Capacity for 20+ regular participants • Successful advertising (Facebook, GPs, press release)
Areas to develop for upscaling	<ul style="list-style-type: none"> • Partnerships: Instructor reports feeling unclear about partnerships and whom she is “working for” because of pressure to please different potential partner organisations.

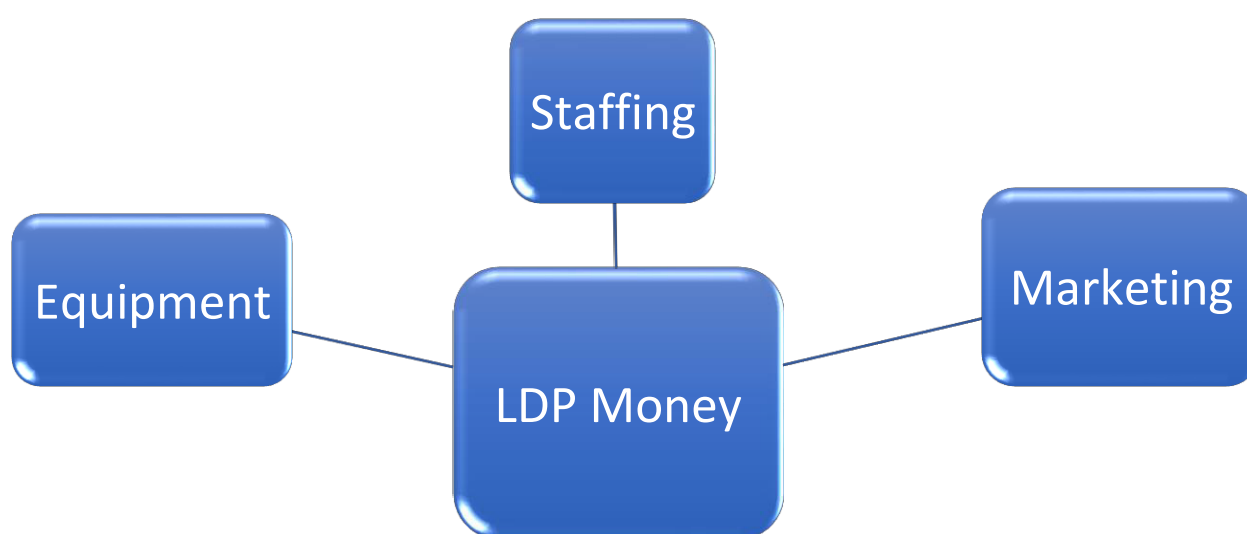
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Teen Talk

Location	Audience	Regular participants	Activity
Harwich	Low SES, Families	6-13	Range of activities

Description:

LDP funding allowed Teen Talk to increase its range of activities and remove fees for them. Total participation increased from the previous year, including more engagement from older participants (17+ years). Activities included one-off activities and multi-week activities, such as a wildlife group.



Process

Positive factors	<ul style="list-style-type: none"> • Community insight: Activities chosen according to participants' ideas. • Capacity building: Older participants trained as volunteers to help staff run sessions.
Challenging factors	<ul style="list-style-type: none"> • Capacity building: Even with volunteers, more staff needed to deliver activities for increased number of participants. • Partnerships: <ul style="list-style-type: none"> – Informal partnerships can break down after initial agreements. – Some potential partners were afraid teenagers would damage premises.

Impact on Outcomes

Physical activity/wellbeing	Physical activity included playing sports (e.g., football, Frisbee, cricket), painting a mural outside, and wildlife activities (e.g., building birdhouses). (qualitative)
Mental wellbeing	<ul style="list-style-type: none"> • Reduced anxiety and social isolation. (qualitative) • Built resilience: “Break out space” where participants could talk to familiar staff/volunteer when frustrated during an activity before re-engaging. (qualitative)
Individual development	<ul style="list-style-type: none"> • Learning: <ul style="list-style-type: none"> – How to use tools in outdoor projects – How to talk to someone about a problem – Skills to list on CVs for older participants/volunteers • Confidence: Volunteering prepared older participants for university and work.
Social/community development	<ul style="list-style-type: none"> • Connection with others: <ul style="list-style-type: none"> – Participants talked with each other while doing activities – Led to participants socialising outside of Teen Talk activities

Potential for Replication/Scaling Up

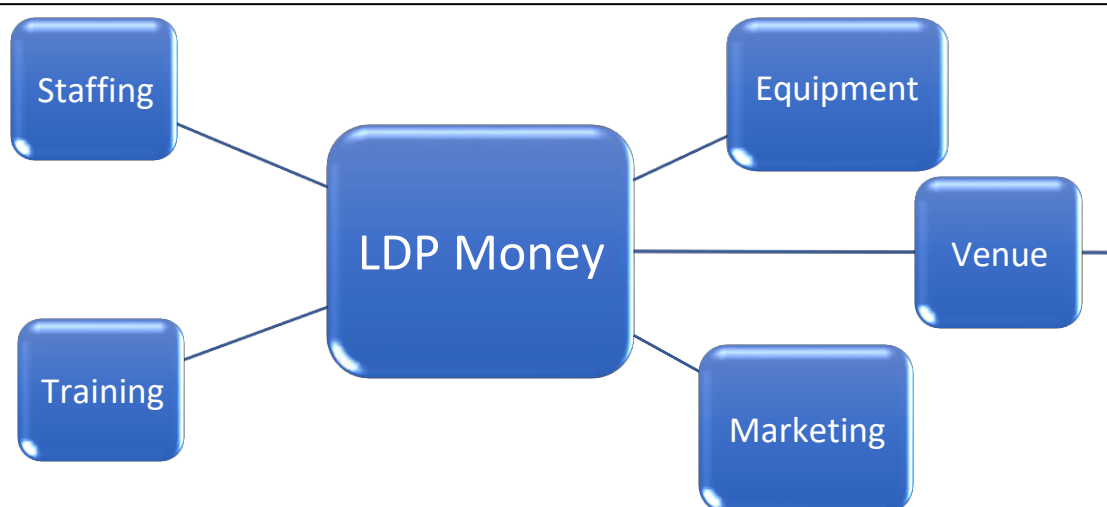
Current ideas	<ul style="list-style-type: none"> • Increase staff, including additional activity co-ordinator <ul style="list-style-type: none"> ▪ More experimentation with activities ▪ Bigger group activities → progression in level of activity for participants with anxiety • Increase number of multi-week projects
Strengths for upscaling	<ul style="list-style-type: none"> • Advanced planning for funding: Providers evaluate activities and apply for funding before activities end to ensure effective ones can be continued.
Areas to develop for upscaling	<ul style="list-style-type: none"> • Long-term funding: allows for sustainable projects so participants can continue to develop skills learned in one activity or one period of time. • Social media presence for promoting activities

Active Living

Location	Audience	Number of regular participants	Activity
Epping Forest	Inactive	10-20	Sport/exercise class

Description:

Active Living introduces inactive people to physical activity and prepares them to engage in other, more advanced activities. Classes involve tennis, seated football, exercising with resistance bands, and other activities. After participants have developed their physical and mental strength, they are encouraged to try different forms of physical activity either on their own or with volunteers, or “community champions,” who provide social support at these new activities.



Process

Positive factors	<ul style="list-style-type: none"> • Partnerships: Increasing number of referrals from GPs • Community insight: Instructor first talks on the phone with new participants about their needs/medical issues, building rapport before first class. • Systems thinking: Receive referrals directly from GPs.
Challenging factors	<ul style="list-style-type: none"> • Resources: Small room for classes limits capacity. • Capacity building: Having only one instructor conducting initial interviews reduces number of potential participants contacted/recruited.

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Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> • Sport/exercise classes gradually introduce inactive people to physical activity and prepare them for more vigorous activities (qualitative)
Mental wellbeing	<ul style="list-style-type: none"> • Participants capable of more vigorous activity return to sessions for mental wellbeing benefits from safe, friendly environment.
Individual development	<ul style="list-style-type: none"> • Confidence: In ability to exercise and improve health • Learning: Exercises that participants can do at home • Goal achievement: Group discussions about goal setting holds participants accountable for making progress
Social/community development	<ul style="list-style-type: none"> • Connecting with others: <ul style="list-style-type: none"> – Develop friendships that motivate continued attendance – “Community champions” help participants try new activities

Potential for Replication/Scaling Up

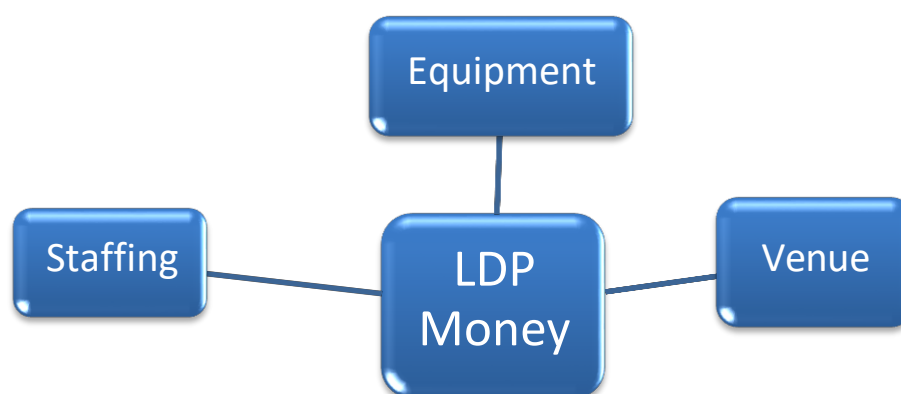
Current ideas	<ul style="list-style-type: none"> • Train experienced participants as ambassadors in community to promote classes via word of mouth.
Strengths for Upscaling	<ul style="list-style-type: none"> • Systems thinking: Active Living classes prepare participants to move on to different, more challenging activities, leaving room for new participants.
Areas to develop for upscaling	<ul style="list-style-type: none"> • Marketing to generate more self-referrals

Achievement through Football

Location	Audience	Regular participants	Activity
Southend (Wider Essex)	Low SES, Families, Mental health	10-20	Football, Other sports, Dance & drama

Description:

As planned for the LDP, Achievement through Football developed new projects that extended its existing work with individuals in deprived areas. These projects included drama and dance sessions for females, multisport sessions for families (mostly fathers and sons), and multisport sessions for people with mental health issues. These sessions were run weekly for 30 weeks.



Process

Positive factors	<ul style="list-style-type: none"> • Partnerships: Partnered with local charity Get the Kids Out to coordinate dance & drama activity • Community insight: Content of sessions based on participant interest (e.g., training football skills vs. playing games) • Capacity building: Trained older participants as coaches
Challenging factors	<ul style="list-style-type: none"> • Resources: No headquarters for potential participants to visit for information • Individual barriers: Potential participants more concerned with higher priorities (e.g., shelter) than activities

Impact on Outcomes

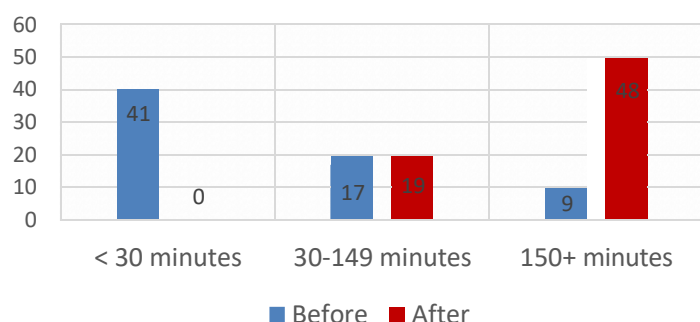
Physical activity/wellbeing	At baseline, 61% of participants reported doing less than 30 minutes of physical activity per week. At completion of project, all did at least 30-149 minutes per week and 72% did 150+ minutes per week (See Figure 1). Intensity of physical activity was moderate or vigorous for all participants (See Figure 2).
Mental wellbeing	Increased optimism about future, feelings of usefulness, clear thinking, and other aspects of mental wellbeing (See Figure 4).
Individual development	<ul style="list-style-type: none"> • Learning: sport skills, coaching skills. (qualitative) • Connection with others: Sessions focussed on social interaction with others regardless of ability level in sport or activity. (qualitative) • Confidence: <ul style="list-style-type: none"> – In sport skills – Talking with coaches, asking to bring friends
Social/community development	<ul style="list-style-type: none"> • Less knife crime • Less drinking

Potential for Replication/Scaling Up

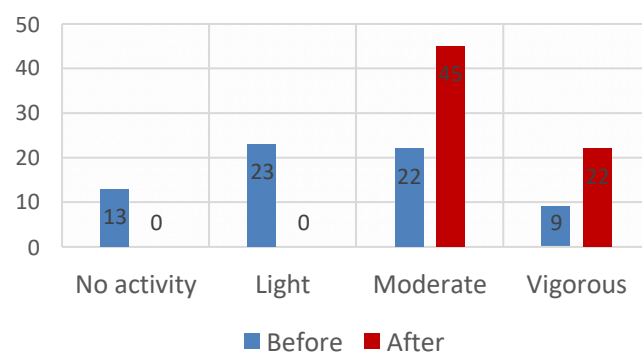
Current ideas	<ul style="list-style-type: none"> • Repeat drama & dance project • Continue sport sessions
Strengths for upscaling	<ul style="list-style-type: none"> • Find and work with people within target community who can influence and recruit participants (Provider cannot do it all). • Conduct activities for social housing schemes → provides access to population in need of physical activity/mental wellbeing
Areas to develop for upscaling	<ul style="list-style-type: none"> • Partnership stability: Establish long-term partnerships that will provide personnel and resources necessary to sustain activities.

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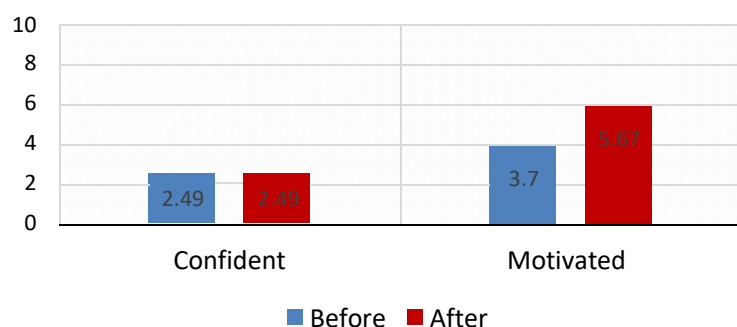
Amount of Weekly Physical Activity



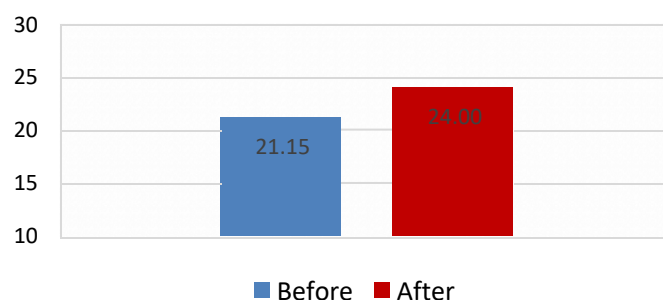
Intensity of Weekly Physical Activity



Attitudes toward Physical Activity



Warwick-Edinburgh Mental Wellbeing



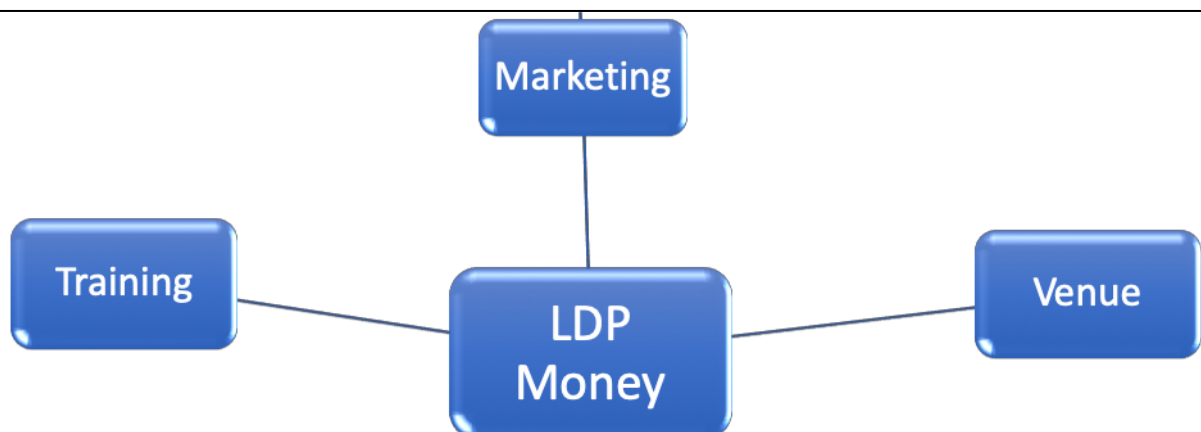
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Fitness in Mind

Location	Audience	Regular participants	Activity
Brentwood	Inactive, Families, Mental health	50+	Range of activities

Description:

Fitness in Mind recruits local volunteers (“Active Champions”) to promote health and physical activity. Active champions are people who have been through the Fitness in Mind programme and talk to people in other local clubs and groups about getting involved in physical activity programmes. These discussions can direct people to Fitness in Mind and also other physical activity organisations.



Process

Positive factors	<ul style="list-style-type: none"> • Partnerships: <ul style="list-style-type: none"> ○ Essex Partnership University Trust (EPUT): Trained EPUT volunteers to be Active Champions ○ Local clubs and groups: Active Champions promoted clubs and groups to the community • Systems thinking: Worked organisations that provided existing platform to promote mental wellbeing • Capacity building: Trained Active Champions to develop link partners and individuals to Fitness in Mind.
Challenging factors	<ul style="list-style-type: none"> • Partnerships: Took three months to convince organisations that Fitness in Mind could be partner, not competition.

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- **Resources:** Lack of funding or delayed funding prevented partnerships with interested organisations.

Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> • 62% of participants went from physically inactive to participating in range of physical activities. (quantitative—from provider)
Mental wellbeing	<ul style="list-style-type: none"> • Physical activity and social engagement improved wellbeing
Individual development	<ul style="list-style-type: none"> • Goal achievement: pathways for participants to become coaches (qualitative) • Confidence: Active Champions modelling skills (e.g., running fundraisers) inspire others with similar mental health issues (qualitative)
Social/community development	<ul style="list-style-type: none"> • Connection with others: Potential participants are willing to listen to Active Champions because of similar backgrounds and relatability (qualitative)

Potential for Replication/Scaling Up

Current ideas	<ul style="list-style-type: none"> • Enter 3 new areas in next 12 months • Serve as trainers or consultants rather than deliverers of interventions
Strengths for upscaling	<ul style="list-style-type: none"> • Recruitment at non-traditional but strategic locations (e.g., pubs, where people spend time sitting) • Wide range of partners
Areas to develop for upscaling	<ul style="list-style-type: none"> • Secure funding to facilitate new partnerships

Let's Keep Moving (Canvey)

Location	Audience	Regular participants	Activity
Canvey Island	Inactive, Low SES, Older	30	Range of physical activities Wellbeing educational talks

Description:

Let's Keep Moving hosts fitness classes for older adults on Canvey Island. Classes involve exercises, such as using resistance bands and weight training, and activities that include dancing, musical chairs, playground games and football. Classes also feature educational talks on wellbeing topics, such as nutrition.



Process

Positive factors	<ul style="list-style-type: none"> • Community insight: 30 minutes per class designated for physical activity (instead of educational talks) because of participant desire for more exercise in the class. • Systems thinking: <ul style="list-style-type: none"> – Marketing reached various community organisations, including GPs, pharmacies, local shops, and local women's institute. – Participants recruit through posters and word of mouth. • Content & delivery: <ul style="list-style-type: none"> ○ No pressure to do every activity ○ Holistic approach involving educational talks, physical activity, and socialising provided multiple reasons for participants to attend and return.
Challenging factors	<ul style="list-style-type: none"> • Resources: Not enough funding for exercise equipment or venue hire, or more time for instructor. • Individual barriers:

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- Physical conditions and scheduling conflicts common for older population (e.g., doctor's appointments, illness)
- Transport: Availability of public transport at time of class.

Impact on Outcomes

Physical activity/wellbeing	<ul style="list-style-type: none"> Participants are active for at least 30 minutes per class. Activities target balance & coordination, strength, cardiovascular fitness, and various muscle groups.
Mental wellbeing	<ul style="list-style-type: none"> Motivation: Being part of a group motivates participants to attend class. Social isolation: Reduced by belonging to group and exercising together.
Individual development	<ul style="list-style-type: none"> Confidence: Being part of a group of similar age encourages participants to try new physical activities. Learning: Participants learn how to exercise using proper technique to prevent injury.
Social/community development	<ul style="list-style-type: none"> Connection with others: <ul style="list-style-type: none"> New friendships developed Activity to do with existing friends Marketing efforts connect participants and deliverer to other people and organisations throughout local community.

Potential for Replication/Scaling Up

Current ideas	<ul style="list-style-type: none"> Increase classes to twice per week. Schedule additional class at different time so people who work or study can attend. Expand to different location.
Strengths for Upscaling	<ul style="list-style-type: none"> Developed effective marketing efforts. Wide range of activities and wellbeing topics to keep participants interested.
Areas to develop for upscaling	<ul style="list-style-type: none"> Increase class time to accommodate both physical activity and educational talks comfortably.



Section 8: Recommendations

Recommendation 1: Integrate community and academic insight

It is vital to integrate both community insight and academic insight to design and implement a high quality intervention that fits local context. To do this we recommend:

1. Map the factors that influence physical activity behaviour

- Use evidence from the scientific literature and local residents to understand the interconnectedness between factors that influence physical activity behaviour.
- Identify whether participants are lacking the capability, opportunity, and/or motivation towards physical activity and how this can be incorporated in an intervention.

2. Co-produce interventions

- Use co-production with other local organisations and local people to help determine the who, what, where, and when of the intervention



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Recommendation 2: Encourage systems thinking and partnership working

An appropriate and sustainable system is key to support physical activity behaviour change across Essex. Individual interventions will be stronger if supported by the system and not restrained by it. To build sustainable systems we recommend:

1. Understand the interconnections between organisations

- Map the organisations within the system and their current and possible future links.
- Identify key political and senior manager supporters.

2. Strengthening collaboration and partnerships

- Enhance partnerships across the system to ensure collaboration and common strategic goals.
- Create learning hubs and networks to strengthen partnership working and relationships

3. Clearer infrastructure and clarity around funding

- Support successful interventions to plan for sustainability and secure funding to scale up or replicate.
- Develop simpler and more efficient processes for funding and ensure these are clear and transparent.
- Create joint funding streams to recognise the multiple benefits that successful interventions can accrue.
- Ensure interventions are given adequate time to embed and develop.

4. Develop a system to capture and share best practice

- Ensure funded interventions share details of their intervention and their evaluation data.
- Improve the collection and sharing of data.
- Increase awareness of all interventions tackling physical inactivity (e.g. by developing a centralised repository).



Recommendation 3: Build capacity to scale up and replicate interventions

Invest time and resources in workforce, interventions, communities, systems and learning to build capacity and maximise the reach, impact and sustainability of existing physical activity interventions. To build capacity we recommend investing in:

1. Workforce

- Support and upskill participants, volunteers, and deliverers to help increase the reach and delivery of interventions.

2. Interventions

- Consider factors important for scaling up and replication early in the development of all interventions.
- Provide sufficient detail of intervention design and implementation to facilitate replication.
- Critically reflect on enabling factors and barriers to effective implementation.

3. The Community

- Develop community champions to raise awareness of interventions, enhance recruitment and engagement, and serve as role models.

4. The System

- Improve policies and practices across the system to empower and resource local communities and encourage co-production.

5. Learning

- Develop local learning hubs (clusters of local community organisations coming together physically and digitally) to ensure knowledge exchange, active learning and reflection.
- Deliver training workshops and toolkits on behaviour change, intervention design, scaling up, and evaluation.



Recommendation 4: Capture high quality evidence

A systematic and robust evaluation is key to producing high quality evidence of the effectiveness of interventions and helping to learn what works, for whom, and in what circumstances. To help produce and synthesise evidence within and beyond Essex, we recommend:

1. Standard evaluation framework

- A consistent approach to evaluation should be used across Essex, which should complement the national measurement standards and framework. This should consider tools, methods, process and outcome evaluation.

2. Developing inclusive and accessible tools

- Current measurement strategies and tools can be inaccessible to, and non-inclusive of, people with a disability or low reading ability.
- Data collection needs to be simple, cost-effective, not over burdensome for participant or deliverer, and at the right time points.
- Deliver training workshops and toolkits on different methods and tools for measurement, monitoring, and evaluation.

3. Quantitative and qualitative methods should be encouraged

- Objective and self-report measures could provide important indicators of successful interventions.
- Qualitative methods should be used to increase richness.

4. Process and outcome evaluation should be employed

- A systematic process evaluation will clarify the success and failure factors of an intervention, and help refine its design and implementation.
- Outcome evaluation should consider effects on physical wellbeing, mental wellbeing, individual development, social and community development, and economic development as recommended by the DCMS Sporting Future Strategy.
- The capture of long-term behaviour change should be encouraged using follow –up assessments.

Section 9: Appendix

Top tips for intervention design, implementation, replication and scaling up

The findings from the initial action research evaluation (October 2018) and the follow-up evaluation (July 2019) identified a number of key factors that contribute to the success of physical activity related interventions in Essex. These have been used to produce the following top tips for intervention design, implementation, replication and scaling up.

1. **Academic insight:** Academic insight can help to understand the target audience behaviour and inform the design of effective interventions, such as whether to target participants' capability, opportunity, and motivation towards physical activity and how this can be best achieved. This should be combined with community insight and engagement.
2. **Community insight and engagement:** It is important to invest significant time and effort engaging participants and the wider community in the design and development of interventions. A co-production approach will ensure greater commitment and retention of participants from the target audience.
3. **Fit with context:** It is important that interventions fit the local context, such as the location should be perceived as accessible, safe, welcoming and appropriate for needs and lifestyles of the target audience. The timing, structure and delivery of activities should be structured around the needs of the group.
4. **Content and delivery:** High quality content and delivery is central to all effective interventions. This can be shaped by academic insight, community insight and co-production, but a supportive environment, a holistic approach, and integrating a range of behaviour change strategies (e.g. enablement, modelling, education and training) are important elements for content and delivery.
5. **Leadership:** Effective leaders are typically dynamic, passionate, empathetic, selfless and dedicated. They often provide direction to the intervention, help develop partnerships, coordinate volunteers, and inspire participants. Leadership can come from trained volunteers as well as paid staff.
6. **Resources and sustainability:** Interventions typically require a range of resources including people, time, money, facilities, and equipment to maximise their reach and impact. It is important that intervention providers consider how these can be sustained beyond any initial funding/investment.
7. **Systems thinking:** Interventions are one component of a wider system that influences physical activity. It is therefore important to identify the wider system in which an intervention occurs

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8. **Partnerships:** Working collaboratively with partner organisations can facilitate recruitment, provide resources, and help the design and development of interventions. It is important to allow time to identify and develop effective partnerships and to establish mutually agreed goals, respective roles and responsibilities.
 9. **Capacity building:** Building capacity is integral to the successful implementation and scaling up of interventions. This can include identifying sustainable funding mechanisms, recruiting volunteers, and upskilling (paid and unpaid) staff, which can all in turn facilitate the reach and sustainability of the intervention.
 10. **Monitoring and evaluation:** A systematic and robust evaluation is key to producing high quality evidence of the effectiveness of interventions and helping to learn what works, for whom, and in what circumstances.

Acknowledgements

We would like to acknowledge the providers, deliverers and participants who let us interview, observe and participate in interventions across Essex. A full list of organisations/interventions involved in the research is provided below. Thank you also to the leads who put us in contact with all the interventions, the LDP local co-ordinators and the wider LDP team for the ongoing support throughout the evaluation.

1. Achievement Through Football, Southend
2. Active Living, Epping Forest
3. Catch 22 Crisis Housing, Colchester
4. Community 360, Colchester
5. Dig 4 Jaywick, Jaywick
6. Fitness in Mind, Brentwood
7. Futures in Mind, Colchester
8. Healthier Independence Longer Lives, Tendring
9. Health Outreach worker, Basildon
10. Home-Start Essex, Basildon
11. Let's Keep Moving, Canvey Island
12. Let's Keep Moving, Tendring
13. Motivated Minds, Basildon
14. Sport For Confidence, Basildon
15. Teen Talk, Harwich
16. The George Hurd Day Centre, Basildon
17. Together We Grow, Colchester



Provider/deliverer interview questions

Thank you for taking time to speak to us today. We would like to ask you some questions about the activity/service you have received money for as part of the Essex Local Delivery Pilot. Have you had a time to read information sheet and consent form? Do you have any questions before we start? Can you confirm you are happy for us to record the interview so we can transcribe it?

1. The service/activity:

a) Describe how you have spent the money from the LDP?

Prompts: Activity/service, event, staff (new/existing).

b) If appropriate, describe the current funded activity/service

Prompts: Type, when, frequency, where, duration, start, finish (if applicable), new/existing

c) Describe the aim(s) of activity/service?

Prompts: become more active; eat more healthily; decrease alcohol/smoking; start volunteering, tackle loneliness,

d) Who is your target audience? Why do you focus on that audience?

Prompts: people with mental health difficulties; disabled; families; older people; female only, inactive (do less than 30 minutes exercise per week)

e) What is the cost for the participant (if any) to attend activity/service?

f) Describe how the funding has enabled you to change or develop the activities/services you provide

Prompts: New location, recruitment, activity, aim, marketing, communication

g) Explain why you chose to use the money in this way

Prompts: Community insight, experience, data, academic research, own evaluation

2. Staffing

a) Describe the key staff involved in the delivery of the funded activity/service

Prompts: numbers of paid/volunteer, age, gender, contribution, level of experience, level of skills/knowledge, new to organisation

3. Participants

a) Describe the participants who attend the activity?

Prompt: number of unique, new and regular participants; age, gender, ethnicity, SES, employment status, dependents, carer

4. Physical activity

a) To what extent is physical activity a primary or secondary objective?

b) How do you encourage more physical activity?

Prompt: increasing opportunity, capability, motivation; behaviour change techniques (e.g. using role models, education, upskilling, incentives, persuasion, providing opportunities)

c) Physical activity is one of the five ways to wellbeing. Describe if and how any of the other 4 are objectives for your activity/service: connecting with others, learning, volunteering, and taking notice.

**5. Partnerships**

- a) Describe how the funding has enabled you to develop partnerships.

Prompts: groups/organisations such as local authority, NHS, housing association, job centres, police, schools, public health teams, CVS, other charities/organisations.

In particular new or stronger partnerships with other local voluntary and community organisations

6. Success factors and barriers

- a) Describe any factors that have influenced the design and delivery of your activity.

Prompts: positive and negative; key issues; ethos, deliverers, participants, the system

- b) Describe any factors that have helped the development of the funded activity

- c) Describe any factors that have hindered the development of the funded activity.

7. Monitoring and evaluation

- a) Describe any monitoring and evaluation processes you use with the funded activity

Prompts: key outcomes/metrics, standard evaluation questions provided by the LDP, own questions, timing (when, where), method (e.g., interview, questionnaire, paper, electronic)

- b) Describe any findings from your own monitoring and evaluation processes

Prompts: key outcomes/metrics, sustained behaviour change

- c) Describe factors that should be considered when designing monitoring and evaluation tools for your activity's target population.

8. Reflection and moving forwards

- a) Describe your current thoughts and feelings about the activity

- d) Describe how you would like the activity to develop over the next 2 years

Prompts: Sustain - keep the same size, frequency and location

Upscale - keep the same location but increase participants and/or frequency

Replicate - repeat the activity/service in other locations

- e) Describe any factors that will influence the development of the activity

Prompts: positive and negative; support systems



Participant focus group questions

Thank you for taking time to speak to us today. We would like to ask you some questions about the activity/service you have attended today. Have you had a time to read information sheet and consent form? Do you have any questions before we start? Can you confirm you are happy for us to record the interview so we can transcribe it?

- a) Tell me about your experiences of the activity/service
 - Prompts: Positive and negative aspects
- b) Describe how you heard about the activity/service
- c) Describe why you come
 - Prompt: socialising, be active, learn/practice a skill, give/volunteer
- d) Discuss any barriers that may stop you or others attending regularly
- e) Describe any changes that you have experienced as result of attending the service/activity
 - Prompt: mental, physical, social
- f) Describe how and why you think these changes have occurred?
Prompt: Changes to opportunity, capability, motivation; behaviour change techniques (e.g. using role models, education, upskilling, incentives, persuasion, providing opportunities)
- g) Is there anything else that you would like to add?